

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

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>LIBERTY HEALTHCARE SERVICES RETIREMENT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>LIBERTY HEALTHCARE MANAGEMENT, INC.</u></p> <p><u>2334 S. 41ST STREET</u> <u>WILMINGTON, NC 28403</u></p>	<p>1c Effective date of plan <u>08/01/1997</u></p> <p>2b Employer Identification Number (EIN) <u>56-2116528</u></p> <p>2c Plan Sponsor's telephone number <u>910-815-3122</u></p> <p>2d Business code (see instructions) <u>623000</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	KIM MCNEILL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	7033
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)	6111
	6a(2)	7263
	6b	9
	6c	976
	6d	8248
	6e	1
	6f	8249
	6g(1)	5586
	6g(2)	6551
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:
2J 2K 2E 2T 3H 2F 2G 3D 2R

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

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

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan LIBERTY HEALTHCARE SERVICES RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 LIBERTY HEALTHCARE MANAGEMENT, INC.	D Employer Identification Number (EIN) 56-2116528

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
NEW YORK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5582869	66915	GA32266	428	05/09/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	3354363

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

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

b Balance at the end of the previous year **7b** 0

c Additions: (1) Contributions deposited during the year	7c(1)	0
	7c(2)	0
	7c(3)	0
	7c(4)	0
	7c(5)	0

(6) Total additions **7c(6)** 0

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 0

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0
(2) Administration charge made by carrier.....	7e(2)	0
(3) Transferred to separate account	7e(3)	0
(4) Other (specify below)	7e(4)	0

(5) Total deductions **7e(5)** 0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	0
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

A Name of plan LIBERTY HEALTHCARE SERVICES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LIBERTY HEALTHCARE MANAGEMENT, INC.	D Employer Identification Number (EIN) 56-2116528	

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65 71	RECORDKEEPER	366528	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

CAPFINANCIAL PARTNERS, LLC

26-0058143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	97465	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
DRIEHAUS EM GRTH IS - THE NORTHERN 50 BANK STREET CANARY WHARF LONDON, GB E14 5 GB	0.12%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
PIF REAL EST SEC IS - PRINCIPAL SH 711 HIGH STREET DES MOINES, IA 50392	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
ALGER CAPT APPRECIATION CL Z 600 PLAZA ONE 6TH FL JERSEY CITY, NJ 07311	0.10%	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>LIBERTY HEALTHCARE SERVICES RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LIBERTY HEALTHCARE MANAGEMENT, INC.</u>	D Employer Identification Number (EIN) <u>56-2116528</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STABLE VALUE ACCOUNT</u>		
b Name of sponsor of entity listed in (a): <u>NEW YORK LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>13-5582869-125</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3354363</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RT NY LIFE AA CL 0</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>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GROWTH MAP</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u>		
c EIN-PN <u>46-3773972-183</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>3097823</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MFS LRG CAP VALUE CT</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u>		
c EIN-PN <u>38-4139822-616</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>5788418</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INCOME MAP</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u>		
c EIN-PN <u>46-3745190-180</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>498424</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MODERATE MAP</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u>		
c EIN-PN <u>46-3768480-182</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>32866143</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AGGRESSIVE MAP</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u>		
c EIN-PN <u>46-3787800-184</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>3815146</u>

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

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

c EIN-PN 46-3750663-181	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1477752
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM CORE PLUS CL I

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

c EIN-PN 20-4659714-052	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3118418
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan LIBERTY HEALTHCARE SERVICES RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 LIBERTY HEALTHCARE MANAGEMENT, INC.	D Employer Identification Number (EIN) 56-2116528

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	327	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1394812	1184751
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	224270	485338
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	1637101	2334906
(9) Value of interest in common/collective trusts	1c(9)	42849790	50662124
(10) Value of interest in pooled separate accounts	1c(10)	0	3354363
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	34485977	37546830
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	5128

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	80592277	95573440
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	1
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	1
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	80592277	95573439

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)	1776719	
(B) Participants.....	2a(1)(B)	11227670	
(C) Others (including rollovers).....	2a(1)(C)	1899487	
(2) Noncash contributions.....	2a(2)	0	14903876
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	60118	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	157575	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		217693
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	2245	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2527021	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2529266
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	37348371	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	37293572	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		54799
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	0	
(B) Other.....	2b(5)(B)	21585	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		21585

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	4590554
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	83049
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	5245420
c Other income	2c	0
d Total income. Add all income amounts in column (b) and enter total.....	2d	27646242

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	12074994
(2) To insurance carriers for the provision of benefits	2e(2)	0
(3) Other.....	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	12074994
f Corrective distributions (see instructions)	2f	107287
g Certain deemed distributions of participant loans (see instructions).....	2g	18866
h Interest expense.....	2h	0
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	0
(2) Contract administrator fees	2i(2)	0
(3) Recordkeeping fees	2i(3)	366468
(4) IQPA audit fees	2i(4)	0
(5) Investment advisory and investment management fees	2i(5)	97465
(6) Bank or trust company trustee/custodial fees	2i(6)	0
(7) Actuarial fees	2i(7)	0
(8) Legal fees	2i(8)	0
(9) Valuation/appraisal fees	2i(9)	0
(10) Other trustee fees and expenses	2i(10)	0
(11) Other expenses.....	2i(11)	0
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	463933
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	12665080

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	14981162
l Transfers of assets:		
(1) To this plan.....	2l(1)	0
(2) From this plan	2l(2)	0

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: **CHERRY BEKAERT LLP**

(2) EIN: **56-0574444**

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		2500000
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		5
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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan LIBERTY HEALTHCARE SERVICES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LIBERTY HEALTHCARE MANAGEMENT, INC.	D Employer Identification Number (EIN) 56-2116528	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>		
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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 Q702438A.

