

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: DEFINED BENEFIT PENSION PLAN OF CURATIVE CARE NETWORK, INC. 1b Three-digit plan number (PN): 001 1c Effective date of plan: 07/01/1977 2a Plan sponsor's name, mailing address, city... 2b Employer Identification Number (EIN): 39-0806286 2c Plan Sponsor's telephone number: 414-259-1414 2d Business code (see instructions): 621340

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

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

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

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	408
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	23
	<b>6a(2)</b>	0
	<b>6b</b>	0
	<b>6c</b>	0
	<b>6d</b>	0
	<b>6e</b>	0
	<b>6f</b>	0
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A 1H 1I 3D

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

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

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

**a Pension Schedules**

- (1)  **R** (Retirement Plan Information)
- (2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached 0
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

---

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

---

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

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

---

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

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

Receipt Confirmation Code \_\_\_\_\_

---

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

For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<b>A</b> Name of plan <b>DEFINED BENEFIT PENSION PLAN OF CURATIVE CARE NETWORK, INC.</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CURATIVE CARE NETWORK, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>39-0806286</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

<b>FIDELITY MANAGEMENT &amp; RESEARCH COMP</b>	<b>82 DEVONSHIRE STREET BOSTON, MA 02109</b>
--	--

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

<b>THE VANGUARD GROUP, INC.</b>	<b>PO BOX 2600 VALLEY FORGE, PA 19482-2600</b>
---------------------------------	--

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

<b>DEUTSCHE INVESTMENT MANAGEMENT AMER</b>	<b>222 SOUTH RIVERSIDE PLAZA CHICAGO, IL 60606-5808</b>
--	---

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

<b>AMERICAN CENTURY INVESTMENT MANAGEM</b>	<b>PO BOX 419786 KANSAS CITY, MO 64141-6786</b>
--	---



**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)

BOLTON PARTNERS, INC.

1 W PENNSYLVANIA AVE  
SUITE 600  
TOWSON, MD 21204

(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?
11 38 15 50 17	NONE	306896	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)

COLUMBIA MANAGEMENT INVESTMENT ADVI

13-3180631

(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 51	NONE	142545	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)

GODFREY & KAHN S.C. - ACH

39-1128206

(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?
29	NONE	91831	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"/>

**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)

FIFTH THIRD BANK

31-1051736

(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?
21 50 65	NONE	24905	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)

MASELAN & JONES

6 BEACON ST.  
11TH FLOOR  
BOSTON, MA 02108

(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?
29	NONE	16470	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.

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

<b>a</b> Name: BAKER TILLY US, LLP	<b>b</b> EIN: 39-0859910
<b>c</b> Position: AUDITOR	
<b>d</b> Address: 1000 TOWN CENTER SUITE 2700 SOUTHFIELD, MI 48075	<b>e</b> Telephone: 248-372-7300

Explanation: BAKER TILLY US, LLP COMPLETED A STRATEGIC INVESTMENT ON JUNE 3, 2024, AND AS A RESULT HAS APPLIED FOR AND OBTAINED A NEW EIN. THERE HAS BEEN NO CHANGE IN AUDIT FIRM.

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

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

For calendar plan year 2024 or fiscal plan year beginning <b>07/01/2024</b> and ending <b>06/30/2025</b>	
<b>A</b> Name of plan <b>DEFINED BENEFIT PENSION PLAN OF CURATIVE CARE NETWORK, INC.</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CURATIVE CARE NETWORK, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>39-0806286</b>

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

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

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

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	27607871	0
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	27607871	0

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		0
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	813526	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		813526

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	27838328	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		27838328
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	142545	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	24905	
(7) Actuarial fees .....	<b>2i(7)</b>	306896	
(8) Legal fees .....	<b>2i(8)</b>	108301	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	422	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		583069
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		28421397

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-27607871
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **BAKER TILLY US, LLP**

(2) EIN: **30-1413443**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**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 0.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 570139.

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

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

<b>A</b> Name of plan <u>DEFINED BENEFIT PENSION PLAN OF CURATIVE CARE NETWORK, INC.</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>CURATIVE CARE NETWORK, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>39-0806286</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
<b>2</b> 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>31-1051736</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	138

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

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

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

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

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

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

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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

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

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705279A.

# **Defined Benefit Pension Plan of Curative Care Network, Inc.**

Financial Statements and  
Supplementary Information

June 30, 2025 and 2024

## Table of Contents

Independent Auditors' Report .....	1
Statements of Net Assets Available for Benefits in Liquidation .....	5
Statements of Changes in Net Assets Available for Benefits in Liquidation .....	6
Notes to Financial Statements .....	7
Schedule H, Line 4(j) - Schedule of Reportable Transactions .....	13

## Independent Auditors' Report

To the Plan Administrator of  
Defined Benefit Pension Plan of Curative Care Network, Inc.

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

We have performed audits of the financial statements of Defined Benefit Pension Plan of Curative Care Network, Inc. (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits in liquidation as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits in liquidation for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (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 the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of June 30, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

### Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, 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 accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' 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.

