

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan 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.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan PATIENT FIRST 401(K) PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 05/01/1992
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) PATIENT FIRST CORPORATION ATTN TOM HALL 5000 COX ROAD, SUITE 100 GLEN ALLEN, VA 23060
2b	Employer Identification Number (EIN) 54-1353272
2c	Plan Sponsor's telephone number 804-968-5700
2d	Business code (see instructions) 621498

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/14/2026	TOM HALL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 5113
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 3834 6a(2) 3753 6b 1 6c 1292 6d 5046 6e 7 6f 5053 6g(1) 4707 6g(2) 4859 6h 140
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 7

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

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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

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

A Name of plan PATIENT FIRST 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PATIENT FIRST CORPORATION	D Employer Identification Number (EIN) 54-1353272

Part I	Service Provider Information (see instructions)
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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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

711 HIGH STREET
DES MOINES, IA 50392

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	345828	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MORNINGSTAR INVESTMENT MANAGEMENT

22 W. WASHINGTON STREET
CHICAGO, IL 60602

36-4317381

(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?
26 70	INV ADV PARTICIPANTS	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

WILSHIRE ADVISORS LLC

1299 OCEAN AVE
SANTA MONICA, CA 90401

95-2755361

(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 72	INVESTMENT ADVISORY	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORNINGSTAR INVESTMENT MANAGEMENT	26 70	

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 711 HIGH STREET DES MOINES, IA 50392 42-0127290	14 BPS ON ASSETS MANAGED

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WILSHIRE ADVISORS LLC	27 72	

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRINCIPAL LIFE INSURANCE COMPANY 711 HIGH STREET DES MOINES, IA 50392 42-0127290	1 BP ANNUALLY ON ELIGIBLE PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan PATIENT FIRST 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 PATIENT FIRST CORPORATION	D Employer Identification Number (EIN) 54-1353272	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: GALLIARD STABLE VALUE RETURN E		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 52-2250951-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11490281
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF II GROWTH SERIES 2		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY		
c EIN-PN 04-6913417-033	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14249883
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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

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

A Name of plan PATIENT FIRST 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PATIENT FIRST CORPORATION	D Employer Identification Number (EIN) 54-1353272

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6027515	6693697
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	3982255	4394999
(9) Value of interest in common/collective trusts	1c(9)	10628410	14249883
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	212342198	248870219
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	12269601	12077507

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	245249979	286286305
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	245249979	286286305

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	6693697	
(B) Participants	2a(1)(B)	20708082	
(C) Others (including rollovers)	2a(1)(C)	2663464	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		30065243
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	295944	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		295944
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4777976	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		4777976
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3870549
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		24133145
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		63142857

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	21191955	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	246554	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		21438509
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		326987
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	341035	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		341035
j Total expenses. Add all expense amounts in column (b) and enter total	2j		22106531

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		41036326
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **CLARKSON DAVID CPA PC**

(2) EIN: **20-8934673**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	☒	☐	6087
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	☐	☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	☐	☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☐	

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan	B Three-digit plan number (PN)	
PATIENT FIRST 401(K) PLAN	001	
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
PATIENT FIRST CORPORATION	54-1353272	

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

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 42-0127290	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	509

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

4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.				
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
	b Enter the amount contributed by the employer to the plan for this plan year	6b		
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.				
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

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

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

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

10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Independent Auditor's Report

Investment Committee
Patient First 401k Plan

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

We have performed an audit of the accompanying financial statements of the Patient First 401k 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 as of December 31, 2024, and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Patient First 401k Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of December 31, 2024, and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report—

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

Independent Auditor's Report - continued

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Patient First 401k Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Patient First 401k Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with auditing standards generally accepted in the United States of America 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.

Independent Auditor's Report - continued

In performing an audit in accordance with auditing standards generally accepted in the United States of America, we:

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

Our audit 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.

Independent Auditor's Report - continued

Other Matter—Supplemental Schedules Required by ERISA

The accompanying supplemental schedules as of and for the year ended December 31, 2024, [Schedule of Delinquent Participant Contributions, Schedule of Assets (Held at End of Year), Schedule of Assets (Acquired and Disposed of Within Year), and Schedule of Reportable Transactions] are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules 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).



