

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>SALUSCARE 403(B) PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>003</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SALUSCARE, INC.</u></p> <p><u>3763 EVANS AVENUE</u> <u>FORT MYERS, FL 33901</u></p>	<p>1c Effective date of plan <u>01/01/2014</u></p> <p>2b Employer Identification Number (EIN) <u>59-1287693</u></p> <p>2c Plan Sponsor's telephone number <u>239-931-9689</u></p> <p>2d Business code (see instructions) <u>621420</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/30/2025	JOHN A. STARR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor FIRST PARTY ADMINISTRATOR, LLC 2524 HABERFIELD CT NE ATLANTA, GA 30319	3b Administrator's EIN 46-2023154 3c Administrator's telephone number 678-500-9551
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	446
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	324
a(2) Total number of active participants at the end of the plan year	6a(2)	322
b Retired or separated participants receiving benefits.....	6b	8
c Other retired or separated participants entitled to future benefits	6c	65
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	395
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0
f Total. Add lines 6d and 6e	6f	395
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	276
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	248
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	10

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2L 2K 2F 2G 2T 2M 2S

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

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

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

A Name of plan SALUSCARE 403(B) PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 SALUSCARE, INC.	D Employer Identification Number (EIN) 59-1287693	

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

ASCENSUS, LLC

11-3665754

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

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

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

ASCENSUS, LLC

11-3665754

(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?
64	RECORD KEEPER	38114	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MY BENEFITS, LLC

2524 HABERFIELD CT NE
BROOKHAVEN, GA 30319-3687

45-2098380

(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?
49	ADMINISTRATIVE SERVICES	6630	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

FIRST PARTY ADMINISTRATORS

46-2023154

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 63	TPA	1683	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SALUSCARE 403(B) PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 SALUSCARE, INC.	D Employer Identification Number (EIN) 59-1287693

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	241151	232296
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8951424	9985867
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	9192575	10218163
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	9192575	10218163

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	159209	
(B) Participants.....	2a(1)(B)	645120	
(C) Others (including rollovers).....	2a(1)(C)	40724	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		845053
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	14908	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		14908
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1116533
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1976494

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	884243	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		884243
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		35391
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	31272	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		31272
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		950906

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1025588
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: HSC/TUSCAN & COMPANY, PA

(2) EIN: 59-2309183

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

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

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

A Name of plan <u>SALUSCARE 403(B) PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SALUSCARE, INC.</u>	D Employer Identification Number (EIN) <u>59-1287693</u>	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 11-3665754

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	
--	---	--

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

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

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

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500406A.

SALUSCARE 403(b) PLAN

FINANCIAL STATEMENTS, TOGETHER WITH
REPORT OF INDEPENDENT AUDITOR

YEARS ENDED
DECEMBER 31, 2024 AND 2023

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All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) have been omitted, because there is no information to report.

HSC/Tuscan & Company, PA

CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

INDEPENDENT AUDITOR'S REPORT

Retirement Committee
SalusCare 403(b) Plan
3763 Evans Ave.
Fort Myers, Florida 33901

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

We have performed audits of the accompanying financial statements (modified cash basis) and the supplementary schedules of the SalusCare 403(b) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the Statements of Net Assets Available for Plan Benefits (modified cash basis) as of December 31, 2024 and 2023, and the related Statements of Changes in Net Assets Available for Plan Benefits (modified cash basis) 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 the SalusCare 403(b) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan by Ascensus Inc. as agent for Ascensus Trust Company, the trustee/custodian of the Plan, that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets held are prepared and certified by the trustee/custodian of the Plan, in accordance with 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from the trustee/custodian as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note D to the financial statements, is complete and accurate.

INTEGRITY SERVICE EXPERIENCE

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 the modified cash basis of accounting which is a comprehensive basis of accounting other than 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. 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 SalusCare 403(b) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Basis of Accounting

As described in NOTE B, these financial statements and the supplementary schedules were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

Management's Responsibilities for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note B; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in these circumstances. Management is also responsible 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, Plan management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about SalusCare 403(b) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Plan 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, misrepresentation, 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 risk 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 made by management, as well as evaluate the overall presentation of 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 SalusCare 403(b) Plan's internal controls. 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 SalusCare 403(b) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the 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 the modified cash basis of accounting which is a comprehensive basis of accounting other than 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.

