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| <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; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p> |
|---|---|---|

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>VNA & HOSPICE OF THE SOUTHWEST REGION 401(K) PLAN AND TRUST</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>001</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>VNA & HOSPICE OF THE SOUTHWEST REGION</u></p> <p><u>7 ALBERT CREE</u> <u>RUTLAND, VT 05701</u></p> | <p>1c Effective date of plan <u>01/01/1999</u></p> <p>2b Employer Identification Number (EIN) <u>03-0185024</u></p> <p>2c Plan Sponsor's telephone number <u>802-770-1510</u></p> <p>2d Business code (see instructions) <u>621610</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. | 10/08/2025 | JESSICA FREDETTE |
| | 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 checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| | | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 251 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 173 |
| | 6a(2) | 200 |
| | 6b | 0 |
| | 6c | 71 |
| | 6d | 271 |
| | 6e | 1 |
| | 6f | 272 |
| | 6g(1) | 206 |
| | 6g(2) | 223 |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

| | | |
|--|--|---|
| SCHEDULE 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. |
|--|--|---|

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

| | | |
|---|--|------------|
| A Name of plan VNA & HOSPICE OF THE SOUTHWEST REGION 401(K) PLAN AND TRUST | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 VNA & HOSPICE OF THE SOUTHWEST REGION | D Employer Identification Number (EIN) 03-0185024 | |

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

PEOPLE'S UNITED BANK

06-1213065

(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

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(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)

WILMINGTON TRUST

1100 N. MARKET STREET
WILMINGTON, DE 19890

| (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 50 | NONE | 31777 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

NEWPORT GROUP, INC.

27-2037969

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 37 99 15 64 50 | NONE | 9198 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

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

Part I Service Provider Information (continued)

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

| | | |
|--|---|--|
| (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 |
|---|--------------------------------------|--|
| | | |

| (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 |
|---|--------------------------------------|--|
| | | |

| (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 |
|---|--------------------------------------|--|
| | | |

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
|---|--|--|
| SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> | DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 <hr/> 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 <u>VNA & HOSPICE OF THE SOUTHWEST REGION 401(K) PLAN AND TRUST</u> | B Three-digit plan number (PN) | <u>001</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>VNA & HOSPICE OF THE SOUTHWEST REGION</u> | D Employer Identification Number (EIN) <u>03-0185024</u> | |

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

| | | |
|---|-------------------------------|---|
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FEDERATED HERMES CAPITAL PRES I</u> | | |
| b Name of sponsor of entity listed in (a): <u>FEDERATED HERMES</u> | | |
| c EIN-PN <u>22-2712853-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>267165</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

| | | |
|--|--|--|
| 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 |
|--|--|--|

| | |
|---|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan VNA & HOSPICE OF THE SOUTHWEST REGION 401(K) PLAN AND TRUST | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 VNA & HOSPICE OF THE SOUTHWEST REGION | D Employer Identification Number (EIN) 03-0185024 |

| | |
|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

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

| | (a) Beginning of Year | (b) End of Year |
|--|-----------------------|-----------------|
| Assets | | |
| a Total noninterest-bearing cash | 1a | |
| b Receivables (less allowance for doubtful accounts): | | |
| (1) Employer contributions | 1b(1) | |
| (2) Participant contributions | 1b(2) | |
| (3) Other | 1b(3) | |
| c General investments: | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 316 |
| (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) | 77821 |
| (9) Value of interest in common/collective trusts | 1c(9) | 263351 |
| (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) | 11289815 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 230108 |
| (15) Other | 1c(15) | 267165 |

| 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 | 11631303 | 15677838 |
| 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 | 11631303 | 15677838 |

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) | 355902 | |
| (B) Participants..... | 2a(1)(B) | 714361 | |
| (C) Others (including rollovers)..... | 2a(1)(C) | 3154401 | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)..... | 2a(3) | | 4224664 |
| 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) | 0 | |
| (E) Participant loans..... | 2b(1)(E) | 15077 | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F)..... | 2b(1)(G) | | 15077 |
| (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) | 359673 | |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C)..... | 2b(2)(D) | | 359673 |
| (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) | | 7963 |
| (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) | | 1284280 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 5891657 |

Expenses

| | | | |
|---|---------------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1873026 | |
| (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) | | 1873026 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 9198 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 31777 | |
| (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) | | 40975 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 1914001 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 3977656 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 68879 |
| (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: **MCSOLEY MCCOY & CO.**

(2) EIN: **03-0327374**

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:

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

| | Yes | No | Amount |
|-----------|-----|----|--------|
| 4a | X | | 88241 |
| 4b | | X | |
| 4c | | X | |
| 4d | | X | |
| 4e | X | | 500000 |
| 4f | | X | |
| 4g | | X | |
| 4h | | X | |
| 4i | X | | |
| 4j | | X | |
| 4k | | X | |
| 4l | | X | |
| 4m | | X | |
| 4n | | | |

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>VNA & HOSPICE OF THE SOUTHWEST REGION 401(K) PLAN AND TRUST</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>VNA & HOSPICE OF THE SOUTHWEST REGION</u> | D Employer Identification Number (EIN) <u>03-0185024</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): 45-0404698

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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702826A.

VNA & Hospice of the Southwest Region 401(k) Plan and Trust

Financial Statements and Supplemental Schedules
(With Independent Auditors' Report)

December 31, 2024 and 2023

VNA & Hospice of the Southwest Region 401(k) Plan and Trust
December 31, 2024 and 2023

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
VNA & Hospice of the Southwest Region 401(k) Plan and Trust
Rutland, Vermont

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

We have performed audits of the accompanying financial statements of VNA & Hospice of the Southwest Region 401(k) Plan and Trust (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) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for plan benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for plan 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 the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, 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 Auditors' 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. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of VNA & Hospice of the Southwest Region 401(k) Plan and Trust and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. 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 these 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 VNA & Hospice of the Southwest Region 401(k) Plan and Trust's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' 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 auditors' 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 VNA & Hospice of the Southwest Region 401(k) Plan and 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 VNA & Hospice of the Southwest Region 401(k) Plan and 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.

Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the 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 supplemental 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 supplemental schedules, we evaluated whether the supplemental 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 supplemental schedules, other than the information in the supplemental 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 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).

A handwritten signature in blue ink that reads "McSoley McCoy & Co." in a cursive script.

South Burlington, Vermont
August 29, 2025
VT Reg. No. 92-349

VNA & Hospice of the Southwest Region 401(k) Plan and Trust
 Statements of Net Assets Available for Plan Benefits
 December 31, 2024 and 2023

| | 2024 | 2023 |
|--|---------------|---------------|
| Assets: | | |
| Investments at fair value | \$ 15,447,414 | \$ 11,553,166 |
| Cash | 316 | 316 |
| Notes receivable | 230,108 | 77,821 |
| Net assets available for plan benefits | \$ 15,677,838 | \$ 11,631,303 |

See accompanying notes to the financial statements.