Glen Allen, Virginia

July 18, 2025 (except for the matter described in Note 10 as to which the date is dated August 15, 2026)

Patient First 401(k) Plan

Schedule H, Line 4 (i) - Schedule of Assets (Held at End of Year)

December 31, 2024

Schedule H

EN: 54-1353272

PN: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost *	Current value
		Publicly Traded Mutual Funds:		
140543810		American Funds Capital World Gr&Inc R6	\$	10,574,818
298706821		American Funds EuroPacific Growth R6		8,045,082
14214L619		Carillon Eagle Mid Cap Growth Fund R6		2,178,235
191912401		Cohen & Steers Real Estate Securities I		2,721,537
207019704		Conestoga Small Cap Institutional		2,514,672
233203819		DFA US Small Cap Value I		2,885,405
256219106		Dodge & Cox Stock Fund		6,214,458
74440B884		PGIM Total Return Bond R6		7,023,472
872797204		T. Rowe Price Retirement 2010		2,245,968
872797303		T. Rowe Price Retirement 2015		1,122,213
872797402		T. Rowe Price Retirement 2020		4,861,718
872797501		T. Rowe Price Retirement 2025		7,618,751
872797600		T. Rowe Price Retirement 2030		15,282,867
872797709		T. Rowe Price Retirement 2035		15,281,155
872797808		T. Rowe Price Retirement 2040		19,809,999
872797881		T. Rowe Price Retirement 2045		15,218,646
872797873		T. Rowe Price Retirement 2050		17,345,479
872797865		T. Rowe Price Retirement 2055		15,145,949
872797857		T. Rowe Price Retirement 2060		10,447,359
872797667		T. Rowe Price Retirement 2065		2,667,118
922031737		Vanguard Inflation-Protected Secs Adm		3,134,756
922040100		Vanguard Institutional Index I		36,620,056
922908835		Vanguard Mid-Cap Index Inst		12,509,108
922908876		Vanguard Small-Cap Index Inst		10,747,752
921937603		Vanguard Total Bond Market Index Admiral		5,693,755
921909818		Vanguard Total Intl Stock Index Admiral		6,808,775
92837F441		Virtus Ceredex Mid-Cap Value Equity IS		4,151,116
		Total mutual funds		248,870,219

-continued-

See accompanying independent auditor's report.

Patient First 401(k) Plan

Schedule H, Line 4 (i) - Schedule of Assets (Held at End of Year)

December 31, 2024

Schedule H

EN: 54-1353272

PN: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost *	Current value
		<u>Other Instruments</u>		
	949907703	Galliard Stable Return E	\$	12,077,507
	94966P802	WTC-CIF II Growth Series 2		14,249,883
		Total other instruments		26,327,390
		<u>Notes Receivable from Participants</u> (interest rates ranging from 4.25% to 9.50%)		4,394,999
		Total investments and notes receivable from participants	\$	279,592,608

The information on this schedule for Publicly Traded Mutual Funds, Collective Investment Trust Funds, Other Instruments and Notes Receivable from Participants has been certified by the Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company as complete and accurate.

* Cost is not required for a participant-directed plan.

See accompanying independent auditor's report.

Patient First 401(k) Plan

Schedule H, Line 4 (a) - Schedule of Delinquent Participant Contributions
Year Ended December 31, 2024

Schedule I

EN: 54-1353272

PN: 001

Participant Contributions Transferred Late to Plan		Total that Constitutes Nonexempt Prohibited Transactions			
Check here if Late Participant Loan Repayments are Included		Contributions Not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected under VFCP and PTE-2002-51
\$	6,087	\$	6,087		

See accompanying independent auditor's report.

PATIENT FIRST 401(k) PLAN

Financial Statements

December 31, 2024 and 2023

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Independent Auditor's Report

Investment Committee
Patient First 401k Plan

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

We have performed an audit of the accompanying financial statements of the Patient First 401k 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 as of December 31, 2024, and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Patient First 401k Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of December 31, 2024, and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report—

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

Independent Auditor's Report - continued

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Patient First 401k Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Patient First 401k Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with auditing standards generally accepted in the United States of America 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.

Independent Auditor's Report - continued

In performing an audit in accordance with auditing standards generally accepted in the United States of America, we:

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

Our audit 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.