Supplementary Schedules Required by ERISA

The supplementary schedules of Reportable Transactions and Assets Held for Investment Purposes are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 supplementary schedules, other than that agreed to or derived from certified investment information, has been subjected to auditing procedures applied in the audit 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 supplementary schedules 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 supplementary schedules, we evaluated whether the supplementary schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are 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 supplementary schedules, other than the information in the supplementary schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulation for Reporting and Disclosure under ERISA.
- The information in the supplementary schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

HSC/Tuscan & Company, P.A.

HSC/TUSCAN & COMPANY, P.A.
Fort Myers, Florida
August 26, 2025

SALUSCARE 403(b) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
(MODIFIED CASH BASIS)
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at fair value		
Ascensus, Inc.		
Contract Number 219718		
Mutual Funds	<u>\$ 9,985,867</u>	<u>\$ 8,951,424</u>
TOTAL INVESTMENTS	<u>9,985,867</u>	<u>8,951,424</u>
Receivables		
Employee contributions	-	-
Employer contributions - match	-	-
Notes receivable from participants	<u>232,296</u>	<u>241,151</u>
TOTAL RECEIVABLES	<u>232,296</u>	<u>241,151</u>
TOTAL ASSETS	<u>10,218,163</u>	<u>9,192,575</u>
LIABILITIES		
Excess contributions payable	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u><u>\$10,218,163</u></u>	<u><u>\$ 9,192,575</u></u>

The accompanying notes are an integral part of this statement.

SALUSCARE 403(b) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR
PLAN BENEFITS (MODIFIED CASH BASIS)
Years ended December 31, 2024 and 2023

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

	<u>2024</u>	<u>2023</u>
Investment income (loss)		
Interest income from notes receivable	\$ 14,908	\$ 11,636
Net investment earnings including interest, dividends, realized and unrealized gains (losses)	<u>1,116,533</u>	<u>1,182,658</u>
TOTAL INVESTMENT INCOME	<u>1,131,441</u>	<u>1,194,294</u>
Contributions		
Employee (cash)	645,120	566,154
Employee rollover contributions	40,724	37,294
Employer contributions - matching	<u>159,209</u>	<u>115,676</u>
TOTAL CONTRIBUTIONS	<u>845,053</u>	<u>719,124</u>
TOTAL ADDITIONS TO NET ASSETS	<u>1,976,494</u>	<u>1,913,418</u>

Deductions From Net Assets Attributed to:

Administrative expenses	31,272	24,241
Participant loan distributions (deemed distributions)	35,391	25,166
Benefits paid to participants	<u>884,243</u>	<u>715,398</u>
TOTAL DEDUCTIONS FROM NET ASSETS	<u>950,906</u>	<u>764,805</u>

Net increase (decrease) in net assets	1,025,588	1,148,613
---------------------------------------	-----------	-----------

Net assets available for plan benefits:

BEGINNING OF YEAR	<u>9,192,575</u>	<u>8,043,962</u>
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END OF YEAR	<u>\$ 10,218,163</u>	<u>\$ 9,192,575</u>
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The accompanying notes are an integral part of this statement.

NOTE A - DESCRIPTION OF PLAN

The following description of SalusCare, Inc.'s (the "Company") SalusCare 403(b) Plan (the "Plan") - Plan 003 provides only general information. Participants should refer to the Summary Plan Description or Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a single employer, self-directed defined contribution 403(b) plan originally effective January 1, 2014. Subsequent to December 31, 2020, effective January 1, 2021, the Plan was amended to refine the definition of qualified compensation, specifically, the amendment excludes bonuses and commissions from compensation for purposes of deferrals, employer match and employer discretionary match. The Plan was amended effective August 2, 2023, to adopt a corrective retroactive amendment to allow the early inclusion of two (2) otherwise eligible employees to participate in the Plan. The Plan was then restated and effective on July 1, 2024. The Plan is subject to the Employee Retirement Employee Income Security Act of 1974 ("ERISA"), as amended. The Company (Plan administrator) is responsible for the oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Trustees. Ascensus, as agent for Ascensus Trust Company serves as the Plan's trustee/custodian.

Eligibility

Salary Deferrals - Employee Contributions

All active employees of the Company are auto-enrolled in the Plan and eligible to participate in the salary reduction arrangement upon attainment of age 18 and after the completion of one hour of service, effective July 1, 2024. The following groups are not eligible to participate in the Plan: non-resident aliens, employees who are expected to work fewer than 1,000 hours in the first 12 months of employment, members of a union and leased employees. The employee enters the deferral portion of the Plan immediately upon salary deferral.