VNA & Hospice of the Southwest Region 401(k) Plan and Trust
Statements of Changes in Net Assets Available for Plan Benefits
For the Years Ended December 31, 2024 and 2023

| | 2024 | 2023 |
|---|---------------|---------------|
| Additions to net assets attributed to: | | |
| Investment income | | |
| Net appreciation of investments | \$ 1,284,277 | \$ 1,480,469 |
| Interest and dividends | 382,411 | 268,547 |
| Total investment income | 1,666,688 | 1,749,016 |
| Contributions: | | |
| Employee | 714,699 | 515,055 |
| Employer | 355,902 | 261,230 |
| Rollover | 3,223,583 | 31,467 |
| Total contributions | 4,294,184 | 807,752 |
| Total additions | 5,960,872 | 2,556,768 |
| Deductions from net assets attributed to: | | |
| Benefits paid | 1,884,390 | 1,171,203 |
| Administrative expenses | 29,947 | 14,798 |
| Total deductions | 1,914,337 | 1,186,001 |
| Net increase | 4,046,535 | 1,370,767 |
| Net assets available for plan benefits: | | |
| Beginning of the year | 11,631,303 | 10,260,536 |
| End of the year | \$ 15,677,838 | \$ 11,631,303 |

See accompanying notes to the financial statements.

VNA & Hospice of the Southwest Region 401(k) Plan and Trust

Notes to Financial Statements

December 31, 2024 and 2023

(1) DESCRIPTION OF THE PLAN

- (a) General – The following description of VNA & Hospice of the Southwest Region 401(k) Plan and Trust (the “Plan”) provides only general information. Participants should refer to the Adoption Agreement for a more complete description of the Plan’s provisions. The Plan is a 401(k) cash or deferred profit-sharing plan covering all employees of VNA & Hospice of the Southwest Region, Inc. (the “Association”), who have one year of eligible service and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective December 15, 2023, the Plan was amended to credit service for employees who previously worked at Franklin County Home Health Agency, Inc (FCHHA) as service under this Plan for those employed between December 3, 2023 through March 31, 2024 as a result of an asset acquisition.

- (b) Contributions – Participants may elect to defer up to the maximum amount allowed by law including any applicable catch up contributions. The employer will make a safe harbor match of 100% of the participants' elected deferrals up to 4% eligible of compensation for each payroll period during which an effective salary reduction agreement is on file with the employer.

For any Plan year, the employer may make a discretionary profit-sharing contribution. Allocation of the contribution will be made as a designated percentage of eligible compensation. Eligible participants must be actively employed on the last day of the Plan year to receive an allocation. Discretionary profit-sharing contributions were not made for the plan years ended December 31, 2024 and 2023

- (c) Participant Accounts – Each participant's account is credited with the participant's contributions and an allocation of the Association's contribution and Plan earnings. Allocations of earnings are based on participant earnings or account balances. The benefit to which a participant is entitled is the vested portion of the participant's account.
- (d) Vesting – A participant's vested interest in their account derived from discretionary employer profit-sharing contributions and the related investment earnings thereon shall be based on the following vesting schedule:

20% after one year of service
40% after two years of service
60% after three years of service
80% after four years of service
100% after five years of service

Employee-elected deferrals and employer safe-harbor matching contributions are always 100% vested.

Forfeitures of non-vested portions of employer contribution funds of terminated employees may be used to pay administrative expenses or be allocated to all participants eligible to share in the allocations of profit-sharing contributions.

VNA & Hospice of the Southwest Region 401(k) Plan and Trust

Notes to Financial Statements

December 31, 2024 and 2023

DESCRIPTION OF THE PLAN (continued)

- (e) Participant Loans – Participants may borrow from their fund accounts a minimum of \$1,000, up to a maximum of \$50,000, or 50% of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at the Wall Street prime rate plus 1% (as determined on the loan date). Principal and interest are paid ratably through payroll deductions.
- (f) Payment of Benefits – At retirement, the total value of a participant's individual account, including interest and investment earnings, will be a lump sum available for a distribution.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

- (a) Basis of Accounting – The financial statements of the Plan are prepared on the accrual basis of accounting.
- (b) Benefit Payments – Benefits will be recorded when paid.
- (c) Investment Valuation and Income Recognition – The Plan's investments are stated at 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.

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

- (d) Estimates – The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.
- (e) Notes Receivable from Participants – Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan Document.
- (f) Risks and Uncertainties – The Plan assets are held in 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 reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of net assets available for plan benefits.
- (g) Subsequent Events – The Plan has evaluated subsequent events through August 29, 2025, the date the financial statements were available to be issued.

VNA & Hospice of the Southwest Region 401(k) Plan and Trust

Notes to Financial Statements

December 31, 2024 and 2023

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

- (h) Administrative Expenses - The Plan pays certain record keeping and custodian fees. All other administrative costs of the Plan are paid by the Association.

(3) PLAN AMENDMENT AND TERMINATION

Although it has not expressed intent to do so, the Association has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates, all participants' accounts are fully vested.

In addition, the Association may amend the Plan at any time without the consent of any participant or beneficiary, provided that no amendment deprives any participant of their non-forfeitable accrued benefit.

(4) TAX STATUS

The Plan is based on a prototype plan that received a favorable determination letter from the IRS dated June 30, 2020, indicating that the prototype plan, as designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC), and was, therefore, exempt from federal income taxes. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and currently being operated in compliance with applicable requirements of the IRC. 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 the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain 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; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2021.

(5) FORFEITED ACCOUNTS

At December 31, 2024 and 2023, forfeited non-vested accounts totaled \$2,407 and \$2,336, respectively. These accounts will be either used to pay expenses or allocated to participants that are eligible to share in the allocations of profit-sharing contributions. No forfeitures were used in 2024 and 2023.

VNA & Hospice of the Southwest Region 401(k) Plan and Trust

Notes to Financial Statements

December 31, 2024 and 2023

(6) INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Ascensus, LLC, the trustee, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for plan benefits as of December 31, 2024 and 2023, the schedule of assets held for investment purposes as of December 31, 2024, and the related investment activity reflected in the statements of changes in net assets available for plan benefits for the years ended December 31, 2024 and 2023.

(7) FAIR VALUE MEASUREMENTS

Generally accepted accounting principles in the United States of America establish a framework for measuring fair value. That framework provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

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

VNA & Hospice of the Southwest Region 401(k) Plan and Trust

Notes to Financial Statements

December 31, 2024 and 2023

FAIR VALUE MEASUREMENTS (continued)

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.

