

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
---	--	---

<b>Part I</b>	<b>Annual Report Identification Information</b>
---------------	---

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 (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. . . . .

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
----------------	---

<b>1a</b> Name of plan <u>COMPRECARE HEALTH LLC 401(K) PROFIT SHARING PLAN &amp; TRUST</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>
<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>COMPRECARE HEALTH LLC</u>  <u>PO BOX 1595</u> <u>MIDDLETOWN, CT 06457-8095</u>	<b>1c</b> Effective date of plan <u>01/01/2018</u>  <b>2b</b> Employer Identification Number (EIN) <u>82-3920018</u>  <b>2c</b> Plan Sponsor's telephone number <u>860-788-6404</u>  <b>2d</b> Business code (see instructions) <u>541990</u>

**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.	09/22/2025	AIMEE E. NANGLE
	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>	271
<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>	162
	<b>6a(2)</b>	144
	<b>6b</b>	0
	<b>6c</b>	39
	<b>6d</b>	183
	<b>6e</b>	0
	<b>6f</b>	183
	<b>6g(1)</b>	267
<b>6g(2)</b>	182	
<b>6h</b>	12	
<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:  
 2E 2F 2G 2J 2K 2S 2T 3D 3H

**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 type="checkbox"/> Insurance	(1) <input 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 0
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **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 \_\_\_\_\_

---

<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>
--	--	---

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

<b>A</b> Name of plan <b>COMPREKARE HEALTH LLC 401(K) PROFIT SHARING PLAN &amp; TRUST</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>COMPREKARE HEALTH LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>82-3920018</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

<b>PAYCHEX SECURITIES CORPORATION</b>	<b>225 KENNETH DRIVE ROCHESTER, NY 14623</b>
<b>16-1486352</b>	

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

**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)

MERRILL LYNCH, PIERCE, FENNER

4 WORLD FINANCIAL CENTER  
250 VESEY STREET  
NEW YORK, NY 10281

13-5674085

(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?
27	INVESTMENT ADVISORY PLAN	15171	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

PAYCHEX, INC.

911 PANORAMA TRAIL S  
ROCHESTER, NY 14625

16-1124166

(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?
15	RECORDKEEPER	20822	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		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 D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan 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>
---	--	---

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

<b>A</b> Name of plan <u>COMPREKARE HEALTH LLC 401(K) PROFIT SHARING PLAN &amp; TRUST</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>COMPREKARE HEALTH LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>82-3920018</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
---------------	--

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PUTNAM STABLE VALUE 20</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>PUTNAM FIDUCIARY TRUST COMPANY, LLC</u>		
<b>c</b> EIN-PN <u>04-3159710-202</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>328723</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)





<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>
--	--	---

For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>COMPRECARE HEALTH LLC 401(K) PROFIT SHARING PLAN &amp; TRUST</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>COMPRECARE HEALTH LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>82-3920018</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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	
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	0	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	0	0
<b>(3)</b> Other .....	<b>1b(3)</b>	0	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	0	0
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	0	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	0	
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	0	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	0	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	0	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	0	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	0	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	52224	55996
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	306155	328723
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	0	0
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	0	0
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	0	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	4431471	4929323
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	0	0

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>	0	
(2) Employer real property.....	<b>1d(2)</b>	0	
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	0	
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	4789850	5314042
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	0	
<b>h</b> Operating payables.....	<b>1h</b>	0	
<b>i</b> Acquisition indebtedness.....	<b>1i</b>	0	
<b>j</b> Other liabilities.....	<b>1j</b>	0	
<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>	4789850	5314042

**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>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	127333	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	810914	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	60345	
(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>		998592
<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>	0	
<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>	3172	
<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>		3172
<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>	149353	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		149353
(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 .....	<b>2b(6)</b>		0
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		0
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		0
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		501924
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		1653041

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	1055583	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		1055583
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		35895
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		0
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	21240	
(3) Recordkeeping fees .....	<b>2i(3)</b>	0	
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	15171	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	960	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	0	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		37371
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		1128849

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		524192
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: GRANT, MILLMAN & JOHNSON, P.C.

(2) EIN: 38-2555519

**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		478985
<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.		X	

**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 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>COMPRECARE HEALTH LLC 401(K) PROFIT SHARING PLAN &amp; TRUST</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>COMPRECARE HEALTH LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>82-3920018</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	
---	--

**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): 27-3169253

**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 08 / 31 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704150A.

**COMPRECARE HEALTH LLC  
401(k) PROFIT SHARING PLAN & TRUST**

**FINANCIAL STATEMENTS AND  
SUPPLEMENTAL INFORMATION**

**DECEMBER 31, 2024**

**DRAFT**

**COMPRECARE HEALTH LLC  
401(k) PROFIT SHARING PLAN & TRUST**

TABLE OF CONTENTS  
As of and for the Years Ended  
December 31, 2024 and 2023

	<u>PAGE</u>
<b>Independent Auditor's Report</b> .....	1 - 4
<b>Financial Statements:</b>	
Statements of Net Assets Available for Benefits .....	5
Statements of Changes in Net Assets Available for Benefits.....	6
Notes to Financial Statements .....	7 - 14
<b>Supplemental Information:</b>	
Schedule H - Line 4(i) - Schedule of Assets (Held at End of Year).....	15