Employer Contributions

All active employees of the Company are eligible to participate in the employer matching and discretionary contributions upon attaining the age of 18 and completing 1,000 hours of service in a twelve-month period. The employee enters the employer match portion of the Plan on the first day of the month coincident with or next following the completion of the eligibility requirement.

NOTE A - DESCRIPTION OF PLAN, CONTINUED

Contributions

The Plan permits Roth contributions effective July 1, 2024. Compensation is defined as excluding bonuses and commissions. The contributions are limited to the amount specified in the salary deferral agreement and by the maximum contribution permitted by the Internal Revenue Code. The maximum permitted by the Internal Revenue Code for 2024 and 2023 was \$23,000 and \$22,500, respectively, plus an additional \$7,500 (catch-up provision) if age 50 or over for 2024 and \$7,500 for 2023, respectively.

The Company may, at its discretion, elect to make a qualified matching contribution to the Plan. For the years ended December 31, 2024 and 2023, the Company matching contribution was up to 3% of eligible compensation. During the year ended December 31, 2019, the Company elected to stop the elective discretionary contribution of 2% effective March 31, 2019, until further notice.

Participants may also contribute (rollover) amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of contributions into various investments options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

Each participant's account is credited with their respective elected deferral contribution (actual contribution amount or percentage) plus any rollover amount and the participant's specific account investment activity and the Company's matching contribution. Amounts allocated to accounts of participants who, at Plan year end, have elected to withdraw from the Plan but have not been paid are identified by the trustee/custodian and will be disbursed as prescribed by the Plan documents and as elected by the participant. At December 31, 2024 and 2023, such allocated amounts were \$1,694,651 and \$1,687,064, respectively. Plan earnings, gains, losses, and expenses are allocated based on individual participant's account balances.

Participants may select any of the investment options listed in Note D to invest their respective participant account.

NOTE A - DESCRIPTION OF PLAN, CONTINUED

Vesting

Participants are immediately 100% vested and shall have a non-forfeitable right to 100% of their elective deferral and rollover contribution amounts. Vesting in the Company's matching and discretionary contribution portion of their accounts, plus actual earnings thereon, is based on years of continuous service. A participant is 100% vested after five years of credited service. Vesting occurs at a rate of 20% per year completed beginning with year one for both matching and discretionary (profit-sharing) contributions. Notwithstanding the above, a participant is fully vested upon reaching normal retirement age, death, or permanent disability.

Participant Loans (Notes Receivable from Participants)

Loans are permitted under this Plan. The minimum loan amount is \$1,000 and the maximum loan amount is limited to the lesser of 50% of the participant's account balance or \$50,000, less any outstanding loans, according to the guidelines set forth in the Plan documents. The borrowers' annuity contracts (participant's respective investment account) are used as collateral for their loans. Interest charged on loans shall be commensurate with similar commercial loans and is recorded as accrued. The loans must be repaid over not more than five (5) years. Maximum number of loans outstanding at one time is one. Effective March 22, 2019, a participant may have two (2) loans outstanding at the same time. Spousal approval is now required to initiate a loan.

Distributions (Benefits) to Participants

Upon termination of service, retirement, hardship, death or disability a participant may, with spousal consent, receive a distribution as permitted under the annuity contract. Normal retirement is considered to be attainment of age 65 and completion of 5 years participation. In service withdrawals are permitted upon attainment of age 59 1/2 and hardship distributions are subject to Plan provisions. If a participant terminates employment and the participant's account balance does not exceed \$5,000, the Plan administrator will authorize the lump sum benefit payment without the participant's consent. If the balance of the terminated participant's account is between \$1,000 and \$7,000, the Plan sponsor may authorize that the benefit payment be rolled into an individual retirement account in the participant's name, effective January 1, 2024. For accounts greater than \$7,000 a periodic benefit payment option is available.

The Plan has no early retirement provision.

