

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan: FMC PRACTICE SERVICES, LLC 401(K) SAVINGS PLAN
1b Three-digit plan number (PN): 003
1c Effective date of plan: 01/01/2013
2a Plan sponsor's name (employer, if for a single-employer plan): FMC PRACTICE SERVICES, LLC
2b Employer Identification Number (EIN): 37-1692591
2c Plan Sponsor's telephone number: 781-699-9000
2d Business code (see instructions): 621498

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	437
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)	334
	6a(2)	339
	6b	16
	6c	88
	6d	443
	6e	3
	6f	446
	6g(1)	307
	6g(2)	313
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 2F 2G 2J 2K 2R 2T 3D 3H

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

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 FMC PRACTICE SERVICES, LLC 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 FMC PRACTICE SERVICES, LLC	D Employer Identification Number (EIN) 37-1692591	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

INSPERITY RETIREMENT SERVICES

19001 CRESCENT SPRINGS DR
KINGWOOD, TX 77339

56-2375265

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50 57 59 60 63 64 65	RECORDKEEPER	6600	Yes <input type="checkbox"/> No <input 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)

(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"/>

(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.
---	--	--

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

A Name of plan <u>FMC PRACTICE SERVICES, LLC 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FMC PRACTICE SERVICES, LLC</u>	D Employer Identification Number (EIN) <u>37-1692591</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>METLIFE STABLE VALUE FUND</u>		
b Name of sponsor of entity listed in (a): <u>RELIANCE TRUST COMPANY</u>		
c EIN-PN <u>46-6350416-001</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>1046691</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)

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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan FMC PRACTICE SERVICES, LLC 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 FMC PRACTICE SERVICES, LLC	D Employer Identification Number (EIN) 37-1692591

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
a Total noninterest-bearing cash	1a		108485
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	720761	765370
(2) Participant contributions	1b(2)	66155	22306
(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)	321197	513307
(9) Value of interest in common/collective trusts	1c(9)	1488172	1046691
(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)	35164417	42798165
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	2717630	4246326

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	40478332	49500650
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	40478332	49500650

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)	765370	
(B) Participants.....	2a(1)(B)	3304283	
(C) Others (including rollovers).....	2a(1)(C)	382221	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		4451874
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)	36974	
(F) Other.....	2b(1)(F)	78070	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		115044
(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)	925439	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		925439
(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)		5797543
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		11289900

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2192399	
(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)		2192399
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		28225
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	6600	
(4) IQPA audit fees	2i(4)	40358	
(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)		46958
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2267582

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		9022318
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: WITHUM SMITH & BROWN, PC

(2) EIN: 22-2027092

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
--	---	--

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

A Name of plan <u>FMC PRACTICE SERVICES, LLC 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FMC PRACTICE SERVICES, LLC</u>	D Employer Identification Number (EIN) <u>37-1692591</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	
---	--

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 27-3169253

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

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

3	
---	--

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 Q703223A.

**FMC Practice Services, LLC 401(k) Savings Plan
Financial Statements
December 31, 2024 and 2023
With Independent Auditor's Report**

**FMC Practice Services, LLC 401(k) Savings Plan
Table of Contents
December 31, 2024 and 2023**

Independent Auditor’s Report	1-3
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6-11
Supplementary Information	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	12

**FMC Practice Services, LLC 401(k) Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Assets		
Non-interest bearing cash	\$ 108,485	\$ -
Participant-directed investments, at fair value:		
Mutual funds	42,798,165	35,164,417
Common/collective trust fund	1,046,691	1,488,172
Self-directed brokerage accounts	<u>4,246,326</u>	<u>2,717,630</u>
Total participant-directed investments, at fair value	48,091,182	39,370,219
Contribution receivable - employer	765,370	720,761
Contribution receivable - employee	22,306	66,155
Notes receivable from participants	<u>513,307</u>	<u>321,197</u>
Total receivables	1,300,983	1,108,113
Net assets available for benefits	<u><u>\$ 49,500,650</u></u>	<u><u>\$ 40,478,332</u></u>

The Notes to Financial Statements are an integral part of these statements.