Independent Auditor's Report - continued

Other Matter—Supplemental Schedules Required by ERISA

The accompanying supplemental schedules as of and for the year ended December 31, 2024, [Schedule of Delinquent Participant Contributions, Schedule of Assets (Held at End of Year), Schedule of Assets (Acquired and Disposed of Within Year), and Schedule of Reportable Transactions] are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules 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).



Glen Allen, Virginia

July 18, 2025 (except for the matter described in Note 10 as to which the date is dated August 15, 2026)

Patient First 401(k) Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments, at fair value	\$ 248,870,219	\$ 212,342,198
Collective Investment Trust, at fair value	14,249,883	10,628,410
Investments, at contract value	12,077,507	12,269,601
Employer matching contribution receivable	6,693,697	6,027,515
Notes receivable from participants	<u>4,394,999</u>	<u>3,982,255</u>
Net assets available for benefits	<u><u>\$ 286,286,305</u></u>	<u><u>\$ 245,249,979</u></u>

See accompanying notes to financial statements.

Patient First 401(k) Plan
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2024

Additions

Investment return:

Dividends	\$ 4,777,976
Interest income from notes receivable from participants	295,944
Net appreciation in value of investments	28,003,694

Total investment return	33,077,614
--------------------------------	-------------------

Contributions:

Employee deferrals	20,708,082
Employer contributions	6,693,697
Participant rollover contributions	2,663,464

Total contributions	30,065,243
----------------------------	-------------------

Total additions	63,142,857
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Deductions

Administrative expenses and other	341,035
Benefits paid to participants	21,518,942
Forfeitures	246,554

Total deductions	22,106,531
-------------------------	-------------------

Net increase in net assets available for benefits	41,036,326
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Net Assets Available For Benefits

Beginning of year	245,249,979
End of year	\$ 286,286,305

See accompanying notes to financial statements.

Patient First 401(k) Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Patient First 401(k) Plan (the “Plan”) provides only general information. Participants and other interested parties should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). All employees of Patient First Corporation (and its affiliates) (collectively the “Company”) are eligible to participate in the Plan when they have attained the age of twenty-one. Full-time employees are eligible to participate at date of hire; part-time employees are eligible after completion of one year of service (defined as at least 1,000 hours worked during a calendar year). All Plan investments are participant directed.

Governance

The Company serves as the Plan Administrator. Pursuant to the provisions of the Patient First 401(k) Investment Committee Charter, the Company has formed an Investment Committee comprised of members of senior management of the Company. Among other duties, the Investment Committee determines the appropriateness of the Plan’s investment offerings, monitors investment performance and administrative fees, and reports periodically to the Company’s Board of Directors.

Participant contributions

Each year participants may contribute a portion of their pre-tax compensation not to exceed the amount allowed under current law. The Plan provides for pre-tax and after-tax (i.e., ROTH) contributions. Participants who have reached age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also rollover amounts representing distributions from other qualified defined contribution plans. The Plan currently offers approximately 30 investment options for participants.

Plan provisions include Eligible Automatic Contribution Arrangements (“EACA”) such that all non-physician staff are automatically enrolled in the Plan immediately upon meeting the Plan’s eligibility criteria. Employees enrolled under the provisions of EACA are enrolled by the Company at a deferral rate of 6% of eligible compensation. Until affirmative fund elections are submitted by the participant, automatically enrolled participants are invested in target date retirement funds based on each participant’s age. In the event an EACA enrolled participant chooses not to participate in the Plan, such individual may request a full refund from the Plan within ninety (90) days with no adverse tax consequences. Plan provisions also include Qualified Automatic Contribution Arrangements (“QACA”) such that deferral percentages for participating non-physician staff without an affirmative deferral election are automatically increased by 1% each year to a maximum of 15% of eligible compensation.

Matching contributions

On an annual basis, at its sole discretion, the Company matches employee contributions. For the year ended December 31, 2024, the Company matched 50% of eligible employee contributions to a maximum of 6% of eligible compensation. For the year ended December 31, 2023, the Company contributed \$6,027,515 in matching contributions. For each eligible participant, matching contributions are maintained in a separate account and are invested pursuant to participant instructions.