NOTE A - DESCRIPTION OF PLAN, CONTINUED

Forfeited Accounts

Forfeited non-vested accounts are used to reduce Company contributions, or pay Plan expenses. Forfeited non-vested accounts held as of December 31, 2024 and 2023, totaled \$14,220 and \$102,190, respectively. There were \$96,772 and \$139,446 of forfeitures used to pay employer contributions and/or pay administrative expenses for the years ended December 31, 2024 and 2023, respectively.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following is a summary of the significant accounting policies used in the preparation of these financial statements:

Accounting Basis

The SalusCare 403(b) Plan prepares its financial statements and notes thereto using the modified cash basis of accounting. Under this comprehensive basis of accounting, generally, no provision will be made to record items which have been incurred but not paid or earned but not received. Accordingly, the accompanying financial statements are not intended to present financial position or results of operations in conformity with accounting principles generally accepted in the United States of America.

Fair Value of Financial Instruments

FASB ASC 825-10-50-21 (formerly Financial Accounting Standards Board Statement No. 107), "Disclosures About Fair Value of Financial Instruments," requires disclosure of fair value information about financial instruments for which it is practicable to estimate that value. The carrying amounts of cash and money market accounts approximate fair value due to the short maturity of those instruments.

Investments

The Plan's investments are stated at market (fair) value. The value of each mutual fund account is determined at the close of each business day based on quoted or appraised market value. The value of each such account is expressed in units. The unit value is the dollar value of one unit and is determined at

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Investments, continued

the close of each business day by dividing the value of the entire account by the total number of units in the account. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians, and insurance company.

Income Recognition

Transactions are accounted for using the transaction date. Realized gains or losses are determined on the basis of actual cost. In accordance with the policy of stating investments at fair value, any change in unrealized appreciation or depreciation for the year is reflected in the Statements of Changes in Net Assets Available for Plan Benefits. Both realized and unrealized gain/appreciation and loss/depreciation, as well as interest/dividend income, are recorded and reflected as investment income.

Purchases and sales of securities are recorded on a trade-date basis. Interest income and dividends are recorded on the modified cash basis. Net appreciation (depreciation) includes the Plan's realized gains and losses on investments bought and sold as well as held during the year.

Income Tax Status

The Plan has most recently adopted a Non-Standardized Pre Approved 403(b) Plan with a cash or deferral arrangement which received a favorable opinion letter from the Internal Revenue Service (IRS), which stated that the Plan and the related trust are in accordance with applicable sections of the Internal Revenue Code.

The Plan has been amended since receiving the determination letter. However, the Plan's counsel and the Plan's administrator believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore, believe that the Plan is qualified and the related trust is tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan's income tax returns for the past three (3) years are open and subject to examination by tax authorities, and may change upon examination.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Parties-in-Interest Transactions

Plan investments are managed by Ascensus Inc., as agent for Ascensus Trust Company. Ascensus Trust Company is the trustee/custodian as defined by the Plan. Ascensus Trust Company also performs substantially all Plan Administrator functions, as well as holds all Plan Investments. My Benefits, LLC and First Party Administrator, LLC performs certain administrative duties for the Plan. As such, Ascensus Trust Company, SalusCare, Inc. My Benefits, LLC. and First Party Administrator, LLC are considered a party-in-interest. Certain administrative functions are performed by employees of the Company (Plan sponsor). The Company and Company employees are considered a party-in-interest. No such employee receives compensation from the Plan.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 and 2023, respectively as notes receivable are 100% collateralized. Delinquent notes receivable are recorded as distributions on the basis of the terms of the Plan document.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants and benefit payments are charged directly to the participant's account and are not included in administrative expense. Investment related expenses are included in net appreciation of fair value of investments.

Plan Termination

Although the Company has not expressed any intent to do so, the Company has the right to terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, the rights of all participants to benefits accrued are nonforfeitable and will be distributed in accordance with the provisions of the Plan.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results may differ from those estimates.

Benefit Payments

Benefits are recorded as deductions from net assets available for benefits when paid.

Subsequent Events

Subsequent events have been evaluated through August 26, 2025, which is the date the financial statements were available to be issued.

NOTE C - MARKET RISK

The Plan invests in various mutual fund-type investments. All of the Plan's investments are recorded at fair market value, in accordance with the reporting requirements governing the Plan, with net changes in value reflected as net appreciation (depreciation) in fair value of investments. The market value of these investments is primarily dependent upon the national and global economy and are subject to market factors and fluctuation, which may result in a loss of capital (principal).