# Grant, Millman & Johnson, P.C.

CERTIFIED PUBLIC ACCOUNTANTS  
AND BUSINESS ADVISORS

39475 W. THIRTEEN MILE ROAD  
SUITE 200  
NOVI, MICHIGAN 48377

PHONE: 248-994-8500  
FAX: 248-994-8505  
www.grantmillman.com

Jeanne M. Jantzen, CPA  
Rachelle L. Syron, CPA  
David B. Tozer, CPA

Steven G. Boggs, CPA  
Angela Bonacci, CPA  
Josephine L. Bumgarner, CPA  
Louis A. DiSarno, CPA

Thomas P. Dolan, CPA  
Richard J. Elder, CPA  
Joshua M. Farrugia, CPA  
Brendan F. Godvin, CPA  
David R. Guest, CPA  
Paul A. Johnson, CPA  
Brent A. Kelley, CPA

Charles W. Kliefelt, CPA  
Lisa M. Kowalski, CPA, MST  
Lawrence I. Millman, CPA  
Susan E. Schmidt, CPA, CSRP, CSEP  
Harry Siegel, CPA  
Jacob R. Strecker, CPA, MBA  
Mark H. Wagner, CPA

## INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the  
Comprecare Health LLC  
401(k) Profit Sharing Plan & Trust  
Middletown, Connecticut

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

We have performed audits of the accompanying financial statements of Comprecare Health LLC 401(k) Profit Sharing Plan & Trust, 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 benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Comprecare Health LLC 401(k) Profit Sharing Plan & Trust 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 a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 6 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 a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets 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 Comprecare Health LLC 401(k) Profit Sharing Plan & Trust 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 Comprecare Health LLC 401(k) Profit Sharing Plan & Trust's ability to continue as a going concern for one year after the date that 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 generally accepted auditing standards 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 judgment made by a reasonable user based on the financial statements.



In performing an audit in accordance with generally accepted auditing standards, 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 Comprecare Health LLC 401(k) Profit Sharing Plan & Trust'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 Comprecare Health LLC 401(k) Profit Sharing Plan & Trust'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 certification, 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 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 supplemental 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 generally accepted auditing standards. 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, is 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 a qualified institution agrees to or is derived from in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

GRANT, MILLMAN & JOHNSON, P.C.

September 10, 2025

**COMPRECARE HEALTH LLC  
401(k) PROFIT SHARING PLAN & TRUST**

STATEMENTS OF NET ASSETS  
AVAILABLE FOR BENEFITS  
December 31, 2024 and 2023

	2024	2023
<b>ASSETS:</b>		
<b>Investments, at Fair Value:</b>		
Mutual Funds	\$ 4,932,552	\$ 4,431,363
Common Collective Trust Fund	327,698	305,176
Total Investments	5,260,250	4,736,539
<b>Receivables:</b>		
Notes Receivable from Participants	55,996	52,224
Dividends Receivable	1,296	1,087
Total Receivables	57,292	53,311
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>\$ 5,317,542</b>	<b>\$ 4,789,850</b>

DRAFT

See Notes to Financial Statements

**COMPREGARE HEALTH LLC  
401(k) PROFIT SHARING PLAN & TRUST**

STATEMENTS OF CHANGES IN NET ASSETS  
AVAILABLE FOR BENEFITS  
For the Years Ended December 31, 2024 and 2023

	2024	2023
<b>ADDITIONS TO NET ASSETS ATTRIBUTED TO:</b>		
Investment Income:		
Interest	\$ -	\$ 7,272
Dividends	150,664	98,758
Net Appreciation in Fair Value of Investments	500,879	525,922
Total Investment Income	651,543	631,952
Participant Loan Interest	3,172	1,826
Contributions:		
Participant	810,914	936,803
Employer	133,117	149,602
Rollover	60,345	293,117
Total Contributions	1,004,376	1,379,522
Total Additions	1,659,091	2,013,300
<b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:</b>		
Administration Fees	12,580	40,093
Investment Advisory Fees	15,171	10,801
Corrective Distributions	35,895	27,398
Participants' Withdrawals	1,067,753	316,160
Total Deductions	1,131,399	394,452
<b>INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>527,692</b>	<b>1,618,848</b>
<b>NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR</b>	<b>4,789,850</b>	<b>3,171,002</b>
<b>NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR</b>	<b>\$ 5,317,542</b>	<b>\$ 4,789,850</b>

See Notes to Financial Statements

**COMPRECARE HEALTH LLC**  
**401(k) PROFIT SHARING PLAN & TRUST**

NOTES TO FINANCIAL STATEMENTS  
December 31, 2024 and 2023

---

**NOTE 1 - Description of the Plan**

The following summary description of Comprecare Health LLC 401(k) Profit Sharing Plan & Trust is provided for general information purposes only. Participants should refer to the Plan Agreement for more complete information.

General - All employees of Comprecare Health LLC, as defined in the Plan Agreement, having attained the age twenty-one and meeting the service requirements, are eligible to become participants in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - Participants may elect to contribute up to 92% of their earnings to the 401(k) Plan. They may choose to do this as either a pre-tax deferral, a Roth deferral, or a combination of both. Participants' contributions are subject to annual maximums in accordance with the Internal Revenue Code. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants designate how their contribution will be invested in the investment funds selected by the Plan Administrator. The Plan provides for an employer matching contribution equal to 25% of the first 6% of Participant's compensation which is deferred as an elective deferral. The Plan also provides for a discretionary employer profit sharing contribution. There were no discretionary contributions for the years ended December 31, 2024 and 2023.