**FMC Practice Services, LLC 401(k) Savings Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2024**

Additions

Investment income

Net appreciation in fair value of investments	\$ 5,797,543
Interest and dividend income	925,439
Other income	<u>78,070</u>

Total investment income 6,801,052

Interest income on notes receivable from participants 36,974

Contributions

Participant contributions	3,304,283
Participant contributions - rollovers	382,221
Employer contributions	<u>765,370</u>

Total contributions 4,451,874

Total additions 11,289,900

Deductions

Benefits paid to participants	2,220,624
Administrative expenses	<u>46,958</u>

Total deductions 2,267,582

Net increase in net assets available for benefits 9,022,318

Net assets available for benefits

Beginning of year 40,478,332

End of year \$ 49,500,650

The Notes to Financial Statements are an integral part of this statement.

FMC Practice Services, LLC 401(k) Savings Plan
Notes to Financial Statements
December 31, 2024 and 2023

1. DESCRIPTION OF THE PLAN

Organization

FMC Practice Services, LLC 401(k) Savings Plan (the “Plan”) is sponsored by FMC Practice Services, LLC, an affiliate of Fresenius Medical Care North America (“FMCNA”), for the benefit of employees of FMC Practice Services, LLC, and affiliated companies (the “Company”). The Plan administrator is the FMCNA Administrative Committee. Mid Atlantic Trust Company is the trustee and Insperity is the recordkeeper for the Plan. The trustee holds the Plan’s investment assets and executes investment transactions.

The following description of the Plan provides only general information. Participants should refer to the Plan document for a complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan established effective January 1, 2013, and restated April 6, 2022. The Plan covers substantially all employees meeting the eligibility requirements of the Plan, excluding employees covered under a collective bargaining agreement (union employees), non-resident aliens who receive no compensation from the employer which constitutes U.S. source income, and leased employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). A summary description of the Plan is available from the Plan administrator.

Eligibility

The Plan covers all employees, excluding leased employees, certain nonresident aliens who have no earned income from sources within the US, and union employees whose employment is governed by a collective bargaining agreement under which retirement benefits were subject of good faith bargaining, that have completed three months of service. Participants are eligible to receive Company matching contributions after one year of service (as defined in the Plan document).

Contributions

Participants may contribute a percentage of not less than 1% and not greater than 75% of compensation to the Plan, subject to certain Internal Revenue Service (\$23,000 in 2024) annual limitations. Participants may designate all or a portion of their deferral contributions as after-tax contributions into a Roth account. Participants also may contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants who have attained age 50 are eligible to make catch-up contributions (\$7,500 in 2024), as defined, which are not eligible for the employer match. The Company makes discretionary matching contributions equal to 50% of the first 6% of participant contributions (exclusive of catch-up contributions), subject to certain annual limitations. The Company may also make discretionary profit sharing contributions, determined on an annual basis. Plan participants not employed with the Company at Plan year-end (December 31) are not eligible for matching or profit-sharing contributions. There were no profit-sharing contributions made in 2024.

Participant Accounts

Each participant's account is credited with the participant's contribution, the Company's contribution, and gains on investments. The participant's account is reduced by withdrawals, losses on investments, administrative expenses, and any forfeitures. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

FMC Practice Services, LLC 401(k) Savings Plan
Notes to Financial Statements
December 31, 2024 and 2023

Vesting

Participants' contributions and Company discretionary profit sharing contributions are immediately vested. Vesting in the Company's discretionary matching contributions is based on years of continuous service in accordance with the following schedule:

<u>Period of Service</u>	<u>Percentage Vested</u>
Less than 1 year	0%
1 but less than 2 years	20%
2 but less than 3 years	40%
3 but less than 4 years	60%
4 but less than 5 years	80%
5 years or more	100%

A participant becomes 100% vested regardless of years of service upon attainment of normal retirement age, upon retirement due to disability, or upon death.

Forfeitures

At December 31, 2024 and 2023, forfeited account balances amounted to \$47,317 and \$24,597, respectively. Forfeitures are available to pay administrative expenses of the Plan or reduce Company contributions. For the year ended December 31, 2024, the Company used no forfeited account balances to pay for Plan expenses or to reduce employer contributions.

Distributions and Withdrawals

Distributions from the Plan are made to participants who have attained the later of their normal retirement age (age 65) or the fifth anniversary of the employee's participation commencement date, become disabled, die, or otherwise terminate employment. Distributions are generally made in the form of lump-sum payments; however, distributions can be paid in installments if elected by the participant. In certain instances, prior to termination, participants may withdraw account balances to defray financial obligations, subject to approval by the Plan administrator. If a terminated participant's vested balance is less than or equal to \$5,000, and the participant does not consent to a distribution, the vested benefit will automatically be rolled over to an IRA selected by the Plan Administrator.

