

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... 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

1a Name of plan: PNW HEALTHCARE HOLDINGS, LLC 401(K) PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/2022
2a Plan sponsor's name (employer, if for a single-employer plan): PNW HEALTHCARE HOLDINGS, LLC
2b Employer Identification Number (EIN): 82-2169801
2c Plan Sponsor's telephone number: 253-251-9021
2d Business code (see instructions): 561110

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 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: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1161
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1161
	6a(2)	1619
	6b	0
	6c	147
	6d	1766
	6e	0
	6f	1766
	6g(1)	232
6g(2)	405	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2H 2J 3D

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

9a Plan funding arrangement (check all that apply)	9b 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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.

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 _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan PNW HEALTHCARE HOLDINGS, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PNW HEALTHCARE HOLDINGS, LLC	D Employer Identification Number (EIN) 82-2169801

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
NATIONWIDE 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
31-4156830	66869				

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) Total amount of fees paid
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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

(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	

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

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(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	

Part II Investment and Annuity Contract Information
 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.

4 Current value of plan's interest under this contract in the general account at year end	4	2838
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	1352406

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d 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 ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ GIC

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year	7c(1)	570
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	22
(4) Transferred from separate account	7c(4)	2138
(5) Other (specify below)..... ▶	7c(5)	123

(6) Total additions **7c(6)** 2853

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 2853

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	15
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶	7e(4)	

(5) Total deductions **7e(5)** 15

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 2838

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:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
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.	10b	

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. ▶

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan PNW HEALTHCARE HOLDINGS, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PNW HEALTHCARE HOLDINGS, LLC	D Employer Identification Number (EIN) 82-2169801	

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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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)

PENSION STRATEGIES, CORP.

251 2ND ST STE 308
LAKEWOOD, NJ 08701

45-4549512

(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?
37 63		9250	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4177100

(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?
51 37		4143	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ABLE WEALTH MANAGEMENT LLC

5 KEVIN CT
JACKSON, NJ 08527

83-1095109

(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?
51		7429	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" 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.

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

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

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

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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) 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)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>PNW HEALTHCARE HOLDINGS, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PNW HEALTHCARE HOLDINGS, LLC</u>	D Employer Identification Number (EIN) <u>82-2169801</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BAIRD COR PLS BD INST</u>		
b Name of sponsor of entity listed in (a): <u>BAIRD FUNDS</u>		
c EIN-PN <u>01-0000018-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6811</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK HIGH YIELD PORTFOLIO - CL</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK</u>		
c EIN-PN <u>01-0000021-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1177</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLKRK TTL RTN K</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK</u>		
c EIN-PN <u>01-0000021-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>918</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DIAMOND HILL MDCAP I</u>		
b Name of sponsor of entity listed in (a): <u>DIAMOND HILL</u>		
c EIN-PN <u>01-0000045-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>533</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLEX FOCUS MODERATE 2055 FUND CLASS</u>		
b Name of sponsor of entity listed in (a): <u>CIT GREAT GRAY TRUST</u>		
c EIN-PN <u>01-0000247-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>197372</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLXFOCS MOD RTRMT R1</u>		
b Name of sponsor of entity listed in (a): <u>CIT GREAT GRAY TRUST</u>		
c EIN-PN <u>01-0000247-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>326051</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GDMNSCS GQGPTNRINTLOPPR R6</u>		
b Name of sponsor of entity listed in (a): <u>GOLDMAN SACHS</u>		
c EIN-PN <u>01-0000066-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1294</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: JPM EQ INC R5		
b Name of sponsor of entity listed in (a): JP MORGAN		
c EIN-PN 01-0000084-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3782
a Name of MTIA, CCT, PSA, or 103-12 IE: JPM LGCAP GR R6		
b Name of sponsor of entity listed in (a): JP MORGAN		
c EIN-PN 01-0000084-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1058
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MDCAP GR R6		
b Name of sponsor of entity listed in (a): MFS		
c EIN-PN 01-0000096-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 539
a Name of MTIA, CCT, PSA, or 103-12 IE: NW LOOMIS ALLCAP GR R6		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 01-0000104-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1320
a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM TTL RTN BD R6		
b Name of sponsor of entity listed in (a): PGIM		
c EIN-PN 01-0000112-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1449
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REAL RTN INST		
b Name of sponsor of entity listed in (a): PIMCO		
c EIN-PN 01-0000113-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 734
a Name of MTIA, CCT, PSA, or 103-12 IE: PRNCPL GLBL REALEST R6		
b Name of sponsor of entity listed in (a): PRINCIPAL		
c EIN-PN 01-0000119-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 751
a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM LARGE CAP GROWTH FUND - CLAS		
b Name of sponsor of entity listed in (a): PUTNAM		
c EIN-PN 01-0000120-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6381
a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD EXPLR ADML		
b Name of sponsor of entity listed in (a): VANGUARD		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 265
a Name of MTIA, CCT, PSA, or 103-12 IE: VNGRD TTL INTLSTKINDX ADML		
b Name of sponsor of entity listed in (a): VANGUARD		
c EIN-PN 01-0000148-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1857