Participant Accounts - Each participant's account is credited with the participant's contribution, the employer's matching contribution, if applicable, forfeitures, and Plan earnings. Allocations are based upon provisions as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options - Upon enrollment in the Plan, a participant may direct contributions in any of the 27 investment options. Participants may change their investment options at any time. The options consist of professionally managed mutual funds and a common collective trust fund, and vary in their respective strategies, risks and goals.

Vesting - Participants are immediately vested in their contributions plus actual earnings thereon. The Company's matching contribution is based on years of service and 1,000 hours per year service requirement. A participant is 100% vested after four years of credited services.

<u>Years of Service</u>	<u>Percentage</u>
Less than 1 year	0 %
1	25 %
2	50 %
3	75 %
4	100 %

**COMPRECARE HEALTH LLC  
401(k) PROFIT SHARING PLAN & TRUST**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)  
December 31, 2024 and 2023

---

**NOTE 1 - Description of the Plan (Continued)**

Vesting (Continued) - Vesting in the Company's discretionary contribution portion of a participant's account, plus actual earnings thereon, is based on years of continuous service and 1,000 hours per year. A participant is 100% vested after six years of credited services.

<u>Years of Service</u>	<u>Percentage</u>
Less than 2 years	0 %
2	20 %
3	40 %
4	60 %
5	80 %
6	100 %

Notes Receivable from Participants - Participants may request a loan from the Plan at a minimum of \$1,000 and the lesser of 95% of one-half the vested account balance or 95% of the total vested account balance excluding the Roth Elective Deferral balance, not to exceed \$50,000. The loan term is limited to 4.5 years unless it is for the purchase of a principal residence. A participant may have only one loan outstanding at any time. The loan is secured by the participant's account and bears interest at prime rate plus 1%. Principal and interest are paid through payroll deductions.

Participant Withdrawals - Upon a participant's retirement date, death or total and permanent disability, all amounts credited to his or her account shall become fully vested. Upon termination, the non-vested portion of a participant's account shall be forfeited and subsequently allocated according to the terms of the Plan.

Participants may withdraw their individual accounts if their employment is terminated before reaching normal retirement age, if they become disabled, or if they reach normal retirement age and continue to work. The vested portion of the account is payable to the participant or the beneficiary as a lump-sum amount, partial payments, installment payments, or annuity contracts. If the vested portion of the account is less than \$5,000, the Administrator has the option of a distribution without the participant's consent. If the vested portion of the participant's account exceeds \$5,000, a distribution before normal retirement age can only be made with the participant's consent. The non-vested portion of a participant's account shall be forfeited.

**COMPRECARE HEALTH LLC**  
**401(k) PROFIT SHARING PLAN & TRUST**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)  
December 31, 2024 and 2023

---

**NOTE 1 - Description of the Plan (Continued)**

Forfeited Accounts - At December 31, 2024 and 2023, the value of forfeited non-vested accounts totaled \$23,345 and \$5,784, respectively. The forfeitures of non-vested employer matching contributions from terminated participant accounts may be used to pay the Plan's administrative expenses, reduce employer contributions, or allocated to participants. For the year ended December 31, 2024, forfeitures of \$5,784 were allocated to participants in accordance with terms of the plan. For the years ended December 31 2024 and 2023, forfeitures of \$11,500 and \$35,250 were used to pay plan expenses, respectively.

SECURE Act and CARES Act - The plan has implemented certain provisions of the SECURE Act, which was effective January 1, 2020, and the CARES Act, which was signed into law in March 2020. The Plan has until December 31, 2026 to adopt amendments to reflect these provisions.

**NOTE 2 - Significant Accounting Policies**

Basis of Accounting - The financial statements were prepared on the accrual basis of accounting.

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 assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of additions and deductions during the reporting period. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition - The Plan's investments are stated at current fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded when received. Unrealized appreciation (depreciation) of investments is the change between market value of investments at the beginning of the year and market value of investments at the end of the year.

Notes Receivable from Participants - Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Participant loans in default are reclassified as distributions based upon the terms of the Plan document. If a participant ceases to make loan repayments and the plan administrator deems the loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

**COMPRECARE HEALTH LLC  
401(k) PROFIT SHARING PLAN & TRUST**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)  
December 31, 2024 and 2023

**NOTE 2 - Significant Accounting Policies (Continued)**

Payment of Benefits - Benefits are recorded when paid.

Administrative Expenses - The Plan's administrative expenses are paid in part by earnings of the Plan. Additional administrative expenses are paid by the sponsor of the Plan. Administrative expenses of \$27,751 and \$50,894 were paid by the Plan for the years ended December 31, 2024 and 2023, respectively.

Subsequent Events - Management has evaluated events and transactions through September 10, 2025, the date the financial statements were available to be issued. There were no subsequent events that require adjustment to or disclosure in the financial statements.

**NOTE 3 - Fair Value Measurements**

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits.

	<u>Assets at Fair Value as of December 31, 2024</u>	
	<u>Level 1</u>	<u>Total</u>
Mutual Funds	<u>\$ 4,932,552</u>	\$ 4,932,552
Investments Measured at Net Asset Value		<u>327,698</u>
Total		<u>\$ 5,260,250</u>
	<u>Assets at Fair Value as of December 31, 2023</u>	
	<u>Level 1</u>	<u>Total</u>
Mutual Funds	<u>\$ 4,431,363</u>	\$ 4,431,363
Investments Measured at Net Asset Value		<u>305,176</u>
Total		<u>\$ 4,736,539</u>

The Plan's investments are reported at fair value in the statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

**COMPREKARE HEALTH LLC**  
**401(k) PROFIT SHARING PLAN & TRUST**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)  
December 31, 2024 and 2023

---

**NOTE 3 - Fair Value Measurements (Continued)**

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels which are described below. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments.