Notes Receivable from Participants

Participants may borrow funds from the Plan up to 50% (but not more than \$50,000) of their vested account balances, with a minimum loan amount of \$500. Loans to participants are secured by participants' vested balances in the Plan. The loans bear interest at the prime rate plus 2% (5.25% - 10.50% at December 31, 2024) and are repaid over a specified period of time not to exceed 5 years (maximum of 20 years if the loan is for the purpose of acquiring a principal residence).

If a participant ceases to make loan repayments and the Plan administrator deems the loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared using the accrual method of accounting under accounting principles generally accepted in the United States of America ("GAAP").

FMC Practice Services, LLC 401(k) Savings Plan
Notes to Financial Statements
December 31, 2024 and 2023

Investment Valuation and Income Recognition

Investments are stated at fair value. Any unrealized appreciation or depreciation in fair value of investments is reflected in the statement of changes in net assets available for benefits. The Plan's investments are invested as directed by the Plan's participants. Fair value measurements of investments are discussed in Note 3.

Purchases and sales of securities are reported on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

The Plan offers a mix of mutual fund investments including target date funds designed for Plan participants expecting to retire in or near the year included in the fund name. Additionally, the Plan offers a self-directed brokerage option which allows participants to establish a plan level brokerage account for the opportunity to invest in common stocks, mutual funds, corporate bonds, and other securities.

Notes Receivable from Participants

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

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the sponsor. Expenses that are paid by the sponsor are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in the administrative costs. Certain investment-related expenses are included in net appreciation in fair value of investments and are not readily determinable.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

3. FAIR VALUE OF MEASUREMENTS OF INVESTMENTS

Under GAAP, fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. A fair value hierarchy has been established under GAAP 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 as follows:

Level 1 - Observable inputs based on unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs for assets or liabilities, other than quoted prices included in Level 1, which are either directly or indirectly observable as of the measurement date. Inputs include quoted prices for similar assets or

FMC Practice Services, LLC 401(k) Savings Plan
Notes to Financial Statements
December 31, 2024 and 2023

liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; and inputs derived principally from or corroborated by observable market data by correlation or other means.

Level 3 - Unobservable inputs where there is little or no market activity for the assets or liabilities. These inputs reflect Plan management's assumptions of the data market participants would use in pricing an asset or liability, based on the best information available in the circumstances.

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

Mutual Funds - Shares of mutual funds are valued at daily closing market prices, which represent the net asset value ("NAV") of the shares held by the Plan at year-end. Mutual funds are registered with the U.S. Securities and Exchange Commission. The mutual funds held by the Plan are deemed to be actively traded.

Common/Collective Trust Fund - The common/collective trust is valued based on the Plan's pro rata share of the fund's values which are determined by the underlying market value and have been measured at NAV. The Plan invests in the Reliance Trust – MetLife Stable Value Fund which is a common/collective trust invested in stable value investment contracts. The net asset value (contract value) is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. The fund generally provides for daily redemptions by the Plan at reported net asset value per share with no advance notification requirements. There are no participant redemption restrictions for this investment, and participant transactions (purchases and sales) may occur daily. There are no unfunded commitments.

Self-Directed Brokerage Accounts - Self-directed brokerage accounts are valued at quoted market prices of the underlying securities held at year-end.

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

	2024			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 42,798,165	\$ -	\$ -	\$ 42,798,165
Self-directed brokerage accounts	<u>4,246,326</u>	<u>-</u>	<u>-</u>	<u>4,246,326</u>
Total investments in the fair value hierarchy	<u>\$ 47,044,491</u>	<u>-</u>	<u>-</u>	47,044,491
Common/collective trust fund*				<u>1,046,691</u>
Total investments at fair value				<u>\$ 48,091,182</u>

	2023			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 35,164,417	\$ -	\$ -	\$ 35,164,417
Self-directed brokerage accounts	<u>2,717,630</u>	<u>-</u>	<u>-</u>	<u>2,717,630</u>
Total investments in the fair value hierarchy	<u>\$ 37,882,047</u>	<u>\$ -</u>	<u>\$ -</u>	37,882,047
Common/collective trust fund*				<u>1,488,172</u>
Total investments at fair value				<u>\$ 39,370,219</u>

