

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>CARECONNECT HEALTH 403(B) TAX-DEFERRED ANNUITY PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CARECONNECT HEALTH, INC</u></p> <p><u>510 ALSTON ST</u> <u>RICHLAND, GA 31825-6012</u></p>	<p><b>1c</b> Effective date of plan <u>03/01/1990</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>58-1335405</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>229-887-3324</u></p> <p><b>2d</b> Business code (see instructions) <u>621111</u></p>

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	09/16/2025	JESSICA SNIPES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	758
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	613
	<b>6a(2)</b>	627
	<b>6b</b>	4
	<b>6c</b>	152
	<b>6d</b>	783
	<b>6e</b>	0
	<b>6f</b>	783
	<b>6g(1)</b>	404
<b>6g(2)</b>	469	
<b>6h</b>	0	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2G 2F 2L

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- (1)  **R** (Retirement Plan Information)
- (2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached 2
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

<p><b>A</b> Name of plan <b>CARECONNECT HEALTH 403(B) TAX-DEFERRED ANNUITY PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>001</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CARECONNECT HEALTH, INC</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>58-1335405</b></p>	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**VARIABLE ANNUITY LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	45015	11	03/01/2024	02/28/2025

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;"><b>97</b></p>	<p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;"><b>0</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

**BEN MERCHANT** **2929 ALLEN PARKWAY**  
**HOUSTON, TX 77019**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
53	0	AGENT FOR THE PLAN	3

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

**CHRISTINE BONE** **2929 ALLEN PARKWAY**  
**HOUSTON, TX 77019**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
44	0	AGENT FOR THE PLAN	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	91146
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	197947
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input checked="" type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 95567
<b>c</b>	(1) Contributions deposited during the year .....	<b>7c(1)</b>
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 2908
	(4) Transferred from separate account .....	<b>7c(4)</b>
	(5) Other (specify below)..... ▶	<b>7c(5)</b>
	(6) Total additions .....	<b>7c(6)</b> 2908
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 98475
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 7329
	(2) Administration charge made by carrier.....	<b>7e(2)</b>
	(3) Transferred to separate account .....	<b>7e(3)</b>
	(4) Other (specify below)..... ▶	<b>7e(4)</b>
(5) Total deductions .....	<b>7e(5)</b> 7329	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 91146

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>			
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>			
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>			
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>		0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>			
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>			
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>		0
	(4) Claims charged .....		<b>9b(4)</b>		
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --				
	(A) Commissions .....	<b>9c(1)(A)</b>			
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>			
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>			
	(D) Other expenses .....	<b>9c(1)(D)</b>			
	(E) Taxes .....	<b>9c(1)(E)</b>			
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>			
	(G) Other retention charges .....	<b>9c(1)(G)</b>			
	(H) Total retention .....		<b>9c(1)(H)</b>		0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>		
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>		
	(2) Claim reserves .....		<b>9d(2)</b>		
	(3) Other reserves .....		<b>9d(3)</b>		
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>		

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>		

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

<p><b>A</b> Name of plan <b>CARECONNECT HEALTH 403(B) TAX-DEFERRED ANNUITY PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>001</b></p>	
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CARECONNECT HEALTH, INC</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>58-1335405</b></p>	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

(a) Name of insurance carrier  
**LINCOLN NATIONAL LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	CR30917	3	03/01/2024	02/28/2025

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid <b>222</b>	(b) Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**OSAIC FA INC**  
**18700 N HAYDEN RD**  
**SCOTTSDALE, AZ 85255**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
222	0	<b>SALES AND BASE COMMISSIONS</b>	4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	2350
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 13308
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 468
	(4) Transferred from separate account .....	<b>7c(4)</b>
	(5) Other (specify below)..... ▶	<b>7c(5)</b>
	(6) Total additions .....	<b>7c(6)</b> 468
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 13776
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 11360
	(2) Administration charge made by carrier.....	<b>7e(2)</b> 66
	(3) Transferred to separate account .....	<b>7e(3)</b>
	(4) Other (specify below)..... ▶	<b>7e(4)</b>
(5) Total deductions .....	<b>7e(5)</b> 11426	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 2350

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **03/01/2024** and ending **02/28/2025**

<b>A</b> Name of plan <b>CARECONNECT HEALTH 403(B) TAX-DEFERRED ANNUITY PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CARECONNECT HEALTH, INC</b>	<b>D</b> Employer Identification Number (EIN) <b>58-1335405</b>	

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)...  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PCS RETIREMENT

23-3038464

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 17 37 64 13 16 36 38	CONTRACT ADMINISTRATOR	84365	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

LINCOLN NATIONAL CORPORATION

35-1140070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	100	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>03/01/2024</b> and ending <b>02/28/2025</b>	
<b>A</b> Name of plan <b>CARECONNECT HEALTH 403(B) TAX-DEFERRED ANNUITY PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CARECONNECT HEALTH, INC</b>	<b>D</b> Employer Identification Number (EIN) <b>58-1335405</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	62859	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	0	0
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	0	94268
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	9337305	11789809
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	108875	93496
<b>(15)</b> Other.....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	9509039	11977573
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	9509039	11977573

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	727477	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	1092783	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	61099	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		1881359
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	5281	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		5281
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	330023	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		
<b>c</b> Other income .....	2c		939217
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		3155880

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	602881	
(2) To insurance carriers for the provision of benefits .....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		602881
<b>f</b> Corrective distributions (see instructions) .....	2f		0
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)		
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)		
(5) Investment advisory and investment management fees .....	2i(5)		
(6) Bank or trust company trustee/custodial fees .....	2i(6)		
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses.....	2i(11)	84465	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		84465
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		687346

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		2468534
<b>l</b> Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan .....	2l(2)		

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **TERRY HORNE, CPA**

(2) EIN: **62-1867889**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

<b>A</b> Name of plan <u>CARECONNECT HEALTH 403(B) TAX-DEFERRED ANNUITY PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>CARECONNECT HEALTH, INC</u>	<b>D</b> Employer Identification Number (EIN) <u>58-1335405</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 

1		0
---	--	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 35-1140070 82-2384824

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 

3	
---	--

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b>	

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline?.....  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....  Yes  No  N/A

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

**11 a** Does the ESOP hold any preferred stock?.....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market?.....  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	<b>16b</b>	

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero?  Yes  No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500385A.

**CARECONNECT HEALTH  
403(b) TAX-DEFERRED ANNUITY PLAN**

**FINANCIAL STATEMENTS AND  
SUPPLEMENTAL SCHEDULE  
February 28, 2025**

**CARECONNECT HEALTH  
403(b) TAX-DEFERRED ANNUITY PLAN**

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TERRY L. HORNE, CPA

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## Independent Auditor's Report

To the Plan Administrator of  
CareConnect Health 403(b) Tax-Deferred Annuity Plan

### Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of CareConnect Health 403(b) Tax-Deferred Annuity Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) Audit). The financial statements comprise the statements of net assets available for plan benefits as of February 28, 2025 and February 29, 2024, and the related statement of changes in net assets available for plan benefits for the year ended February 28, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of CareConnect Health 403(b) Tax-Deferred Annuity Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of February 28, 2025 and February 29, 2024, and for the year ended February 28, 2025, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

### Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section-

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of CareConnect Health 403(b) Tax-Deferred Annuity Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about CareConnect Health 403(b) Tax-Deferred Annuity Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

## **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of CareConnect Health 403(b) Tax-Deferred Annuity Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions, or events, considered in the aggregate, that raise substantial doubt about CareConnect Health 403(b) Tax-Deferred Annuity Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

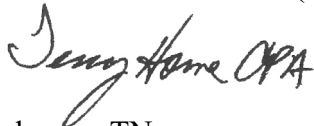
#### **Other Matter-Supplemental Schedule Required by ERISA**

The supplemental schedule of Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all materials respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).