## **Emphasis of Matter - Plan Termination and Liquidation Basis of Accounting**

As discussed in Notes 1 and 2 to the financial statements, the Company's Board of Directors approved a plan of liquidation on March 20, 2024, with an effective date of June 30, 2024 and management determined liquidation is imminent. In accordance with accounting principles generally accepted in the United States of America, the Plan's basis of accounting used in presenting the financial statements is the liquidation basis. Our opinion is not modified with respect to this matter

## **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.

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

## **Auditors' Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS 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 GAAS, 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 Defined Benefit Pension Plan of Curative Care Network, Inc.'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.

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

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

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

#### **Other Matter - Supplemental Schedule Required by ERISA**

The supplemental schedule, Schedule H, Line 4(j) - Schedule of Reportable Transactions, for the year ended June 30, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the 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 GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the 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, are presented, in all material respects, in conformity with the 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).

*Baker Tilly US, LLP*

Southfield, Michigan  
November 14, 2025

## Defined Benefit Pension Plan of Curative Care Network, Inc.

### Statements of Net Assets Available for Benefits in Liquidation

June 30, 2025 and 2024

	2025	2024
<b>Assets</b>		
<b>Investments</b>		
Investments at fair value	\$ -	\$ 27,607,871
<b>Other current assets</b>		
Accrued investment income in liquidation	-	1,177,092
<b>Total assets</b>	-	28,784,963
<b>Liabilities</b>		
<b>Payables</b>		
Accrued expenses to be incurred in liquidation	-	574,524
<b>Total liabilities</b>	-	574,524
<b>Net assets available for benefits</b>	\$ -	\$ 28,210,439

See notes to financial statements

## Defined Benefit Pension Plan of Curative Care Network, Inc.

Statements of Changes in Net Assets Available for Benefits in Liquidation

Years Ended June 30, 2025 and 2024

	2025	2024
<b>Additions</b>		
<b>Investment income</b>		
Interest and dividends	\$ -	\$ 1,068,580
Net appreciation in fair value of investments	18,332	-
<b>Total investment income</b>	<b>18,332</b>	<b>1,068,580</b>
<b>Total additions</b>	<b>18,332</b>	<b>1,068,580</b>
 <b>Deductions</b>		
Net depreciation in fair value of investments	-	690,013
Benefits paid to participants	27,838,328	1,609,937
Administrative expenses	8,545	283,796
<b>Total deductions</b>	<b>27,846,873</b>	<b>2,583,746</b>
<b>Net decrease</b>	<b>(27,828,541)</b>	<b>(1,515,166)</b>
 <b>Adjustments to liquidation basis</b>		
Over accrual of prior year accrued income net of accrued expenses expected to be incurred in liquidation	(381,898)	-
Accrued income expected in liquidation	-	1,177,092
Accrued expenses expected to be incurred in liquidation	-	(574,524)
<b>Net adjustments to liquidation basis</b>	<b>(381,898)</b>	<b>602,568</b>
 Net assets available for benefits		
Beginning of year	28,210,439	29,123,037
<b>End of year</b>	<b>\$ -</b>	<b>\$ 28,210,439</b>

See notes to financial statements

# Defined Benefit Pension Plan of Curative Care Network, Inc.

## Notes to Financial Statements

June 30, 2025 and 2024

### 1. Description of Plan

The following description of the Defined Benefit Pension Plan of Curative Care Network, Inc. (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 noncontributory defined benefit plan established effective July 1, 1982, as restated July 1, 2023. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Board of Directors of Curative Care Network, Inc. (the Company) is responsible for oversight of the Plan.

Effective January 1, 2009, the Board of Directors of the Company approved a soft freeze of the Plan; therefore, no employee hired on or after January 1, 2009, could enter the Plan. Employees hired in 2008 entered the Plan after January 1, 2009, once they reached the one-year eligibility requirement. Those participants in the Plan as of the date of the soft freeze continued to accrue benefits.

On September 23, 2014, the Board of Directors of the Company approved a hard freeze of the Plan effective December 31, 2014; therefore, a participant's "Benefit Accrual Service" will not be credited for any service or employment after December 31, 2014, those participants who are not 100% vested will not become 100% vested, and the calculation of "Final Average Earnings" will not include any compensation earned by the participant after December 31, 2014.

#### Plan Termination

On March 20, 2024, the Company's Board of Directors adopted a resolution to terminate the Plan effective June 30, 2024. All plan participants became 100% vested as a result of the decision to terminate. Upon termination, all assets in the Plan were distributed to the participants, subject to the applicable requirements of ERISA and in accordance with the provisions of the plan document. The Plan's accumulated benefit obligation was fully funded as of June 30, 2024. The Plan was fully liquidated on June 30, 2025.

#### Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The minimum funding requirements of ERISA were met in 2025 and 2024.

#### Pension Benefits

Plan participants are entitled to their plan benefits after terminating employment with vested rights. Participants become vested in the Plan upon completion of at least five years of service or attainment of the normal retirement age (65), although the Plan does allow certain early retirement, special early retirement or deferred retirement benefits in lieu of normal retirement benefits. Such benefits will be actuarially adjusted according to the age of the participant on the benefit commencement date.