a Name of MTIA, CCT, PSA, or 103-12 IE: INVSCO DISC MDCAPGR R6		
b Name of sponsor of entity listed in (a): INVESCO		
c EIN-PN 01-0000078-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1194
a Name of MTIA, CCT, PSA, or 103-12 IE: AB GLBL BD Z		
b Name of sponsor of entity listed in (a): ALLIANCE BERNSTEIN		
c EIN-PN 01-0000002-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 691
a Name of MTIA, CCT, PSA, or 103-12 IE: AVNTS EMRG MKT EQ INST		
b Name of sponsor of entity listed in (a): AVANTIS INVESTORS		
c EIN-PN 01-0000187-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1051
a Name of MTIA, CCT, PSA, or 103-12 IE: AVNTS US SMCAP VAL INST		
b Name of sponsor of entity listed in (a): AVANTIS INVESTORS		
c EIN-PN 01-0000187-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 262
a Name of MTIA, CCT, PSA, or 103-12 IE: NW GENEVA SMCAP GR R6		
b Name of sponsor of entity listed in (a): NATIONWIDE		
c EIN-PN 01-0000104-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 840
a Name of MTIA, CCT, PSA, or 103-12 IE: FLXFOCS MOD 2065 R1		
b Name of sponsor of entity listed in (a): CIT GREAT GRAY TRUST		
c EIN-PN 01-0000247-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72030
a Name of MTIA, CCT, PSA, or 103-12 IE: AVNTS US LGCAP VAL INST		
b Name of sponsor of entity listed in (a): AMERICAN CENTURY		
c EIN-PN 01-0000010-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1266
a Name of MTIA, CCT, PSA, or 103-12 IE: LEGAL & GENERAL COMMODITY STRAT FD		
b Name of sponsor of entity listed in (a): PGIM		
c EIN-PN 01-0000112-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 538
a Name of MTIA, CCT, PSA, or 103-12 IE: DODGECOX INTL STK CLASS I		
b Name of sponsor of entity listed in (a): DODGE & COX		
c EIN-PN 01-0000046-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1314
a Name of MTIA, CCT, PSA, or 103-12 IE: FED HRMS GOV OBLGTNS PRMR		
b Name of sponsor of entity listed in (a): FEDERATED HERMES		
c EIN-PN 01-0000056-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 484

a Name of MTIA, CCT, PSA, or 103-12 IE: FID 500 INDX

b Name of sponsor of entity listed in (a): FIDELITY

c EIN-PN 01-0000057-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26791
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a Name of MTIA, CCT, PSA, or 103-12 IE: FID INTL INDX

b Name of sponsor of entity listed in (a): FIDELITY

c EIN-PN 01-0000057-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1318
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a Name of MTIA, CCT, PSA, or 103-12 IE: FID US BD INDX

b Name of sponsor of entity listed in (a): FIDELITY

c EIN-PN 01-0000057-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2320
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a Name of MTIA, CCT, PSA, or 103-12 IE: FLXFOCS MOD 2035 R1

b Name of sponsor of entity listed in (a): CIT GREAT GRAY TRUST

c EIN-PN 01-0000247-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 411181
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a Name of MTIA, CCT, PSA, or 103-12 IE: FLXFOCS MOD 2045 R1

b Name of sponsor of entity listed in (a): CIT GREAT GRAY TRUST

c EIN-PN 01-0000247-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 278834
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information 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). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan PNW HEALTHCARE HOLDINGS, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PNW HEALTHCARE HOLDINGS, LLC	D Employer Identification Number (EIN) 82-2169801

Part I	Asset and Liability Statement
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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
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	5046
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	1352406
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	733101
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2838
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	738147	1372156
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	738147	1372156