Lebanon, TN  
September 12, 2025

**CARECONNECT HEALTH 403(B)  
TAX-DEFERRED ANNUITY PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS  
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

	2025	2024
<b>Assets</b>		
Participant-directed investments, at fair value	\$ 11,786,290	\$ 9,328,822
Participant-directed investments, at contract value	93,496	108,875
Receivables		
Employer contributions receivable	0	62,859
Notes receivable from participants	102,346	18,754
Total receivables	102,346	81,613
<b>Total Assets</b>	<b>\$ 11,982,132</b>	<b>\$ 9,519,310</b>
<b>Liabilities</b>	\$ 0	\$ 0
<b>Total Liabilities</b>	\$ 0	\$ 0
<b>Net Assets Available for Plan Benefits</b>	<b>\$ 11,982,132</b>	<b>\$ 9,519,310</b>

**CARECONNECT HEALTH 403(B)  
TAX-DEFERRED ANNUITY PLAN**

**STATEMENT OF CHANGES IN NET ASSETS  
AVAILABLE FOR PLAN BENEFITS  
YEAR ENDED FEBRUARY 28, 2025**

**Additions**

Additions to net assets attributed to:

Investment income (loss):

Net appreciation (depreciation) in fair value of investments	\$ 939,217
Interest and dividends	335,304
	1,274,521

Total investment income (loss)

Contributions:

Employer	727,477
Participants	1,092,783
Rollover	61,099
	1,881,359

Total additions

3,155,880

**Deductions**

Deductions from net assets attributed to:

Benefits paid to participants	608,593
Administrative expenses	84,465
	693,058

Total deductions

693,058

Net increase (decrease) in

net assets available for plan benefits

2,462,822

**Net assets available for plan benefits**

Beginning of year	9,519,310
	\$ 11,982,132

End of year

\$ 11,982,132

**CARECONNECT HEALTH**  
**403(b) TAX-DEFERRED ANNUITY PLAN**

Notes to Financial Statements

February 28, 2025

**Note 1 – Description of Plan**

The following description of the CareConnect Health 403(b) Tax-Deferred Annuity Plan (“Plan”) provides only general information. Participants should refer to the Plan adoption agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan sponsored by CareConnect Health, Inc. (“Organization”) for the benefit of its employees. It is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). AdvisorTrust, Inc. (“AdvisorTrust”), The Variable Annuity Life Insurance Company (“VALIC”), and The Lincoln National Life Insurance Company (“Lincoln”) are the custodians of the Plan.

The Plan was established on March 1, 1990 as Stewart-Webster Rural Health, Inc. Tax Deferred Annuity Plan. During the Plan year ended February 28, 2006, the Plan name was changed to Southwest Georgia Healthcare Tax Deferred Annuity Plan. During the Plan year ended February 28, 2018, the Plan’s name was changed to CareConnect Health 403(b) Tax-Deferred Annuity Plan.

The Plan was amended effective November 3, 2022 to allow hardship distributions and in-service distributions after the age of 59-1/2.

The Plan was amended effective April 12, 2024 to allow loans for active participants of up to 50% of the participant’s vested account balance.

Contributions

Participants may contribute to the Plan via pre-tax salary deferrals as a dollar or percent of their earnings, which is defined in the Plan’s adoption agreement. The maximum annual contribution allowed for each participant is determined by federally established limits. Additional catch-up contributions are allowed for any participant who is age 50 or older. Catch-up contribution limits are also determined by federally established limits.

After an employee has completed two consecutive years of service with the Organization, the Organization will make matching contributions for eligible employees, as defined in the Plan’s adoption agreement.

The Organization’s match is limited to the lesser of the employee’s contribution or 5% of the employee’s compensation as defined in the Plan’s adoption agreement. In addition, the Organization may provide an additional contribution of \$500 per year for each regular full-time employee who is not considered highly compensated, as defined by the Internal Revenue Service.

**CARECONNECT HEALTH**  
**403(b) TAX-DEFERRED ANNUITY PLAN**

Notes to Financial Statements

February 28, 2025

Participant Account

Each participant's account is credited with the participant's contributions, the Organization's contributions, and investment earnings. Each participant's account is charged with an allocable portion of the administrative expenses paid by the Plan. Allocations of earnings are based on each participant's account balance. Upon retirement or termination, a participant is entitled to the balance in his/her account.

Participant Investment Account Options

Each participant has the option of directing their contributions into any of the various investment options offered by the Plan and may change the allocations daily. The participant may also elect to allow an investment manager to direct the investments of their account.

Vesting

Participants are immediately vested in all contributions plus actual earnings thereon.

Administrative Expenses

Certain expenses incurred in the administration of the Plan are paid directly by the Organization.

Payment of Benefits

Upon termination of service, a participant may elect to receive an amount equal to the value of the participant's account after the end of the plan year in which employment was terminated. If a participant's balance is less than \$5,000 and no distribution form is completed, the Plan Administrator will distribute the participant's account balance from the Plan.

Contributions Receivable

Contributions receivable are based upon the timing difference between the determined contributions of the employer and employees and the receipts by the investment custodians.

Notes Receivable from Participants

Until the Plan document was amended during the plan year ended February 28, 2015, participants could borrow from their fund accounts.

The Plan document was amended again during the plan year ended February 28, 2025, to allow participants to borrow from their fund accounts again. Participants can borrow a minimum of \$1,000 up to a maximum equal to 50% of their account balance or \$50,000. The loans are to be secured only by the balance in the participant's account up to a limit of 50% of the participant's vested interest, and each participant may only have one loan outstanding at any one time. The interest rate applied to the loans is the Prime Rate plus 1% per year, which provides the Plan with a return comparable to the rates being charged by lending institutions. The loans must be repaid in equal payments over a period not longer than five years from the date of the related loan.

**CARECONNECT HEALTH**  
**403(b) TAX-DEFERRED ANNUITY PLAN**

Notes to Financial Statements

February 28, 2025

**Note 2 – Summary of Significant Accounting Policies**

Basis of Accounting

The accompanying financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America (“U.S. GAAP”) using the accrual method of accounting. U.S. GAAP is embodied in the Financial Accounting Standards Board *Accounting Standards Codification* (“FASB ASC”), which is the authoritative source of U.S. accounting and reporting standards for nongovernmental entities. The Plan has elected to use March 1 through the last day of February as its annual reporting period.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates, and such differences could be material. Significant estimates used in preparing these financial statements include those used to establish the fair value of investments.

Valuation of Investments

The investments in the funds are presented at fair value. Shares of registered investment companies and pooled separate accounts are valued based on quoted market prices, which represent the net asset value of shares held by the Plan at year-end.

The Plan provides fixed income accounts as investment options available to Plan participants. These investments are fixed income options (i.e., a guaranteed interest contracts) that provide a more stable asset value with a guaranteed rate of return. These investments are valued at contract value

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Unrealized gains and losses are recorded for changes in the fair value of mutual fund investments during the year. Realized gains and losses are recorded when investments are sold. Realized and unrealized gains and losses for each reporting period are combined and presented as net appreciation (depreciation) in fair value of investments in the accompanying statement of changes in net assets available for plan benefits.

Receivables and Allowance for Uncollectible Amounts: Receivables are recorded for amounts due from various parties in conjunction with financial transactions. An allowance is provided, when necessary, to recognize potentially uncollectible receivables. There was no allowance for uncollectible amounts considered necessary by the Plan at February 28, 2025 or February 29, 2024.

**CARECONNECT HEALTH**  
**403(b) TAX-DEFERRED ANNUITY PLAN**

Notes to Financial Statements

February 28, 2025

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest.

**Note 3 – Plan Termination**

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participant accounts would continue to be held by the Plan’s trustees until all benefits are distributed to the participants.

**Note 4 – Benefits Payable to Former Participants**

The portion of net assets which had been processed for payment to persons who requested withdrawals but had not yet been paid by the Plan was \$0 at both February 28, 2025 and February 29, 2024.

**Note 5 – Description of Information Certified by the Plan Trustees**

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Plan’s independent auditor did not perform any auditing procedures with respect to the information certified as complete and accurate by the Plan’s trustees/custodians, except for comparing the information with the information in the accompanying financial statements and supplemental schedule “Schedule of Assets (Held at End of Year).”

The following information as of February 28, 2025, was provided and certified by Advisor Trust, Inc. (“Advisor Trust”), The Lincoln National Life Insurance Company (“Lincoln”), and The Variable Annuity Life Insurance Company (“VALIC”), the Plan’s trustees/custodians:

	<u>VALIC</u>	<u>Lincoln</u>	<u>Advisor Trust</u>	<u>Total</u>
Investments, at fair value	\$ 189,869	\$ 54,674	\$ 11,541,747	\$ 11,786,290
Investments, at contract value	91,146	2,350	0	93,496
Participant loan balances	8,078	0	94,268	102,346
Investment Income (Loss)	\$ 24,896	\$ 6,498	\$ 1,243,127	\$ 1,274,521

**CARECONNECT HEALTH**  
**403(b) TAX-DEFERRED ANNUITY PLAN**

Notes to Financial Statements

February 28, 2025

The following information as of February 29, 2024, was provided and certified by Advisor Trust, Inc. (“Advisor Trust”), The Lincoln National Life Insurance Company (“Lincoln”), and The Variable Annuity Life Insurance Company (“VALIC”), the Plan’s trustees/custodians:

	<u>VALIC</u>	<u>Lincoln</u>	<u>Advisor Trust</u>	<u>Total</u>
Investments, at fair value	\$ 213,674	\$ 37,693	\$ 9,077,455	\$ 9,328,822
Investments, at contract value	95,567	13,308	0	108,875
Participant loan balances	7,768	10,986	0	18,754

**Note 6 – Guaranteed Interest Contracts**

The Plan has fully benefit-responsive investment contracts with Lincoln and VALIC. Lincoln and VALIC are contractually obligated to pay the principal and specified interest rates that are guaranteed to the Plan. The crediting interest rates are based on a formula agreed upon with the issuer. Such interest rates are reviewed on a quarterly basis for resetting. The crediting rate of the contract will track current market yields on a trailing basis.