Collective trust funds: Valued at net asset value (NAV) of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liability. The practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

The preceding methods described may produce a fair value calculation 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.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

| | <u>Assets at Fair Value as of December 31, 2024</u> | | | |
|--------------------------------|---|------------------|------------------|----------------------|
| | <u>(Level 1)</u> | <u>(Level 2)</u> | <u>(Level 3)</u> | <u>Total</u> |
| Mutual funds | \$ 15,180,249 | \$ - | \$ - | \$ 15,180,249 |
| Investments measured at NAV | <u>-</u> | <u>-</u> | <u>-</u> | <u>267,165</u> |
| Total | <u>\$ 15,180,249</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 15,447,414</u> |

| | <u>Assets at Fair Value as of December 31, 2023</u> | | | |
|--------------------------------|---|------------------|------------------|----------------------|
| | <u>(Level 1)</u> | <u>(Level 2)</u> | <u>(Level 3)</u> | <u>Total</u> |
| Mutual funds | \$ 11,289,815 | \$ - | \$ - | \$ 11,289,815 |
| Investments measured at NAV | <u>-</u> | <u>-</u> | <u>-</u> | <u>263,351</u> |
| Total | <u>\$ 11,289,815</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 11,553,166</u> |

(8) WITHDRAWING PARTICIPANTS

There were no participant distributions requested in 2024, but not paid until 2025.

(9) PARTIES-IN-INTEREST TRANSACTIONS

The Plan has a number of service providers. Such parties are considered parties-in-interest under ERISA.

VNA & Hospice of the Southwest Region 401(k) Plan and Trust
 Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
 For the Year Ended December 31, 2024

Plan Sponsor: VNA & Hospice of the Southwest Region

Administrator's EIN: 03-0185024

Plan number: 001

| Pay Period End Date | Participant Contributions Transferred Late to Plan | Check here if Late Participant Loan Repayments are Included: <input type="checkbox"/> | Total that Constitutes Non-exempt Prohibited Transactions | | | Total Fully Corrected Under VFCP & PTE 2002-51 |
|---------------------|--|---|---|---|--|--|
| | | | Contributions Not Corrected | Contributions Corrected Outside of VFCP | Contributions Pending Correction in VFCP | |
| January 20, 2023 | \$ 23,354 | | \$ 23,354 | \$ - | \$ - | \$ - |
| June 9, 2023 | 21,894 | | 21,894 | - | - | - |
| June 23, 2023 | 21,733 | | 21,733 | - | - | - |
| September 29, 2023 | 21,260 | | 21,260 | - | - | - |

VNA & Hospice of the Southwest Region 401(k) Plan and Trust
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

Plan Sponsor: VNA & Hospice of the Southwest Region

Administrator's EIN: 03-0185024

Plan number: 001

| (a) | (b) | (c) | (d) | (e) |
|-------|--|---|--------------------|----------------------|
| | Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost | Current Value |
| | American Beacon International Equity R5 | Mutual Fund | 1,143.650 shares | \$ 17,086 |
| | American Funds Euro Pacific Growth CI R6 | Mutual Fund | 117.646 shares | 9,543 |
| | American Funds New World R6 | Mutual Fund | 1,508.636 shares | 116,120 |
| | Blackrock High Yield Portfolio K | Mutual Fund | 27.946 shares | 198 |
| | Blackrock Mid-Cap Growth Equity K | Mutual Fund | 517.057 shares | 22,533 |
| | Federated Hermes Capital Preservation | Common Collective Trust | 26,716.529 units | 267,165 |
| | Fidelity 500 Index | Mutual Fund | 2,345.450 shares | 478,917 |
| | Fidelity Extended Market Index | Mutual Fund | 1,461.333 shares | 132,806 |
| | Fidelity Inflation Protected Bond Index | Mutual Fund | 8,446.307 shares | 75,088 |
| | Fidelity Total International Index | Mutual Fund | 56.244 shares | 755 |
| | Fidelity U.S. Bond Index Fund | Mutual Fund | 56.527 shares | 578 |
| | JPMorgan Small Cap Value - R6 | Mutual Fund | 1,324.154 shares | 36,520 |
| | JPMorgan Large Cap Value - R6 | Mutual Fund | 2,688.044 shares | 225,097 |
| | MFS Mid Cap Value - R6 | Mutual Fund | 535.153 shares | 17,013 |
| | MFS Value - R6 | Mutual Fund | 1,157.806 shares | 56,015 |
| | PGIM Total Return Bond - R6 | Mutual Fund | 9,734.257 shares | 115,254 |
| | T. Rowe Price Capital Appreciation FD I | Mutual Fund | 126,986.751 shares | 4,395,011 |
| | Vanguard Explorer Adm | Mutual Fund | 354.609 shares | 37,890 |
| | Vanguard Target Retirement 2020 - INV | Mutual Fund | 33,640.192 shares | 890,792 |
| | Vanguard Target Retirement 2025 - INV | Mutual Fund | 51,365.657 shares | 960,024 |
| | Vanguard Target Retirement 2030 - INV | Mutual Fund | 101,427.910 shares | 3,842,089 |
| | Vanguard Target Retirement 2035 - INV | Mutual Fund | 20,387.099 shares | 488,883 |
| | Vanguard Target Retirement 2040 - INV | Mutual Fund | 43,645.434 shares | 1,886,356 |
| | Vanguard Target Retirement 2045 - INV | Mutual Fund | 6,727.864 shares | 199,616 |
| | Vanguard Target Retirement 2050 - INV | Mutual Fund | 13,562.033 shares | 675,932 |
| | Vanguard Target Retirement 2055 - INV | Mutual Fund | 3,925.621 shares | 218,304 |
| | Vanguard Target Retirement 2060 - INV | Mutual Fund | 2,620.611 shares | 134,306 |
| | Vanguard Target Retirement 2065 - INV | Mutual Fund | 183.265 shares | 6,161 |
| | Vanguard Target Retirement Income - INV | Mutual Fund | 10,790.972 shares | 141,362 |
| * | Participant loans | | 4.25-9.50% | - |
| | | | | <u>\$ 15,677,522</u> |

* Denotes party-in-interest

VNA & Hospice of the Southwest Region 401(k) Plan and Trust

Financial Statements and Supplemental Schedules
(With Independent Auditors' Report)

December 31, 2024 and 2023

VNA & Hospice of the Southwest Region 401(k) Plan and Trust
December 31, 2024 and 2023

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| Statements of Changes in Net Assets Available for Plan Benefits | 6 |
| Notes to Financial Statements | 7-11 |
| Supplemental Schedules: | |
| Schedule H, Line 4a – Schedule of Delinquent Participant Contributions | |
| Schedule H, Line 4i – Schedule of Assets (Held at End of Year) | |

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
VNA & Hospice of the Southwest Region 401(k) Plan and Trust
Rutland, Vermont

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

We have performed audits of the accompanying financial statements of VNA & Hospice of the Southwest Region 401(k) Plan and Trust (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) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for plan benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for plan 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 the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, 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 Auditors' 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. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of VNA & Hospice of the Southwest Region 401(k) Plan and Trust and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. 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 these 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 VNA & Hospice of the Southwest Region 401(k) Plan and Trust's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' 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 auditors' 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 VNA & Hospice of the Southwest Region 401(k) Plan and 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 VNA & Hospice of the Southwest Region 401(k) Plan and 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.

Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the 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 supplemental 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 supplemental schedules, we evaluated whether the supplemental 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 supplemental schedules, other than the information in the supplemental 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 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).

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South Burlington, Vermont
August 29, 2025
VT Reg. No. 92-349

VNA & Hospice of the Southwest Region 401(k) Plan and Trust
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| Administrative expenses | 29,947 | 14,798 |
| Total deductions | 1,914,337 | 1,186,001 |
| Net increase | 4,046,535 | 1,370,767 |
| Net assets available for plan benefits: | | |
| Beginning of the year | 11,631,303 | 10,260,536 |
| End of the year | \$ 15,677,838 | \$ 11,631,303 |

See accompanying notes to the financial statements.

VNA & Hospice of the Southwest Region 401(k) Plan and Trust

Notes to Financial Statements

December 31, 2024 and 2023

(1) DESCRIPTION OF THE PLAN

- (a) General – The following description of VNA & Hospice of the Southwest Region 401(k) Plan and Trust (the “Plan”) provides only general information. Participants should refer to the Adoption Agreement for a more complete description of the Plan’s provisions. The Plan is a 401(k) cash or deferred profit-sharing plan covering all employees of VNA & Hospice of the Southwest Region, Inc. (the “Association”), who have one year of eligible service and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective December 15, 2023, the Plan was amended to credit service for employees who previously worked at Franklin County Home Health Agency, Inc (FCHHA) as service under this Plan for those employed between December 3, 2023 through March 31, 2024 as a result of an asset acquisition.

- (b) Contributions – Participants may elect to defer up to the maximum amount allowed by law including any applicable catch up contributions. The employer will make a safe harbor match of 100% of the participants' elected deferrals up to 4% eligible of compensation for each payroll period during which an effective salary reduction agreement is on file with the employer.

For any Plan year, the employer may make a discretionary profit-sharing contribution. Allocation of the contribution will be made as a designated percentage of eligible compensation. Eligible participants must be actively employed on the last day of the Plan year to receive an allocation. Discretionary profit-sharing contributions were not made for the plan years ended December 31, 2024 and 2023

- (c) Participant Accounts – Each participant's account is credited with the participant's contributions and an allocation of the Association's contribution and Plan earnings. Allocations of earnings are based on participant earnings or account balances. The benefit to which a participant is entitled is the vested portion of the participant's account.
- (d) Vesting – A participant's vested interest in their account derived from discretionary employer profit-sharing contributions and the related investment earnings thereon shall be based on the following vesting schedule:

20% after one year of service
40% after two years of service
60% after three years of service
80% after four years of service
100% after five years of service

Employee-elected deferrals and employer safe-harbor matching contributions are always 100% vested.

Forfeitures of non-vested portions of employer contribution funds of terminated employees may be used to pay administrative expenses or be allocated to all participants eligible to share in the allocations of profit-sharing contributions.

VNA & Hospice of the Southwest Region 401(k) Plan and Trust

Notes to Financial Statements

December 31, 2024 and 2023

DESCRIPTION OF THE PLAN (continued)

- (e) Participant Loans – Participants may borrow from their fund accounts a minimum of \$1,000, up to a maximum of \$50,000, or 50% of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at the Wall Street prime rate plus 1% (as determined on the loan date). Principal and interest are paid ratably through payroll deductions.
- (f) Payment of Benefits – At retirement, the total value of a participant's individual account, including interest and investment earnings, will be a lump sum available for a distribution.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

- (a) Basis of Accounting – The financial statements of the Plan are prepared on the accrual basis of accounting.
- (b) Benefit Payments – Benefits will be recorded when paid.
- (c) Investment Valuation and Income Recognition – The Plan's investments are stated at 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.

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

- (d) Estimates – The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.
- (e) Notes Receivable from Participants – Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan Document.
- (f) Risks and Uncertainties – The Plan assets are held in 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 reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of net assets available for plan benefits.
- (g) Subsequent Events – The Plan has evaluated subsequent events through August 29, 2025, the date the financial statements were available to be issued.

VNA & Hospice of the Southwest Region 401(k) Plan and Trust

Notes to Financial Statements

December 31, 2024 and 2023

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

- (h) Administrative Expenses - The Plan pays certain record keeping and custodian fees. All other administrative costs of the Plan are paid by the Association.

(3) PLAN AMENDMENT AND TERMINATION

Although it has not expressed intent to do so, the Association has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates, all participants' accounts are fully vested.

In addition, the Association may amend the Plan at any time without the consent of any participant or beneficiary, provided that no amendment deprives any participant of their non-forfeitable accrued benefit.

(4) TAX STATUS

The Plan is based on a prototype plan that received a favorable determination letter from the IRS dated June 30, 2020, indicating that the prototype plan, as designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC), and was, therefore, exempt from federal income taxes. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and currently being operated in compliance with applicable requirements of the IRC. 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 the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain 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; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2021.

(5) FORFEITED ACCOUNTS

At December 31, 2024 and 2023, forfeited non-vested accounts totaled \$2,407 and \$2,336, respectively. These accounts will be either used to pay expenses or allocated to participants that are eligible to share in the allocations of profit-sharing contributions. No forfeitures were used in 2024 and 2023.

VNA & Hospice of the Southwest Region 401(k) Plan and Trust

Notes to Financial Statements

December 31, 2024 and 2023

(6) INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Ascensus, LLC, the trustee, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for plan benefits as of December 31, 2024 and 2023, the schedule of assets held for investment purposes as of December 31, 2024, and the related investment activity reflected in the statements of changes in net assets available for plan benefits for the years ended December 31, 2024 and 2023.

(7) FAIR VALUE MEASUREMENTS

Generally accepted accounting principles in the United States of America establish a framework for measuring fair value. That framework provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

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

VNA & Hospice of the Southwest Region 401(k) Plan and Trust

Notes to Financial Statements

December 31, 2024 and 2023

FAIR VALUE MEASUREMENTS (continued)

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.

Collective trust funds: Valued at net asset value (NAV) of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liability. The practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

The preceding methods described may produce a fair value calculation 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.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

| | <u>Assets at Fair Value as of December 31, 2024</u> | | | |
|--------------------------------|---|------------------|------------------|----------------------|
| | <u>(Level 1)</u> | <u>(Level 2)</u> | <u>(Level 3)</u> | <u>Total</u> |
| Mutual funds | \$ 15,180,249 | \$ - | \$ - | \$ 15,180,249 |
| Investments measured at NAV | <u>-</u> | <u>-</u> | <u>-</u> | <u>267,165</u> |
| Total | <u>\$ 15,180,249</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 15,447,414</u> |

| | <u>Assets at Fair Value as of December 31, 2023</u> | | | |
|--------------------------------|---|------------------|------------------|----------------------|
| | <u>(Level 1)</u> | <u>(Level 2)</u> | <u>(Level 3)</u> | <u>Total</u> |
| Mutual funds | \$ 11,289,815 | \$ - | \$ - | \$ 11,289,815 |
| Investments measured at NAV | <u>-</u> | <u>-</u> | <u>-</u> | <u>263,351</u> |
| Total | <u>\$ 11,289,815</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 11,553,166</u> |

(8) WITHDRAWING PARTICIPANTS

There were no participant distributions requested in 2024, but not paid until 2025.