In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented above are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

**Level 1 Fair Value Measurements**

Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year end. The fair values of common stock, corporate bonds, and U.S. Government securities are based on the closing price reported on the active market where the individual securities are traded.

**Level 2 Fair Value Measurements**

Level 2 inputs consist of quoted prices for similar assets in active and inactive markets and other observable corroborated market data. Level 2 inputs are only used when Level 1 inputs are not available. This includes, but is not limited to, quoted prices for similar assets or liabilities in markets that are not active. The Plan did not have any assets utilizing Level 2 inputs at December 31, 2024 and 2023.

**Level 3 Fair Value Measurements**

Level 3 inputs have the lowest priority. Level 3 inputs are only used when Level 1 or Level 2 inputs are not available. The fair value measurement is based on other unobservable inputs. The Plan had no Level 3 assets at December 31, 2024 and 2023.

**COMPREGARE HEALTH LLC  
401(k) PROFIT SHARING PLAN & TRUST**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)  
December 31, 2024 and 2023

**NOTE 4 - Investments Measured Using the Net Asset Value Per Share Practical Expedient**

The Plan's investments at December 31, 2024 and 2023 include the Putnum Stable Value Fund with a net asset value of \$327,698 and \$305,176, respectively. There are no participant redemption restrictions for this investment.

**NOTE 5 - Net Change in Fair Value of Investments**

Gains and losses (realized and unrealized) included in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, are reported in net appreciation or depreciation in fair value of investments.

The net change in fair value by type of investments is as follows:

	2024	2023
Common Collective Trust Fund	\$ -	\$ 6
Mutual Funds:		
Equity Funds	126,113	85,159
Balanced Funds	374,319	435,956
International Equity Funds	1,939	3,929
Fixed Income Funds	(1,492)	872
Net Change in Fair Value	\$ 500,879	\$ 525,922

**NOTE 6 - Information Certified by Trustee**

The financial statements, accompanying notes and supplemental schedule were prepared in part from information certified by Mid Atlantic Trust Company, the trustee, in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA). The information certified includes: investments and related investment income.

**NOTE 7 - Related Party and Party-in-Interest Transactions**

Mid Atlantic Trust Company is the trustee as defined by the Plan and Paychex Inc. provides recordkeeping services to the Plan. Therefore, they are considered parties-in-interest. The Company sponsors the Plan and is considered a party-in-interest. The administrative expenses paid by the Plan include plan administration and investment advisory services. These service providers, along with service providers paid on behalf of the plan, are all considered parties-in-interest.

**COMPRECARE HEALTH LLC**  
**401(k) PROFIT SHARING PLAN & TRUST**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)  
December 31, 2024 and 2023

---

**NOTE 8 - Plan Termination**

Although it has not expressed any intent to do so, the Company shall have the right at any time to terminate the Plan subject to the provisions of ERISA. Upon termination, all amounts credited to the affected participants' accounts shall become 100% vested.

**NOTE 9 - Tax Status**

The Plan is a prototype plan sponsored by Paychex. Paychex has obtained a determination letter in which the Internal Revenue Service stated that the prototype plan was in compliance with the applicable requirements of the Internal Revenue Code. Management believes that the Plan currently is designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, the Plan qualifies under Section 401(a) and the related trust is tax-exempt as of December 31, 2024. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The plan administrator has concluded that as of December 31, 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. There are currently no audits in progress for any tax periods. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

**NOTE 10 - Trust Agreement**

Under an agreement dated January 1, 2018, Mid Atlantic Trust Company was appointed trustee of the Plan. In accordance with the powers and duties of the trustee as designated in the Trust Agreement, the trustee invests the Plan's assets and the income for the benefit of the Plan participants. At the employer's discretion, trustee fees may be paid from the Plan's assets.

**COMPRECARE HEALTH LLC  
401(k) PROFIT SHARING PLAN & TRUST**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)  
December 31, 2024 and 2023

**NOTE 11- 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 may occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

**NOTE 12- Reconciliation of Financial Statements to Form 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	2024
Net assets available for benefits per the financial statements	\$ 5,317,542
Investment transaction in transit - current year	(3,500)
Net assets per Form 5500	\$ 5,314,042

The following is a reconciliation of changes in net assets available for benefits per the financial statements to Schedule H of Form 5500:

	2024
Change in net assets available for benefits per the financial statements	\$ 527,692
Investment transaction in transit - current year	(3,500)
Net Income per Schedule H of the Form 5500	\$ 524,192