Employees may elect various retirement benefit payment options as defined in the plan agreement. Benefits are paid to eligible employees or their beneficiaries through monthly disbursements from the funds in the Plan. Employees whose vested benefits are less than \$1,000 may receive their retirement benefit in a single lump-sum payment. If employees terminate before rendering the required years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Company's contributions.

# Defined Benefit Pension Plan of Curative Care Network, Inc.

## Notes to Financial Statements

June 30, 2025 and 2024

The normal retirement benefit is based on:

- 1.5% of the participant's "Final Average Earnings" times "Benefit Accrual Service."
- Plus 0.5% of the excess "Final Average Earnings" over "Social Security Average Annual Wages" (for this part of the formulas, Benefit Accrual Service cannot exceed 35 years).
- Minus the benefit provided under any "Prior Plan" of Curative Care Network, Inc. (all terms as defined in the Plan and its amendments).

### Death and Disability Benefits

If an active employee dies before retirement benefits commence and after the earlier of (1) the attainment of age 45 and completion of 10 years of employment or (2) the attainment of age 55, the surviving spouse shall receive an Extended Survivor's Death Benefit equal to the benefit that would have been paid had the employee continued employment with the employer until his or her normal retirement date. Upon the death of any other vested employee, the surviving spouse shall receive a benefit based on the vested accrued benefit in effect on the date of death. Employees who become disabled and qualify for Social Security Disability Benefits accrue credited service during the disability period (excluding the first six months of disability) up to the employee's normal retirement date.

## 2. Summary of Accounting Policies

### Basis of Accounting

As a result of the resolution to terminate the Plan, the Plan considers liquidation to be imminent and, therefore, the financial statements of the Plan as of and for the years ended June 30, 2025 and 2024 are presented on the liquidation basis of accounting.

### Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

### Investment Valuation and Income Recognition

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. The Plan's finance committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 4 for discussion of fair value measurements.

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

# Defined Benefit Pension Plan of Curative Care Network, Inc.

Notes to Financial Statements

June 30, 2025 and 2024

## Payment of Benefits

Benefits payments to participants are recorded upon distribution.

## Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the Statements of Changes in Net Assets Available for Benefits in Liquidation. In addition, certain investment related expenses are included in net appreciation (depreciation) in fair value of investments in the Statements of Changes in Net Assets Available for Benefits in Liquidation.

## Subsequent Events

Subsequent events were evaluated through November 14, 2025, the date the financial statements were available to be issued.

## 3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death, disability and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

On March 20, 2024, the Company's Board of Directors adopted a resolution to terminate the Plan effective June 30, 2024. In April 2025, the Plan purchased an annuity contract from United of Omaha Life Insurance Company totaling \$20,144,796 which satisfied the remaining outstanding obligation. As a result, the accumulated plan benefit obligation was fully satisfied as of June 30, 2025. Accordingly, the actuarial present value of accumulated plan benefits was not disclosed as of July 1, 2024.

# Defined Benefit Pension Plan of Curative Care Network, Inc.

Notes to Financial Statements

June 30, 2025 and 2024

## 4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under authoritative guidance are described as follows:

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

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2024.

*Interest-bearing cash:* These investments are stated at cost, which approximates fair value.

*U.S. government securities:* Valued using pricing models maximizing the use of observable inputs for similar securities.

*Corporate bonds:* Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

## Defined Benefit Pension Plan of Curative Care Network, Inc.

### Notes to Financial Statements

June 30, 2025 and 2024

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2024:

<b>Assets at Fair Value as of June 30, 2024</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Interest-bearing cash	\$ 3,847,638	\$ -	\$ -	\$ 3,847,638
U.S. government securities	-	5,669,804	-	5,669,804
Corporate bonds	-	18,090,429	-	18,090,429
<b>Total assets in the fair value hierarchy</b>	<b>\$ 3,847,638</b>	<b>\$ 23,760,233</b>	<b>\$ -</b>	<b>\$ 27,607,871</b>

#### 5. Information Certified by Custodian

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, Fifth Third Bank, the Custodian of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits in Liquidation as of June 30, 2025 and 2024, and the related investment activity reported in the Statements of Changes in Net Assets Available for Benefits in Liquidation for the years ended June 30, 2025 and 2024 and the information reported in the supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended June 30, 2025.

#### 6. Related-Party and Party in Interest Transactions

The Plan's investments are administered under a contract with Fifth Third Bank, the Custodian of the Plan. Contributions are held and managed by Fifth Third Bank, who invests cash received, interest and dividend income and makes distributions to participants. These transactions are party in interest transactions under ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions are party in interest transactions under ERISA.