LIBERTY HEALTHCARE SERVICES RETIREMENT PLAN

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE**

*As of December 31, 2024 and 2023 and
for the Year Ended December 31, 2024*

And Report of Independent Auditor

LIBERTY HEALTHCARE SERVICES RETIREMENT PLAN
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SUPPLEMENTAL SCHEDULE

Schedule of Assets (Held at End of Year) – Form 5500, Schedule H, Part IV, Line 4i 15

Note: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Report of Independent Auditor

To the Plan Administrator
Liberty Healthcare Services Retirement Plan
Wilmington, North Carolina

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

We have performed audits of the accompanying financial statements of Liberty Healthcare Services Retirement Plan (the “Plan”), employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (“ERISA”), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan’s financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor’s (“DOL”) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (“investment information”) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of DOL’s Rules and Regulations for Reporting and Disclosure under ERISA (“qualified institution”).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investments information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the *Auditor’s Responsibilities for the Audit of the Financial Statements* section:

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the *Auditor’s Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audits, significant audit findings, and certain internal control related matters that we identified during the audits.

Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule of Assets (Held at End of Year) – Form 5500, Schedule H, Part IV, Line 4i as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Cherry Bekaert LLP

Raleigh, North Carolina
September 29, 2025

LIBERTY HEALTHCARE SERVICES RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at Fair Value:		
Mutual funds	\$ 37,322,403	\$ 34,340,409
Money market fund	1,023,794	1,031,948
Self-directed investments	875,851	733,029
Common collective trusts	<u>50,662,123</u>	<u>42,849,790</u>
Total Investments at Fair Value	89,884,171	78,955,176
Investments at contract value	<u>3,354,362</u>	<u>-</u>
Total Investments	93,238,533	78,955,176
Receivables:		
Notes receivable from participants	<u>2,334,906</u>	<u>1,637,101</u>
Total Assets	95,573,439	80,592,277
Excess contributions payable	<u>51,444</u>	<u>92,196</u>
Net Assets Available for Benefits	<u><u>\$ 95,521,995</u></u>	<u><u>\$ 80,500,081</u></u>

The accompanying notes to the financial statements are an integral part of these statements.

LIBERTY HEALTHCARE SERVICES RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2024

Additions to net assets attributed to:

Investment Income:

Net appreciation in fair value of investments	9,995,407
Interest and dividends	<u>2,589,384</u>
Total Investment Income	<u>12,584,791</u>

Interest income on notes receivable from participants	<u>157,575</u>
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Contributions:

Employer	1,776,719
Participants	11,268,422
Rollovers	<u>1,899,487</u>

Total Contributions	<u>14,944,628</u>
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Total Additions	<u>27,686,994</u>
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Deductions from net assets attributed to:

Benefits paid to participants	12,201,147
Administrative expenses	<u>463,933</u>

Total Deductions	<u>12,665,080</u>
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Net increase in net assets available for benefits	15,021,914
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Net assets available for benefits, beginning of year	<u>80,500,081</u>
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Net assets available for benefits, end of year	<u><u>\$ 95,521,995</u></u>
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The accompanying notes to the financial statements are an integral part of these statements.

LIBERTY HEALTHCARE SERVICES RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 1—Plan description

The following description of Liberty Healthcare Services Retirement Plan (the “Plan”) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan’s provisions.

General – The Plan is a defined contribution plan covering all permanent employees effective from December 31, 2024 of the participating Companies (collectively, the “Companies” or “Plan sponsors”). A list of the Companies is as follows:

Participating Companies

190 Spring Street Management, LLC
Barclay Senior Living Southpark, LLC
Brightmore Independent Living, LLC
Brightmore Senior Living of Cary, LLC
Brightmore of South Charlotte, LLC
Carolina Bay Healthcare Center Management of Wilmington, LLC
Carolina Bay Management of Wilmington
Home Care Mgmt Services, LLC
J.A. McNeill & Sons & Daughter II LLC
J.A. McNeill & Sons & Daughter, LLC
J.A. McNeill & Sons, Inc.
Kempton Assisted Living, LLC
Kempton Management of Greenville, LLC
Kempton Management of Lexington, LLC
Kirby Gates Management of Memphis, LLC
Legion Road Healthcare of Orange County, LLC dba Parkview Health and Rehabilitation Center
Liberty Advantage, LLC
Liberty Assisted Living of Franklin County, LLC
Liberty Commons Assisted Living of Onslow County
Liberty Commons Nursing & Rehabilitation Center of Alamance County, LLC
Liberty Commons Nursing & Rehabilitation Center of Columbus County, LLC
Liberty Commons Nursing & Rehabilitation Center of Davie County, LLC
Liberty Commons Nursing & Rehabilitation Center of Halifax County, LLC
Liberty Commons Nursing & Rehabilitation Center of Johnston County, LLC
Liberty Commons Nursing & Rehabilitation Center of Lee County, LLC
Liberty Commons Nursing & Rehabilitation Center of Rowan County, LLC
Liberty Commons Nursing & Rehabilitation Center of Wake County, LLC
Liberty Commons Nursing Center, Inc
Liberty Commons Nursing & Rehabilitation Center of Ballantyne, LLC
Liberty Commons Nursing & Rehabilitation Center of Bladen County, LLC
Liberty Commons Nursing & Rehabilitation Center of Forsyth County, LLC
Liberty Commons Nursing & Rehabilitation Center of Franklin County, LLC
Liberty Commons Nursing & Rehabilitation Center of Highland House, LLC (HHN)

LIBERTY HEALTHCARE SERVICES RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 1—Plan description (continued)