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.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)	757094	
(C) Others (including rollovers).....	2a(1)(C)	936	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		758030
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	661	
(F) Other.....	2b(1)(F)	22	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		683
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(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)		87873
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		846586

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	179732	
(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)		179732
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i 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)	32845	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		32845
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		212577

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		634009
l 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: **RAPHAEL GROSSMAN CPA LLC**

(2) EIN: **47-2629406**

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
a 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 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	
c 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	
d 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	
e Was this plan covered by a fidelity bond?	X		150000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g 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	
h 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	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j 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	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) 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 _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information 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). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan PNW HEALTHCARE HOLDINGS, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PNW HEALTHCARE HOLDINGS, LLC	D Employer Identification Number (EIN) 82-2169801	

Part I	Distributions
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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**

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): _____

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** **32**

Part II	Funding Information (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.)
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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.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c 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).....	6c	

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

Part III	Amendments
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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

Part IV	ESOPs (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.
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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:

a 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).....	14a	
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).....	14b	
c 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).....	14c	

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:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
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.....	16b	

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: 0.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 0.0 %
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 0.0 %

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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703912A.

PNW HEALTHCARE HOLDINGS LLC
401(K) PLAN

**FINANCIAL STATEMENTS FOR THE YEARS
ENDED DECEMBER 31, 2023 AND 2024**

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Notes to Financial Statements	4-6

RAPHAEL GROSSMAN CPA LLC

1189 East 9th Street
Brooklyn, NY 11230

To the Board of Trustees of the PNW HEALTHCARE HOLDINGS LLC 401(K) PLAN:

INDEPENDENT AUDITOR'S REPORT

We have audited the accompanying statements of net assets available for benefits of the PNW Healthcare Holdings LLC 401(k) Plan as of December 31, 2023 and 2024 and the related statements of changes in net assets available for benefits, for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statement. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the PNW Health Care Holdings LLC 401(k) Plan as of December 31, 2023 and 2024 and the changes in the net assets available for benefits in conformity with generally accepted accounting principles.

718-758-9424 Phone
rphgrossman@yahoo.com

RAPHAEL GROSSMAN CPA LLC

1189 East 9th Street
Brooklyn, NY 11230

Management has obtained certifications from Nationwide as of December 31, 2024, stating that the certified investment information of the financial statement is complete and accurate.

In performing an audit in accordance with generally accepted auditing standards we:


**Exercise professional judgement 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 controls 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 the internal controls.*

**Evaluate the appropriateness of the accounting policies use and the reasonableness of estimates made by Management, as well as to evaluate the overall presentation of the financial statements.*

**Conclude whether, based on our audit procedures, there are events, considered in the aggregate, that raise substantial doubt about the PNW Healthcare Holding LLC's ability to continue as a going concern for a reasonable period of time.*



RAPHAEL Z. GROSSMAN CPA LLC
Certified Public Accountant
September 17, 2025

718-758-9424 Phone
rphgrossman@yahoo.com

PNW HEALTHCARE HOLDINGS LLC 401(K) PLAN
ASSETS HELD FOR INVESETMENT FOR YEARS ENDED
DECEMBER 31, 2023 and 2024

	2023	2024
INVESTMENTS HELD IN REGISTERED INVESTMENT CO.	\$733,101	\$0
VALUE OF INTERESTS IN PSA	\$0	\$1,352,406
VALUE OF FUNDS HELD IN INSURANCE CO.	\$0	\$2,838
PARTICIPANT LOANS	\$5,046	\$16,912
RECEIVABLES:	\$0	\$0
TOTAL ASSETS:	\$738,147	\$1,372,156
LIABILITIES	\$0	\$0
Excess Contributions Payable	\$0	\$0
TOTAL LIABILITIES	\$0	\$0
NET ASSETS HELD FOR INVESTMENT	<u>\$738,147</u>	<u>\$1,372,156</u>

See accompanying notes and independent auditor's report.