# Defined Benefit Pension Plan of Curative Care Network, Inc.

Notes to Financial Statements

June 30, 2025 and 2024

## 7. Tax Status

Management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

The Plan adopted a pre-approved plan offered by CCH Incorporated DBA FTWilliam. The pre-approved plan received an Internal Revenue Service (IRS) Opinion Letter dated February 28, 2023, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since the date of the IRS Opinion Letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

## 8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits in Liquidation.

## 9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at June 30, 2024 to Form 5500:

	<b>2024</b>
Net assets available for benefits for the financial statements	\$ 28,210,439
Accrued income in excess of accrued expenses to be incurred in liquidation	(602,568)
<b>Net assets available for benefits per Form 5500</b>	<b>\$ 27,607,871</b>

The following is a reconciliation of net decrease in net assets available for benefits in liquidation on the financial statements to Form 5500 as of June 30, 2025:

	<b>2025</b>
Net decrease in net assets available for benefits in liquidation per the financial statements	\$ (28,210,439)
Investment income	1,177,092
Expenses incurred	(574,524)
<b>Decrease on Form 5500</b>	<b>\$ (27,607,871)</b>

**Defined Benefit Pension Plan of Curative Care Network, Inc.**  
**Schedule H, Line 4(j) - Schedule of Reportable Transactions**  
**EIN: 39-0806286 Plan Number: 001**  
**Year Ended June 30, 2025**

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	SAL	07/31/24	226,045.000	226,045.00	.00	.00	226,045.00	.00
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	SAL	08/31/24	201,999.000	201,999.00	.00	.00	201,999.00	.00
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	SAL	09/30/24	162,793.000	162,793.00	.00	.00	162,793.00	.00
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	SAL	10/31/24	137,255.000	137,255.00	.00	.00	137,255.00	.00
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	PUR	11/30/24	7,035,778.000	7,035,778.00	.00	.00	7,035,778.00	.00
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	SAL	12/31/24	176,590.000	176,590.00	.00	.00	176,590.00	.00
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	SAL	01/31/25	238,638.000	238,638.00	.00	.00	238,638.00	.00
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	SAL	02/28/25	124,139.000	124,139.00	.00	.00	124,139.00	.00
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	SAL	03/31/25	5,619,524.000	5,619,524.00	.00	.00	5,619,524.00	.00
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	SAL	04/30/25	474,372.000	474,372.00	.00	.00	474,372.00	.00
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	SAL	05/31/25	180,102.000	180,102.00	.00	.00	180,102.00	.00
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	SAL	06/30/25	237,166.000	237,166.00	.00	.00	237,166.00	.00
	1 PURCHASES FOR		7,035,778.00	11 SALES FOR	7,778,623.00			

**Defined Benefit Pension Plan of Curative Care Network, Inc.**  
**Schedule H, Line 4(j) - Schedule of Reportable Transactions**  
**EIN: 39-0806286 Plan Number: 001**  
**Year Ended June 30, 2025**

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
US TREASURY BILL DUE 07/18/24	SAL	07/18/24	1,990,000.000	1,971,725.58	.00	.00	1,971,725.58	.00
US TREASURY BILL DUE 12/26/24	PUR	10/07/24	2,305,000.000	2,281,937.19	.00	.00	2,281,937.19	.00
US TREASURY BILL DUE 12/26/24	SAL	10/31/24	2,305,000.000	2,281,937.19	.00	.00	2,281,937.19	.00
UNITED STATES TREAS BILLS DUE 10/31/24	PUR	07/31/24	2,335,000.000	2,304,388.15	.00	.00	2,304,388.15	.00
UNITED STATES TREAS BILLS DUE 10/31/24	SAL	08/30/24	2,335,000.000	2,304,388.15	.00	.00	2,304,388.15	.00
UNITED STS TREAS BILLS DUE 03/20/25	PUR	12/19/24	1,865,000.000	1,845,011.34	.00	.00	1,845,011.34	.00
UNITED STS TREAS BILLS DUE 03/20/25	SAL	02/05/25	1,865,000.000	1,845,011.34	.00	.00	1,845,011.34	.00
UNITED STATES TREAS BILLS DUE 09/19/24	PUR	07/19/24	1,920,000.000	1,902,793.10	.00	.00	1,902,793.10	.00
UNITED STATES TREAS BILLS DUE 09/19/24	SAL	07/31/24	2,235,000.000	2,214,009.34	.00	.00	2,214,009.34	.00
UNITED STS TREAS BILLS DUE 01/30/25	PUR	10/31/24	2,355,000.000	2,328,420.23	.00	.00	2,328,420.23	.00
UNITED STS TREAS BILLS DUE 11/26/24	PUR	08/30/24	2,290,000.000	2,262,229.42	.00	.00	2,262,229.42	.00
UNITED STS TREAS BILLS DUE 11/26/24	SAL	10/07/24	2,290,000.000	2,262,229.42	.00	.00	2,262,229.42	.00
UNITED STATES TREAS BILLS DUE 05/08/25	PUR	02/05/25	2,105,000.000	2,082,333.71	.00	.00	2,082,333.71	.00
UNITED STATES TREAS BILLS DUE 05/08/25	SAL	03/07/25	2,105,000.000	2,082,333.71	.00	.00	2,082,333.71	.00

**Defined Benefit Pension Plan of Curative Care Network, Inc.**  
**Schedule H, Line 4(j) - Schedule of Reportable Transactions**  
**EIN: 39-0806286 Plan Number: 001**  
**Year Ended June 30, 2025**