It is possible that certain types of events could permit the insurance companies to terminate the contracts and limit the Plan’s ability to process transactions at the contract value. The Plan administrator does not believe these events are probable of occurring.

**Note 7 – Fair Value Measurements**

The Plan adopted the Fair Value Measurement and Disclosure topic of the FASB ASC, which establishes a framework for measuring value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1      Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2      Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by the observable market data by correlation or other means.

**CARECONNECT HEALTH**  
**403(b) TAX-DEFERRED ANNUITY PLAN**

Notes to Financial Statements

February 28, 2025

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3            Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used should maximize the use of observable inputs and minimize the use of unobservable inputs.

The investments in registered investment companies are based on quoted market prices. Investments in pooled separate accounts are determined by reference to the fair value of corresponding publicly traded mutual funds. There have been no changes in the methodologies used during the year ended February 28, 2025.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within fair value hierarchy, the Plan's assets at fair value as of February 28, 2025 and February 29, 2024:

	Assets at Fair Value			Total
	Level 1	Level 2	Level 3	
February 28, 2025				
Registered Investment				
Companies	\$ 11,588,343	\$ 0	\$ 0	\$ 11,588,343
Pooled Separate				
Accounts	<u>0</u>	<u>197,947</u>	<u>0</u>	<u>197,947</u>
Total	<u>\$ 11,588,343</u>	<u>\$ 197,947</u>	<u>\$ 0</u>	<u>\$ 11,786,290</u>
February 29, 2024				
Registered Investment				
Companies	\$ 9,107,380	\$ 0	\$ 0	\$ 9,107,380
Pooled Separate				
Accounts	<u>0</u>	<u>221,442</u>	<u>0</u>	<u>221,442</u>
Total	<u>\$ 9,107,380</u>	<u>\$ 221,442</u>	<u>\$ 0</u>	<u>\$ 9,328,822</u>

**CARECONNECT HEALTH  
403(b) TAX-DEFERRED ANNUITY PLAN**

Notes to Financial Statements

February 28, 2025

**Note 8 – Deemed Distributions**

Loans are considered deemed in the calendar quarter following the quarter in which payments cease, or if a participant with an outstanding loan balance transfers out of the plan. When a deemed distribution occurs, the associated participant receives a 1099-R reporting the deemed amount as taxable to the participant. For former participants who have transferred funds out of the plan, the 5500 and financial statements both represent a distribution. For current participants who still have funds in the plan, and receive a deemed distribution, the 5500 treats this as a distribution, but the financial statements do not, as the participant has the chance to pay this deemed distribution back into the plan. Due to this, the amount deemed to individuals that are still active participants in the plan requires a reconciliation of the 5500 to the financial statements, as disclosed in Note 9. Outstanding loan balances totaling \$102,346 at February 28, 2025 and \$18,754 at February 29, 2024. At February 28, 2025 and 2024, \$8,078 and \$18,754, respectively, of these balances had been recognized as deemed distributions during prior plan years for Form 5500 reporting.

**Note 9 – Reconciliation of Financial Statements to Schedule H of Form 5500**

The following is a reconciliation of net assets available for plan benefits, notes receivable, and investments per the financial statements to Schedule H of Form 5500 as of February 28, 2025 and February 29, 2024:

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 11,982,132	\$ 9,519,310
Deemed distributions reported to participants	<u>(4,559)</u>	<u>(10,271)</u>
Net assets available for benefits per Schedule H of Form 5500	<u>\$ 11,977,573</u>	<u>\$ 9,509,039</u>
Notes receivable from participants per the financial statements	\$ 102,346	\$ 18,754
Deemed distributions reported to participants	(4,559)	(10,271)
Loan interest accrued after loans were considered deemed	<u>(3,519)</u>	<u>(8,483)</u>
Notes receivable from participants per Form 5500 Schedule H	<u>\$ 94,268</u>	<u>\$ 0</u>
Participant-directed investments, at fair value		
per financial statements	\$ 11,786,290	\$ 9,328,822
Plus loan interest accrued after loans were considered deemed	<u>3,519</u>	<u>8,483</u>
Value of investment companies per Schedule H of Form 5500	<u>\$ 11,789,809</u>	<u>\$ 9,337,305</u>

**CARECONNECT HEALTH**  
**403(b) TAX-DEFERRED ANNUITY PLAN**

Notes to Financial Statements

February 28, 2025

The following is a reconciliation of benefit payments and employer contributions per the financial statements to Schedule H of Form 5500 February 28, 2025:

Benefit payments to participants per financial statements	\$ 608,593
Foreclosure of loan recognized as distribution in financial statements recognized in prior years for 5500	<u>(5,712)</u>
Benefit payments per Schedule H of Form 5500	<u>\$ 602,881</u>

**Note 10 – Income Tax Status**

The Plan is a prototype plan that qualifies for tax-exempt status; however, it has not obtained a favorable determination letter from the Internal Revenue Service (the “IRS”) stating that the Plan was in compliance with the applicable requirement of the IRC. The Plan is relying on the IRS approval of the prototype plan that it is utilizing. The IRS has determined and informed the document sponsor by a letter dated March 31, 2017, that the prototype plan agreement was designed in accordance with applicable sections of the IRC. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the plan administrator believes that the Plan was qualified, and the related trust was tax-exempt as of the financial statement date.

The Plan adheres to guidance issued by the Codification with respect to accounting for uncertainty in income taxes. This guidance clarifies the accounting for uncertainty in income taxes recognized in an enterprise’s financial statements and prescribes a comprehensive model for recognizing, measuring, presenting, and disclosing in the financial statements tax positions taken or expected to be taken on a tax return including positions that the organization is exempt from income taxes or not subject to income taxes or unrelated business income. With few exceptions, the Plan is no longer subject to income tax examinations by federal, state, or local tax authorities for years prior to the current and two most recent tax years.

**Note 11 – Related Party Transactions**

Certain plan investments are shares of mutual funds and annuities managed by AdvisorTrust, Inc., The Lincoln National Life Insurance Company, and The Variable Annuity Life Insurance Company who are the trustees/custodians as defined by the Plan. These transactions qualify as exempt party-in-interest transactions.

**CARECONNECT HEALTH**  
**403(b) TAX-DEFERRED ANNUITY PLAN**

Notes to Financial Statements

February 28, 2025

**Note 12 – Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and that amounts reported in the statements of net assets available for plan benefits.

**Note 13 – Corrective Employer Base Contributions**

Southeastern Employee Benefit Services, A Paychex Company ("SEBS"), the third-party administrator, determined that, during the year ended February 29, 2024, certain match contributions were incorrectly calculated. SEBS finalized the calculation of the correction in November 2024, and the Organization made a corrective contribution of \$62,859 into the Plan. The related employer contributions receivable is included in the accompanying statements of net assets available for plan benefits for the year ended February 29, 2024.

**Note 14 – Subsequent Events**

The Plan has evaluated subsequent events through September 12, 2025, the date these financial statements were available to be issued.