RAPHAEL Z. GROSSMAN
CERTIFIED PUBLIC ACCOUNTANT

PNW HEALTHCARE HOLDINGS LLC 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2023 and 2024

	2023	2024
<u>ADDITIONS TO NET ASSETS</u>		
Investment income (Loss):		
Interest	\$0	\$0
Dividends	\$0	\$0
Contributions	\$498,152	\$757,094
Rollover from other plan	\$0	\$936
Gain (Loss) on investments	\$77,832	\$88,556
Other income (Loss)	\$0	\$0
TOTAL ADDITIONS TO NET ASSETS	<u>\$587,623</u>	<u>\$846,586</u>
 <u>DEDUCTIONS FROM NET ASSETS</u>		
Benefits paid to participants	\$14,775	\$179,732
Administrative expenses	\$1,641	\$32,845
Transfers to separate accounts	\$0	\$0
NET INCREASE (DECREASE)	<u>(\$136,771)</u>	<u>(\$212,577)</u>
 <u>NET ASSETS AVAILABLE FOR BENEFITS -</u>		
<u>BEGINNING OF YEAR</u>		<u>\$738,147</u>
END OF YEAR		<u>\$1,372,156</u>

See accompanying notes and independent auditor's report.

RAPHAEL Z. GROSSMAN
CERTIFIED PUBLIC ACCOUNTANT

PNW HEALTHCARE HOLDINGS LLC

401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 DESCRIPTION OF PLAN

The plan is a 401(k) Plan covering eligible employees of PNW Healthcare Holdings LLC, except for non-resident alien employees.

Eligibility- All employees are eligible to participate upon completion of 3 months of service.

Retirement Age- Normal retirement date is the first month following the 62nd birthday of a Participant.

Vesting- Employer Contributions- All participants are on a six year graded vesting schedule.

* Year 1	0%
* Year 2	20%
* Year 3	40%
* Year 4	60%
* Year 5	80%
* Year 6	100%

Employee Contributions- Employees can contribute up to 100% of their pay on a pre-tax basis/after-tax basis (Roth). In 2024 the maximum amount that may be contributed by an employee was \$23,000. For employees over 50 an additional \$7,500 contribution is allowed.

Retirement Benefits- At retirement the participant is entitled to the account balance.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statement of the Plan are prepared in accordance with Generally Accepted Accounting Principles.

Cash and Cash Equivalents

Highly liquid investments with a maturity of three months or less when purchased, are generally considered to be cash equivalents.

PNW HEALTHCARE HOLDINGS LLC

401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

Interest Income

Interest income is accrued as earned.

Investments

Investments are carried at the current market value at the end of the Plan Year.

NOTE 3 PARTICIPANT'S ACCOUNT BALANCES

Participant's account balances are valued quarterly and credited with Plan earnings contributions and forfeitures and debited by Plan losses, distributions, and expenses.

The present value of Participant's Account Balances is summarized as follows:

	2023	2024
Total Value of Account Balances	\$738,147	\$1,372,156

NOTE 4 TAX STATUS

The Internal Revenue Service has determined that the Plan and the Trust are qualified under Section 401(a) of the Internal Revenue Code and that the Trust is exempt from Federal Income Taxes under section 501 (a), which provides that income is taxable only upon distribution thereof.

PNW HEALTHCARE HOLDINGS LLC

401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 5- RECONCILIATION OF PLAN ASSETS

A reconciliation of the beginning and ending balances of the fair value of plan assets is as follows:

YEAR ENDED	2023	2024
Loans to Participants	\$5,046	\$16,912
Value of Funds in Insurance Co.	\$0	\$2,838
Funds in PSA	\$0	\$1,352,406
Funds held in Registered Investment Companies	\$733,101	\$0
Receivables	\$0	\$0
TOTAL	\$738,147	\$1,372,156
Interest, Dividend and Investment Income (Loss)	\$77,832	\$88,556
Contributions	\$509,791	\$758,030
Administrative Expenses	\$11,328	\$32,845
Benefits Paid	\$125,443	\$179,732