FMC Practice Services, LLC 401(k) Savings Plan
Notes to Financial Statements
December 31, 2024 and 2023

* In accordance with Subtopic 820-10 of Accounting Standards Update 2015-07, *Disclosures for Investments in Certain Entities that Calculate Net Asset Value (NAV) Per Share (or its Equivalent)*, the Plan's investment in the common/collective trust fund has been measured at NAV and has not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

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

4. INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

No auditing procedures were performed by the independent auditor as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA with respect to information certified as complete and accurate by Mid Atlantic Trust Company except for comparing such information with the related information included in the financial statements. Based on information provided and certified by the trustee, there are no fixed income obligations, leases, or debt instruments in default or deemed uncollectible, as defined by ERISA, as of December 31, 2024 and 2023.

Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 and the following information for the years ended December 31, 2024 and 2023 were prepared from reports certified by the trustees:

	<u>2024</u>	<u>2023</u>
Investments at fair value		
Mutual funds	\$ 42,798,165	\$ 35,164,417
Common/collective trust fund	1,046,691	1,488,172
Self-directed brokerage accounts	4,246,326	2,717,630
Notes receivable from participants	513,307	321,197
Net appreciation in fair value of investments	5,797,543	4,985,659
Interest and dividend income	925,439	900,252
Interest from participant loans	36,974	25,208

5. TAX STATUS OF THE PLAN

The Plan has adopted a prototype plan offered by Insuperity Retirement Services, L.P. By letter dated June 30, 2020, the Internal Revenue Service has determined that the prototype plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter; however, Plan management and the Plan's tax counsel believe the Plan is designed and is being operated in compliance with the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and to recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the tax authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by the tax authorities for all open years. Furthermore, there is no related interest or

FMC Practice Services, LLC 401(k) Savings Plan
Notes to Financial Statements
December 31, 2024 and 2023

penalties included in the financial statements presented.

6. RELATED PARTY/PARTY-IN-INTEREST TRANSACTIONS

For the year ended December 31, 2024, the Plan paid \$2,940 to Insperity Retirement Services, L.P. for recordkeeping services. Notes receivable to participants represent exempt party-in-interest transactions.

Audit fees for the required audit of the Plan's financial statements are paid out of the plan's assets.

Certain administrative functions are performed by officers and employees of the Sponsor or its subsidiaries. No such officer or employee receives compensation from the Plan.

7. RISKS AND UNCERTAINTIES

The Plan provides for various mutual fund, common/collective trust fund, and self-directed brokerage account investment options and the option for participants to invest in securities through a brokerage account. Such investments are exposed to various risks such as interest rate, market, and credit risks. Due to such risks, it is at least reasonably possible that changes in market values, interest rates, or other factors in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits. As of December 31, 2024 and 2023, one investment each year represented a concentration of greater than 10% of the Plan's net assets available for benefits.

8. TERMINATION

The Company intends to continue the Plan indefinitely for the benefit of its employees, but reserves the right to modify, amend, or terminate the Plan at any time. In the event of termination of the Plan, all amounts credited to participants' accounts shall be 100% vested and nonforfeitable. All participants shall receive a total distribution of their accounts as described in the Plan. Any amount in the forfeiture account upon termination, which has not been applied to reduce Company contributions or pay Plan administrative expenses, shall be allocated on a pro rata basis to the participants' accounts.

9. SUBSEQUENT EVENTS

The Plan sponsor has evaluated subsequent events occurring after the statement of net assets available for benefits date through October 6, 2025 the date the financial statements were available to be issued. Based on this evaluation, the Plan sponsor has determined that no subsequent events have occurred which require disclosure in or adjustment to the financial statements.