**SUPPLEMENTAL SCHEDULE**

**CARECONNECT HEALTH**  
**403(b) TAX-DEFERRED ANNUITY PLAN**

Plan EIN:58-1335405  
Plan Number: 001  
Schedule H, Line 4i-Schedule of Assets (Held At End of Year)  
February 28, 2025

(a)	(b)	(c)	(d)	(e)
Party in Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral and Par or Maturity Value	Current Cost	Value
Y	VARIABLE ANNUITY LIFE INSURANCE CO	AGGRESSIVE GROWTH LIFESTYLE	*	8,371
Y	VARIABLE ANNUITY LIFE INSURANCE CO	ARIEL APPRECIATION FUND	*	229
Y	VARIABLE ANNUITY LIFE INSURANCE CO	CORE BOND FUND	*	7,984
Y	VARIABLE ANNUITY LIFE INSURANCE CO	EMERGING ECONOMIES	*	2,026
Y	VARIABLE ANNUITY LIFE INSURANCE CO	FIXED ACCOUNT PLUS	*	87,623
Y	VARIABLE ANNUITY LIFE INSURANCE CO	GLOBAL STRATEGY	*	153
Y	VARIABLE ANNUITY LIFE INSURANCE CO	GOVERNMENT MONEY MARKET FD INST	*	8,160
Y	VARIABLE ANNUITY LIFE INSURANCE CO	HIGH YIELD BOND FUND	*	1,791
Y	VARIABLE ANNUITY LIFE INSURANCE CO	INTERNATIONAL GOVERNMENT BOND	*	3,357
Y	VARIABLE ANNUITY LIFE INSURANCE CO	INTERNATIONAL VALUE FUND	*	4,877
Y	VARIABLE ANNUITY LIFE INSURANCE CO	INTERNATIONAL EQUITIES INDEX FUND	*	2,427
Y	VARIABLE ANNUITY LIFE INSURANCE CO	INTL OPPORTUNITIES	*	1,341
Y	VARIABLE ANNUITY LIFE INSURANCE CO	LARGE CAPITAL GROWTH	*	5,272
Y	VARIABLE ANNUITY LIFE INSURANCE CO	MID CAP INDEX FUND	*	24,971
Y	VARIABLE ANNUITY LIFE INSURANCE CO	MID CAP STRATEGIC GWTH	*	955
	THE VANGUARD GROUP	MODERATE GROWTH LIFESTYLE	*	33,061
	THE VANGUARD GROUP	SHORT TERM FIXED ACCOUNT	*	3,523
Y	VARIABLE ANNUITY LIFE INSURANCE CO	SMALL CAP INDEX FUND	*	2,516
Y	VARIABLE ANNUITY LIFE INSURANCE CO	SMALL CAP SPECIAL VALUE FUND	*	269
Y	VARIABLE ANNUITY LIFE INSURANCE CO	SMALL CAP VALUE FUND	*	3,110
Y	VARIABLE ANNUITY LIFE INSURANCE CO	STOCK INDEX FUND	*	21,523
Y	VARIABLE ANNUITY LIFE INSURANCE CO	SYSTEMATIC VALUE	*	5,509
Y	VARIABLE ANNUITY LIFE INSURANCE CO	US SOCIALLY RESPONSIBLE FUND	*	17,352
	THE VANGUARD GROUP	VANGUARD LIFESTRATEGY MODERATE	*	30,696
	THE VANGUARD GROUP	VANGUARD LONG-TERM TREASURY	*	3,519
	THE VANGUARD GROUP	VANGUARD WINDSOR II	*	400
<b>TOTAL INVESTMENT HELD AT VALIC</b>				<b>281,015</b>

\*Cost information omitted for participant directed investments.

See independent auditor's report.

**CARECONNECT HEALTH**  
**403(b) TAX-DEFERRED ANNUITY PLAN**

Plan EIN:58-1335405

Plan Number: 001

Schedule H, Line 4i-Schedule of Assets (Held At End of Year)

February 28, 2025

(a)	(b)	(c)	(d)	(e)
Party in Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral and Par or Maturity Value	Current Cost	Value
	AMERICAN CENTURY	AMERICAN CENTURY GLOBAL GOLD INV	*	26,674
	AMERICAN CENTURY	AMERICAN CENTURY INTERNATIONAL OPPS	*	662
	AMERICAN FUNDS	AMERICAN FUNDS CAPITAL WORLD BOND R6	*	1,488
	AMERICAN FUNDS	AMERICAN FUNDS NEW PERSPECTIVE R6	*	37,028
	AMERICAN FUNDS	AMERICAN FUNDS NEW WORLD R6	*	18,768
	AMERICAN FUNDS	AMERICAN FUNDS SMALLCAP WORLD R6	*	15,292
	AMERICAN FUNDS	AMERICAN CENTURY GLOBAL BALANCED R6	*	255
	BAIRD	BAIRD CORE PLUS BOND INST	*	10,917
	CALVERT RESEARCH AND MANAGEMENT	CALVERT GROWTH ALLOCATION I	*	24,095
	DFA	DFA INTERNATIONAL VECTOR EQUITY I	*	20
	FIDELITY	FIDELITY INFLATION-PROT BD INDEX	*	70,090
	FIDELITY	FIDELITY SHRT-TERM TRS BD INDEX	*	4,119
	GOLDMAN SACHS	GOLDMAN SACHS GROWTH & INC STRAT INSTL	*	4,339
	GOLDMAN SACHS	GOLDMAN SACHS INSTL SM CP INSGHTS R6	*	106
	NUVEEN	NUVEEN REAL ESTATE SEC SELECT R6	*	8,324
	NUVEEN	NUVEEN STRATEGIC INCOME RG	*	3,488
	SCHWAB	SCHWAB FDMTL INTL LG CO IDX	*	2,839
	THE VANGUARD GROUP	VANGUARD 500 INDEX ADMIRAL	*	2,996,137
	THE VANGUARD GROUP	VANGUARD BALANCED INDEX ADM	*	36,332
	THE VANGUARD GROUP	VANGUARD CASH RSRV FEDERAL	*	387,695
	THE VANGUARD GROUP	VANGUARD DEVELOPED MARKETS INDEX	*	7,584
	THE VANGUARD GROUP	VANGUARD DIVIDEND APPRECIATION INDEX	*	30,065
	THE VANGUARD GROUP	VANGUARD DIVIDEND GROWTH INV	*	213,273
	THE VANGUARD GROUP	VANGUARD EQUITY-INCOME ADM	*	24,651
	THE VANGUARD GROUP	VANGUARD EXPLORER VALUE INV	*	30,317
	THE VANGUARD GROUP	VANGUARD FEDERAL MONEY MARKET	*	286,057
	THE VANGUARD GROUP	VANGUARD GROWTH INDEX ADMIRAL	*	82,485
	THE VANGUARD GROUP	VANGUARD HEALTH CARE ADM	*	20,655
	THE VANGUARD GROUP	VANGUARD HIGH-YIELD CORPORATE ADM	*	4,610
	THE VANGUARD GROUP	VANGUARD INTERM-TERM INVESTMENT-GRDE	*	20
	THE VANGUARD GROUP	VANGUARD INTERM-TERM TREASURY ADM	*	26,458
	THE VANGUARD GROUP	VANGUARD INTERNATIONAL GROWTH ADM	*	9,410
	THE VANGUARD GROUP	VANGUARD LARGE CAP INDEX ADMIRAL	*	161,833
	THE VANGUARD GROUP	VANGUARD LIFESTRATEGY GROWTH INV	*	91,123
	THE VANGUARD GROUP	VANGUARD LIFESTRATEGY INCOME INV	*	23,284
	THE VANGUARD GROUP	VANGUARD LONG-TERM TREASURY ADMIRAL	*	19,372
	THE VANGUARD GROUP	VANGUARD MID CAP GROWTH INV	*	34,101
	THE VANGUARD GROUP	VANGUARD MID CAP INDEX ADMIRAL	*	49,327
	THE VANGUARD GROUP	VANGUARD MID-CAP GROWTH INDEX	*	14,157
	THE VANGUARD GROUP	VANGUARD MID-CAP VALUE INDEX ADMIRAL	*	20
	THE VANGUARD GROUP	VANGUARD REAL ESTATE INDEX ADMIRAL	*	14,892

\*Cost information omitted for participant directed investments.

See independent auditor's report.