**LIST OF ASSETS HELD
AT END OF PLAN YEAR**

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

Name of Plan PNW Healthcare Holdings, LLC 401(k) Plan			Plan Number 001	Sponsor's EIN 82-2169801
			Totals:	
(a)	(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
			1,129,555	1,372,156
1	BAIRD COR PLS BD INST	POOLED SEPARATE ACCOUNT	6,186	6,811
2	BLACKROCK HIGH YIELD PORTFOLIO - CLASS	POOLED SEPARATE ACCOUNT	585	1,177
3	BLKRK TTL RTN K	POOLED SEPARATE ACCOUNT	860	918
4	DIAMOND HILL MDCAP I	POOLED SEPARATE ACCOUNT	335	533
5	DODGECOX INTL STK CLASS I	POOLED SEPARATE ACCOUNT	707	1,314
6	FID 500 INDX	POOLED SEPARATE ACCOUNT	11,461	26,791
7	FID INTL INDX	POOLED SEPARATE ACCOUNT	926	1,318
8	FID US BD INDX	POOLED SEPARATE ACCOUNT	2,170	2,320
9	FLXFOCS MOD 2035 R1	POOLED SEPARATE ACCOUNT	351,969	411,181
10	FLXFOCS MOD 2045 R1	POOLED SEPARATE ACCOUNT	226,292	278,834
11	FLEX FOCUS MODERATE 2055 FUND CLASS R	POOLED SEPARATE ACCOUNT	156,315	197,372
12	FLXFOCS MOD RTRMT R1	POOLED SEPARATE ACCOUNT	299,623	326,051
13	GDMNSCS GQGPTNRINTLOPPR R6	POOLED SEPARATE ACCOUNT	1,089	1,294
14	JPM EQ INC R5	POOLED SEPARATE ACCOUNT	1,965	3,782
15	JPM LGCAP GR R6	POOLED SEPARATE ACCOUNT	212	1,058
16	MFS MDCAP GR R6	POOLED SEPARATE ACCOUNT	372	539
17	NW LOOMIS ALLCAP GR R6	POOLED SEPARATE ACCOUNT	487	1,320
18	PGIM TTL RTN BD R6	POOLED SEPARATE ACCOUNT	1,324	1,448
19	PIMCO REAL RTN INST	POOLED SEPARATE ACCOUNT	478	733
20	PRNCPL GLBL REALEST R6	POOLED SEPARATE ACCOUNT	890	750
21	PUTNAM LARGE CAP GROWTH FUND - CLASS	POOLED SEPARATE ACCOUNT	3,545	6,381
22	VNGRD EXPLR ADML	POOLED SEPARATE ACCOUNT	101	265
23	VNGRD TTL INTLSTKINDX ADML	POOLED SEPARATE ACCOUNT	1,208	1,857
24	INVSCO DISC MDCAPGR R6	POOLED SEPARATE ACCOUNT	1,104	1,194
25	AB GLBL BD Z	POOLED SEPARATE ACCOUNT	695	692
26	AVNTS EMRG MKT EQ INST	POOLED SEPARATE ACCOUNT	1,036	1,052
27	AVNTS US SMCAP VAL INST	POOLED SEPARATE ACCOUNT	189	263
28	NW GENEVA SMCAP GR R6	POOLED SEPARATE ACCOUNT	333	840
29	FLXFOCS MOD 2065 R1	POOLED SEPARATE ACCOUNT	52,539	72,030
30	AVNTS US LGCAP VAL INST	POOLED SEPARATE ACCOUNT	953	1,266
31	NW FIXED SELECT OPTION	UNALLOCATED INSURANCE CONTRAC	2,647	2,838
32	LEGAL & GENERAL COMMODITY STRAT FD IN	POOLED SEPARATE ACCOUNT	536	538
33	FED HRMS GOV OBLGTNS PRMR	POOLED SEPARATE ACCOUNT	423	484
34	PARTICIPANT LOANS	LOW-HIGH INTEREST RATE 7.75% - 9.5		16,912

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan 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). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning _____ and ending _____		
A	This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
B	This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here	<input type="checkbox"/>
D	Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	<input type="checkbox"/>

Part II	Basic Plan Information—enter all requested information							
1a	Name of plan PNW Healthcare Holdings, LLC 401(k) Plan	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; font-weight: bold;">1b</td> <td style="width:80%;">Three-digit plan number (PN) ▶ 001</td> </tr> <tr> <td style="font-weight: bold;">1c</td> <td>Effective date of plan 1/1/2022</td> </tr> </table>	1b	Three-digit plan number (PN) ▶ 001	1c	Effective date of plan 1/1/2022		
1b	Three-digit plan number (PN) ▶ 001							
1c	Effective date of plan 1/1/2022							
2a	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) PNW Healthcare Holdings, LLC 3220 Rosedale Street, NW Ste 200 Gig Harbor WA 98335	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; font-weight: bold;">2b</td> <td style="width:80%;">Employer Identification Number (EIN) 82-2169801</td> </tr> <tr> <td style="font-weight: bold;">2c</td> <td>Plan Sponsor's telephone number 253-251-9021</td> </tr> <tr> <td style="font-weight: bold;">2d</td> <td>Business code (see instructions) 561110</td> </tr> </table>	2b	Employer Identification Number (EIN) 82-2169801	2c	Plan Sponsor's telephone number 253-251-9021	2d	Business code (see instructions) 561110
2b	Employer Identification Number (EIN) 82-2169801							
2c	Plan Sponsor's telephone number 253-251-9021							
2d	Business code (see instructions) 561110							

Electronic Filing Only

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.