Patient First 401(k) Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 1 - DESCRIPTION OF PLAN - Continued

Participant accounts

Each participant's account is credited with the participant's contributions and Company contributions, if any, and investment earnings (loss) and charged with administrative expenses. Administrative expenses are determined using contractual rates applied to each participant's account balance on a monthly basis. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Funding policy

The principal purpose of the Plan is to provide retirement benefits at participants' normal retirement age; accordingly, the principal goal of the Plan's investments is to provide both security and long-term stability with moderate growth commensurate with the anticipated retirement dates of Plan participants. As such, multiple investment choices are offered to Plan participants to prevent erosion by inflation. The Plan's investments maintain sufficient liquidity to enable the Plan, on short notice, to make distributions to Plan participants in the event of death or disability prior to normal retirement age.

Vesting

Participants are immediately vested in their contributions plus earnings thereon. Vesting in Company contributions, if any, is based on years of continuous service. Participants vest according to the following schedule: less than three years of service – 0%; more than three years of service – 100%.

Participants also fully vest in Company contributions, if any, by reaching retirement age (as defined), upon death or total and permanent disability.

Forfeitures

At December 31, 2024, and 2023, forfeited non-vested accounts totaled \$374,110 and \$258,716, respectively. Pursuant to the Plan document, forfeitures may be used to reduce Company contributions or offset Plan expenses. During the year ended December 31, 2024, forfeitures in the amount of \$246,554 were used to reduce Company contributions.

Participant loans

Participants may borrow from their accounts the lesser of \$50,000 or 50% of the vested portion of their accounts. Loans are secured by the balance in the participant's account and bear interest at fixed rates that range from 4.25% to 9.50% (established at origination and commensurate with local prevailing rates determined by the Trustee at date of origination). Participants pay principal and interest through bi-weekly payroll deductions. Participant loans become due at termination of employment.

Distributions

A participant or their beneficiary may be eligible to receive distributions from their account when one of the following occurs:

- termination of employment;
- qualifying hardship;
- normal retirement at age 65;
- early retirement between the ages of 55 through 64;
- total and permanent disability; or
- death.

Patient First 401(k) Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 1 - DESCRIPTION OF PLAN - Continued

Distributions (continued)

Distribution of a participant's account may be in a lump-sum or in periodic installments at the option of the participant.

Hardship distributions from the Plan are permitted for medical expenses, the purchase of a principal residence, tuition and other post-secondary expenses, amounts necessary to prevent eviction, funeral expenses and certain qualifying repairs to the participant's primary residence. Distributions are subject to approval by the Trustee.

In the event a former participant does not provide written distribution instructions to the Plan Administrator, the Plan Administrator may elect to pay distributions of vested accounts of less than \$1,000 in a direct rollover to an individual retirement plan designated by the Plan Administrator.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP") and follow the criteria established by the Financial Accounting Standards Board Accounting Standards Codification Section 962, *Plan Accounting – Defined Contribution Pension Plans* ("ASC 962").

Estimates

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

Investment valuation and income recognition

Investments held by the Plan include open-ended mutual funds that are registered with the U.S. Securities and Exchange Commission and are actively traded. In addition, the Plan holds collective investment trusts which are tax-exempt pooled investment vehicles available exclusively to qualified retirement plans. The Plan's shares of mutual funds are valued at the daily net asset value as determined by quoted market prices in an active market (Level 1) and the collective investment trusts are valued at their net asset value per unit as determined by each trust's trustee which is based on the fair value of the underlying assets held in the trust (Level 2). For the year ended December 31, 2024, all investments, including gains and losses from purchases and sales, as well as held during the year, increased in value by \$28,003,694.

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

The Plan invests in the WTC-CIF Growth Series 2, a collective investment trust sponsored by Wilmington Trust. The fund seeks long-term capital growth through diversified investments in domestic and international equities and other growth-oriented assets. The fund is valued at the net asset value (NAV) provided by the trustee as a practical expedient.

Patient First 401(k) Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Investment valuation and income recognition (continued)

The Plan also invests in the Galliard Stable Value Fund E ("Stable Value Fund"), a collective investment trust managed by Galliard Capital Management, LLC. The Stable Value Fund primarily invests in investment contracts and security-backed contracts which are designed to provide capital preservation and stable returns. The Stable Value Fund is reported at contract value.

Participant loans are valued at their outstanding balances, which are deemed to approximate fair value, plus accrued interest. As of December 31, 2024, and 2023, \$261,130 and \$312,838 of participant loans, respectively, were in technical default. No allowance has been recorded in the accompanying statements of net assets available for benefits as all participant loans are fully secured by each participant's remaining vested account balance.