(9) PARTIES-IN-INTEREST TRANSACTIONS

The Plan has a number of service providers. Such parties are considered parties-in-interest under ERISA.

VNA & Hospice of the Southwest Region 401(k) Plan and Trust
 Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
 For the Year Ended December 31, 2024

Plan Sponsor: VNA & Hospice of the Southwest Region

Administrator's EIN: 03-0185024

Plan number: 001

| Pay Period End Date | Participant Contributions Transferred Late to Plan | Check here if Late Participant Loan Repayments are Included: <input type="checkbox"/> | Total that Constitutes Non-exempt Prohibited Transactions | | | Total Fully Corrected Under VFCP & PTE 2002-51 |
|---------------------|--|---|---|---|--|--|
| | | | Contributions Not Corrected | Contributions Corrected Outside of VFCP | Contributions Pending Correction in VFCP | |
| January 20, 2023 | \$ 23,354 | | \$ 23,354 | \$ - | \$ - | \$ - |
| June 9, 2023 | 21,894 | | 21,894 | - | - | - |
| June 23, 2023 | 21,733 | | 21,733 | - | - | - |
| September 29, 2023 | 21,260 | | 21,260 | - | - | - |

VNA & Hospice of the Southwest Region 401(k) Plan and Trust
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

Plan Sponsor: VNA & Hospice of the Southwest Region

Administrator's EIN: 03-0185024

Plan number: 001

| (a) | (b) | (c) | (d) | (e) |
|-------|--|---|--------------------|----------------------|
| | Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost | Current Value |
| | American Beacon International Equity R5 | Mutual Fund | 1,143.650 shares | \$ 17,086 |
| | American Funds Euro Pacific Growth CI R6 | Mutual Fund | 117.646 shares | 9,543 |
| | American Funds New World R6 | Mutual Fund | 1,508.636 shares | 116,120 |
| | Blackrock High Yield Portfolio K | Mutual Fund | 27.946 shares | 198 |
| | Blackrock Mid-Cap Growth Equity K | Mutual Fund | 517.057 shares | 22,533 |
| | Federated Hermes Capital Preservation | Common Collective Trust | 26,716.529 units | 267,165 |
| | Fidelity 500 Index | Mutual Fund | 2,345.450 shares | 478,917 |
| | Fidelity Extended Market Index | Mutual Fund | 1,461.333 shares | 132,806 |
| | Fidelity Inflation Protected Bond Index | Mutual Fund | 8,446.307 shares | 75,088 |
| | Fidelity Total International Index | Mutual Fund | 56.244 shares | 755 |
| | Fidelity U.S. Bond Index Fund | Mutual Fund | 56.527 shares | 578 |
| | JPMorgan Small Cap Value - R6 | Mutual Fund | 1,324.154 shares | 36,520 |
| | JPMorgan Large Cap Value - R6 | Mutual Fund | 2,688.044 shares | 225,097 |
| | MFS Mid Cap Value - R6 | Mutual Fund | 535.153 shares | 17,013 |
| | MFS Value - R6 | Mutual Fund | 1,157.806 shares | 56,015 |
| | PGIM Total Return Bond - R6 | Mutual Fund | 9,734.257 shares | 115,254 |
| | T. Rowe Price Capital Appreciation FD I | Mutual Fund | 126,986.751 shares | 4,395,011 |
| | Vanguard Explorer Adm | Mutual Fund | 354.609 shares | 37,890 |
| | Vanguard Target Retirement 2020 - INV | Mutual Fund | 33,640.192 shares | 890,792 |
| | Vanguard Target Retirement 2025 - INV | Mutual Fund | 51,365.657 shares | 960,024 |
| | Vanguard Target Retirement 2030 - INV | Mutual Fund | 101,427.910 shares | 3,842,089 |
| | Vanguard Target Retirement 2035 - INV | Mutual Fund | 20,387.099 shares | 488,883 |
| | Vanguard Target Retirement 2040 - INV | Mutual Fund | 43,645.434 shares | 1,886,356 |
| | Vanguard Target Retirement 2045 - INV | Mutual Fund | 6,727.864 shares | 199,616 |
| | Vanguard Target Retirement 2050 - INV | Mutual Fund | 13,562.033 shares | 675,932 |
| | Vanguard Target Retirement 2055 - INV | Mutual Fund | 3,925.621 shares | 218,304 |
| | Vanguard Target Retirement 2060 - INV | Mutual Fund | 2,620.611 shares | 134,306 |
| | Vanguard Target Retirement 2065 - INV | Mutual Fund | 183.265 shares | 6,161 |
| | Vanguard Target Retirement Income - INV | Mutual Fund | 10,790.972 shares | 141,362 |
| * | Participant loans | | 4.25-9.50% | - |
| | | | | <u>\$ 15,677,522</u> |

* Denotes party-in-interest

VNA & Hospice of the Southwest Region 401(k) Plan and Trust

Financial Statements and Supplemental Schedules
(With Independent Auditors' Report)

December 31, 2024 and 2023

VNA & Hospice of the Southwest Region 401(k) Plan and Trust
December 31, 2024 and 2023

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| Schedule H, Line 4a – Schedule of Delinquent Participant Contributions | |
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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
VNA & Hospice of the Southwest Region 401(k) Plan and Trust
Rutland, Vermont

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

We have performed audits of the accompanying financial statements of VNA & Hospice of the Southwest Region 401(k) Plan and Trust (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) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for plan benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for plan 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 the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, 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 Auditors' 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. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of VNA & Hospice of the Southwest Region 401(k) Plan and Trust and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. 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 these 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 VNA & Hospice of the Southwest Region 401(k) Plan and Trust's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' 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 auditors' 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 VNA & Hospice of the Southwest Region 401(k) Plan and 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 VNA & Hospice of the Southwest Region 401(k) Plan and 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.

Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the 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 supplemental 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 supplemental schedules, we evaluated whether the supplemental 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 supplemental schedules, other than the information in the supplemental 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 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).

McSoley McCoy & Co.

South Burlington, Vermont
August 29, 2025
VT Reg. No. 92-349

VNA & Hospice of the Southwest Region 401(k) Plan and Trust
 Statements of Net Assets Available for Plan Benefits
 December 31, 2024 and 2023

| | 2024 | 2023 |
|--|---------------|---------------|
| Assets: | | |
| Investments at fair value | \$ 15,447,414 | \$ 11,553,166 |
| Cash | 316 | 316 |
| Notes receivable | 230,108 | 77,821 |
| Net assets available for plan benefits | \$ 15,677,838 | \$ 11,631,303 |

See accompanying notes to the financial statements.