Participating Companies

Liberty Commons Nursing & Rehabilitation Center of Lee Tramway, LLC
Liberty Commons Nursing & Rehabilitation Center of Matthews, LLC
Liberty Commons Nursing & Rehabilitation Center of Moore County, LLC
Liberty Commons Nursing & Rehabilitation Center of Person County, LLC
Liberty Commons Nursing & Rehabilitation Center of Southport, LLC
Liberty Commons Nursing & Rehabilitation Center of The Oaks, LLC
Liberty Commons Nursing & Rehabilitation Center of Warren County, LLC
Liberty Commons Nursing & Rehabilitation Center of Watauga County, LLC
Liberty Commons Nursing & Rehabilitation Center of Yadkin County, LLC
Liberty Commons of Haywood County, LLC
Liberty Commons of Kernersville, LLC dba Summerstone Rehabilitation and Health Center
Liberty Commons of Robeson County, LLC
Liberty Healthcare Management, Inc.
Liberty Healthcare Services of Golden Years Nursing Center, LLC
Liberty Healthcare Services of Mary Gran Nursing Center, LLC
Liberty Healthcare Services of Southwood Nursing Center, LLC
Liberty Home Care II, LLC
Liberty Home Care IV, LLC
Liberty Home Care V
Liberty Home Care VI, LLC
Liberty Home Care VII, LLC
Liberty Home Care, LLC
Liberty Living Management, LLC (Division LLM)
Liberty Management of Briar Chapel, LLC DBA: Inspire Briar Chapel
Liberty Management of Brunswick Forest, LLC
Liberty Management of Carrollton, LLC
Liberty Management of Columbia, LLC
Liberty Management of Matthews, LLC (LMM)
Liberty Management of Rock Hill, LLC
Liberty Management of Wellington Bay, LLC
Liberty Medical Care Services, LLC
Liberty Medical Specialties, Inc.
Liberty Private Care of Haywood County, LLC
Liberty Private Care, LLC
Long Term Care Mgmt Services, LLC
Pelt Drive Healthcare of Cumberland County LLC DBA Woodlands Nursing Center and Rehabilitation Center
Peninsula Management of Charleston, LLC
Pisgah Valley Retirement Center, LLC
Quail Haven Healthcare Center of Pinehurst, LLC
Quail Haven of Pinehurst, LLC
Raleigh CCRC Management, LLC
Shoreland Healthcare and Retirement Center, Inc.
South Bay Management at Mt. Pleasant, LLC
Three Rivers Health and Rehabilitation Center, LLC
Waterford Management of Hermitage, LLC

LIBERTY HEALTHCARE SERVICES RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 1—Plan description (continued)

The Plan was established August 1, 1997 and most recently restated March 23, 2022. The Plan was amended during 2024 to update the list of participating Companies. Employees must have one month of service, be age 20 or older, and not be covered by a collective bargaining agreement to be eligible to participate in the Plan. Participants are eligible for employer contributions after completing 12 months of service. In accordance with Internal Revenue Code (“IRC”) Section 414(b), the Companies are a controlled group of corporations whereby all employees of each company shall be treated as employed by a single employer. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Contributions – Each year, participants may contribute up to 50% of eligible compensation, as defined by the Plan, to the maximum statutory limits under the IRC. The Plan has a 2% automatic deferral election, meaning that if an eligible participant does not specifically designate that he or she does not want to participate, then 2% of eligible compensation, as defined in the Plan, will be automatically deferred into the Plan. Participants may change their salary reductions as of the beginning of each payroll period. Participants who have attained age 50 before the end of the year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Companies may match an additional amount to the Plan at their discretion. During 2024, the Companies contributed 35% of the first 4% of each participant’s contribution. These contributions are allocated to one or more of the various investment options as directed by the Plan participants and investment allocation can be changed by the participant at any time.

Participant Accounts – Each participant’s account is credited with the participant’s contribution and allocations of (a) the Companies’ discretionary and nonelective contribution and (b) the Plan’s earnings (losses) and charged with the participant’s distributions and an allocation of any administrative expenses not paid by the Plan sponsors. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Vesting – Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Companies’ discretionary and non-elective matching contribution portion of their accounts, plus actual earnings thereon, is based on years of continuous service. Employees with two through five years of service are partially vested in their accounts as follows: two years – 20% vesting, three years – 40% vesting, four years – 60% vesting, and five years – 80% vesting. Full vesting occurs upon completion of six years of service. In all events, amounts allocated to employer contribution accounts become 100% vested if a participant is actively employed upon attainment of normal retirement age of 59½, disability, or death.

Forfeited Accounts – As of December 31, 2024 and 2023, forfeited nonvested accounts totaled \$158,382 and \$151,764, respectively. These amounts will be used to reduce future Plan expenses and employer contributions. During the year ended December 31, 2024, \$128,575 of forfeited nonvested accounts was used to pay Plan expenses and \$159,580 was used to reduce employer contributions.

Payment of Benefits – Upon the event of separation of service, death, disability, or retirement, a participant may elect to receive an amount equal to the value of the participant’s vested interest in their account. Payments may be made in cash only, except for insurance and annuity contract distributions. The Plan sponsors may cash out any participant account balances less than \$5,000. The Plan requires consent from the participant for any distributions over \$5,000. Hardship distributions are permitted from all account contribution types upon the participant demonstrating a financial burden. The minimum distribution is \$500. In-service distributions are permitted to participants who have not separated and attained age 59½.

LIBERTY HEALTHCARE SERVICES RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 1—Plan description (continued)

Notes Receivable from Participants – Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 reduced by their highest outstanding note receivable balance during the preceding 12-month period or 50% of their eligible account balance. The notes are secured by the balance in the participant's account and bear interest at a reasonable rate as determined by the Plan administrator (4.25% to 9.50% as of December 31, 2024) and must be repaid within five years, unless the funds borrowed are used towards the purchase of a primary residence. Principal and interest are paid ratably through payroll deductions and allocated to the appropriate funds according to the participant's investment election at the time of the payment.

Expenses – The Companies pay certain administrative expenses on behalf of the Plan which are excluded from these financial statements. Investment-related expenses are included in net appreciation in fair value of investments.

Note 2—Summary of significant accounting policies

Basis of Accounting – The Plan's financial statements are prepared on the accrual basis of accounting. This basis conforms to accounting principles generally accepted in the United States of America ("U.S. GAAP").

Estimates – The preparation of financial statements in conformity with U.S. GAAP requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition – Investments, other than fully benefit-responsive investments, are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

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

Fair Value Measurements – U.S. GAAP defines fair value 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 value hierarchy which requires an entity to maximize the use of observable inputs when measuring fair value.

LIBERTY HEALTHCARE SERVICES RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 2—Summary of significant accounting policies (continued)

U.S. GAAP describes three levels of inputs that may be used to measure fair value:

Level 1 – Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date;

Level 2 – Inputs to the valuation methodology are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies; and

Level 3 – Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The Plan uses appropriate valuation methodologies based on the available inputs to measure the fair value of its investments. The following are descriptions of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy:

Mutual Funds – These investments are public investment vehicles valued using the net asset value (“NAV”) provided by the administrator of the fund. NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. NAV is a quoted price in an active market and classified within Level 1 of the valuation hierarchy.