**CARECONNECT HEALTH**  
**403(b) TAX-DEFERRED ANNUITY PLAN**

Plan EIN:58-1335405

Plan Number: 001

Schedule H, Line 4i-Schedule of Assets (Held At End of Year)

February 28, 2025

(a)	(b)	(c)	(d)	(e)
Party in Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral and Par or Maturity Value	Current Cost	Value
	THE VANGUARD GROUP	VANGUARD SMALL CAP GROWTH INDEX	*	64,522
	THE VANGUARD GROUP	VANGUARD SMALL CAP INDEX ADM	*	129
	THE VANGUARD GROUP	VANGUARD STAR INV	*	79,110
	THE VANGUARD GROUP	VANGUARD STRATEGIC SMALL-CAP EQUITY	*	3,125
	THE VANGUARD GROUP	VANGUARD TARGET RETIREMENT 2020 INV	*	489,956
	THE VANGUARD GROUP	VANGUARD TARGET RETIREMENT 2025 INV	*	161,138
	THE VANGUARD GROUP	VANGUARD TARGET RETIREMENT 2030 INV	*	219,088
	THE VANGUARD GROUP	VANGUARD TARGET RETIREMENT 2035 INV	*	568,000
	THE VANGUARD GROUP	VANGUARD TARGET RETIREMENT 2040 INV	*	594,339
	THE VANGUARD GROUP	VANGUARD TARGET RETIREMENT 2045 INV	*	1,212,976
	THE VANGUARD GROUP	VANGUARD TARGET RETIREMENT 2050 INV	*	1,086,963
	THE VANGUARD GROUP	VANGUARD TARGET RETIREMENT 2055 INV	*	1,190,577
	THE VANGUARD GROUP	VANGUARD TARGET RETIREMENT 2060 INV	*	402,002
	THE VANGUARD GROUP	VANGUARD TARGET RETIREMENT 2065 INV	*	40,290
	THE VANGUARD GROUP	VANGUARD TARGET RETIREMENT INCOME INV	*	438,701
	THE VANGUARD GROUP	VANGUARD TOTAL BOND MARKET INDEX ADM	*	9,430
	THE VANGUARD GROUP	VANGUARD TOTAL STOCK MKT IDX ADM	*	160,664
	THE VANGUARD GROUP	VANGUARD US GROWTH ADMIRAL	*	10,985
	THE VANGUARD GROUP	VANGUARD WINDSOR ADMIRAL	*	11,209
	VOYA	VOYA STRATEGIC INCOME OPPORTUNITIES R6	*	6,181
	<b>TOTAL INVESTMENT HELD AT ADVISORTRUST</b>			<b>11,541,747</b>
Y	LINCOLN VARIABLE INSURANCE PRODUCTS	LVIP BLACKROCK DIVIDEND VALUE	*	5,045
Y	LINCOLN VARIABLE INSURANCE PRODUCTS	LVIP BLENDED LRG CAP GROWTH	*	18,846
Y	LINCOLN VARIABLE INSURANCE PRODUCTS	LVIP MACQUARIE BOND	*	1,151
Y	LINCOLN VARIABLE INSURANCE PRODUCTS	LVIP MACQUARIE SMID CAP CORE SERIES	*	9,374
Y	LINCOLN VARIABLE INSURANCE PRODUCTS	LVIP MACQUARIE SOCIAL AWARENESS	*	20,257
Y	LINCOLN VARIABLE INSURANCE PRODUCTS	LINCOLN FIXED ACCOUNT	*	2,351
	<b>TOTAL INVESTMENT HELD AT LINCOLN</b>			<b>57,024</b>
	<b>TOTAL ALL INVESTMENTS</b>			<b>11,879,786</b>
Y	PARTICIPANT LOANS	INTEREST RATES RANGING FROM 4.0% TO 9.5% WITH VARIOUS MATURITIES		<b>102,346</b>

\*Cost information omitted for participant directed investments.

See independent auditor's report.

**CARECONNECT HEALTH  
403(b) TAX-DEFERRED ANNUITY PLAN**

**FINANCIAL STATEMENTS AND  
SUPPLEMENTAL SCHEDULE  
February 28, 2025**

**CARECONNECT HEALTH  
403(b) TAX-DEFERRED ANNUITY PLAN**

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## Independent Auditor's Report

To the Plan Administrator of  
CareConnect Health 403(b) Tax-Deferred Annuity Plan

### Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of CareConnect Health 403(b) Tax-Deferred Annuity Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) Audit). The financial statements comprise the statements of net assets available for plan benefits as of February 28, 2025 and February 29, 2024, and the related statement of changes in net assets available for plan benefits for the year ended February 28, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of CareConnect Health 403(b) Tax-Deferred Annuity Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of February 28, 2025 and February 29, 2024, and for the year ended February 28, 2025, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

### Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section-

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of CareConnect Health 403(b) Tax-Deferred Annuity Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about CareConnect Health 403(b) Tax-Deferred Annuity Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

## **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of CareConnect Health 403(b) Tax-Deferred Annuity Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions, or events, considered in the aggregate, that raise substantial doubt about CareConnect Health 403(b) Tax-Deferred Annuity Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

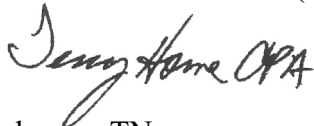
#### **Other Matter-Supplemental Schedule Required by ERISA**

The supplemental schedule of Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all materials respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

A handwritten signature in cursive script that reads "Jerry Home CPA".

Lebanon, TN  
September 12, 2025

**CARECONNECT HEALTH 403(B)  
TAX-DEFERRED ANNUITY PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS  
FEBRUARY 28, 2025 AND FEBRUARY 29, 2024**

	2025	2024
<b>Assets</b>		
Participant-directed investments, at fair value	\$ 11,786,290	\$ 9,328,822
Participant-directed investments, at contract value	93,496	108,875
Receivables		
Employer contributions receivable	0	62,859
Notes receivable from participants	102,346	18,754
Total receivables	102,346	81,613
<b>Total Assets</b>	<b>\$ 11,982,132</b>	<b>\$ 9,519,310</b>
<b>Liabilities</b>	\$ 0	\$ 0
<b>Total Liabilities</b>	\$ 0	\$ 0
<b>Net Assets Available for Plan Benefits</b>	<b>\$ 11,982,132</b>	<b>\$ 9,519,310</b>

**CARECONNECT HEALTH 403(B)  
TAX-DEFERRED ANNUITY PLAN**

**STATEMENT OF CHANGES IN NET ASSETS  
AVAILABLE FOR PLAN BENEFITS  
YEAR ENDED FEBRUARY 28, 2025**

**Additions**

Additions to net assets attributed to:

Investment income (loss):

Net appreciation (depreciation) in fair value of investments	\$ 939,217
Interest and dividends	335,304
	1,274,521

Total investment income (loss)

Contributions:

Employer	727,477
Participants	1,092,783
Rollover	61,099
	1,881,359

Total additions

3,155,880

**Deductions**

Deductions from net assets attributed to:

Benefits paid to participants	608,593
Administrative expenses	84,465
	693,058

Total deductions

693,058

Net increase (decrease) in

net assets available for plan benefits

2,462,822

**Net assets available for plan benefits**

Beginning of year	9,519,310
	9,519,310

End of year	\$ 11,982,132
	11,982,132

**CARECONNECT HEALTH**  
**403(b) TAX-DEFERRED ANNUITY PLAN**

Notes to Financial Statements

February 28, 2025

**Note 1 – Description of Plan**

The following description of the CareConnect Health 403(b) Tax-Deferred Annuity Plan (“Plan”) provides only general information. Participants should refer to the Plan adoption agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan sponsored by CareConnect Health, Inc. (“Organization”) for the benefit of its employees. It is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). AdvisorTrust, Inc. (“AdvisorTrust”), The Variable Annuity Life Insurance Company (“VALIC”), and The Lincoln National Life Insurance Company (“Lincoln”) are the custodians of the Plan.

The Plan was established on March 1, 1990 as Stewart-Webster Rural Health, Inc. Tax Deferred Annuity Plan. During the Plan year ended February 28, 2006, the Plan name was changed to Southwest Georgia Healthcare Tax Deferred Annuity Plan. During the Plan year ended February 28, 2018, the Plan’s name was changed to CareConnect Health 403(b) Tax-Deferred Annuity Plan.

The Plan was amended effective November 3, 2022 to allow hardship distributions and in-service distributions after the age of 59-1/2.

The Plan was amended effective April 12, 2024 to allow loans for active participants of up to 50% of the participant’s vested account balance.

Contributions

Participants may contribute to the Plan via pre-tax salary deferrals as a dollar or percent of their earnings, which is defined in the Plan’s adoption agreement. The maximum annual contribution allowed for each participant is determined by federally established limits. Additional catch-up contributions are allowed for any participant who is age 50 or older. Catch-up contribution limits are also determined by federally established limits.

After an employee has completed two consecutive years of service with the Organization, the Organization will make matching contributions for eligible employees, as defined in the Plan’s adoption agreement.

The Organization’s match is limited to the lesser of the employee’s contribution or 5% of the employee’s compensation as defined in the Plan’s adoption agreement. In addition, the Organization may provide an additional contribution of \$500 per year for each regular full-time employee who is not considered highly compensated, as defined by the Internal Revenue Service.