**DRAFT**

**SUPPLEMENTAL INFORMATION**

**COMPRECARE HEALTH LLC  
401(k) PROFIT SHARING PLAN & TRUST**

SCHEDULE H - LINE 4(i) -  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
December 31, 2024  
EIN: 82-3920018      PLAN: 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue	Investment Description, Number of Shares or Interest Rate	Cost (1)	Current Value	
Common Collective Trust Fund:				
Putnam Stable Value Fund	327,698	n/a	\$ 327,698	
Mutual Funds:				
American Funds The Bond Fund of America Class R-6	2,789	n/a	31,067	
American Funds International Growth And Income Fund Class R-6	187	n/a	6,688	
NYLI Winslow Large Cap Growth Class R6	5,321	n/a	64,277	
Carillon Scout Mid Cap Fund Class R6	309	n/a	7,155	
Fidelity 500 Index	2,624	n/a	535,813	
Fidelity Small Cap Index	1,140	n/a	31,562	
Fidelity Mid Cap Index	2,472	n/a	83,495	
Hartford Core Equity Fund CI R6	632	n/a	33,834	
John Hancock Funds Disciplined Value Fund CI R6	2,231	n/a	50,245	
Allspring Special Small Cap Value Fund - CI R6	34	n/a	1,360	
Allspring Small Company Growth Fund - R6	50	n/a	1,735	
Cohen & Steers Global Realty Shares, Inc. CI Z	20	n/a	1,020	
Fidelity US. Bond Index Fund	2,408	n/a	24,608	
Fidelity Total International Index	2,683	n/a	36,028	
Hartford Schroders Emerging Markets Equity Fund	8	n/a	128	
American Century Inflation - Adjusted Bond Fund - CI R6	1,004	n/a	10,365	
Blackrock High Yield Bond Portfolio CI K	1,683	n/a	11,950	
Blackrock LifePath Index Retire K	55,617	n/a	765,295	
Blackrock LifePath Index 2030K	32,374	n/a	552,631	
Blackrock LifePath Index 2035K	13,468	n/a	254,144	
Blackrock LifePath Index 2040K	37,602	n/a	768,589	
Blackrock LifePath Index 2045K	28,277	n/a	628,037	
Blackrock LifePath Index 2050K	21,949	n/a	510,083	
Blackrock LifePath Index 2055K	16,995	n/a	409,238	
Blackrock LifePath Index 2060K	3,992	n/a	86,114	
Blackrock LifePath Index 2065K	1,785	n/a	27,091	
			<u>4,932,552</u>	
* Participant Loans	4.25% to 9.5%	-	55,996	
TOTAL INVESTMENTS			<u>\$ 5,316,246</u>	

\* Represents a party-in-interest  
(1) Cost omitted for participant-directed investments

**COMPRECARE HEALTH LLC  
401(k) PROFIT SHARING PLAN & TRUST**

**FINANCIAL STATEMENTS AND  
SUPPLEMENTAL INFORMATION**

**DECEMBER 31, 2024**

**DRAFT**

**COMPRECARE HEALTH LLC  
401(k) PROFIT SHARING PLAN & TRUST**

**TABLE OF CONTENTS**  
As of and for the Years Ended  
December 31, 2024 and 2023

	<u>PAGE</u>
<b>Independent Auditor's Report</b> .....	1 - 4
<b>Financial Statements:</b>	
Statements of Net Assets Available for Benefits .....	5
Statements of Changes in Net Assets Available for Benefits.....	6
Notes to Financial Statements .....	7 - 14
<b>Supplemental Information:</b>	
Schedule H - Line 4(i) - Schedule of Assets (Held at End of Year).....	15



# Grant, Millman & Johnson, P.C.

CERTIFIED PUBLIC ACCOUNTANTS  
AND BUSINESS ADVISORS

39475 W. THIRTEEN MILE ROAD  
SUITE 200  
NOVI, MICHIGAN 48377

PHONE: 248-994-8500  
FAX: 248-994-8505  
www.grantmillman.com

Jeanne M. Jantzen, CPA  
Rachelle L. Syron, CPA  
David B. Tozer, CPA

Steven G. Boggs, CPA  
Angela Bonacci, CPA  
Josephine L. Bumgarner, CPA  
Louis A. DiSarno, CPA

Thomas P. Dolan, CPA  
Richard J. Elder, CPA  
Joshua M. Farrugia, CPA  
Brendan F. Godvin, CPA  
David R. Guest, CPA  
Paul A. Johnson, CPA  
Brent A. Kelley, CPA

Charles W. Kliefelt, CPA  
Lisa M. Kowalski, CPA, MST  
Lawrence I. Millman, CPA  
Susan E. Schmidt, CPA, CSRP, CSEP  
Harry Siegel, CPA  
Jacob R. Strecker, CPA, MBA  
Mark H. Wagner, CPA

## INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the  
Comprecare Health LLC  
401(k) Profit Sharing Plan & Trust  
Middletown, Connecticut

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

We have performed audits of the accompanying financial statements of Comprecare Health LLC 401(k) Profit Sharing Plan & Trust, 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 benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Comprecare Health LLC 401(k) Profit Sharing Plan & Trust 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 a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 6 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 a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets 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 Comprecare Health LLC 401(k) Profit Sharing Plan & Trust 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 Comprecare Health LLC 401(k) Profit Sharing Plan & Trust's ability to continue as a going concern for one year after the date that 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 generally accepted auditing standards 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 judgment made by a reasonable user based on the financial statements.



In performing an audit in accordance with generally accepted auditing standards, 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 Comprecare Health LLC 401(k) Profit Sharing Plan & Trust'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 Comprecare Health LLC 401(k) Profit Sharing Plan & Trust'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 certification, 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 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 supplemental 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 generally accepted auditing standards. 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, is 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 a qualified institution agrees to or is derived from in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

GRANT, MILLMAN & JOHNSON, P.C.