Money Market Fund – This investment is generally a short-term money market fund valued using \$1 for the unit value. Fidelity Management Trust Company, the “qualified institution” or “Trustee” establishes the market and quotes the price, on a daily basis, that is available to market participants. This valuation method is a market approach. As such, the money market fund is classified within Level 2 of the valuation hierarchy.

Self-Directed Investments - Underlying individual securities in the self-directed investments are valued based upon the closing price of shares or units reported on the market on which the individual securities are traded. Underlying securities are classified within Level 1 of the valuation hierarchy because closing prices are reported on active markets.

Common Collective Trust Funds – Funds that are composed primarily of investments in other collective funds and mutual funds that are valued at NAV of units of the bank collective trusts. NAV 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 NAV.

The Plan believes its valuation methods are appropriate and consistent with other market participants; however, 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. There have been no changes in the valuation methodology as of December 31, 2024 or 2023.

LIBERTY HEALTHCARE SERVICES RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 2—Summary of significant accounting policies (continued)

Risks and Uncertainties – The Plan invests in various investment securities. Investment securities in general, are subject to various risks, such as interest rate, credit, and overall market volatility. Due to the levels of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. 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 notes receivable are reclassified as distributions based upon the terms of the Plan document.

Excess Contributions Payable – Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service ("IRS") are recorded as a liability with a corresponding reduction to contributions.

Payments of Benefits – Benefit payments are recorded when paid. At December 31, 2024 and 2023, there were no benefit payments requested and not yet disbursed.

Note 3—Information certified by the qualified institution (unaudited)

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity Management Trust Company, the "qualified institution" or "Trustee" has certified to the completeness and accuracy of the following data included in the accompanying financial statements and supplemental schedule:

- Investments at fair value, investments at contract value and notes receivable from participants as shown in the statements of net assets available for benefits as of December 31, 2024 and 2023.
- Net appreciation in fair value of investments, interest and dividends income, and interest income on notes receivable from participants as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2024.
- Schedule of Assets (Held at End of Year) – Form 5500, Schedule H, Part IV, Line 4i as of December 31, 2024.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

LIBERTY HEALTHCARE SERVICES RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 4—Guaranteed investment contract

At December 31, 2024, the Plan holds an investment in the New York Life Anchor Account (“New York Life”), which is a Guaranteed Investment Contract (“GIC”). New York Life maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported by New York Life. The issuer of the GIC is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

The GIC is fully benefit-responsive, and the contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the GIC. Contract value, as reported to the Plan by New York Life, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are generally no events that limit the availability of the Plan to transact at the contract value paid within 90 days or in rare circumstances, contract value paid over time. There are no events that allow the issuer to terminate the contract and which require the Plan administrator to settle at an amount different than the contract value paid either within 90 days or over time.

Note 5—Fair value measurements

The following tables set forth by level, within the fair value hierarchy, the Plan’s assets at fair value on a recurring basis:

As of December 31, 2024	Level 1	Level 2	Level 3	Fair Value
Investments:				
Mutual funds	\$ 37,322,403	\$ -	\$ -	\$ 37,322,403
Money market fund	-	1,023,794	-	1,023,794
Self-directed investments	875,851	-	-	875,851
	<u>\$ 38,198,254</u>	<u>\$ 1,023,794</u>	<u>\$ -</u>	<u>39,222,048</u>
Investments measured at NAV *				<u>50,662,123</u>
Investments, at fair value				<u>\$ 89,884,171</u>
As of December 31, 2023	Level 1	Level 2	Level 3	Fair Value
Investments:				
Mutual funds	\$ 34,340,409	\$ -	\$ -	\$ 34,340,409
Money market fund	-	1,031,948	-	1,031,948
Self-directed investments	733,029	-	-	733,029
	<u>\$ 35,073,438</u>	<u>\$ 1,031,948</u>	<u>\$ -</u>	<u>36,105,386</u>
Investments measured at NAV *				<u>42,849,790</u>
Investments, at fair value				<u>\$ 78,955,176</u>

(*) In accordance with U.S. GAAP, certain investments that are measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

LIBERTY HEALTHCARE SERVICES RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 5—Fair value measurements (continued)

The following tables summarize investments measured at fair value based on NAV per share as of December 31, 2024 and 2023. There are no participant redemption restrictions for these investments; the redemption notice period is applicable to the Plan:

December 31, 2024				
Asset	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Period
Common collective trust funds	\$ 50,662,123	n/a	Daily	Same business day - before 4:00 p.m. (EST)

December 31, 2023				
Asset	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Period
Stable value common collective trust funds	\$ 3,771,493	n/a	Daily	12 months
Common collective trust funds	\$ 39,078,297	n/a	Daily	Same business day - before 4:00 p.m. (EST)

The Plan invests in common collective trust funds with investments in contracts at fair value of the underlying investments, and are then adjusted by the issuer to NAV. The funds may invest in fixed interest insurance investment contracts, money market funds, corporate and government bonds, mortgage-backed securities, bond funds, and other fixed income securities. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at NAV. NAV represents contributions made to the fund, plus earnings, less participant withdrawals. The risk of the common collective trust and its net realizable value are dependent upon the financial stability of the issuing entity and its ability to fulfill the terms of the contract. There were no reserves established against the value for credit risk at December 31, 2024 and 2023.

Note 6—Income tax status

The Plan has a standardized prototype plan sponsored by Fidelity Management & Research Co. Fidelity Management & Research Co. received an opinion letter from the IRS dated June 30, 2020, which states that the prototype documents satisfy the applicable provisions of the IRC. The Plan itself has not received a determination letter from the IRS. Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and, therefore, believe the Plan is qualified, and the related trust is tax-exempt. No provision for income tax has been included in the Plan's financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to audit by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

LIBERTY HEALTHCARE SERVICES RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 7—Plan termination

Although it has not expressed any intent to do so, the Companies have the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Note 8—Reconciliation of financial statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per financial statements	\$ 95,521,995	\$ 80,500,081
Excess contributions payable	51,444	92,196
Net assets available for benefits per Form 5500	<u>\$ 95,573,439</u>	<u>\$ 80,592,277</u>

The following is a reconciliation of the change in net assets available for benefits per the financial statements to Form 5500 for the year ended December 31, 2024:

Net increase in net assets available for benefits per financial statements	\$ 15,021,914
Change in excess contributions payable	<u>(40,752)</u>
Net increase in net assets available for benefits per Form 5500	<u>\$ 14,981,162</u>

Note 9—Party-in-interest transactions

Fees incurred and paid directly by the Plan for investment management, recordkeeping, and auditing services amounted to \$463,933 for the year ended December 31, 2024. Certain administrative expenses of the Plan are paid by the Companies as provided by the Plan document. Additionally, notes receivable from participants qualify as party-in-interest transactions.