SALUSCARE 403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE D - INVESTMENTS

The following table represents the fair value of the Plan's investments maintained by the trustee/custodian at December 31:

	2024		2023
<u>Ascensus (Custodian and Trustee)**</u>			
<u>Mutual Funds:</u>			
(1) AllianzGI NFJ International Value A	\$ 15,895	\$	14,540
(1) American Funds US Government Sec R6	7,966		6,859
(1) BlackRock Emerging Mkts Inv A	4,341		4,940
(1) BlackRock International Opp Inv A	-		2,579
(1) BlackRock LifePath 2025 A	-		37,792
(1) BlackRock LifePath 2035 A	-		180
(1) BlackRock LifePath 2045 A	56,901		53,425
(1) BlackRock LifePath 2055 A	58,192		45,220
(1) BlackRock LifePath Dynamic Retire Inv	40,740		-
(1) Blackrock Liquidity T-Fund Premier	232,315		289,495
(1) BlackRock Global Allocation Inv A	29,400		24,565
(1) BNY Mellon Appreciation Y	196,955		185,683
(1) iShares S&P 500 Index Institutional	296,999		214,598
(1) Cambiar Opportunity Portf Instl	109,117		93,827
(1) Columbia Small Cap Growth A	66,588		51,418
(1) Delaware Emerging Markets A	83,135		77,698
(1) Dreyfus Opportunistic Midcap Value A	49,524		44,954
(1) GM Blackrock Liquidity T-Fund Premier	235,383		190,468
(1) GM Cambiar Opportunity Portf Instl	1,063,591	*	981,794 *
(1) GM Columbia Small Cap Growth A	170,754		165,335
(1) GM Delaware Emerging Markets A	1,463,258	*	1,349,546 *
(1) GM Dreyfus Opportunistic Midcap Value A	416,553		390,453
(1) GM Guggenheim Total Return Bond Fund Instl	3,113,156	*	2,607,363 *
(1) GM Lord Abbett Growth Leaders R6	811,458	*	769,118 *
(1) Guggenheim Total Return Bond Fund Inst	114,917		113,286
(1) Lord Abbett Growth Leaders R6	203,003		171,364
(1) Loomis Sayles Core Plus Bond N	20,698		20,091
(1) Mainstay CBRE Real Estate A	37,228		44,083
(1) MFS Total Return A	9,520		9,031
(1) Morgan Stanley Institutional Gr Port I	33,240		20,409
(1) Nuveen Strategic Income A	23,177		21,305
(1) Oppenheimer International Growth A	25,539		24,258
(1) PIMCO Real Return A	-		343
(1) Thornburg International Value R4	2,092		3,137
(1) VanEck CM Commodity Index I	992		1,172
(1) GM ClearBridge Mid Cap IS	52,612		48,059
(1) iShares S&P 500 Index Instl	376,463		350,512
(1) ClearBridge Mid Cap IS	564,165	*	522,524 *
	<u>9,985,867</u>		<u>8,951,424</u>
Total Investments	<u>\$ 9,985,867</u>	\$	<u>8,951,424</u>

* Investments equal to or greater than 5% of assets available for Plan benefits at the end of the Plan year.

** Ascensus is considered a Party-in-Interest

(1) Investment held by Ascensus

NOTE D - INVESTMENTS, CONTINUED

Information Certified by Trustee

The Plan administrator has received certification from the trustee/custodian as to all data appearing in the financial statements (including data regarding investments appearing in NOTE D, which has been reconciled to such certification) except the following:

- Determination of amounts contributed
- Tax status
- Plan description

NOTE E - FAIR VALUE MEASUREMENTS

The Plan's assets are reported at fair value in the accompanying Statements of Net Assets Available for Plan Benefits and consists of the following at December 31:

	Fair Value	Fair Value Measurements Using:			
		Level not Assigned*	Quoted Prices in Active Markets for Identical Assets Level (1)	Observable Inputs Other Than Quoted Prices Level (2)	Significant Unobservable Inputs Level (3)
<u>2024</u>					
Mutual Funds	\$ 9,985,867	\$ -	\$ 9,985,867	\$ -	\$ -
Contributions Receivable	-	-	-	-	-
Notes Receivable	232,296	-	-	-	232,296
TOTAL ASSETS	\$ 10,218,163	\$ -	\$ 9,985,867	\$ -	\$ 232,296
<u>2023</u>					
Mutual Funds	\$ 8,951,424	\$ -	\$ 8,951,424	\$ -	\$ -
Contributions Receivable	-	-	-	-	-
Notes Receivable	241,151	-	-	-	241,151
TOTAL ASSETS	\$ 9,192,575	\$ -	\$ 8,951,424	\$ -	\$ 241,151

* Considered valued at fair value due to its short term nature.