VNA & Hospice of the Southwest Region 401(k) Plan and Trust
Statements of Changes in Net Assets Available for Plan Benefits
For the Years Ended December 31, 2024 and 2023

| | 2024 | 2023 |
|---|---------------|---------------|
| Additions to net assets attributed to: | | |
| Investment income | | |
| Net appreciation of investments | \$ 1,284,277 | \$ 1,480,469 |
| Interest and dividends | 382,411 | 268,547 |
| Total investment income | 1,666,688 | 1,749,016 |
| Contributions: | | |
| Employee | 714,699 | 515,055 |
| Employer | 355,902 | 261,230 |
| Rollover | 3,223,583 | 31,467 |
| Total contributions | 4,294,184 | 807,752 |
| Total additions | 5,960,872 | 2,556,768 |
| Deductions from net assets attributed to: | | |
| Benefits paid | 1,884,390 | 1,171,203 |
| Administrative expenses | 29,947 | 14,798 |
| Total deductions | 1,914,337 | 1,186,001 |
| Net increase | 4,046,535 | 1,370,767 |
| Net assets available for plan benefits: | | |
| Beginning of the year | 11,631,303 | 10,260,536 |
| End of the year | \$ 15,677,838 | \$ 11,631,303 |

See accompanying notes to the financial statements.

VNA & Hospice of the Southwest Region 401(k) Plan and Trust

Notes to Financial Statements

December 31, 2024 and 2023

(1) DESCRIPTION OF THE PLAN

- (a) General – The following description of VNA & Hospice of the Southwest Region 401(k) Plan and Trust (the “Plan”) provides only general information. Participants should refer to the Adoption Agreement for a more complete description of the Plan’s provisions. The Plan is a 401(k) cash or deferred profit-sharing plan covering all employees of VNA & Hospice of the Southwest Region, Inc. (the “Association”), who have one year of eligible service and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective December 15, 2023, the Plan was amended to credit service for employees who previously worked at Franklin County Home Health Agency, Inc (FCHHA) as service under this Plan for those employed between December 3, 2023 through March 31, 2024 as a result of an asset acquisition.

- (b) Contributions – Participants may elect to defer up to the maximum amount allowed by law including any applicable catch up contributions. The employer will make a safe harbor match of 100% of the participants' elected deferrals up to 4% eligible of compensation for each payroll period during which an effective salary reduction agreement is on file with the employer.

For any Plan year, the employer may make a discretionary profit-sharing contribution. Allocation of the contribution will be made as a designated percentage of eligible compensation. Eligible participants must be actively employed on the last day of the Plan year to receive an allocation. Discretionary profit-sharing contributions were not made for the plan years ended December 31, 2024 and 2023

- (c) Participant Accounts – Each participant's account is credited with the participant's contributions and an allocation of the Association's contribution and Plan earnings. Allocations of earnings are based on participant earnings or account balances. The benefit to which a participant is entitled is the vested portion of the participant's account.
- (d) Vesting – A participant's vested interest in their account derived from discretionary employer profit-sharing contributions and the related investment earnings thereon shall be based on the following vesting schedule:

20% after one year of service
40% after two years of service
60% after three years of service
80% after four years of service
100% after five years of service

Employee-elected deferrals and employer safe-harbor matching contributions are always 100% vested.

Forfeitures of non-vested portions of employer contribution funds of terminated employees may be used to pay administrative expenses or be allocated to all participants eligible to share in the allocations of profit-sharing contributions.

VNA & Hospice of the Southwest Region 401(k) Plan and Trust

Notes to Financial Statements

December 31, 2024 and 2023

DESCRIPTION OF THE PLAN (continued)

- (e) Participant Loans – Participants may borrow from their fund accounts a minimum of \$1,000, up to a maximum of \$50,000, or 50% of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at the Wall Street prime rate plus 1% (as determined on the loan date). Principal and interest are paid ratably through payroll deductions.
- (f) Payment of Benefits – At retirement, the total value of a participant's individual account, including interest and investment earnings, will be a lump sum available for a distribution.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

- (a) Basis of Accounting – The financial statements of the Plan are prepared on the accrual basis of accounting.
- (b) Benefit Payments – Benefits will be recorded when paid.
- (c) Investment Valuation and Income Recognition – The Plan's investments are stated at 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.

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

- (d) Estimates – The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.
- (e) Notes Receivable from Participants – Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan Document.
- (f) Risks and Uncertainties – The Plan assets are held in 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 reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of net assets available for plan benefits.
- (g) Subsequent Events – The Plan has evaluated subsequent events through August 29, 2025, the date the financial statements were available to be issued.

VNA & Hospice of the Southwest Region 401(k) Plan and Trust

Notes to Financial Statements

December 31, 2024 and 2023

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

- (h) Administrative Expenses - The Plan pays certain record keeping and custodian fees. All other administrative costs of the Plan are paid by the Association.

(3) PLAN AMENDMENT AND TERMINATION

Although it has not expressed intent to do so, the Association has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates, all participants' accounts are fully vested.

In addition, the Association may amend the Plan at any time without the consent of any participant or beneficiary, provided that no amendment deprives any participant of their non-forfeitable accrued benefit.

(4) TAX STATUS

The Plan is based on a prototype plan that received a favorable determination letter from the IRS dated June 30, 2020, indicating that the prototype plan, as designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC), and was, therefore, exempt from federal income taxes. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and currently being operated in compliance with applicable requirements of the IRC. 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 the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain 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; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2021.

(5) FORFEITED ACCOUNTS

At December 31, 2024 and 2023, forfeited non-vested accounts totaled \$2,407 and \$2,336, respectively. These accounts will be either used to pay expenses or allocated to participants that are eligible to share in the allocations of profit-sharing contributions. No forfeitures were used in 2024 and 2023.

VNA & Hospice of the Southwest Region 401(k) Plan and Trust

Notes to Financial Statements

December 31, 2024 and 2023

(6) INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Ascensus, LLC, the trustee, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for plan benefits as of December 31, 2024 and 2023, the schedule of assets held for investment purposes as of December 31, 2024, and the related investment activity reflected in the statements of changes in net assets available for plan benefits for the years ended December 31, 2024 and 2023.

(7) FAIR VALUE MEASUREMENTS

Generally accepted accounting principles in the United States of America establish a framework for measuring fair value. That framework provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

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

VNA & Hospice of the Southwest Region 401(k) Plan and Trust

Notes to Financial Statements

December 31, 2024 and 2023

FAIR VALUE MEASUREMENTS (continued)

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.