Note 10—Subsequent events

The Plan has evaluated subsequent events through September 29, 2025, which is the date the financial statements were available to be issued and has determined there were no events that required disclosure.

SUPPLEMENTAL SCHEDULE

LIBERTY HEALTHCARE SERVICES RETIREMENT PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EIN: 56-2116528, PLAN NUMBER: 001

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	(e) Current Value
Mutual Funds:			
*	Fidelity	FID 500 INDEX	\$ 9,572,035
*	Fidelity	FID US BOND IDX	797,967
*	Fidelity	FID EXTD MKT IDX	1,478,013
*	Fidelity	FID TOTAL INTL IDX	575,520
*	Fidelity	LOOMIS SM CP GRTH N	3,795,263
*	Fidelity	CRLN E MID CAP GR R6	4,883,382
*	Fidelity	DRIEHAUS EM GRTH IS	728,338
*	Fidelity	AS SPL SM CAP VAL R6	374,951
*	Fidelity	ALGER CAP APPREC Z	11,657,463
*	Fidelity	PIF REAL EST SEC IS	709,848
*	Fidelity	JH DSCPL VAL MDCP R6	2,749,623
Total Mutual Funds			<u>37,322,403</u>
Money Market Fund:			
*	Fidelity	Fimm Govt Inst	<u>1,023,794</u>
Self-Directed Investments			<u>875,851</u>
Common Collective Trusts:			
*	Fidelity	MFS LRG CAP VALUE CT	5,788,419
*	Fidelity	INCOME MAP	498,424
*	Fidelity	CONSERVATIVE MAP	1,477,752
*	Fidelity	MODERATE MAP	32,866,140
*	Fidelity	GROWTH MAP	3,097,823
*	Fidelity	FIAM CORE PLUS CL I	3,118,419
*	Fidelity	AGGRESSIVE MAP	3,815,146
Total Common Collective Trusts			<u>50,662,123</u>
Guaranteed Investment Contract:			
	NY Life	NYL ANCHOR ACCOUNT	<u>3,354,362</u>
*	Participant Loans	Notes receivable from participants bearing interest at rates from 4.25% to 9.50% with maturity dates to December 2034.	<u>2,334,906</u>
Total Assets (Held at End of Year)			<u>\$ 95,573,439</u>

An asterisk (*) in column (a) represents a party-in-interest to the Plan.
Column (d) has been omitted since cost is not required for participant-directed investments.

LIBERTY HEALTHCARE SERVICES RETIREMENT PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

*As of December 31, 2024 and 2023 and
for the Year Ended December 31, 2024*

And Report of Independent Auditor

LIBERTY HEALTHCARE SERVICES RETIREMENT PLAN
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SUPPLEMENTAL SCHEDULE

Schedule of Assets (Held at End of Year) – Form 5500, Schedule H, Part IV, Line 4i 15

Note: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Report of Independent Auditor

To the Plan Administrator
Liberty Healthcare Services Retirement Plan
Wilmington, North Carolina

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

We have performed audits of the accompanying financial statements of Liberty Healthcare Services Retirement Plan (the “Plan”), employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (“ERISA”), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan’s financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor’s (“DOL”) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (“investment information”) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of DOL’s Rules and Regulations for Reporting and Disclosure under ERISA (“qualified institution”).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investments information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the *Auditor’s Responsibilities for the Audit of the Financial Statements* section:

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the *Auditor’s Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audits, significant audit findings, and certain internal control related matters that we identified during the audits.

Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule of Assets (Held at End of Year) – Form 5500, Schedule H, Part IV, Line 4i as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Cherry Bekaert LLP

Raleigh, North Carolina
September 29, 2025

LIBERTY HEALTHCARE SERVICES RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at Fair Value:		
Mutual funds	\$ 37,322,403	\$ 34,340,409
Money market fund	1,023,794	1,031,948
Self-directed investments	875,851	733,029
Common collective trusts	<u>50,662,123</u>	<u>42,849,790</u>
Total Investments at Fair Value	89,884,171	78,955,176
Investments at contract value	<u>3,354,362</u>	<u>-</u>
Total Investments	93,238,533	78,955,176
Receivables:		
Notes receivable from participants	<u>2,334,906</u>	<u>1,637,101</u>
Total Assets	95,573,439	80,592,277
Excess contributions payable	<u>51,444</u>	<u>92,196</u>
Net Assets Available for Benefits	<u><u>\$ 95,521,995</u></u>	<u><u>\$ 80,500,081</u></u>

The accompanying notes to the financial statements are an integral part of these statements.

LIBERTY HEALTHCARE SERVICES RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2024

Additions to net assets attributed to:

Investment Income:

Net appreciation in fair value of investments	9,995,407
Interest and dividends	<u>2,589,384</u>
Total Investment Income	<u>12,584,791</u>

Interest income on notes receivable from participants	<u>157,575</u>
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Contributions:

Employer	1,776,719
Participants	11,268,422
Rollovers	<u>1,899,487</u>

Total Contributions	<u>14,944,628</u>
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Total Additions	<u>27,686,994</u>
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Deductions from net assets attributed to:

Benefits paid to participants	12,201,147
Administrative expenses	<u>463,933</u>

Total Deductions	<u>12,665,080</u>
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Net increase in net assets available for benefits	15,021,914
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Net assets available for benefits, beginning of year	<u>80,500,081</u>
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Net assets available for benefits, end of year	<u><u>\$ 95,521,995</u></u>
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The accompanying notes to the financial statements are an integral part of these statements.

LIBERTY HEALTHCARE SERVICES RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 1—Plan description

The following description of Liberty Healthcare Services Retirement Plan (the “Plan”) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan’s provisions.