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
UNITED STATES TREAS BILLS DUE 06/05/25	PUR	03/07/25	2,205,000.000	2,181,839.23	.00	.00	2,181,839.23	.00
UNITED STATES TREAS BILLS DUE 06/05/25	SAL	04/11/25	2,205,000.000	2,181,839.23	.00	.00	2,181,839.23	.00
US TREASURY BD STRIPPED 02/15/97 ZERO CPN 02/15/27	SAL	04/11/25	1,840,000.000	1,721,430.40	.00	.00	1,613,032.50	108,397.90
STRIPS 11/16/1998 ZERO CPN 11/15/2028	PUR	02/03/25	1,765,000.000	1,497,020.05	.00	.00	1,497,020.05	.00
STRIPS 11/16/1998 ZERO CPN 11/15/2028	SAL	04/11/25	1,765,000.000	1,531,472.85	.00	.00	1,497,020.05	34,452.80
UNITED STATES TREAS SEC 02/15/06 ZERO CPN 08/15/32	PUR	02/03/25	2,815,000.000	1,995,328.30	.00	.00	1,995,328.30	.00
UNITED STATES TREAS SEC 02/15/06 ZERO CPN 08/15/32	SAL	04/11/25	2,815,000.000	2,048,334.75	.00	.00	1,995,328.30	53,006.45
US TREASURY NOTE DUE 11/15/2039	PUR	02/03/25	4,400,000.000	2,125,728.00	.00	.00	2,125,728.00	.00
US TREASURY NOTE DUE 11/15/2039	SAL	04/11/25	4,470,000.000	2,171,436.60	.00	.00	2,164,124.47	7,312.13
	11 PURCHASES FOR		22,807,028.72	12 SALES FOR	24,616,148.56			

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report.
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.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: DEFINED BENEFIT PENSION PLAN OF CURATIVE CARE NETWORK, INC.
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/01/1977
2a Plan sponsor's name (employer, if for a single-employer plan): CURATIVE CARE NETWORK, INC.
2b Employer Identification Number (EIN): 39-0806286
2c Plan Sponsor's telephone number: 414-259-1414
2d Business code (see instructions): 621340

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

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

Table with 3 columns: SIGN HERE, Date, and Name. Row 1: Joy Gravos, 12/31/2025, JOY GRAVOS. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor. Row 3: Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

# **Defined Benefit Pension Plan of Curative Care Network, Inc.**

Financial Statements and  
Supplementary Information

June 30, 2025 and 2024

## Table of Contents

Independent Auditors' Report .....	1
Statements of Net Assets Available for Benefits in Liquidation .....	5
Statements of Changes in Net Assets Available for Benefits in Liquidation .....	6
Notes to Financial Statements .....	7
Schedule H, Line 4(j) - Schedule of Reportable Transactions .....	13

## Independent Auditors' Report

To the Plan Administrator of  
Defined Benefit Pension Plan of Curative Care Network, Inc.

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

We have performed audits of the financial statements of Defined Benefit Pension Plan of Curative Care Network, Inc. (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits in liquidation as of June 30, 2025 and 2024, and the related statements of changes in net assets available for benefits in liquidation for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (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 the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of June 30, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

### Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, 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 accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' 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.

## **Emphasis of Matter - Plan Termination and Liquidation Basis of Accounting**

As discussed in Notes 1 and 2 to the financial statements, the Company's Board of Directors approved a plan of liquidation on March 20, 2024, with an effective date of June 30, 2024 and management determined liquidation is imminent. In accordance with accounting principles generally accepted in the United States of America, the Plan's basis of accounting used in presenting the financial statements is the liquidation basis. Our opinion is not modified with respect to this matter

## **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.

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

## **Auditors' Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS 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 GAAS, 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 Defined Benefit Pension Plan of Curative Care Network, Inc.'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.

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

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

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

#### **Other Matter - Supplemental Schedule Required by ERISA**

The supplemental schedule, Schedule H, Line 4(j) - Schedule of Reportable Transactions, for the year ended June 30, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the 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 GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the 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, are presented, in all material respects, in conformity with the 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).

*Baker Tilly US, LLP*

Southfield, Michigan  
November 14, 2025

## Defined Benefit Pension Plan of Curative Care Network, Inc.

### Statements of Net Assets Available for Benefits in Liquidation

June 30, 2025 and 2024

	2025	2024
<b>Assets</b>		
<b>Investments</b>		
Investments at fair value	\$ -	\$ 27,607,871
<b>Other current assets</b>		
Accrued investment income in liquidation	-	1,177,092
<b>Total assets</b>	-	28,784,963
<b>Liabilities</b>		
<b>Payables</b>		
Accrued expenses to be incurred in liquidation	-	574,524
<b>Total liabilities</b>	-	574,524
<b>Net assets available for benefits</b>	\$ -	\$ 28,210,439