SUPPLEMENTARY INFORMATION

FMC Practice Services, LLC 401(k) Savings Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN 37-1692591, Plan number: 003
December 31, 2024

(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
	<u>Mutual Funds</u>			
	Fidelity 500 Index	Fund IV Investor	-	\$ 13,245,195
	Columbia Fund Trust Series	Mid Cap Index Fund Investor A	-	3,955,259
	JP Morgan	Smart Retirement 2040 Select	-	3,510,921
	JP Morgan	Smart Retirement 2030 Select	-	3,404,795
	JP Morgan	Smart Retirement 2035 Select	-	3,177,282
	JP Morgan	Smart Retirement 2050 Select	-	2,682,483
	Columbia Fund Trust Series	Small Cap Index Fund Investor A	-	2,550,992
	JP Morgan	Smart Retirement 2025 Select	-	2,005,155
	JP Morgan	Smart Retirement 2045 Select	-	1,863,965
	JP Morgan	Smart Retirement Income Select	-	1,802,900
	Bank of New York Mellon	International Stock Index Fund	-	1,280,157
	Invesco Oppenheimer Developing	Markets Fund A	-	1,066,423
	Bank of New York Mellon	Bond Market Index Fund	-	835,136
	Pimco Long-Term U.S.	Government Fund A	-	548,525
	JP Morgan	Smart Retirement 2020 Select	-	530,599
	American Century	Inflation Adjusted Bond A	-	<u>338,378</u>
	Total Mutual Funds			42,798,165
	<u>Common/Collective Trust Fund</u>			
	Reliance Trust	MetLife Stable Value Fund	-	1,046,691
	Self-directed brokerage accounts	Brokerage accounts	-	4,246,326
	Non-interest bearing cash	Cash account	-	108,485
	* Notes receivable from participants	Interest rates range of 5.25% - 10.50%; various maturities through 2042	-	<u>513,307</u>
	Total			<u>\$ 48,712,974</u>

* Represents a party-in-interest

** Cost information is omitted as all investments are participant directed

See Independent Auditor's Report.

**FMC Practice Services, LLC 401(k) Savings Plan
Financial Statements
December 31, 2024 and 2023
With Independent Auditor's Report**

**FMC Practice Services, LLC 401(k) Savings Plan
Table of Contents
December 31, 2024 and 2023**

Independent Auditor’s Report	1-3
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6-11
Supplementary Information	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	12

**FMC Practice Services, LLC 401(k) Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Assets		
Non-interest bearing cash	\$ 108,485	\$ -
Participant-directed investments, at fair value:		
Mutual funds	42,798,165	35,164,417
Common/collective trust fund	1,046,691	1,488,172
Self-directed brokerage accounts	<u>4,246,326</u>	<u>2,717,630</u>
Total participant-directed investments, at fair value	48,091,182	39,370,219
Contribution receivable - employer	765,370	720,761
Contribution receivable - employee	22,306	66,155
Notes receivable from participants	<u>513,307</u>	<u>321,197</u>
Total receivables	1,300,983	1,108,113
Net assets available for benefits	<u>\$ 49,500,650</u>	<u>\$ 40,478,332</u>

The Notes to Financial Statements are an integral part of these statements.

**FMC Practice Services, LLC 401(k) Savings Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2024**

Additions

Investment income

Net appreciation in fair value of investments	\$ 5,797,543
Interest and dividend income	925,439
Other income	<u>78,070</u>

Total investment income 6,801,052

Interest income on notes receivable from participants 36,974

Contributions

Participant contributions	3,304,283
Participant contributions - rollovers	382,221
Employer contributions	<u>765,370</u>

Total contributions 4,451,874

Total additions 11,289,900

Deductions

Benefits paid to participants	2,220,624
Administrative expenses	<u>46,958</u>

Total deductions 2,267,582

Net increase in net assets available for benefits 9,022,318

Net assets available for benefits

Beginning of year 40,478,332

End of year \$ 49,500,650

The Notes to Financial Statements are an integral part of this statement.

FMC Practice Services, LLC 401(k) Savings Plan
Notes to Financial Statements
December 31, 2024 and 2023

1. DESCRIPTION OF THE PLAN

Organization

FMC Practice Services, LLC 401(k) Savings Plan (the “Plan”) is sponsored by FMC Practice Services, LLC, an affiliate of Fresenius Medical Care North America (“FMCNA”), for the benefit of employees of FMC Practice Services, LLC, and affiliated companies (the “Company”). The Plan administrator is the FMCNA Administrative Committee. Mid Atlantic Trust Company is the trustee and Insperty is the recordkeeper for the Plan. The trustee holds the Plan’s investment assets and executes investment transactions.