General – The Plan is a defined contribution plan covering all permanent employees effective from December 31, 2024 of the participating Companies (collectively, the “Companies” or “Plan sponsors”). A list of the Companies is as follows:

Participating Companies

190 Spring Street Management, LLC
Barclay Senior Living Southpark, LLC
Brightmore Independent Living, LLC
Brightmore Senior Living of Cary, LLC
Brightmore of South Charlotte, LLC
Carolina Bay Healthcare Center Management of Wilmington, LLC
Carolina Bay Management of Wilmington
Home Care Mgmt Services, LLC
J.A. McNeill & Sons & Daughter II LLC
J.A. McNeill & Sons & Daughter, LLC
J.A. McNeill & Sons, Inc.
Kempton Assisted Living, LLC
Kempton Management of Greenville, LLC
Kempton Management of Lexington, LLC
Kirby Gates Management of Memphis, LLC
Legion Road Healthcare of Orange County, LLC dba Parkview Health and Rehabilitation Center
Liberty Advantage, LLC
Liberty Assisted Living of Franklin County, LLC
Liberty Commons Assisted Living of Onslow County
Liberty Commons Nursing & Rehabilitation Center of Alamance County, LLC
Liberty Commons Nursing & Rehabilitation Center of Columbus County, LLC
Liberty Commons Nursing & Rehabilitation Center of Davie County, LLC
Liberty Commons Nursing & Rehabilitation Center of Halifax County, LLC
Liberty Commons Nursing & Rehabilitation Center of Johnston County, LLC
Liberty Commons Nursing & Rehabilitation Center of Lee County, LLC
Liberty Commons Nursing & Rehabilitation Center of Rowan County, LLC
Liberty Commons Nursing & Rehabilitation Center of Wake County, LLC
Liberty Commons Nursing Center, Inc
Liberty Commons Nursing & Rehabilitation Center of Ballantyne, LLC
Liberty Commons Nursing & Rehabilitation Center of Bladen County, LLC
Liberty Commons Nursing & Rehabilitation Center of Forsyth County, LLC
Liberty Commons Nursing & Rehabilitation Center of Franklin County, LLC
Liberty Commons Nursing & Rehabilitation Center of Highland House, LLC (HHN)

LIBERTY HEALTHCARE SERVICES RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 1—Plan description (continued)

Participating Companies

Liberty Commons Nursing & Rehabilitation Center of Lee Tramway, LLC
Liberty Commons Nursing & Rehabilitation Center of Matthews, LLC
Liberty Commons Nursing & Rehabilitation Center of Moore County, LLC
Liberty Commons Nursing & Rehabilitation Center of Person County, LLC
Liberty Commons Nursing & Rehabilitation Center of Southport, LLC
Liberty Commons Nursing & Rehabilitation Center of The Oaks, LLC
Liberty Commons Nursing & Rehabilitation Center of Warren County, LLC
Liberty Commons Nursing & Rehabilitation Center of Watauga County, LLC
Liberty Commons Nursing & Rehabilitation Center of Yadkin County, LLC
Liberty Commons of Haywood County, LLC
Liberty Commons of Kernersville, LLC dba Summerstone Rehabilitation and Health Center
Liberty Commons of Robeson County, LLC
Liberty Healthcare Management, Inc.
Liberty Healthcare Services of Golden Years Nursing Center, LLC
Liberty Healthcare Services of Mary Gran Nursing Center, LLC
Liberty Healthcare Services of Southwood Nursing Center, LLC
Liberty Home Care II, LLC
Liberty Home Care IV, LLC
Liberty Home Care V
Liberty Home Care VI, LLC
Liberty Home Care VII, LLC
Liberty Home Care, LLC
Liberty Living Management, LLC (Division LLM)
Liberty Management of Briar Chapel, LLC DBA: Inspire Briar Chapel
Liberty Management of Brunswick Forest, LLC
Liberty Management of Carrollton, LLC
Liberty Management of Columbia, LLC
Liberty Management of Matthews, LLC (LMM)
Liberty Management of Rock Hill, LLC
Liberty Management of Wellington Bay, LLC
Liberty Medical Care Services, LLC
Liberty Medical Specialties, Inc.
Liberty Private Care of Haywood County, LLC
Liberty Private Care, LLC
Long Term Care Mgmt Services, LLC
Pelt Drive Healthcare of Cumberland County LLC DBA Woodlands Nursing Center and Rehabilitation Center
Peninsula Management of Charleston, LLC
Pisgah Valley Retirement Center, LLC
Quail Haven Healthcare Center of Pinehurst, LLC
Quail Haven of Pinehurst, LLC
Raleigh CCRC Management, LLC
Shoreland Healthcare and Retirement Center, Inc.
South Bay Management at Mt. Pleasant, LLC
Three Rivers Health and Rehabilitation Center, LLC
Waterford Management of Hermitage, LLC

LIBERTY HEALTHCARE SERVICES RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 1—Plan description (continued)

The Plan was established August 1, 1997 and most recently restated March 23, 2022. The Plan was amended during 2024 to update the list of participating Companies. Employees must have one month of service, be age 20 or older, and not be covered by a collective bargaining agreement to be eligible to participate in the Plan. Participants are eligible for employer contributions after completing 12 months of service. In accordance with Internal Revenue Code (“IRC”) Section 414(b), the Companies are a controlled group of corporations whereby all employees of each company shall be treated as employed by a single employer. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Contributions – Each year, participants may contribute up to 50% of eligible compensation, as defined by the Plan, to the maximum statutory limits under the IRC. The Plan has a 2% automatic deferral election, meaning that if an eligible participant does not specifically designate that he or she does not want to participate, then 2% of eligible compensation, as defined in the Plan, will be automatically deferred into the Plan. Participants may change their salary reductions as of the beginning of each payroll period. Participants who have attained age 50 before the end of the year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Companies may match an additional amount to the Plan at their discretion. During 2024, the Companies contributed 35% of the first 4% of each participant’s contribution. These contributions are allocated to one or more of the various investment options as directed by the Plan participants and investment allocation can be changed by the participant at any time.