Collective trust funds: Valued at net asset value (NAV) of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liability. The practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

The preceding methods described may produce a fair value calculation 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.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

| | <u>Assets at Fair Value as of December 31, 2024</u> | | | |
|--------------------------------|---|------------------|------------------|----------------------|
| | <u>(Level 1)</u> | <u>(Level 2)</u> | <u>(Level 3)</u> | <u>Total</u> |
| Mutual funds | \$ 15,180,249 | \$ - | \$ - | \$ 15,180,249 |
| Investments measured at NAV | <u>-</u> | <u>-</u> | <u>-</u> | <u>267,165</u> |
| Total | <u>\$ 15,180,249</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 15,447,414</u> |

| | <u>Assets at Fair Value as of December 31, 2023</u> | | | |
|--------------------------------|---|------------------|------------------|----------------------|
| | <u>(Level 1)</u> | <u>(Level 2)</u> | <u>(Level 3)</u> | <u>Total</u> |
| Mutual funds | \$ 11,289,815 | \$ - | \$ - | \$ 11,289,815 |
| Investments measured at NAV | <u>-</u> | <u>-</u> | <u>-</u> | <u>263,351</u> |
| Total | <u>\$ 11,289,815</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 11,553,166</u> |

(8) WITHDRAWING PARTICIPANTS

There were no participant distributions requested in 2024, but not paid until 2025.

(9) PARTIES-IN-INTEREST TRANSACTIONS

The Plan has a number of service providers. Such parties are considered parties-in-interest under ERISA.

VNA & Hospice of the Southwest Region 401(k) Plan and Trust
 Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
 For the Year Ended December 31, 2024

Plan Sponsor: VNA & Hospice of the Southwest Region

Administrator's EIN: 03-0185024

Plan number: 001

| Pay Period End Date | Participant Contributions Transferred Late to Plan | Check here if Late Participant Loan Repayments are Included: <input type="checkbox"/> | Total that Constitutes Non-exempt Prohibited Transactions | | | Total Fully Corrected Under VFCP & PTE 2002-51 |
|---------------------|--|---|---|---|--|--|
| | | | Contributions Not Corrected | Contributions Corrected Outside of VFCP | Contributions Pending Correction in VFCP | |
| January 20, 2023 | \$ 23,354 | | \$ 23,354 | \$ - | \$ - | \$ - |
| June 9, 2023 | 21,894 | | 21,894 | - | - | - |
| June 23, 2023 | 21,733 | | 21,733 | - | - | - |
| September 29, 2023 | 21,260 | | 21,260 | - | - | - |

VNA & Hospice of the Southwest Region 401(k) Plan and Trust
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

Plan Sponsor: VNA & Hospice of the Southwest Region

Administrator's EIN: 03-0185024

Plan number: 001

| (a) | (b) | (c) | (d) | (e) |
|-------|--|---|--------------------|----------------------|
| | Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost | Current Value |
| | American Beacon International Equity R5 | Mutual Fund | 1,143.650 shares | \$ 17,086 |
| | American Funds Euro Pacific Growth CI R6 | Mutual Fund | 117.646 shares | 9,543 |
| | American Funds New World R6 | Mutual Fund | 1,508.636 shares | 116,120 |
| | Blackrock High Yield Portfolio K | Mutual Fund | 27.946 shares | 198 |
| | Blackrock Mid-Cap Growth Equity K | Mutual Fund | 517.057 shares | 22,533 |
| | Federated Hermes Capital Preservation | Common Collective Trust | 26,716.529 units | 267,165 |
| | Fidelity 500 Index | Mutual Fund | 2,345.450 shares | 478,917 |
| | Fidelity Extended Market Index | Mutual Fund | 1,461.333 shares | 132,806 |
| | Fidelity Inflation Protected Bond Index | Mutual Fund | 8,446.307 shares | 75,088 |
| | Fidelity Total International Index | Mutual Fund | 56.244 shares | 755 |
| | Fidelity U.S. Bond Index Fund | Mutual Fund | 56.527 shares | 578 |
| | JPMorgan Small Cap Value - R6 | Mutual Fund | 1,324.154 shares | 36,520 |
| | JPMorgan Large Cap Value - R6 | Mutual Fund | 2,688.044 shares | 225,097 |
| | MFS Mid Cap Value - R6 | Mutual Fund | 535.153 shares | 17,013 |
| | MFS Value - R6 | Mutual Fund | 1,157.806 shares | 56,015 |
| | PGIM Total Return Bond - R6 | Mutual Fund | 9,734.257 shares | 115,254 |
| | T. Rowe Price Capital Appreciation FD I | Mutual Fund | 126,986.751 shares | 4,395,011 |
| | Vanguard Explorer Adm | Mutual Fund | 354.609 shares | 37,890 |
| | Vanguard Target Retirement 2020 - INV | Mutual Fund | 33,640.192 shares | 890,792 |
| | Vanguard Target Retirement 2025 - INV | Mutual Fund | 51,365.657 shares | 960,024 |
| | Vanguard Target Retirement 2030 - INV | Mutual Fund | 101,427.910 shares | 3,842,089 |
| | Vanguard Target Retirement 2035 - INV | Mutual Fund | 20,387.099 shares | 488,883 |
| | Vanguard Target Retirement 2040 - INV | Mutual Fund | 43,645.434 shares | 1,886,356 |
| | Vanguard Target Retirement 2045 - INV | Mutual Fund | 6,727.864 shares | 199,616 |
| | Vanguard Target Retirement 2050 - INV | Mutual Fund | 13,562.033 shares | 675,932 |
| | Vanguard Target Retirement 2055 - INV | Mutual Fund | 3,925.621 shares | 218,304 |
| | Vanguard Target Retirement 2060 - INV | Mutual Fund | 2,620.611 shares | 134,306 |
| | Vanguard Target Retirement 2065 - INV | Mutual Fund | 183.265 shares | 6,161 |
| | Vanguard Target Retirement Income - INV | Mutual Fund | 10,790.972 shares | 141,362 |
| * | Participant loans | | 4.25-9.50% | - |
| | | | | <u>\$ 15,677,522</u> |

* Denotes party-in-interest

**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning and ending

| | | |
|---|---|--|
| A Name of plan | B Three-digit plan number (PN) ▶ | |
| C Plan sponsor's name as shown on line 2a of Form 5500 | D Employer Identification Number (EIN) | |

Part I Asset and Liability Statement

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.