The following description of the Plan provides only general information. Participants should refer to the Plan document for a complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan established effective January 1, 2013, and restated April 6, 2022. The Plan covers substantially all employees meeting the eligibility requirements of the Plan, excluding employees covered under a collective bargaining agreement (union employees), non-resident aliens who receive no compensation from the employer which constitutes U.S. source income, and leased employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). A summary description of the Plan is available from the Plan administrator.

Eligibility

The Plan covers all employees, excluding leased employees, certain nonresident aliens who have no earned income from sources within the US, and union employees whose employment is governed by a collective bargaining agreement under which retirement benefits were subject of good faith bargaining, that have completed three months of service. Participants are eligible to receive Company matching contributions after one year of service (as defined in the Plan document).

Contributions

Participants may contribute a percentage of not less than 1% and not greater than 75% of compensation to the Plan, subject to certain Internal Revenue Service (\$23,000 in 2024) annual limitations. Participants may designate all or a portion of their deferral contributions as after-tax contributions into a Roth account. Participants also may contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants who have attained age 50 are eligible to make catch-up contributions (\$7,500 in 2024), as defined, which are not eligible for the employer match. The Company makes discretionary matching contributions equal to 50% of the first 6% of participant contributions (exclusive of catch-up contributions), subject to certain annual limitations. The Company may also make discretionary profit sharing contributions, determined on an annual basis. Plan participants not employed with the Company at Plan year-end (December 31) are not eligible for matching or profit-sharing contributions. There were no profit-sharing contributions made in 2024.

Participant Accounts

Each participant's account is credited with the participant's contribution, the Company's contribution, and gains on investments. The participant's account is reduced by withdrawals, losses on investments, administrative expenses, and any forfeitures. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

FMC Practice Services, LLC 401(k) Savings Plan
Notes to Financial Statements
December 31, 2024 and 2023

Vesting

Participants' contributions and Company discretionary profit sharing contributions are immediately vested. Vesting in the Company's discretionary matching contributions is based on years of continuous service in accordance with the following schedule:

<u>Period of Service</u>	<u>Percentage Vested</u>
Less than 1 year	0%
1 but less than 2 years	20%
2 but less than 3 years	40%
3 but less than 4 years	60%
4 but less than 5 years	80%
5 years or more	100%

A participant becomes 100% vested regardless of years of service upon attainment of normal retirement age, upon retirement due to disability, or upon death.

Forfeitures

At December 31, 2024 and 2023, forfeited account balances amounted to \$47,317 and \$24,597, respectively. Forfeitures are available to pay administrative expenses of the Plan or reduce Company contributions. For the year ended December 31, 2024, the Company used no forfeited account balances to pay for Plan expenses or to reduce employer contributions.

Distributions and Withdrawals

Distributions from the Plan are made to participants who have attained the later of their normal retirement age (age 65) or the fifth anniversary of the employee's participation commencement date, become disabled, die, or otherwise terminate employment. Distributions are generally made in the form of lump-sum payments; however, distributions can be paid in installments if elected by the participant. In certain instances, prior to termination, participants may withdraw account balances to defray financial obligations, subject to approval by the Plan administrator. If a terminated participant's vested balance is less than or equal to \$5,000, and the participant does not consent to a distribution, the vested benefit will automatically be rolled over to an IRA selected by the Plan Administrator.

Notes Receivable from Participants

Participants may borrow funds from the Plan up to 50% (but not more than \$50,000) of their vested account balances, with a minimum loan amount of \$500. Loans to participants are secured by participants' vested balances in the Plan. The loans bear interest at the prime rate plus 2% (5.25% - 10.50% at December 31, 2024) and are repaid over a specified period of time not to exceed 5 years (maximum of 20 years if the loan is for the purpose of acquiring a principal residence).

If a participant ceases to make loan repayments and the Plan administrator deems the loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared using the accrual method of accounting under accounting principles generally accepted in the United States of America ("GAAP").

FMC Practice Services, LLC 401(k) Savings Plan
Notes to Financial Statements
December 31, 2024 and 2023

Investment Valuation and Income Recognition

Investments are stated at fair value. Any unrealized appreciation or depreciation in fair value of investments is reflected in the statement of changes in net assets available for benefits. The Plan's investments are invested as directed by the Plan's participants. Fair value measurements of investments are discussed in Note 3.