Participant Accounts – Each participant’s account is credited with the participant’s contribution and allocations of (a) the Companies’ discretionary and nonelective contribution and (b) the Plan’s earnings (losses) and charged with the participant’s distributions and an allocation of any administrative expenses not paid by the Plan sponsors. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Vesting – Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Companies’ discretionary and non-elective matching contribution portion of their accounts, plus actual earnings thereon, is based on years of continuous service. Employees with two through five years of service are partially vested in their accounts as follows: two years – 20% vesting, three years – 40% vesting, four years – 60% vesting, and five years – 80% vesting. Full vesting occurs upon completion of six years of service. In all events, amounts allocated to employer contribution accounts become 100% vested if a participant is actively employed upon attainment of normal retirement age of 59½, disability, or death.

Forfeited Accounts – As of December 31, 2024 and 2023, forfeited nonvested accounts totaled \$158,382 and \$151,764, respectively. These amounts will be used to reduce future Plan expenses and employer contributions. During the year ended December 31, 2024, \$128,575 of forfeited nonvested accounts was used to pay Plan expenses and \$159,580 was used to reduce employer contributions.

Payment of Benefits – Upon the event of separation of service, death, disability, or retirement, a participant may elect to receive an amount equal to the value of the participant’s vested interest in their account. Payments may be made in cash only, except for insurance and annuity contract distributions. The Plan sponsors may cash out any participant account balances less than \$5,000. The Plan requires consent from the participant for any distributions over \$5,000. Hardship distributions are permitted from all account contribution types upon the participant demonstrating a financial burden. The minimum distribution is \$500. In-service distributions are permitted to participants who have not separated and attained age 59½.

LIBERTY HEALTHCARE SERVICES RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 1—Plan description (continued)

Notes Receivable from Participants – Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 reduced by their highest outstanding note receivable balance during the preceding 12-month period or 50% of their eligible account balance. The notes are secured by the balance in the participant's account and bear interest at a reasonable rate as determined by the Plan administrator (4.25% to 9.50% as of December 31, 2024) and must be repaid within five years, unless the funds borrowed are used towards the purchase of a primary residence. Principal and interest are paid ratably through payroll deductions and allocated to the appropriate funds according to the participant's investment election at the time of the payment.

Expenses – The Companies pay certain administrative expenses on behalf of the Plan which are excluded from these financial statements. Investment-related expenses are included in net appreciation in fair value of investments.

Note 2—Summary of significant accounting policies

Basis of Accounting – The Plan's financial statements are prepared on the accrual basis of accounting. This basis conforms to accounting principles generally accepted in the United States of America ("U.S. GAAP").

Estimates – The preparation of financial statements in conformity with U.S. GAAP requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition – Investments, other than fully benefit-responsive investments, are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

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

Fair Value Measurements – U.S. GAAP defines fair value 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 value hierarchy which requires an entity to maximize the use of observable inputs when measuring fair value.

LIBERTY HEALTHCARE SERVICES RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 2—Summary of significant accounting policies (continued)

U.S. GAAP describes three levels of inputs that may be used to measure fair value:

Level 1 – Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date;

Level 2 – Inputs to the valuation methodology are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies; and

Level 3 – Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The Plan uses appropriate valuation methodologies based on the available inputs to measure the fair value of its investments. The following are descriptions of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy:

Mutual Funds – These investments are public investment vehicles valued using the net asset value (“NAV”) provided by the administrator of the fund. NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. NAV is a quoted price in an active market and classified within Level 1 of the valuation hierarchy.

Money Market Fund – This investment is generally a short-term money market fund valued using \$1 for the unit value. Fidelity Management Trust Company, the “qualified institution” or “Trustee” establishes the market and quotes the price, on a daily basis, that is available to market participants. This valuation method is a market approach. As such, the money market fund is classified within Level 2 of the valuation hierarchy.

Self-Directed Investments - Underlying individual securities in the self-directed investments are valued based upon the closing price of shares or units reported on the market on which the individual securities are traded. Underlying securities are classified within Level 1 of the valuation hierarchy because closing prices are reported on active markets.

Common Collective Trust Funds – Funds that are composed primarily of investments in other collective funds and mutual funds that are valued at NAV of units of the bank collective trusts. NAV 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 NAV.

The Plan believes its valuation methods are appropriate and consistent with other market participants; however, 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. There have been no changes in the valuation methodology as of December 31, 2024 or 2023.

LIBERTY HEALTHCARE SERVICES RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 2—Summary of significant accounting policies (continued)

Risks and Uncertainties – The Plan invests in various investment securities. Investment securities in general, are subject to various risks, such as interest rate, credit, and overall market volatility. Due to the levels of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. 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 notes receivable are reclassified as distributions based upon the terms of the Plan document.

Excess Contributions Payable – Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service ("IRS") are recorded as a liability with a corresponding reduction to contributions.

Payments of Benefits – Benefit payments are recorded when paid. At December 31, 2024 and 2023, there were no benefit payments requested and not yet disbursed.

Note 3—Information certified by the qualified institution (unaudited)

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity Management Trust Company, the "qualified institution" or "Trustee" has certified to the completeness and accuracy of the following data included in the accompanying financial statements and supplemental schedule:

- Investments at fair value, investments at contract value and notes receivable from participants as shown in the statements of net assets available for benefits as of December 31, 2024 and 2023.
- Net appreciation in fair value of investments, interest and dividends income, and interest income on notes receivable from participants as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2024.
- Schedule of Assets (Held at End of Year) – Form 5500, Schedule H, Part IV, Line 4i as of December 31, 2024.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

LIBERTY HEALTHCARE SERVICES RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 4—Guaranteed investment contract

At December 31, 2024, the Plan holds an investment in the New York Life Anchor Account (“New York Life”), which is a Guaranteed Investment Contract (“GIC”). New York Life maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported by New York Life. The issuer of the GIC is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

The GIC is fully benefit-responsive, and the contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the GIC. Contract value, as reported to the Plan by New York Life, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are generally no events that limit the availability of the Plan to transact at the contract value paid within 90 days or in rare circumstances, contract value paid over time. There are no events that allow the issuer to terminate the contract and which require the Plan administrator to settle at an amount different than the contract value paid either within 90 days or over time.