Payment of benefits

Benefits are recorded when paid.

Tax matters

Effective July 15, 2022, the Plan adopted a prototype non-standardized profit-sharing plan sponsored by Principal. The prototype plan received a favorable opinion letter dated June 30, 2020, from the Internal Revenue Service as to the prototype plan's qualified status. The Plan has been amended and restated since receiving the determination letter; however, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and the Department of Labor. Therefore, the Plan Administrator believes that the Plan is qualified and the related trust is tax-exempt.

The Plan files Form 5500, *Annual Return/Report of Employee Benefit Plan*, on an annual basis. The Plan is subject to routine audits by the Internal Revenue Service and/or the Department of Labor; however, there are currently no audits in progress for any tax periods. The Plan Administrator believes it is no longer subject to audits for years prior to 2022. There are currently no audits for any tax periods in progress.

Uncertain tax positions

U.S. GAAP requires the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2024, and 2023, there were no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the accompanying financial statements.

Risks and uncertainties

The Plan invests in investment securities that are exposed to various risks, such as: (a) default risk, (b) credit risk, (c) interest rate volatility risk, (d) disintermediation risk, (e) liquidity risk, (f) market risk, and (g) business risk. As of December 31, 2024, the Plan held approximately 45% of its assets in T Rowe Price target date funds.

Patient First 401(k) Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Risks and uncertainties (continued)

Due to the level of risk associated with the Plan's investment securities, it is at least reasonably possible that changes in the fair value of the investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the accompanying statement of net assets available for benefits.

Plan termination

Although it has not expressed any intent to do so, the Plan Administrator has the right to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants become 100% vested in Company matching contributions, if any.

Reconciliation of financial statements to Schedule H of Form 5500

There are no reconciling items from the accompanying financial statements to Schedule H of Form 5500 as of and for each of the years ended December 31, 2024, and 2023.

Reclassifications

Certain reclassifications of prior year financial statements have been made to conform to presentations adopted in the current year.

Accounting pronouncements

The Plan Administrator is unaware of any accounting standards that have been issued or proposed by the Financial Accounting Standards Board or any other standards-setting bodies that are expected to have a material impact on the Plan's financial statements.

Date of Plan Administrator's review

The Plan Administrator has evaluated subsequent events through July 18, 2025, which is the date the financial statements were available to be issued. This evaluation did not identify any subsequent events requiring adjustment to, or disclosure in, the accompanying financial statements.

NOTE 3 - TRUSTEE

The Plan has engaged the Delaware Charter Guarantee and Trust Company (dba Principal Trust Company) ("Principal") as Trustee. The Plan has determined that Principal is an insurance carrier that is regulated, supervised, and subject to periodic examination by a state agency and prepared and certified the information regarding assets held in accordance with 29 CFR 2520.103-5.

Patient First 401(k) Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 4 - PLAN EXPENSES

Plan administrative and investment management fees

The Company pays for certain administrative expenses of the Plan including professional tax and compliance fees, audit expenses, insurance, personnel, and other administrative costs. The Company has acknowledged that it intends to continue to pay for such costs and that it will not seek reimbursement of such costs from the Plan.

For the year ended December 31, 2024, Principal was compensated via direct compensation from the Plan as described below:

Principal earned administrative fees of \$49 per participant billed to the Plan on a monthly basis and allocated to the participants pro rata based on participant balance; and

Principal was also compensated directly from participant accounts for participant requested services such as participant loan processing and administration, distribution charges and voluntary participant investment management advisory services.

On an aggregate basis, fees paid to Principal were approximately .13% of average plan assets during the year ended December 31, 2024.

A summary of Plan expenses for the year ended December 31, 2024, follows:

	Amount
Administrative fees	\$ 235,299
Participant requested services	105,736
Total	<u>\$ 341,035</u>

Mutual Fund fees

The Plan's underlying mutual funds are compensated for their services pursuant to standard industry practice and prevailing market rates. Mutual fund fees are netted from the reported unrealized gains and losses of the underlying mutual funds. Expense ratios for the Plan's underlying mutual funds for the year ended December 31, 2024, were as follows:

Minimum expense ratio	0.04%
Maximum expense ratio	0.82%
Weighted average expense ratio	0.33%

Patient First 401(k) Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 5 - FAIR VALUE MEASUREMENTS

Topic 820, *Fair Value Measurements and Disclosures*, of the Codification establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels:

Level 1 - financial assets whose values are based on unadjusted, quoted prices for identical assets in an active market.