NOTE E - FAIR VALUE MEASUREMENTS, CONTINUED

Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820-10-50-1 through 820-10-50-8 (formerly Statement of Financial Accounting Standards (SFAS) No. 157, "Fair Value Measurements") established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level (1) inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level (2) inputs consist of observable inputs other than quoted prices in active markets for identical assets. Level (3) inputs consist of unobservable inputs and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level (1) inputs because they generally provide the most reliable evidence of fair value.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2024 and 2023.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily closing price (fair value) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Level (1) Fair Value Measurements

The fair value of mutual funds is based on quoted fair values of the shares held by the Plan at the close of the business day at year end and are considered Level 1 inputs.

Gains and losses (realized and unrealized) from mutual funds included in changes in net assets available for plan benefits for the years ended December 31, 2024 and 2023, are reported in investment earnings.

Level (2) Fair Value Measurements

The Plan held no Level 2 inputs as of December 31, 2024 or 2023.

NOTE E - FAIR VALUE MEASUREMENTS, CONTINUED

Level (3) Fair Value Measurements

The fair value of participant loans (notes receivable) are equal to the outstanding balance of the loans because the loans are secured by each respective participants' account balance. The following table provides further details of the Level (3) fair value measurements.

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

Notes receivable from participants consisted of the following activity for the years ended December 31:

	<u>2024</u>	<u>2023</u>
Beginning Balance	\$ 241,151	\$ 205,807
New Loans	146,973	193,285
Deemed Distributions *	(30,656)	(19,153)
Principal Repayments	<u>(125,172)</u>	<u>(138,788)</u>
TOTAL LEVEL (3) INPUTS	<u>\$ 232,296</u>	<u>\$ 241,151</u>

* Excludes related fees

NOTE F - NOTES RECEIVABLE

Notes receivable (participant loans) consist of notes receivables from Plan participants of \$232,296 and \$241,151 as of December 31, 2024 and 2023, respectively. The notes carry interest rates ranging from 4.25% to 9.50% at December 31, 2024. These notes receivables are managed and are in the custody of the trustee/custodian. Interest earned on notes receivable is recognized as a separate item on the Statements of Changes in Net Assets Available for Plan Benefits. Notes receivable balances are reflected at their outstanding balance (amortized cost) at year end. Loans not repaid at the date of employee termination are recorded as distributions.

**SALUSCARE 403(b) PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023**

NOTE G - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the financial statements to the Form 5500 at December 31:

	<u>2024</u>	<u>2023</u>
Net assets, beginning of year, January 1, per the financial statements	\$ 9,192,575	\$ 8,043,962
Net assets, beginning of year, January 1, per Form 5500	<u>\$ 9,192,575</u>	<u>\$ 8,043,962</u>
Net assets, end of year, December 31, per the financial statements	\$ 10,218,163	\$ 9,192,575
Net assets, end of year, December 31, per Form 5500	<u>\$ 10,218,163</u>	<u>\$ 9,192,575</u>

The following is a reconciliation of the financial statements to the year ended December 31:

	<u>2024</u>	<u>2023</u>
Net increase (decrease) in Net Assets per financial statements	\$ 1,025,588	\$ 1,148,613
Net increase (decrease) in Net Assets per Form 5500	<u>\$ 1,025,588</u>	<u>\$ 1,148,613</u>

NOTE H - NONCOMPLIANCE TRANSACTIONS

For the Plan year ending December 31, 2023, the Plan Sponsor failed to remit certain employee contributions within the requirement seven (7) day business day time period. For the year December 31, 2023, two (2) deferrals totaling \$2,124 were submitted after the seven (7) business day DOL threshold, respectively.