**CARECONNECT HEALTH**  
**403(b) TAX-DEFERRED ANNUITY PLAN**

Notes to Financial Statements

February 28, 2025

Participant Account

Each participant's account is credited with the participant's contributions, the Organization's contributions, and investment earnings. Each participant's account is charged with an allocable portion of the administrative expenses paid by the Plan. Allocations of earnings are based on each participant's account balance. Upon retirement or termination, a participant is entitled to the balance in his/her account.

Participant Investment Account Options

Each participant has the option of directing their contributions into any of the various investment options offered by the Plan and may change the allocations daily. The participant may also elect to allow an investment manager to direct the investments of their account.

Vesting

Participants are immediately vested in all contributions plus actual earnings thereon.

Administrative Expenses

Certain expenses incurred in the administration of the Plan are paid directly by the Organization.

Payment of Benefits

Upon termination of service, a participant may elect to receive an amount equal to the value of the participant's account after the end of the plan year in which employment was terminated. If a participant's balance is less than \$5,000 and no distribution form is completed, the Plan Administrator will distribute the participant's account balance from the Plan.

Contributions Receivable

Contributions receivable are based upon the timing difference between the determined contributions of the employer and employees and the receipts by the investment custodians.

Notes Receivable from Participants

Until the Plan document was amended during the plan year ended February 28, 2015, participants could borrow from their fund accounts.

The Plan document was amended again during the plan year ended February 28, 2025, to allow participants to borrow from their fund accounts again. Participants can borrow a minimum of \$1,000 up to a maximum equal to 50% of their account balance or \$50,000. The loans are to be secured only by the balance in the participant's account up to a limit of 50% of the participant's vested interest, and each participant may only have one loan outstanding at any one time. The interest rate applied to the loans is the Prime Rate plus 1% per year, which provides the Plan with a return comparable to the rates being charged by lending institutions. The loans must be repaid in equal payments over a period not longer than five years from the date of the related loan.

**CARECONNECT HEALTH**  
**403(b) TAX-DEFERRED ANNUITY PLAN**

Notes to Financial Statements

February 28, 2025

**Note 2 – Summary of Significant Accounting Policies**

Basis of Accounting

The accompanying financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America (“U.S. GAAP”) using the accrual method of accounting. U.S. GAAP is embodied in the Financial Accounting Standards Board *Accounting Standards Codification* (“FASB ASC”), which is the authoritative source of U.S. accounting and reporting standards for nongovernmental entities. The Plan has elected to use March 1 through the last day of February as its annual reporting period.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates, and such differences could be material. Significant estimates used in preparing these financial statements include those used to establish the fair value of investments.

Valuation of Investments

The investments in the funds are presented at fair value. Shares of registered investment companies and pooled separate accounts are valued based on quoted market prices, which represent the net asset value of shares held by the Plan at year-end.

The Plan provides fixed income accounts as investment options available to Plan participants. These investments are fixed income options (i.e., a guaranteed interest contracts) that provide a more stable asset value with a guaranteed rate of return. These investments are valued at contract value

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Unrealized gains and losses are recorded for changes in the fair value of mutual fund investments during the year. Realized gains and losses are recorded when investments are sold. Realized and unrealized gains and losses for each reporting period are combined and presented as net appreciation (depreciation) in fair value of investments in the accompanying statement of changes in net assets available for plan benefits.

Receivables and Allowance for Uncollectible Amounts: Receivables are recorded for amounts due from various parties in conjunction with financial transactions. An allowance is provided, when necessary, to recognize potentially uncollectible receivables. There was no allowance for uncollectible amounts considered necessary by the Plan at February 28, 2025 or February 29, 2024.

**CARECONNECT HEALTH**  
**403(b) TAX-DEFERRED ANNUITY PLAN**

Notes to Financial Statements

February 28, 2025

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest.

**Note 3 – Plan Termination**

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participant accounts would continue to be held by the Plan’s trustees until all benefits are distributed to the participants.

**Note 4 – Benefits Payable to Former Participants**

The portion of net assets which had been processed for payment to persons who requested withdrawals but had not yet been paid by the Plan was \$0 at both February 28, 2025 and February 29, 2024.

**Note 5 – Description of Information Certified by the Plan Trustees**

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Plan’s independent auditor did not perform any auditing procedures with respect to the information certified as complete and accurate by the Plan’s trustees/custodians, except for comparing the information with the information in the accompanying financial statements and supplemental schedule “Schedule of Assets (Held at End of Year).”

The following information as of February 28, 2025, was provided and certified by Advisor Trust, Inc. (“Advisor Trust”), The Lincoln National Life Insurance Company (“Lincoln”), and The Variable Annuity Life Insurance Company (“VALIC”), the Plan’s trustees/custodians:

	<u>VALIC</u>	<u>Lincoln</u>	<u>Advisor Trust</u>	<u>Total</u>
Investments, at fair value	\$ 189,869	\$ 54,674	\$ 11,541,747	\$ 11,786,290
Investments, at contract value	91,146	2,350	0	93,496
Participant loan balances	8,078	0	94,268	102,346
Investment Income (Loss)	\$ 24,896	\$ 6,498	\$ 1,243,127	\$ 1,274,521

**CARECONNECT HEALTH**  
**403(b) TAX-DEFERRED ANNUITY PLAN**

Notes to Financial Statements

February 28, 2025

The following information as of February 29, 2024, was provided and certified by Advisor Trust, Inc. (“Advisor Trust”), The Lincoln National Life Insurance Company (“Lincoln”), and The Variable Annuity Life Insurance Company (“VALIC”), the Plan’s trustees/custodians:

	<u>VALIC</u>	<u>Lincoln</u>	<u>Advisor Trust</u>	<u>Total</u>
Investments, at fair value	\$ 213,674	\$ 37,693	\$ 9,077,455	\$ 9,328,822
Investments, at contract value	95,567	13,308	0	108,875
Participant loan balances	7,768	10,986	0	18,754

**Note 6 – Guaranteed Interest Contracts**

The Plan has fully benefit-responsive investment contracts with Lincoln and VALIC. Lincoln and VALIC are contractually obligated to pay the principal and specified interest rates that are guaranteed to the Plan. The crediting interest rates are based on a formula agreed upon with the issuer. Such interest rates are reviewed on a quarterly basis for resetting. The crediting rate of the contract will track current market yields on a trailing basis.

It is possible that certain types of events could permit the insurance companies to terminate the contracts and limit the Plan’s ability to process transactions at the contract value. The Plan administrator does not believe these events are probable of occurring.

**Note 7 – Fair Value Measurements**

The Plan adopted the Fair Value Measurement and Disclosure topic of the FASB ASC, which establishes a framework for measuring value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1      Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2      Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by the observable market data by correlation or other means.

**CARECONNECT HEALTH**  
**403(b) TAX-DEFERRED ANNUITY PLAN**

Notes to Financial Statements

February 28, 2025

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3            Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used should maximize the use of observable inputs and minimize the use of unobservable inputs.

The investments in registered investment companies are based on quoted market prices. Investments in pooled separate accounts are determined by reference to the fair value of corresponding publicly traded mutual funds. There have been no changes in the methodologies used during the year ended February 28, 2025.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within fair value hierarchy, the Plan's assets at fair value as of February 28, 2025 and February 29, 2024:

	Assets at Fair Value			Total
	Level 1	Level 2	Level 3	
February 28, 2025				
Registered Investment				
Companies	\$ 11,588,343	\$ 0	\$ 0	\$ 11,588,343
Pooled Separate				
Accounts	<u>0</u>	<u>197,947</u>	<u>0</u>	<u>197,947</u>
Total	<u>\$ 11,588,343</u>	<u>\$ 197,947</u>	<u>\$ 0</u>	<u>\$ 11,786,290</u>
February 29, 2024				
Registered Investment				
Companies	\$ 9,107,380	\$ 0	\$ 0	\$ 9,107,380
Pooled Separate				
Accounts	<u>0</u>	<u>221,442</u>	<u>0</u>	<u>221,442</u>
Total	<u>\$ 9,107,380</u>	<u>\$ 221,442</u>	<u>\$ 0</u>	<u>\$ 9,328,822</u>

**CARECONNECT HEALTH  
403(b) TAX-DEFERRED ANNUITY PLAN**

Notes to Financial Statements

February 28, 2025

**Note 8 – Deemed Distributions**

Loans are considered deemed in the calendar quarter following the quarter in which payments cease, or if a participant with an outstanding loan balance transfers out of the plan. When a deemed distribution occurs, the associated participant receives a 1099-R reporting the deemed amount as taxable to the participant. For former participants who have transferred funds out of the plan, the 5500 and financial statements both represent a distribution. For current participants who still have funds in the plan, and receive a deemed distribution, the 5500 treats this as a distribution, but the financial statements do not, as the participant has the chance to pay this deemed distribution back into the plan. Due to this, the amount deemed to individuals that are still active participants in the plan requires a reconciliation of the 5500 to the financial statements, as disclosed in Note 9. Outstanding loan balances totaling \$102,346 at February 28, 2025 and \$18,754 at February 29, 2024. At February 28, 2025 and 2024, \$8,078 and \$18,754, respectively, of these balances had been recognized as deemed distributions during prior plan years for Form 5500 reporting.