Purchases and sales of securities are reported on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

The Plan offers a mix of mutual fund investments including target date funds designed for Plan participants expecting to retire in or near the year included in the fund name. Additionally, the Plan offers a self-directed brokerage option which allows participants to establish a plan level brokerage account for the opportunity to invest in common stocks, mutual funds, corporate bonds, and other securities.

Notes Receivable from Participants

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

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the sponsor. Expenses that are paid by the sponsor are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in the administrative costs. Certain investment-related expenses are included in net appreciation in fair value of investments and are not readily determinable.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

3. FAIR VALUE OF MEASUREMENTS OF INVESTMENTS

Under GAAP, fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. A fair value hierarchy has been established under GAAP 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 as follows:

Level 1 - Observable inputs based on unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs for assets or liabilities, other than quoted prices included in Level 1, which are either directly or indirectly observable as of the measurement date. Inputs include quoted prices for similar assets or

FMC Practice Services, LLC 401(k) Savings Plan
Notes to Financial Statements
December 31, 2024 and 2023

liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; and inputs derived principally from or corroborated by observable market data by correlation or other means.

Level 3 - Unobservable inputs where there is little or no market activity for the assets or liabilities. These inputs reflect Plan management’s assumptions of the data market participants would use in pricing an asset or liability, based on the best information available in the circumstances.

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

Mutual Funds - Shares of mutual funds are valued at daily closing market prices, which represent the net asset value (“NAV”) of the shares held by the Plan at year-end. Mutual funds are registered with the U.S. Securities and Exchange Commission. The mutual funds held by the Plan are deemed to be actively traded.

Common/Collective Trust Fund - The common/collective trust is valued based on the Plan’s pro rata share of the fund’s values which are determined by the underlying market value and have been measured at NAV. The Plan invests in the Reliance Trust – MetLife Stable Value Fund which is a common/collective trust invested in stable value investment contracts. The net asset value (contract value) is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. The fund generally provides for daily redemptions by the Plan at reported net asset value per share with no advance notification requirements. There are no participant redemption restrictions for this investment, and participant transactions (purchases and sales) may occur daily. There are no unfunded commitments.

Self-Directed Brokerage Accounts - Self-directed brokerage accounts are valued at quoted market prices of the underlying securities held at year-end.

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

	2024			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 42,798,165	\$ -	\$ -	\$ 42,798,165
Self-directed brokerage accounts	4,246,326	-	-	4,246,326
Total investments in the fair value hierarchy	<u>\$ 47,044,491</u>	<u>-</u>	<u>-</u>	47,044,491
Common/collective trust fund*				1,046,691
Total investments at fair value				<u>\$ 48,091,182</u>

	2023			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 35,164,417	\$ -	\$ -	\$ 35,164,417
Self-directed brokerage accounts	2,717,630	-	-	2,717,630
Total investments in the fair value hierarchy	<u>\$ 37,882,047</u>	<u>\$ -</u>	<u>\$ -</u>	37,882,047
Common/collective trust fund*				1,488,172
Total investments at fair value				<u>\$ 39,370,219</u>

FMC Practice Services, LLC 401(k) Savings Plan
Notes to Financial Statements
December 31, 2024 and 2023

* In accordance with Subtopic 820-10 of Accounting Standards Update 2015-07, *Disclosures for Investments in Certain Entities that Calculate Net Asset Value (NAV) Per Share (or its Equivalent)*, the Plan's investment in the common/collective trust fund has been measured at NAV and has not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

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

4. INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

No auditing procedures were performed by the independent auditor as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA with respect to information certified as complete and accurate by Mid Atlantic Trust Company except for comparing such information with the related information included in the financial statements. Based on information provided and certified by the trustee, there are no fixed income obligations, leases, or debt instruments in default or deemed uncollectible, as defined by ERISA, as of December 31, 2024 and 2023.

Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024 and the following information for the years ended December 31, 2024 and 2023 were prepared from reports certified by the trustees:

	<u>2024</u>	<u>2023</u>
Investments at fair value		
Mutual funds	\$ 42,798,165	\$ 35,164,417
Common/collective trust fund	1,046,691	1,488,172
Self-directed brokerage accounts	4,246,326	2,717,630
Notes receivable from participants	513,307	321,197
Net appreciation in fair value of investments	5,797,543	4,985,659
Interest and dividend income	925,439	900,252
Interest from participant loans	36,974	25,208

5. TAX STATUS OF THE PLAN

The Plan has adopted a prototype plan offered by Insuperity Retirement Services, L.P. By letter dated June 30, 2020, the Internal Revenue Service has determined that the prototype plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter; however, Plan management and the Plan's tax counsel believe the Plan is designed and is being operated in compliance with the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and to recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the tax authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by the tax authorities for all open years. Furthermore, there is no related interest or

FMC Practice Services, LLC 401(k) Savings Plan
Notes to Financial Statements
December 31, 2024 and 2023

penalties included in the financial statements presented.