September 10, 2025

**COMPRECARE HEALTH LLC  
401(k) PROFIT SHARING PLAN & TRUST**

STATEMENTS OF NET ASSETS  
AVAILABLE FOR BENEFITS  
December 31, 2024 and 2023

	2024	2023
<b>ASSETS:</b>		
<b>Investments, at Fair Value:</b>		
Mutual Funds	\$ 4,932,552	\$ 4,431,363
Common Collective Trust Fund	327,698	305,176
Total Investments	5,260,250	4,736,539
<b>Receivables:</b>		
Notes Receivable from Participants	55,996	52,224
Dividends Receivable	1,296	1,087
Total Receivables	57,292	53,311
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>\$ 5,317,542</b>	<b>\$ 4,789,850</b>

DRAFT

See Notes to Financial Statements

**COMPREGARE HEALTH LLC  
401(k) PROFIT SHARING PLAN & TRUST**

STATEMENTS OF CHANGES IN NET ASSETS  
AVAILABLE FOR BENEFITS  
For the Years Ended December 31, 2024 and 2023

	2024	2023
<b>ADDITIONS TO NET ASSETS ATTRIBUTED TO:</b>		
Investment Income:		
Interest	\$ -	\$ 7,272
Dividends	150,664	98,758
Net Appreciation in Fair Value of Investments	500,879	525,922
Total Investment Income	651,543	631,952
Participant Loan Interest	3,172	1,826
Contributions:		
Participant	810,914	936,803
Employer	133,117	149,602
Rollover	60,345	293,117
Total Contributions	1,004,376	1,379,522
Total Additions	1,659,091	2,013,300
<b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:</b>		
Administration Fees	12,580	40,093
Investment Advisory Fees	15,171	10,801
Corrective Distributions	35,895	27,398
Participants' Withdrawals	1,067,753	316,160
Total Deductions	1,131,399	394,452
<b>INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>527,692</b>	<b>1,618,848</b>
<b>NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR</b>	<b>4,789,850</b>	<b>3,171,002</b>
<b>NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR</b>	<b>\$ 5,317,542</b>	<b>\$ 4,789,850</b>

See Notes to Financial Statements

**COMPRECARE HEALTH LLC**  
**401(k) PROFIT SHARING PLAN & TRUST**

NOTES TO FINANCIAL STATEMENTS  
December 31, 2024 and 2023

---

**NOTE 1 - Description of the Plan**

The following summary description of Comprecare Health LLC 401(k) Profit Sharing Plan & Trust is provided for general information purposes only. Participants should refer to the Plan Agreement for more complete information.

General - All employees of Comprecare Health LLC, as defined in the Plan Agreement, having attained the age twenty-one and meeting the service requirements, are eligible to become participants in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - Participants may elect to contribute up to 92% of their earnings to the 401(k) Plan. They may choose to do this as either a pre-tax deferral, a Roth deferral, or a combination of both. Participants' contributions are subject to annual maximums in accordance with the Internal Revenue Code. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants designate how their contribution will be invested in the investment funds selected by the Plan Administrator. The Plan provides for an employer matching contribution equal to 25% of the first 6% of Participant's compensation which is deferred as an elective deferral. The Plan also provides for a discretionary employer profit sharing contribution. There were no discretionary contributions for the years ended December 31, 2024 and 2023.

Participant Accounts - Each participant's account is credited with the participant's contribution, the employer's matching contribution, if applicable, forfeitures, and Plan earnings. Allocations are based upon provisions as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options - Upon enrollment in the Plan, a participant may direct contributions in any of the 27 investment options. Participants may change their investment options at any time. The options consist of professionally managed mutual funds and a common collective trust fund, and vary in their respective strategies, risks and goals.

Vesting - Participants are immediately vested in their contributions plus actual earnings thereon. The Company's matching contribution is based on years of service and 1,000 hours per year service requirement. A participant is 100% vested after four years of credited services.

<u>Years of Service</u>	<u>Percentage</u>
Less than 1 year	0 %
1	25 %
2	50 %
3	75 %
4	100 %

**COMPRECARE HEALTH LLC  
401(k) PROFIT SHARING PLAN & TRUST**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)  
December 31, 2024 and 2023

---

**NOTE 1 - Description of the Plan (Continued)**

Vesting (Continued) - Vesting in the Company's discretionary contribution portion of a participant's account, plus actual earnings thereon, is based on years of continuous service and 1,000 hours per year. A participant is 100% vested after six years of credited services.

<u>Years of Service</u>	<u>Percentage</u>
Less than 2 years	0 %
2	20 %
3	40 %
4	60 %
5	80 %
6	100 %

Notes Receivable from Participants - Participants may request a loan from the Plan at a minimum of \$1,000 and the lesser of 95% of one-half the vested account balance or 95% of the total vested account balance excluding the Roth Elective Deferral balance, not to exceed \$50,000. The loan term is limited to 4.5 years unless it is for the purchase of a principal residence. A participant may have only one loan outstanding at any time. The loan is secured by the participant's account and bears interest at prime rate plus 1%. Principal and interest are paid through payroll deductions.

Participant Withdrawals - Upon a participant's retirement date, death or total and permanent disability, all amounts credited to his or her account shall become fully vested. Upon termination, the non-vested portion of a participant's account shall be forfeited and subsequently allocated according to the terms of the Plan.