See notes to financial statements

## Defined Benefit Pension Plan of Curative Care Network, Inc.

Statements of Changes in Net Assets Available for Benefits in Liquidation

Years Ended June 30, 2025 and 2024

	2025	2024
<b>Additions</b>		
<b>Investment income</b>		
Interest and dividends	\$ -	\$ 1,068,580
Net appreciation in fair value of investments	18,332	-
<b>Total investment income</b>	<b>18,332</b>	<b>1,068,580</b>
<b>Total additions</b>	<b>18,332</b>	<b>1,068,580</b>
<b>Deductions</b>		
Net depreciation in fair value of investments	-	690,013
Benefits paid to participants	27,838,328	1,609,937
Administrative expenses	8,545	283,796
<b>Total deductions</b>	<b>27,846,873</b>	<b>2,583,746</b>
<b>Net decrease</b>	<b>(27,828,541)</b>	<b>(1,515,166)</b>
<b>Adjustments to liquidation basis</b>		
Over accrual of prior year accrued income net of accrued expenses expected to be incurred in liquidation	(381,898)	-
Accrued income expected in liquidation	-	1,177,092
Accrued expenses expected to be incurred in liquidation	-	(574,524)
<b>Net adjustments to liquidation basis</b>	<b>(381,898)</b>	<b>602,568</b>
Net assets available for benefits		
Beginning of year	28,210,439	29,123,037
<b>End of year</b>	<b>\$ -</b>	<b>\$ 28,210,439</b>

See notes to financial statements

# Defined Benefit Pension Plan of Curative Care Network, Inc.

## Notes to Financial Statements

June 30, 2025 and 2024

### 1. Description of Plan

The following description of the Defined Benefit Pension Plan of Curative Care Network, Inc. (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 noncontributory defined benefit plan established effective July 1, 1982, as restated July 1, 2023. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Board of Directors of Curative Care Network, Inc. (the Company) is responsible for oversight of the Plan.

Effective January 1, 2009, the Board of Directors of the Company approved a soft freeze of the Plan; therefore, no employee hired on or after January 1, 2009, could enter the Plan. Employees hired in 2008 entered the Plan after January 1, 2009, once they reached the one-year eligibility requirement. Those participants in the Plan as of the date of the soft freeze continued to accrue benefits.

On September 23, 2014, the Board of Directors of the Company approved a hard freeze of the Plan effective December 31, 2014; therefore, a participant's "Benefit Accrual Service" will not be credited for any service or employment after December 31, 2014, those participants who are not 100% vested will not become 100% vested, and the calculation of "Final Average Earnings" will not include any compensation earned by the participant after December 31, 2014.

#### Plan Termination

On March 20, 2024, the Company's Board of Directors adopted a resolution to terminate the Plan effective June 30, 2024. All plan participants became 100% vested as a result of the decision to terminate. Upon termination, all assets in the Plan were distributed to the participants, subject to the applicable requirements of ERISA and in accordance with the provisions of the plan document. The Plan's accumulated benefit obligation was fully funded as of June 30, 2024. The Plan was fully liquidated on June 30, 2025.

#### Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The minimum funding requirements of ERISA were met in 2025 and 2024.

#### Pension Benefits

Plan participants are entitled to their plan benefits after terminating employment with vested rights. Participants become vested in the Plan upon completion of at least five years of service or attainment of the normal retirement age (65), although the Plan does allow certain early retirement, special early retirement or deferred retirement benefits in lieu of normal retirement benefits. Such benefits will be actuarially adjusted according to the age of the participant on the benefit commencement date.

Employees may elect various retirement benefit payment options as defined in the plan agreement. Benefits are paid to eligible employees or their beneficiaries through monthly disbursements from the funds in the Plan. Employees whose vested benefits are less than \$1,000 may receive their retirement benefit in a single lump-sum payment. If employees terminate before rendering the required years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Company's contributions.

# Defined Benefit Pension Plan of Curative Care Network, Inc.

## Notes to Financial Statements

June 30, 2025 and 2024

The normal retirement benefit is based on:

- 1.5% of the participant's "Final Average Earnings" times "Benefit Accrual Service."
- Plus 0.5% of the excess "Final Average Earnings" over "Social Security Average Annual Wages" (for this part of the formulas, Benefit Accrual Service cannot exceed 35 years).
- Minus the benefit provided under any "Prior Plan" of Curative Care Network, Inc. (all terms as defined in the Plan and its amendments).

### Death and Disability Benefits

If an active employee dies before retirement benefits commence and after the earlier of (1) the attainment of age 45 and completion of 10 years of employment or (2) the attainment of age 55, the surviving spouse shall receive an Extended Survivor's Death Benefit equal to the benefit that would have been paid had the employee continued employment with the employer until his or her normal retirement date. Upon the death of any other vested employee, the surviving spouse shall receive a benefit based on the vested accrued benefit in effect on the date of death. Employees who become disabled and qualify for Social Security Disability Benefits accrue credited service during the disability period (excluding the first six months of disability) up to the employee's normal retirement date.

## 2. Summary of Accounting Policies

### Basis of Accounting

As a result of the resolution to terminate the Plan, the Plan considers liquidation to be imminent and, therefore, the financial statements of the Plan as of and for the years ended June 30, 2025 and 2024 are presented on the liquidation basis of accounting.

### Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

### Investment Valuation and Income Recognition

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. The Plan's finance committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 4 for discussion of fair value measurements.

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

# Defined Benefit Pension Plan of Curative Care Network, Inc.

Notes to Financial Statements

June 30, 2025 and 2024

## Payment of Benefits

Benefits payments to participants are recorded upon distribution.

## Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the Statements of Changes in Net Assets Available for Benefits in Liquidation. In addition, certain investment related expenses are included in net appreciation (depreciation) in fair value of investments in the Statements of Changes in Net Assets Available for Benefits in Liquidation.

## Subsequent Events

Subsequent events were evaluated through November 14, 2025, the date the financial statements were available to be issued.

## 3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death, disability and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

On March 20, 2024, the Company's Board of Directors adopted a resolution to terminate the Plan effective June 30, 2024. In April 2025, the Plan purchased an annuity contract from United of Omaha Life Insurance Company totaling \$20,144,796 which satisfied the remaining outstanding obligation. As a result, the accumulated plan benefit obligation was fully satisfied as of June 30, 2025. Accordingly, the actuarial present value of accumulated plan benefits was not disclosed as of July 1, 2024.

# Defined Benefit Pension Plan of Curative Care Network, Inc.

Notes to Financial Statements

June 30, 2025 and 2024

## 4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under authoritative guidance are described as follows:

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

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2024.

*Interest-bearing cash:* These investments are stated at cost, which approximates fair value.

*U.S. government securities:* Valued using pricing models maximizing the use of observable inputs for similar securities.

*Corporate bonds:* Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

## Defined Benefit Pension Plan of Curative Care Network, Inc.

### Notes to Financial Statements

June 30, 2025 and 2024

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2024:

<b>Assets at Fair Value as of June 30, 2024</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Interest-bearing cash	\$ 3,847,638	\$ -	\$ -	\$ 3,847,638
U.S. government securities	-	5,669,804	-	5,669,804
Corporate bonds	-	18,090,429	-	18,090,429
<b>Total assets in the fair value hierarchy</b>	<b>\$ 3,847,638</b>	<b>\$ 23,760,233</b>	<b>\$ -</b>	<b>\$ 27,607,871</b>

#### 5. Information Certified by Custodian

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, Fifth Third Bank, the Custodian of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits in Liquidation as of June 30, 2025 and 2024, and the related investment activity reported in the Statements of Changes in Net Assets Available for Benefits in Liquidation for the years ended June 30, 2025 and 2024 and the information reported in the supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended June 30, 2025.

#### 6. Related-Party and Party in Interest Transactions

The Plan's investments are administered under a contract with Fifth Third Bank, the Custodian of the Plan. Contributions are held and managed by Fifth Third Bank, who invests cash received, interest and dividend income and makes distributions to participants. These transactions are party in interest transactions under ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions are party in interest transactions under ERISA.

# Defined Benefit Pension Plan of Curative Care Network, Inc.

Notes to Financial Statements

June 30, 2025 and 2024

## 7. Tax Status

Management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

The Plan adopted a pre-approved plan offered by CCH Incorporated DBA FTWilliam. The pre-approved plan received an Internal Revenue Service (IRS) Opinion Letter dated February 28, 2023, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since the date of the IRS Opinion Letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

## 8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits in Liquidation.

## 9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at June 30, 2024 to Form 5500:

	<b>2024</b>
Net assets available for benefits for the financial statements	\$ 28,210,439
Accrued income in excess of accrued expenses to be incurred in liquidation	(602,568)
<b>Net assets available for benefits per Form 5500</b>	<b>\$ 27,607,871</b>

The following is a reconciliation of net decrease in net assets available for benefits in liquidation on the financial statements to Form 5500 as of June 30, 2025:

	<b>2025</b>
Net decrease in net assets available for benefits in liquidation per the financial statements	\$ (28,210,439)
Investment income	1,177,092
Expenses incurred	(574,524)
<b>Decrease on Form 5500</b>	<b>\$ (27,607,871)</b>

**Defined Benefit Pension Plan of Curative Care Network, Inc.**  
**Schedule H, Line 4(j) - Schedule of Reportable Transactions**  
**EIN: 39-0806286 Plan Number: 001**  
**Year Ended June 30, 2025**

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	SAL	07/31/24	226,045.000	226,045.00	.00	.00	226,045.00	.00
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	SAL	08/31/24	201,999.000	201,999.00	.00	.00	201,999.00	.00
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	SAL	09/30/24	162,793.000	162,793.00	.00	.00	162,793.00	.00
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	SAL	10/31/24	137,255.000	137,255.00	.00	.00	137,255.00	.00
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	PUR	11/30/24	7,035,778.000	7,035,778.00	.00	.00	7,035,778.00	.00
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	SAL	12/31/24	176,590.000	176,590.00	.00	.00	176,590.00	.00
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	SAL	01/31/25	238,638.000	238,638.00	.00	.00	238,638.00	.00
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	SAL	02/28/25	124,139.000	124,139.00	.00	.00	124,139.00	.00
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	SAL	03/31/25	5,619,524.000	5,619,524.00	.00	.00	5,619,524.00	.00
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	SAL	04/30/25	474,372.000	474,372.00	.00	.00	474,372.00	.00
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	SAL	05/31/25	180,102.000	180,102.00	.00	.00	180,102.00	.00
FEDERATED GOVERNMENT OBLIGATIONS PREMIER	SAL	06/30/25	237,166.000	237,166.00	.00	.00	237,166.00	.00
	1 PURCHASES FOR		7,035,778.00	11 SALES FOR	7,778,623.00			