SUPPLEMENTARY SCHEDULES

**SALUSCARE 403(b) PLAN
EIN 59-1287693**

PLAN NUMBER: 003

SCHEDULE 1

**FORM 5500, SCHEDULE H, PART IV, LINE 4i - ASSETS HELD FOR INVESTMENT
PURPOSES AT THE END OF PLAN YEAR (MODIFIED CASH BASIS)**

December 31, 2024

<u>IDENTITY OF ISSUER</u>	<u>DESCRIPTION OF INVESTMENT</u>	<u>CURRENT YEAR COST (2)</u>	<u>CURRENT VALUE</u>
Mutual Funds:			
Allianz Global Investors (1)	AllianzGI NFJ International Value A		\$ 15,895
American Funds (1)	American Funds US Government Sec R6		7,966
Blackrock (1)	BlackRock Emerging Mkts Inv A		4,341
Blackrock (1)	BlackRock LifePath 2045 A		56,901
Blackrock (1)	BlackRock LifePath 2055 A		58,192
Blackrock (1)	BlackRock LifePath Dynamic Retire Inv		40,740
Blackrock (1)	Blackrock Liquidity T-Fund Premier		232,315
Blackrock (1)	BlackRock Global Allocation Inv A		29,400
BNY Mellon Wealth Man: (1)	BNY Mellon Appreciation Y		196,955
Blackrock (1)	iShares S&P 500 Index Institutional		296,999
Cambiar Investors (1)	Cambiar Opportunity Portf Instl		109,117
(1)	Columbia Small Cap Growth A		66,588
Delaware Investments (1)	Delaware Emerging Markets A		83,135
Dreyfus (1)	Dreyfus Opportunistic Midcap Value A		49,524
Blackrock (1)	GM Blackrock Liquidity T-Fund Premier		235,383
Cambiar Investors (1)	GM Cambiar Opportunity Portf Instl		1,063,591 *
(1)	GM Columbia Small Cap Growth A		170,754
Delaware Investments (1)	GM Delaware Emerging Markets A		1,463,258 *
Dreyfus (1)	GM Dreyfus Opportunistic Midcap Value A		416,553
(1)	GM Guggenheim Total Return Bond Fund Instl		3,113,156 *
(1)	GM Lord Abbett Growth Leaders R6		811,458 *
(1)	Guggenheim Total Return Bond Fund Instl		114,917
(1)	Lord Abbett Growth Leaders R6		203,003
(1)	Loomis Sayles Core Plus Bond N		20,698
(1)	Mainstay CBRE Real Estate A		37,228
MFS Investment Managen (1)	MFS Total Return A		9,520
Morgan Stanley (1)	Morgan Stanley Institutional Gr Port I		33,240
Nuveen (1)	Nuveen Strategic Income A		23,177
Oppenheimer (1)	Oppenheimer International Growth A		25,539
Thornburg (1)	Thornburg International Value R4		2,092
(1)	VanEck CM Commodity Index I		992
(1)	GM ClearBridge Mid Cap IS		52,612
(1)	iShares S&P 500 Index Instl		376,463
(1)	ClearBridge Mid Cap IS		564,165 *
			9,985,867
Participant Loans (1)	Interest rates ranging from 4.25% to 9.50%		232,296
		<u>\$ -</u>	<u>\$ 10,218,163</u>

(1) Held by Ascensus in contract number 219718 and considered to be a party-in-interest.

(2) This column is blank as all investments are participant directed.

* Investment equal to or greater than 5% of net assets available for Plan benefits (fair value) at the end of the Plan year.

SALUSCARE 403(b) PLAN

EIN 59-1287693

PLAN NUMBER: 003

SCHEDULE 2

FORM 5500, SCHEDULE H, PART IV, LINE 4i - ASSETS HELD FOR INVESTMENT PURPOSES AT THE END OF PLAN YEAR (MODIFIED CASH BASIS)