Participants may withdraw their individual accounts if their employment is terminated before reaching normal retirement age, if they become disabled, or if they reach normal retirement age and continue to work. The vested portion of the account is payable to the participant or the beneficiary as a lump-sum amount, partial payments, installment payments, or annuity contracts. If the vested portion of the account is less than \$5,000, the Administrator has the option of a distribution without the participant's consent. If the vested portion of the participant's account exceeds \$5,000, a distribution before normal retirement age can only be made with the participant's consent. The non-vested portion of a participant's account shall be forfeited.

**COMPRECARE HEALTH LLC**  
**401(k) PROFIT SHARING PLAN & TRUST**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)  
December 31, 2024 and 2023

---

**NOTE 1 - Description of the Plan (Continued)**

Forfeited Accounts - At December 31, 2024 and 2023, the value of forfeited non-vested accounts totaled \$23,345 and \$5,784, respectively. The forfeitures of non-vested employer matching contributions from terminated participant accounts may be used to pay the Plan's administrative expenses, reduce employer contributions, or allocated to participants. For the year ended December 31, 2024, forfeitures of \$5,784 were allocated to participants in accordance with terms of the plan. For the years ended December 31 2024 and 2023, forfeitures of \$11,500 and \$35,250 were used to pay plan expenses, respectively.

SECURE Act and CARES Act - The plan has implemented certain provisions of the SECURE Act, which was effective January 1, 2020, and the CARES Act, which was signed into law in March 2020. The Plan has until December 31, 2026 to adopt amendments to reflect these provisions.

**NOTE 2 - Significant Accounting Policies**

Basis of Accounting - The financial statements were prepared on the accrual basis of accounting.

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 assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of additions and deductions during the reporting period. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition - The Plan's investments are stated at current fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded when received. Unrealized appreciation (depreciation) of investments is the change between market value of investments at the beginning of the year and market value of investments at the end of the year.

Notes Receivable from Participants - Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Participant loans in default are reclassified as distributions based upon the terms of the Plan document. If a participant ceases to make loan repayments and the plan administrator deems the loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

**COMPREGARE HEALTH LLC**  
**401(k) PROFIT SHARING PLAN & TRUST**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)  
 December 31, 2024 and 2023

**NOTE 2 - Significant Accounting Policies (Continued)**

Payment of Benefits - Benefits are recorded when paid.

Administrative Expenses - The Plan's administrative expenses are paid in part by earnings of the Plan. Additional administrative expenses are paid by the sponsor of the Plan. Administrative expenses of \$27,751 and \$50,894 were paid by the Plan for the years ended December 31, 2024 and 2023, respectively.

Subsequent Events - Management has evaluated events and transactions through September 10, 2025, the date the financial statements were available to be issued. There were no subsequent events that require adjustment to or disclosure in the financial statements.

**NOTE 3 - Fair Value Measurements**

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits.

	<u>Assets at Fair Value as of December 31, 2024</u>	
	<u>Level 1</u>	<u>Total</u>
Mutual Funds	<u>\$ 4,932,552</u>	\$ 4,932,552
Investments Measured at Net Asset Value		<u>327,698</u>
Total		<u>\$ 5,260,250</u>
	<u>Assets at Fair Value as of December 31, 2023</u>	
	<u>Level 1</u>	<u>Total</u>
Mutual Funds	<u>\$ 4,431,363</u>	\$ 4,431,363
Investments Measured at Net Asset Value		<u>305,176</u>
Total		<u>\$ 4,736,539</u>

The Plan's investments are reported at fair value in the statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

**COMPREKARE HEALTH LLC**  
**401(k) PROFIT SHARING PLAN & TRUST**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)  
December 31, 2024 and 2023

---

**NOTE 3 - Fair Value Measurements (Continued)**

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels which are described below. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments.

In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented above are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

**Level 1 Fair Value Measurements**

Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year end. The fair values of common stock, corporate bonds, and U.S. Government securities are based on the closing price reported on the active market where the individual securities are traded.

**Level 2 Fair Value Measurements**

Level 2 inputs consist of quoted prices for similar assets in active and inactive markets and other observable corroborated market data. Level 2 inputs are only used when Level 1 inputs are not available. This includes, but is not limited to, quoted prices for similar assets or liabilities in markets that are not active. The Plan did not have any assets utilizing Level 2 inputs at December 31, 2024 and 2023.

**Level 3 Fair Value Measurements**

Level 3 inputs have the lowest priority. Level 3 inputs are only used when Level 1 or Level 2 inputs are not available. The fair value measurement is based on other unobservable inputs. The Plan had no Level 3 assets at December 31, 2024 and 2023.

**COMPREGARE HEALTH LLC  
401(k) PROFIT SHARING PLAN & TRUST**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)  
December 31, 2024 and 2023

**NOTE 4 - Investments Measured Using the Net Asset Value Per Share Practical Expedient**

The Plan's investments at December 31, 2024 and 2023 include the Putnum Stable Value Fund with a net asset value of \$327,698 and \$305,176, respectively. There are no participant redemption restrictions for this investment.

**NOTE 5 - Net Change in Fair Value of Investments**

Gains and losses (realized and unrealized) included in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, are reported in net appreciation or depreciation in fair value of investments.

The net change in fair value by type of investments is as follows:

	2024	2023
Common Collective Trust Fund	\$ -	\$ 6
Mutual Funds:		
Equity Funds	126,113	85,159
Balanced Funds	374,319	435,956
International Equity Funds	1,939	3,929
Fixed Income Funds	(1,492)	872
Net Change in Fair Value	\$ 500,879	\$ 525,922

**NOTE 6 - Information Certified by Trustee**

The financial statements, accompanying notes and supplemental schedule were prepared in part from information certified by Mid Atlantic Trust Company, the trustee, in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA). The information certified includes: investments and related investment income.