| Assets | (a) Beginning of Year | (b) End of Year |
|---|-----------------------|-----------------|
| a Total noninterest-bearing cash..... | 1a | |
| b Receivables (less allowance for doubtful accounts): | | |
| (1) Employer contributions | 1b(1) | |
| (2) Participant contributions..... | 1b(2) | |
| (3) Other | 1b(3) | |
| c General investments: | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | |
| (2) U.S. Government securities | 1c(2) | |
| (3) Corporate debt instruments (other than employer securities): | | |
| (A) Preferred | 1c(3)(A) | |
| (B) All other..... | 1c(3)(B) | |
| (4) Corporate stocks (other than employer securities): | | |
| (A) Preferred..... | 1c(4)(A) | |
| (B) Common | 1c(4)(B) | |
| (5) Partnership/joint venture interests | 1c(5) | |
| (6) Real estate (other than employer real property) | 1c(6) | |
| (7) Loans (other than to participants)..... | 1c(7) | |
| (8) Participant loans | 1c(8) | |
| (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) | |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | |
| (15) Other..... | 1c(15) | |

| | | (a) Beginning of Year | (b) End of Year |
|--------------------|---|-----------------------|-----------------|
| 1d | Employer-related investments: | | |
| (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 | |
| Liabilities | | | |
| g | Benefit claims payable..... | 1g | |
| h | Operating payables..... | 1h | |
| i | Acquisition indebtedness..... | 1i | |
| j | Other liabilities..... | 1j | |
| k | Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | |
| Net Assets | | | |
| l | Net assets (subtract line 1k from line 1f)..... | 1l | |

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.

| | | (a) Amount | (b) Total |
|---------------|--|------------|-----------|
| Income | | | |
| a | Contributions: | | |
| (1) | Received or receivable in cash from: (A) Employers..... | 2a(1)(A) | |
| | (B) Participants..... | 2a(1)(B) | |
| | (C) Others (including rollovers)..... | 2a(1)(C) | |
| (2) | Noncash contributions..... | 2a(2) | |
| (3) | Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | |
| 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) | |
| | (F) Other..... | 2b(1)(F) | |
| | (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | |
| (2) | Dividends: (A) Preferred stock..... | 2b(2)(A) | |
| | (B) Common stock..... | 2b(2)(B) | |
| | (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | |
| | (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | |
| (3) | Rents..... | 2b(3) | |
| (4) | Net gain (loss) on sale of assets: (A) Aggregate proceeds..... | 2b(4)(A) | |
| | (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | |
| | (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | |
| (5) | Unrealized appreciation (depreciation) of assets: (A) Real estate..... | 2b(5)(A) | |
| | (B) Other..... | 2b(5)(B) | |
| | (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | |

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

Expenses

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

Net Income and Reconciliation

| | | | |
|---|--------------|--|--|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | |
| 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:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** because:

- (1) This form is filed for a CCT, PSA, 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.) | 4a | | | | |
| 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.) | 4b | | | | |
| 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.) | 4c | | | | |
| 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.) | 4d | | | | |
| e Was this plan covered by a fidelity bond? | 4e | | | | |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | | | |
| 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? | 4g | | | | |
| 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? | 4h | | | | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | | | | |
| 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.) | 4j | | | | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | | | |
| l Has the plan failed to provide any benefit when due under the plan? | 4l | | | | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | | | |
| 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. | 4n | | | | |

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 _____.

Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name VNA & HOSPICE OF THE SOUTHWEST REGION 401(K) PLAN AND TRUST

EIN: 03-0185024

Plan Sponsor's Name VNA & HOSPICE OF THE SOUTHWEST REGION

PN: 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|-----|---|--|----------|-------------------|
| | T .Rowe Price | T. Rowe Price Capital Appreciation | 0 | 4,395,011 |
| | American Beacon | American Beacon International Equity R5 | 0 | 17,086 |
| | American Eupac | American Eupac R6 | 0 | 9,543 |
| | American Funds | American Funds New World R6 | 0 | 116,120 |
| | BlackRock | BlackRock High Yield Portfolio K | 0 | 198 |
| | BlackRock | BlackRock Mid-Cap Growth Equity K | 0 | 22,533 |
| | Federated | Federated Hermes Capital Pres I | 0 | 267,165 |

Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name VNA & HOSPICE OF THE SOUTHWEST REGION 401(K) PLAN AND TRUST

EIN: 03-0185024

Plan Sponsor's Name VNA & HOSPICE OF THE SOUTHWEST REGION

PN: 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|-----|---|--|----------|-------------------|
| | Fidelity | Fidelity 500 Index Fund | 0 | 478,917 |
| | Fidelity | Fidelity Extended Market Index | 0 | 132,806 |
| | Fidelity | Fidelity Inflation-Protected Bond Ind | 0 | 75,088 |
| | Fidelity | Fidelity Total International Index | 0 | 755 |
| | Fidelity | Fidelity U.S. Bond Index Fund | 0 | 578 |
| | JPMorgan | JPMorgan Small Cap Value R6 | 0 | 36,520 |
| | MFS | MFS Mid Cap Value R6 | 0 | 17,013 |

Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name VNA & HOSPICE OF THE SOUTHWEST REGION 401(K) PLAN AND TRUST
Plan Sponsor's Name VNA & HOSPICE OF THE SOUTHWEST REGION

EIN: 03-0185024
PN: 001

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|-----|---|--|----------|-------------------|
| | MFS | MFS Value R6 | 0 | 56,015 |
| | PGIM | PGIM Total Return Bond R6 | 0 | 115,254 |
| | Vanguard | Vanguard Explorer Adm | 0 | 37,890 |
| | Vanguard | Vanguard Target Retirement 2020 Fund | 0 | 890,792 |
| | Vanguard | Vanguard Target Retirement 2025 Fund | 0 | 960,024 |
| | Vanguard | Vanguard Target Retirement 2030 Fund | 0 | 3,842,089 |
| | Vanguard | Vanguard Target Retirement 2035 Fund | 0 | 488,883 |

Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name VNA & HOSPICE OF THE SOUTHWEST REGION 401(K) PLAN AND TRUST

EIN: 03-0185024

Plan Sponsor's Name VNA & HOSPICE OF THE SOUTHWEST REGION

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| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|-----|---|--|----------|-------------------|
| | Vanguard | Vanguard Target Retirement 2040 Fund | 0 | 1,886,356 |
| | Vanguard | Vanguard Target Retirement 2045 Fund | 0 | 199,616 |
| | Vanguard | Vanguard Target Retirement 2050 Fund | 0 | 675,932 |
| | Vanguard | Vanguard Target Retirement 2055 Fund | 0 | 218,304 |
| | Vanguard | Vanguard Target Retirement 2060 Fund | 0 | 134,306 |
| | Vanguard | Vanguard Target Retirement 2065 Fund | 0 | 6,161 |
| | Vanguard | Vanguard Target Retirement Income Fund | 0 | 141,362 |

Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name VNA & HOSPICE OF THE SOUTHWEST REGION 401(K) PLAN AND TRUST
Plan Sponsor's Name VNA & HOSPICE OF THE SOUTHWEST REGION

EIN: 03-0185024
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| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|-----|---|--|----------|-------------------|
| | JPMorgan | JPMorgan Large Cap Growth R6 | 0 | 225,097 |
| | Participant's Loan Account | Various Rates and Maturities | 0 | 230,108 |
| | Ascensus Trust Company | Contribution Account | 0 | 316 |
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