Note 5—Fair value measurements

The following tables set forth by level, within the fair value hierarchy, the Plan’s assets at fair value on a recurring basis:

As of December 31, 2024	Level 1	Level 2	Level 3	Fair Value
Investments:				
Mutual funds	\$ 37,322,403	\$ -	\$ -	\$ 37,322,403
Money market fund	-	1,023,794	-	1,023,794
Self-directed investments	875,851	-	-	875,851
	<u>\$ 38,198,254</u>	<u>\$ 1,023,794</u>	<u>\$ -</u>	<u>39,222,048</u>
Investments measured at NAV *				<u>50,662,123</u>
Investments, at fair value				<u>\$ 89,884,171</u>
As of December 31, 2023	Level 1	Level 2	Level 3	Fair Value
Investments:				
Mutual funds	\$ 34,340,409	\$ -	\$ -	\$ 34,340,409
Money market fund	-	1,031,948	-	1,031,948
Self-directed investments	733,029	-	-	733,029
	<u>\$ 35,073,438</u>	<u>\$ 1,031,948</u>	<u>\$ -</u>	<u>36,105,386</u>
Investments measured at NAV *				<u>42,849,790</u>
Investments, at fair value				<u>\$ 78,955,176</u>

(*) In accordance with U.S. GAAP, certain investments that are measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

LIBERTY HEALTHCARE SERVICES RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 5—Fair value measurements (continued)

The following tables summarize investments measured at fair value based on NAV per share as of December 31, 2024 and 2023. There are no participant redemption restrictions for these investments; the redemption notice period is applicable to the Plan:

December 31, 2024				
Asset	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Period
Common collective trust funds	\$ 50,662,123	n/a	Daily	Same business day - before 4:00 p.m. (EST)

December 31, 2023				
Asset	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Period
Stable value common collective trust funds	\$ 3,771,493	n/a	Daily	12 months
Common collective trust funds	\$ 39,078,297	n/a	Daily	Same business day - before 4:00 p.m. (EST)

The Plan invests in common collective trust funds with investments in contracts at fair value of the underlying investments, and are then adjusted by the issuer to NAV. The funds may invest in fixed interest insurance investment contracts, money market funds, corporate and government bonds, mortgage-backed securities, bond funds, and other fixed income securities. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at NAV. NAV represents contributions made to the fund, plus earnings, less participant withdrawals. The risk of the common collective trust and its net realizable value are dependent upon the financial stability of the issuing entity and its ability to fulfill the terms of the contract. There were no reserves established against the value for credit risk at December 31, 2024 and 2023.

Note 6—Income tax status

The Plan has a standardized prototype plan sponsored by Fidelity Management & Research Co. Fidelity Management & Research Co. received an opinion letter from the IRS dated June 30, 2020, which states that the prototype documents satisfy the applicable provisions of the IRC. The Plan itself has not received a determination letter from the IRS. Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and, therefore, believe the Plan is qualified, and the related trust is tax-exempt. No provision for income tax has been included in the Plan's financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to audit by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

LIBERTY HEALTHCARE SERVICES RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

Note 7—Plan termination

Although it has not expressed any intent to do so, the Companies have the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Note 8—Reconciliation of financial statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per financial statements	\$ 95,521,995	\$ 80,500,081
Excess contributions payable	51,444	92,196
Net assets available for benefits per Form 5500	<u>\$ 95,573,439</u>	<u>\$ 80,592,277</u>

The following is a reconciliation of the change in net assets available for benefits per the financial statements to Form 5500 for the year ended December 31, 2024:

Net increase in net assets available for benefits per financial statements	\$ 15,021,914
Change in excess contributions payable	<u>(40,752)</u>
Net increase in net assets available for benefits per Form 5500	<u>\$ 14,981,162</u>

Note 9—Party-in-interest transactions

Fees incurred and paid directly by the Plan for investment management, recordkeeping, and auditing services amounted to \$463,933 for the year ended December 31, 2024. Certain administrative expenses of the Plan are paid by the Companies as provided by the Plan document. Additionally, notes receivable from participants qualify as party-in-interest transactions.

Note 10—Subsequent events

The Plan has evaluated subsequent events through September 29, 2025, which is the date the financial statements were available to be issued and has determined there were no events that required disclosure.

SUPPLEMENTAL SCHEDULE

LIBERTY HEALTHCARE SERVICES RETIREMENT PLAN
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
FORM 5500, SCHEDULE H, PART IV, LINE 4i
EIN: 56-2116528, PLAN NUMBER: 001

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	(e) Current Value
Mutual Funds:			
*	Fidelity	FID 500 INDEX	\$ 9,572,035
*	Fidelity	FID US BOND IDX	797,967
*	Fidelity	FID EXTD MKT IDX	1,478,013
*	Fidelity	FID TOTAL INTL IDX	575,520
*	Fidelity	LOOMIS SM CP GRTH N	3,795,263
*	Fidelity	CRLN E MID CAP GR R6	4,883,382
*	Fidelity	DRIEHAUS EM GRTH IS	728,338
*	Fidelity	AS SPL SM CAP VAL R6	374,951
*	Fidelity	ALGER CAP APPREC Z	11,657,463
*	Fidelity	PIF REAL EST SEC IS	709,848
*	Fidelity	JH DSCPL VAL MDCP R6	2,749,623
Total Mutual Funds			<u>37,322,403</u>
Money Market Fund:			
*	Fidelity	Fimm Govt Inst	<u>1,023,794</u>
Self-Directed Investments			<u>875,851</u>
Common Collective Trusts:			
*	Fidelity	MFS LRG CAP VALUE CT	5,788,419
*	Fidelity	INCOME MAP	498,424
*	Fidelity	CONSERVATIVE MAP	1,477,752
*	Fidelity	MODERATE MAP	32,866,140
*	Fidelity	GROWTH MAP	3,097,823
*	Fidelity	FIAM CORE PLUS CL I	3,118,419
*	Fidelity	AGGRESSIVE MAP	3,815,146
Total Common Collective Trusts			<u>50,662,123</u>
Guaranteed Investment Contract:			
	NY Life	NYL ANCHOR ACCOUNT	<u>3,354,362</u>
*	Participant Loans	Notes receivable from participants bearing interest at rates from 4.25% to 9.50% with maturity dates to December 2034.	<u>2,334,906</u>
Total Assets (Held at End of Year)			<u>\$ 95,573,439</u>

An asterisk (*) in column (a) represents a party-in-interest to the Plan.
Column (d) has been omitted since cost is not required for participant-directed investments.