**Note 9 – Reconciliation of Financial Statements to Schedule H of Form 5500**

The following is a reconciliation of net assets available for plan benefits, notes receivable, and investments per the financial statements to Schedule H of Form 5500 as of February 28, 2025 and February 29, 2024:

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 11,982,132	\$ 9,519,310
Deemed distributions reported to participants	<u>(4,559)</u>	<u>(10,271)</u>
Net assets available for benefits per Schedule H of Form 5500	<u>\$ 11,977,573</u>	<u>\$ 9,509,039</u>
Notes receivable from participants per the financial statements	\$ 102,346	\$ 18,754
Deemed distributions reported to participants	(4,559)	(10,271)
Loan interest accrued after loans were considered deemed	<u>(3,519)</u>	<u>(8,483)</u>
Notes receivable from participants per Form 5500 Schedule H	<u>\$ 94,268</u>	<u>\$ 0</u>
Participant-directed investments, at fair value		
per financial statements	\$ 11,786,290	\$ 9,328,822
Plus loan interest accrued after loans were considered deemed	<u>3,519</u>	<u>8,483</u>
Value of investment companies per Schedule H of Form 5500	<u>\$ 11,789,809</u>	<u>\$ 9,337,305</u>

**CARECONNECT HEALTH**  
**403(b) TAX-DEFERRED ANNUITY PLAN**

Notes to Financial Statements

February 28, 2025

The following is a reconciliation of benefit payments and employer contributions per the financial statements to Schedule H of Form 5500 February 28, 2025:

Benefit payments to participants per financial statements	\$ 608,593
Foreclosure of loan recognized as distribution in financial statements recognized in prior years for 5500	<u>(5,712)</u>
Benefit payments per Schedule H of Form 5500	<u>\$ 602,881</u>

**Note 10 – Income Tax Status**

The Plan is a prototype plan that qualifies for tax-exempt status; however, it has not obtained a favorable determination letter from the Internal Revenue Service (the “IRS”) stating that the Plan was in compliance with the applicable requirement of the IRC. The Plan is relying on the IRS approval of the prototype plan that it is utilizing. The IRS has determined and informed the document sponsor by a letter dated March 31, 2017, that the prototype plan agreement was designed in accordance with applicable sections of the IRC. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, the plan administrator believes that the Plan was qualified, and the related trust was tax-exempt as of the financial statement date.

The Plan adheres to guidance issued by the Codification with respect to accounting for uncertainty in income taxes. This guidance clarifies the accounting for uncertainty in income taxes recognized in an enterprise’s financial statements and prescribes a comprehensive model for recognizing, measuring, presenting, and disclosing in the financial statements tax positions taken or expected to be taken on a tax return including positions that the organization is exempt from income taxes or not subject to income taxes or unrelated business income. With few exceptions, the Plan is no longer subject to income tax examinations by federal, state, or local tax authorities for years prior to the current and two most recent tax years.

**Note 11 – Related Party Transactions**

Certain plan investments are shares of mutual funds and annuities managed by AdvisorTrust, Inc., The Lincoln National Life Insurance Company, and The Variable Annuity Life Insurance Company who are the trustees/custodians as defined by the Plan. These transactions qualify as exempt party-in-interest transactions.

**CARECONNECT HEALTH**  
**403(b) TAX-DEFERRED ANNUITY PLAN**

Notes to Financial Statements

February 28, 2025

**Note 12 – Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and that amounts reported in the statements of net assets available for plan benefits.

**Note 13 – Corrective Employer Base Contributions**

Southeastern Employee Benefit Services, A Paychex Company ("SEBS"), the third-party administrator, determined that, during the year ended February 29, 2024, certain match contributions were incorrectly calculated. SEBS finalized the calculation of the correction in November 2024, and the Organization made a corrective contribution of \$62,859 into the Plan. The related employer contributions receivable is included in the accompanying statements of net assets available for plan benefits for the year ended February 29, 2024.

**Note 14 – Subsequent Events**

The Plan has evaluated subsequent events through September 12, 2025, the date these financial statements were available to be issued.

**SUPPLEMENTAL SCHEDULE**

**CARECONNECT HEALTH**  
**403(b) TAX-DEFERRED ANNUITY PLAN**

Plan EIN:58-1335405  
Plan Number: 001  
Schedule H, Line 4i-Schedule of Assets (Held At End of Year)  
February 28, 2025

(a)	(b)	(c)	(d)	(e)
Party in Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral and Par or Maturity Value	Current Cost	Value
Y	VARIABLE ANNUITY LIFE INSURANCE CO	AGGRESSIVE GROWTH LIFESTYLE	*	8,371
Y	VARIABLE ANNUITY LIFE INSURANCE CO	ARIEL APPRECIATION FUND	*	229
Y	VARIABLE ANNUITY LIFE INSURANCE CO	CORE BOND FUND	*	7,984
Y	VARIABLE ANNUITY LIFE INSURANCE CO	EMERGING ECONOMIES	*	2,026
Y	VARIABLE ANNUITY LIFE INSURANCE CO	FIXED ACCOUNT PLUS	*	87,623
Y	VARIABLE ANNUITY LIFE INSURANCE CO	GLOBAL STRATEGY	*	153
Y	VARIABLE ANNUITY LIFE INSURANCE CO	GOVERNMENT MONEY MARKET FD INST	*	8,160
Y	VARIABLE ANNUITY LIFE INSURANCE CO	HIGH YIELD BOND FUND	*	1,791
Y	VARIABLE ANNUITY LIFE INSURANCE CO	INTERNATIONAL GOVERNMENT BOND	*	3,357
Y	VARIABLE ANNUITY LIFE INSURANCE CO	INTERNATIONAL VALUE FUND	*	4,877
Y	VARIABLE ANNUITY LIFE INSURANCE CO	INTERNATIONAL EQUITIES INDEX FUND	*	2,427
Y	VARIABLE ANNUITY LIFE INSURANCE CO	INTL OPPORTUNITIES	*	1,341
Y	VARIABLE ANNUITY LIFE INSURANCE CO	LARGE CAPITAL GROWTH	*	5,272
Y	VARIABLE ANNUITY LIFE INSURANCE CO	MID CAP INDEX FUND	*	24,971
Y	VARIABLE ANNUITY LIFE INSURANCE CO	MID CAP STRATEGIC GWTH	*	955
	THE VANGUARD GROUP	MODERATE GROWTH LIFESTYLE	*	33,061
	THE VANGUARD GROUP	SHORT TERM FIXED ACCOUNT	*	3,523
Y	VARIABLE ANNUITY LIFE INSURANCE CO	SMALL CAP INDEX FUND	*	2,516
Y	VARIABLE ANNUITY LIFE INSURANCE CO	SMALL CAP SPECIAL VALUE FUND	*	269
Y	VARIABLE ANNUITY LIFE INSURANCE CO	SMALL CAP VALUE FUND	*	3,110
Y	VARIABLE ANNUITY LIFE INSURANCE CO	STOCK INDEX FUND	*	21,523
Y	VARIABLE ANNUITY LIFE INSURANCE CO	SYSTEMATIC VALUE	*	5,509
Y	VARIABLE ANNUITY LIFE INSURANCE CO	US SOCIALLY RESPONSIBLE FUND	*	17,352
	THE VANGUARD GROUP	VANGUARD LIFESTRATEGY MODERATE	*	30,696
	THE VANGUARD GROUP	VANGUARD LONG-TERM TREASURY	*	3,519
	THE VANGUARD GROUP	VANGUARD WINDSOR II	*	400
<b>TOTAL INVESTMENT HELD AT VALIC</b>				<b>281,015</b>

\*Cost information omitted for participant directed investments.

See independent auditor's report.