**Defined Benefit Pension Plan of Curative Care Network, Inc.**  
**Schedule H, Line 4(j) - Schedule of Reportable Transactions**  
**EIN: 39-0806286 Plan Number: 001**  
**Year Ended June 30, 2025**

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
US TREASURY BILL DUE 07/18/24	SAL	07/18/24	1,990,000.000	1,971,725.58	.00	.00	1,971,725.58	.00
US TREASURY BILL DUE 12/26/24	PUR	10/07/24	2,305,000.000	2,281,937.19	.00	.00	2,281,937.19	.00
US TREASURY BILL DUE 12/26/24	SAL	10/31/24	2,305,000.000	2,281,937.19	.00	.00	2,281,937.19	.00
UNITED STATES TREAS BILLS DUE 10/31/24	PUR	07/31/24	2,335,000.000	2,304,388.15	.00	.00	2,304,388.15	.00
UNITED STATES TREAS BILLS DUE 10/31/24	SAL	08/30/24	2,335,000.000	2,304,388.15	.00	.00	2,304,388.15	.00
UNITED STS TREAS BILLS DUE 03/20/25	PUR	12/19/24	1,865,000.000	1,845,011.34	.00	.00	1,845,011.34	.00
UNITED STS TREAS BILLS DUE 03/20/25	SAL	02/05/25	1,865,000.000	1,845,011.34	.00	.00	1,845,011.34	.00
UNITED STATES TREAS BILLS DUE 09/19/24	PUR	07/19/24	1,920,000.000	1,902,793.10	.00	.00	1,902,793.10	.00
UNITED STATES TREAS BILLS DUE 09/19/24	SAL	07/31/24	2,235,000.000	2,214,009.34	.00	.00	2,214,009.34	.00
UNITED STS TREAS BILLS DUE 01/30/25	PUR	10/31/24	2,355,000.000	2,328,420.23	.00	.00	2,328,420.23	.00
UNITED STS TREAS BILLS DUE 11/26/24	PUR	08/30/24	2,290,000.000	2,262,229.42	.00	.00	2,262,229.42	.00
UNITED STS TREAS BILLS DUE 11/26/24	SAL	10/07/24	2,290,000.000	2,262,229.42	.00	.00	2,262,229.42	.00
UNITED STATES TREAS BILLS DUE 05/08/25	PUR	02/05/25	2,105,000.000	2,082,333.71	.00	.00	2,082,333.71	.00
UNITED STATES TREAS BILLS DUE 05/08/25	SAL	03/07/25	2,105,000.000	2,082,333.71	.00	.00	2,082,333.71	.00

**Defined Benefit Pension Plan of Curative Care Network, Inc.**  
**Schedule H, Line 4(j) - Schedule of Reportable Transactions**  
**EIN: 39-0806286 Plan Number: 001**  
**Year Ended June 30, 2025**

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
UNITED STATES TREAS BILLS DUE 06/05/25	PUR	03/07/25	2,205,000.000	2,181,839.23	.00	.00	2,181,839.23	.00
UNITED STATES TREAS BILLS DUE 06/05/25	SAL	04/11/25	2,205,000.000	2,181,839.23	.00	.00	2,181,839.23	.00
US TREASURY BD STRIPPED 02/15/97 ZERO CPN 02/15/27	SAL	04/11/25	1,840,000.000	1,721,430.40	.00	.00	1,613,032.50	108,397.90
STRIPS 11/16/1998 ZERO CPN 11/15/2028	PUR	02/03/25	1,765,000.000	1,497,020.05	.00	.00	1,497,020.05	.00
STRIPS 11/16/1998 ZERO CPN 11/15/2028	SAL	04/11/25	1,765,000.000	1,531,472.85	.00	.00	1,497,020.05	34,452.80
UNITED STATES TREAS SEC 02/15/06 ZERO CPN 08/15/32	PUR	02/03/25	2,815,000.000	1,995,328.30	.00	.00	1,995,328.30	.00
UNITED STATES TREAS SEC 02/15/06 ZERO CPN 08/15/32	SAL	04/11/25	2,815,000.000	2,048,334.75	.00	.00	1,995,328.30	53,006.45
US TREASURY NOTE DUE 11/15/2039	PUR	02/03/25	4,400,000.000	2,125,728.00	.00	.00	2,125,728.00	.00
US TREASURY NOTE DUE 11/15/2039	SAL	04/11/25	4,470,000.000	2,171,436.60	.00	.00	2,164,124.47	7,312.13
	11 PURCHASES FOR		22,807,028.72	12 SALES FOR	24,616,148.56			