**NOTE 7 - Related Party and Party-in-Interest Transactions**

Mid Atlantic Trust Company is the trustee as defined by the Plan and Paychex Inc. provides recordkeeping services to the Plan. Therefore, they are considered parties-in-interest. The Company sponsors the Plan and is considered a party-in-interest. The administrative expenses paid by the Plan include plan administration and investment advisory services. These service providers, along with service providers paid on behalf of the plan, are all considered parties-in-interest.

**COMPRECARE HEALTH LLC**  
**401(k) PROFIT SHARING PLAN & TRUST**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)  
December 31, 2024 and 2023

---

**NOTE 8 - Plan Termination**

Although it has not expressed any intent to do so, the Company shall have the right at any time to terminate the Plan subject to the provisions of ERISA. Upon termination, all amounts credited to the affected participants' accounts shall become 100% vested.

**NOTE 9 - Tax Status**

The Plan is a prototype plan sponsored by Paychex. Paychex has obtained a determination letter in which the Internal Revenue Service stated that the prototype plan was in compliance with the applicable requirements of the Internal Revenue Code. Management believes that the Plan currently is designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, the Plan qualifies under Section 401(a) and the related trust is tax-exempt as of December 31, 2024. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The plan administrator has concluded that as of December 31, 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. There are currently no audits in progress for any tax periods. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

**NOTE 10 - Trust Agreement**

Under an agreement dated January 1, 2018, Mid Atlantic Trust Company was appointed trustee of the Plan. In accordance with the powers and duties of the trustee as designated in the Trust Agreement, the trustee invests the Plan's assets and the income for the benefit of the Plan participants. At the employer's discretion, trustee fees may be paid from the Plan's assets.

**COMPRECARE HEALTH LLC  
401(k) PROFIT SHARING PLAN & TRUST**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)  
December 31, 2024 and 2023

**NOTE 11- 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 may occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

**NOTE 12- Reconciliation of Financial Statements to Form 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	2024
Net assets available for benefits per the financial statements	\$ 5,317,542
Investment transaction in transit - current year	(3,500)
Net assets per Form 5500	\$ 5,314,042

The following is a reconciliation of changes in net assets available for benefits per the financial statements to Schedule H of Form 5500:

	2024
Change in net assets available for benefits per the financial statements	\$ 527,692
Investment transaction in transit - current year	(3,500)
Net Income per Schedule H of the Form 5500	\$ 524,192

**DRAFT**

**SUPPLEMENTAL INFORMATION**

**COMPRECARE HEALTH LLC  
401(k) PROFIT SHARING PLAN & TRUST**

SCHEDULE H - LINE 4(i) -  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
December 31, 2024  
EIN: 82-3920018      PLAN: 001

(a)	(b)	(c)	(d)	(e)
Identity of Issue	Investment Description, Number of Shares or Interest Rate	Cost (1)	Current Value	
Common Collective Trust Fund:				
Putnam Stable Value Fund	327,698	n/a	\$ 327,698	
Mutual Funds:				
American Funds The Bond Fund of America Class R-6	2,789	n/a	31,067	
American Funds International Growth And Income Fund Class R-6	187	n/a	6,688	
NYLI Winslow Large Cap Growth Class R6	5,321	n/a	64,277	
Carillon Scout Mid Cap Fund Class R6	309	n/a	7,155	
Fidelity 500 Index	2,624	n/a	535,813	
Fidelity Small Cap Index	1,140	n/a	31,562	
Fidelity Mid Cap Index	2,472	n/a	83,495	
Hartford Core Equity Fund CI R6	632	n/a	33,834	
John Hancock Funds Disciplined Value Fund CI R6	2,231	n/a	50,245	
Allspring Special Small Cap Value Fund - CI R6	34	n/a	1,360	
Allspring Small Company Growth Fund - R6	50	n/a	1,735	
Cohen & Steers Global Realty Shares, Inc. CI Z	20	n/a	1,020	
Fidelity US. Bond Index Fund	2,408	n/a	24,608	
Fidelity Total International Index	2,683	n/a	36,028	
Hartford Schroders Emerging Markets Equity Fund	8	n/a	128	
American Century Inflation - Adjusted Bond Fund - CI R6	1,004	n/a	10,365	
Blackrock High Yield Bond Portfolio CI K	1,683	n/a	11,950	
Blackrock LifePath Index Retire K	55,617	n/a	765,295	
Blackrock LifePath Index 2030K	32,374	n/a	552,631	
Blackrock LifePath Index 2035K	13,468	n/a	254,144	
Blackrock LifePath Index 2040K	37,602	n/a	768,589	
Blackrock LifePath Index 2045K	28,277	n/a	628,037	
Blackrock LifePath Index 2050K	21,949	n/a	510,083	
Blackrock LifePath Index 2055K	16,995	n/a	409,238	
Blackrock LifePath Index 2060K	3,992	n/a	86,114	
Blackrock LifePath Index 2065K	1,785	n/a	27,091	
			<u>4,932,552</u>	
* Participant Loans	4.25% to 9.5%	-	55,996	
TOTAL INVESTMENTS			<u>\$ 5,316,246</u>	

\* Represents a party-in-interest  
(1) Cost omitted for participant-directed investments