**CARECONNECT HEALTH**  
**403(b) TAX-DEFERRED ANNUITY PLAN**

Plan EIN:58-1335405

Plan Number: 001

Schedule H, Line 4i-Schedule of Assets (Held At End of Year)

February 28, 2025

(a)	(b)	(c)	(d)	(e)
Party in Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral and Par or Maturity Value	Current Cost	Value
	AMERICAN CENTURY	AMERICAN CENTURY GLOBAL GOLD INV	*	26,674
	AMERICAN CENTURY	AMERICAN CENTURY INTERNATIONAL OPPS	*	662
	AMERICAN FUNDS	AMERICAN FUNDS CAPITAL WORLD BOND R6	*	1,488
	AMERICAN FUNDS	AMERICAN FUNDS NEW PERSPECTIVE R6	*	37,028
	AMERICAN FUNDS	AMERICAN FUNDS NEW WORLD R6	*	18,768
	AMERICAN FUNDS	AMERICAN FUNDS SMALLCAP WORLD R6	*	15,292
	AMERICAN FUNDS	AMERICAN CENTURY GLOBAL BALANCED R6	*	255
	BAIRD	BAIRD CORE PLUS BOND INST	*	10,917
	CALVERT RESEARCH AND MANAGEMENT	CALVERT GROWTH ALLOCATION I	*	24,095
	DFA	DFA INTERNATIONAL VECTOR EQUITY I	*	20
	FIDELITY	FIDELITY INFLATION-PROT BD INDEX	*	70,090
	FIDELITY	FIDELITY SHRT-TERM TRS BD INDEX	*	4,119
	GOLDMAN SACHS	GOLDMAN SACHS GROWTH & INC STRAT INSTL	*	4,339
	GOLDMAN SACHS	GOLDMAN SACHS INSTL SM CP INSGHTS R6	*	106
	NUVEEN	NUVEEN REAL ESTATE SEC SELECT R6	*	8,324
	NUVEEN	NUVEEN STRATEGIC INCOME RG	*	3,488
	SCHWAB	SCHWAB FDMTL INTL LG CO IDX	*	2,839
	THE VANGUARD GROUP	VANGUARD 500 INDEX ADMIRAL	*	2,996,137
	THE VANGUARD GROUP	VANGUARD BALANCED INDEX ADM	*	36,332
	THE VANGUARD GROUP	VANGUARD CASH RSRV FEDERAL	*	387,695
	THE VANGUARD GROUP	VANGUARD DEVELOPED MARKETS INDEX	*	7,584
	THE VANGUARD GROUP	VANGUARD DIVIDEND APPRECIATION INDEX	*	30,065
	THE VANGUARD GROUP	VANGUARD DIVIDEND GROWTH INV	*	213,273
	THE VANGUARD GROUP	VANGUARD EQUITY-INCOME ADM	*	24,651
	THE VANGUARD GROUP	VANGUARD EXPLORER VALUE INV	*	30,317
	THE VANGUARD GROUP	VANGUARD FEDERAL MONEY MARKET	*	286,057
	THE VANGUARD GROUP	VANGUARD GROWTH INDEX ADMIRAL	*	82,485
	THE VANGUARD GROUP	VANGUARD HEALTH CARE ADM	*	20,655
	THE VANGUARD GROUP	VANGUARD HIGH-YIELD CORPORATE ADM	*	4,610
	THE VANGUARD GROUP	VANGUARD INTERM-TERM INVESTMENT-GRDE	*	20
	THE VANGUARD GROUP	VANGUARD INTERM-TERM TREASURY ADM	*	26,458
	THE VANGUARD GROUP	VANGUARD INTERNATIONAL GROWTH ADM	*	9,410
	THE VANGUARD GROUP	VANGUARD LARGE CAP INDEX ADMIRAL	*	161,833
	THE VANGUARD GROUP	VANGUARD LIFESTRATEGY GROWTH INV	*	91,123
	THE VANGUARD GROUP	VANGUARD LIFESTRATEGY INCOME INV	*	23,284
	THE VANGUARD GROUP	VANGUARD LONG-TERM TREASURY ADMIRAL	*	19,372
	THE VANGUARD GROUP	VANGUARD MID CAP GROWTH INV	*	34,101
	THE VANGUARD GROUP	VANGUARD MID CAP INDEX ADMIRAL	*	49,327
	THE VANGUARD GROUP	VANGUARD MID-CAP GROWTH INDEX	*	14,157
	THE VANGUARD GROUP	VANGUARD MID-CAP VALUE INDEX ADMIRAL	*	20
	THE VANGUARD GROUP	VANGUARD REAL ESTATE INDEX ADMIRAL	*	14,892

\*Cost information omitted for participant directed investments.

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**CARECONNECT HEALTH**  
**403(b) TAX-DEFERRED ANNUITY PLAN**

Plan EIN:58-1335405

Plan Number: 001

Schedule H, Line 4i-Schedule of Assets (Held At End of Year)

February 28, 2025

(a)	(b)	(c)	(d)	(e)
Party in Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral and Par or Maturity Value	Current Cost	Value
	THE VANGUARD GROUP	VANGUARD SMALL CAP GROWTH INDEX	*	64,522
	THE VANGUARD GROUP	VANGUARD SMALL CAP INDEX ADM	*	129
	THE VANGUARD GROUP	VANGUARD STAR INV	*	79,110
	THE VANGUARD GROUP	VANGUARD STRATEGIC SMALL-CAP EQUITY	*	3,125
	THE VANGUARD GROUP	VANGUARD TARGET RETIREMENT 2020 INV	*	489,956
	THE VANGUARD GROUP	VANGUARD TARGET RETIREMENT 2025 INV	*	161,138
	THE VANGUARD GROUP	VANGUARD TARGET RETIREMENT 2030 INV	*	219,088
	THE VANGUARD GROUP	VANGUARD TARGET RETIREMENT 2035 INV	*	568,000
	THE VANGUARD GROUP	VANGUARD TARGET RETIREMENT 2040 INV	*	594,339
	THE VANGUARD GROUP	VANGUARD TARGET RETIREMENT 2045 INV	*	1,212,976
	THE VANGUARD GROUP	VANGUARD TARGET RETIREMENT 2050 INV	*	1,086,963
	THE VANGUARD GROUP	VANGUARD TARGET RETIREMENT 2055 INV	*	1,190,577
	THE VANGUARD GROUP	VANGUARD TARGET RETIREMENT 2060 INV	*	402,002
	THE VANGUARD GROUP	VANGUARD TARGET RETIREMENT 2065 INV	*	40,290
	THE VANGUARD GROUP	VANGUARD TARGET RETIREMENT INCOME INV	*	438,701
	THE VANGUARD GROUP	VANGUARD TOTAL BOND MARKET INDEX ADM	*	9,430
	THE VANGUARD GROUP	VANGUARD TOTAL STOCK MKT IDX ADM	*	160,664
	THE VANGUARD GROUP	VANGUARD US GROWTH ADMIRAL	*	10,985
	THE VANGUARD GROUP	VANGUARD WINDSOR ADMIRAL	*	11,209
	VOYA	VOYA STRATEGIC INCOME OPPORTUNITIES R6	*	6,181
	<b>TOTAL INVESTMENT HELD AT ADVISORTRUST</b>			<b>11,541,747</b>
Y	LINCOLN VARIABLE INSURANCE PRODUCTS	LVIP BLACKROCK DIVIDEND VALUE	*	5,045
Y	LINCOLN VARIABLE INSURANCE PRODUCTS	LVIP BLENDED LRG CAP GROWTH	*	18,846
Y	LINCOLN VARIABLE INSURANCE PRODUCTS	LVIP MACQUARIE BOND	*	1,151
Y	LINCOLN VARIABLE INSURANCE PRODUCTS	LVIP MACQUARIE SMID CAP CORE SERIES	*	9,374
Y	LINCOLN VARIABLE INSURANCE PRODUCTS	LVIP MACQUARIE SOCIAL AWARENESS	*	20,257
Y	LINCOLN VARIABLE INSURANCE PRODUCTS	LINCOLN FIXED ACCOUNT	*	2,351
	<b>TOTAL INVESTMENT HELD AT LINCOLN</b>			<b>57,024</b>
	<b>TOTAL ALL INVESTMENTS</b>			<b>11,879,786</b>
Y	PARTICIPANT LOANS	INTEREST RATES RANGING FROM 4.0% TO 9.5% WITH VARIOUS MATURITIES		<b>102,346</b>

\*Cost information omitted for participant directed investments.

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