December 31, 2023

<u>IDENTITY OF ISSUER</u>	<u>DESCRIPTION OF INVESTMENT</u>	<u>CURRENT YEAR COST (2)</u>	<u>CURRENT VALUE</u>
Mutual Funds:			
Allianz Global Investors (1)	AllianzGI NFJ International Value A		\$ 14,540
American Funds (1)	American Funds US Government Sec R6		6,859
Blackrock (1)	BlackRock Emerging Mkts Inv A		4,940
Blackrock (1)	BlackRock International Opp Inv A		2,579
Blackrock (1)	BlackRock LifePath 2025 A		37,792
Blackrock (1)	BlackRock LifePath 2035 A		180
Blackrock (1)	BlackRock LifePath 2045 A		53,425
Blackrock (1)	BlackRock LifePath 2055 A		45,220
Blackrock (1)	Blackrock Liquidity T-Fund Premier		289,495
Blackrock (1)	BlackRock Global Allocation Inv A		24,565
BNY Mellon Wealth Man (1)	BNY Mellon Appreciation Y		185,683
Blackrock (1)	iShares S&P 500 Index Institutional		214,598
Cambiar Investors (1)	Cambiar Opportunity Portf Instl		93,827
(1)	Columbia Small Cap Growth A		51,418
Delaware Investments (1)	Delaware Emerging Markets A		77,698
Dreyfus (1)	Dreyfus Opportunistic Midcap Value A		44,954
Blackrock (1)	GM Blackrock Liquidity T-Fund Premier		190,468
Cambiar Investors (1)	GM Cambiar Opportunity Portf Instl		981,794 *
(1)	GM Columbia Small Cap Growth A		165,335
Delaware Investments (1)	GM Delaware Emerging Markets A		1,349,546 *
Dreyfus (1)	GM Dreyfus Opportunistic Midcap Value A		390,453
(1)	GM Guggenheim Total Return Bond Fund Instl		2,607,363 *
(1)	GM Lord Abbett Growth Leaders R6		769,118 *
(1)	Guggenheim Total Return Bond Fund Inst		113,286
(1)	Lord Abbett Growth Leaders R6		171,364
(1)	Loomis Sayles Core Plus Bond N		20,091
(1)	Mainstay CBRE Real Estate A		44,083
MFS Investment Managen (1)	MFS Total Return A		9,031
Morgan Stanley (1)	Morgan Stanley Institutional Gr Port I		20,409
Nuveen (1)	Nuveen Strategic Income A		21,305
Oppenheimer (1)	Oppenheimer International Growth A		24,258
PIMCO (1)	PIMCO Real Return A		343
Thornburg (1)	Thornburg International Value R4		3,137
(1)	VanEck CM Commodity Index I		1,172
(1)	GM ClearBridge Mid Cap IS		48,059
(1)	iShares S&P 500 Index Instl		350,512
(1)	ClearBridge Mid Cap IS		522,524 *
			<u>8,951,424</u>
Participant Loans (1)	Interest rates ranging from 4.25% to 9.50%		241,151
		<u>\$ -</u>	<u>\$ 9,192,575</u>

(1) Held by Ascensus in contract number 219718 and considered to be a party-in-interest.

(2) This column is blank as all investments are participant directed.

* Investment equal to or greater than 5% of net assets available for Plan benefits (fair value) at the end of the Plan year.

SALUSCARE 403(b) PLAN

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PLAN NUMBER 003

SCHEDULE 3

FORM 5500, PART IV, SCHEDULE H, line (4)(j)-REPORTABLE TRANSACTIONS

For the year ended December 31, 2024

<u>IDENTITY</u>	<u>DESCRIPTION</u>	<u>NUMBER</u>	<u>NUMBER</u>	<u>TOTAL</u>	<u>TOTAL</u>	
<u>OF PARTY</u>	<u>OF ASSETS</u>	<u>OF</u>	<u>OF</u>	<u>DOLLAR</u>	<u>DOLLAR</u>	
<u>INVOLVED</u>		<u>PURCHASES</u>	<u>SALES</u>	<u>VALUE OF</u>	<u>VALUE OF</u>	<u>DATE</u>
				<u>PURCHASES</u>	<u>SALES</u>	

NONE NOTED

Reportable transaction is defined as an individual or series of transactions which exceed 5% or more of the Plan's assets at the beginning of the year.

SALUSCARE 403(b) PLAN

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EIN: 59-1287693

PLAN NUMBER 003

SCHEDULE 4

FORM 5500, PART IV, SCHEDULE H, line (4)(j)-REPORTABLE TRANSACTIONS

For the year ended December 31, 2023

<u>IDENTITY</u> <u>OF PARTY</u> <u>INVOLVED</u>	<u>DESCRIPTION</u> <u>OF ASSETS</u>	<u>NUMBER</u> <u>OF</u> <u>PURCHASES</u>	<u>NUMBER</u> <u>OF</u> <u>SALES</u>	<u>TOTAL</u> <u>DOLLAR</u> <u>VALUE OF</u> <u>PURCHASES</u>	<u>TOTAL</u> <u>DOLLAR</u> <u>VALUE OF</u> <u>SALES</u>	<u>DATE</u>
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NONE NOTED

Reportable transaction is defined as an individual or series of transactions which exceed 5% or more of the Plan's assets at the beginning of the year.