SIGN HERE	<i>Chaim Wolmark</i>	9/21/2025	Chaim Wolmark
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Same	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>
4 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: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1,161
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 1,161
a(2) Total number of active participants at the end of the plan year	6a(2) 1,619
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 147
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 1,766
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 0
f Total. Add lines 6d and 6e	6f 1,766
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item).....	6g(1) 232
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2) 405
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2H, 2J, 3D

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

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
--	--

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

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.

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 _____

Electronic Filing Only

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

Name of Plan PNW Healthcare Holdings, LLC 401(k) Plan			Plan Number 001	Sponsor's EIN 82-2169801
			Totals:	
(a)	(b) Identity of issue, borrower lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
			1,129,555	1,372,156
1	BAIRD COR PLS BD INST	POOLED SEPARATE ACCOUNT	6,186	6,811
2	BLACKROCK HIGH YIELD PORTFOLIO - CLASS	POOLED SEPARATE ACCOUNT	585	1,177
3	BLKRK TTL RTN K	POOLED SEPARATE ACCOUNT	860	918
4	DIAMOND HILL MDCAP I	POOLED SEPARATE ACCOUNT	335	533
5	DODGECOX INTL STK CLASS I	POOLED SEPARATE ACCOUNT	707	1,314
6	FID 500 INDX	POOLED SEPARATE ACCOUNT	11,461	26,791
7	FID INTL INDX	POOLED SEPARATE ACCOUNT	926	1,318
8	FID US BD INDX	POOLED SEPARATE ACCOUNT	2,170	2,320
9	FLXFOCS MOD 2035 R1	POOLED SEPARATE ACCOUNT	351,969	411,181
10	FLXFOCS MOD 2045 R1	POOLED SEPARATE ACCOUNT	226,292	278,834
11	FLEX FOCUS MODERATE 2055 FUND CLASS R	POOLED SEPARATE ACCOUNT	156,315	197,372
12	FLXFOCS MOD RTRMT R1	POOLED SEPARATE ACCOUNT	299,623	326,051
13	GDMNSCS GQGPTNRINTLOPPR R6	POOLED SEPARATE ACCOUNT	1,089	1,294
14	JPM EQ INC R5	POOLED SEPARATE ACCOUNT	1,965	3,782
15	JPM LGCAP GR R6	POOLED SEPARATE ACCOUNT	212	1,058
16	MFS MDCAP GR R6	POOLED SEPARATE ACCOUNT	372	539
17	NW LOOMIS ALLCAP GR R6	POOLED SEPARATE ACCOUNT	487	1,320
18	PGIM TTL RTN BD R6	POOLED SEPARATE ACCOUNT	1,324	1,448
19	PIMCO REAL RTN INST	POOLED SEPARATE ACCOUNT	478	733
20	PRNCPL GLBL REALEST R6	POOLED SEPARATE ACCOUNT	890	750
21	PUTNAM LARGE CAP GROWTH FUND - CLASS	POOLED SEPARATE ACCOUNT	3,545	6,381
22	VNGRD EXPLR ADML	POOLED SEPARATE ACCOUNT	101	265
23	VNGRD TTL INTLSTKINDX ADML	POOLED SEPARATE ACCOUNT	1,208	1,857
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25	AB GLBL BD Z	POOLED SEPARATE ACCOUNT	695	692
26	AVNTS EMRG MKT EQ INST	POOLED SEPARATE ACCOUNT	1,036	1,052
27	AVNTS US SMCAP VAL INST	POOLED SEPARATE ACCOUNT	189	263
28	NW GENEVA SMCAP GR R6	POOLED SEPARATE ACCOUNT	333	840
29	FLXFOCS MOD 2065 R1	POOLED SEPARATE ACCOUNT	52,539	72,030
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31	NW FIXED SELECT OPTION	UNALLOCATED INSURANCE CONTRAC	2,647	2,838
32	LEGAL & GENERAL COMMODITY STRAT FD IN	POOLED SEPARATE ACCOUNT	536	538
33	FED HRMS GOV OBLGTNS PRMR	POOLED SEPARATE ACCOUNT	423	484
34	PARTICIPANT LOANS	LOW-HIGH INTEREST RATE 7.75% - 9.5		16,912