6. RELATED PARTY/PARTY-IN-INTEREST TRANSACTIONS

For the year ended December 31, 2024, the Plan paid \$2,940 to Insperity Retirement Services, L.P. for recordkeeping services. Notes receivable to participants represent exempt party-in-interest transactions.

Audit fees for the required audit of the Plan's financial statements are paid out of the plan's assets.

Certain administrative functions are performed by officers and employees of the Sponsor or its subsidiaries. No such officer or employee receives compensation from the Plan.

7. RISKS AND UNCERTAINTIES

The Plan provides for various mutual fund, common/collective trust fund, and self-directed brokerage account investment options and the option for participants to invest in securities through a brokerage account. Such investments are exposed to various risks such as interest rate, market, and credit risks. Due to such risks, it is at least reasonably possible that changes in market values, interest rates, or other factors in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits. As of December 31, 2024 and 2023, one investment each year represented a concentration of greater than 10% of the Plan's net assets available for benefits.

8. TERMINATION

The Company intends to continue the Plan indefinitely for the benefit of its employees, but reserves the right to modify, amend, or terminate the Plan at any time. In the event of termination of the Plan, all amounts credited to participants' accounts shall be 100% vested and nonforfeitable. All participants shall receive a total distribution of their accounts as described in the Plan. Any amount in the forfeiture account upon termination, which has not been applied to reduce Company contributions or pay Plan administrative expenses, shall be allocated on a pro rata basis to the participants' accounts.

9. SUBSEQUENT EVENTS

The Plan sponsor has evaluated subsequent events occurring after the statement of net assets available for benefits date through October 6, 2025 the date the financial statements were available to be issued. Based on this evaluation, the Plan sponsor has determined that no subsequent events have occurred which require disclosure in or adjustment to the financial statements.

SUPPLEMENTARY INFORMATION

FMC Practice Services, LLC 401(k) Savings Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN 37-1692591, Plan number: 003
December 31, 2024

(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
	<u>Mutual Funds</u>			
	Fidelity 500 Index	Fund IV Investor	-	\$ 13,245,195
	Columbia Fund Trust Series	Mid Cap Index Fund Investor A	-	3,955,259
	JP Morgan	Smart Retirement 2040 Select	-	3,510,921
	JP Morgan	Smart Retirement 2030 Select	-	3,404,795
	JP Morgan	Smart Retirement 2035 Select	-	3,177,282
	JP Morgan	Smart Retirement 2050 Select	-	2,682,483
	Columbia Fund Trust Series	Small Cap Index Fund Investor A	-	2,550,992
	JP Morgan	Smart Retirement 2025 Select	-	2,005,155
	JP Morgan	Smart Retirement 2045 Select	-	1,863,965
	JP Morgan	Smart Retirement Income Select	-	1,802,900
	Bank of New York Mellon	International Stock Index Fund	-	1,280,157
	Invesco Oppenheimer Developing	Markets Fund A	-	1,066,423
	Bank of New York Mellon	Bond Market Index Fund	-	835,136
	Pimco Long-Term U.S.	Government Fund A	-	548,525
	JP Morgan	Smart Retirement 2020 Select	-	530,599
	American Century	Inflation Adjusted Bond A	-	<u>338,378</u>
	Total Mutual Funds			42,798,165
	<u>Common/Collective Trust Fund</u>			
	Reliance Trust	MetLife Stable Value Fund	-	1,046,691
	Self-directed brokerage accounts	Brokerage accounts	-	4,246,326
	Non-interest bearing cash	Cash account	-	108,485
	* Notes receivable from participants	Interest rates range of 5.25% - 10.50%; various maturities through 2042	-	<u>513,307</u>
	Total			<u>\$ 48,712,974</u>

* Represents a party-in-interest

** Cost information is omitted as all investments are participant directed

See Independent Auditor's Report.