Level 2 - financial assets whose values are based on their quoted prices in inactive markets, or whose values are based on models – but the inputs to those models are observable either directly or indirectly for substantially the full term of the asset.

Level 3 - financial assets whose values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement – these inputs reflect management’s own assumptions about the assumptions a market participant would use in pricing the asset or liability.

Mutual funds are valued pursuant to Level 1 methodology. The Plan does not hold any investments subject to Level 2 or 3 methodologies. The Plan values the WTC-CIF Growth Series 2 at the net asset value provided by its trustee as a practical expedient; thus, it is not categorized within the fair value hierarchy.

The Plan reports its Stable Return Fund at contract value as it is deemed to be a fully responsive investment in accordance with ASC 962, *Plan Accounting - Defined Contribution Plans*. Contract value is the relevant measure for participant transactions, as it is the amount participants would receive if they were to initiate permitted plan transactions as of the reporting date.

The following table sets forth the Plan’s investments as of December 31, 2024, and 2023:

	2024	2023
Mutual Funds, at fair value	\$248,870,219	\$212,342,198
WTC-CIF Growth Series 2, at net asset value	14,249,883	10,628,410
Stable Return Fund, at contract value	12,077,507	12,269,601
Total investments	<u>\$275,197,609</u>	<u>\$235,240,209</u>

The following table presents the Plan's unrealized gains, by investment category, for the year ended December 31, 2024:

	2024
Mutual Funds	\$ 24,133,145
WTC-CIF Growth Series 2	3,506,295
Stable Return Fund	364,254
Net appreciation in value of investments	<u>\$ 28,003,694</u>

Patient First 401(k) Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 6 - RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

The Trustee, the participants and the Company have all been identified as parties-in-interest. The Trustee provides services to the Plan by providing plan administrative services and is a named fiduciary of the Plan; therefore, transactions with the Trustee are deemed related party transactions. However, pursuant to Reg. 2520.103-10(b)(3) of the Internal Revenue Code, such transactions with the Trustee are statutorily exempt and, accordingly, do not constitute party-in-interest transactions requiring regulatory disclosure.

Plan participants are eligible for participant loans; the origination and loan administration of participant loans are statutorily exempt and, accordingly, do not constitute party-in-interest transactions requiring regulatory disclosure. In addition, certain administrative expenses of the Plan are paid by the Company and qualify as party-in-interest transactions.

NOTE 7 - INFORMATION CERTIFIED BY THE TRUSTEE

The Plan Administrator has elected the alternative method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified by Principal, except for comparing such information certified by Principal to information included in the Plan's financial statements and supplemental schedules.

The table below presents the information as of and for the years ended December 31, 2024, and 2023, that was certified by Principal:

	2024	2023
Investments, at fair value	\$248,870,219	\$212,342,198
Investments, at net asset value	14,249,883	10,628,410
Investments, at contract value	12,077,507	12,269,601
Net appreciation in fair value of investments	28,003,694	31,449,353
Dividends	4,777,976	3,944,561
Interest income from notes receivable from participants	295,944	199,837
Benefits paid to participants	21,518,942	13,197,259
Forfeitures	246,554	307,881
Administrative expenses	341,035	324,374

The Trustees also certified to the completeness and accuracy of notes receivable from participants as of and for the years ended December 31, 2024, and 2023, as follows:

	2024	2023
Beginning of year	\$ 3,982,255	\$ 3,533,356
Loans originated	2,411,882	2,026,840
Loans defaulted	(324,451)	(188,429)
Principal repayments	(1,674,687)	(1,389,512)
End of year	<u>\$ 4,394,999</u>	<u>\$ 3,982,255</u>

Patient First 401(k) Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 8 - STABLE RETURN FUND

The Stable Return Fund is in the stable value fixed income asset class available exclusively to defined contribution retirement plans and government deferred compensation plans. Stable Return Funds typically invest in a variety of investment contracts, including traditional Guaranteed Investment Contracts (“GICs”), Security Backed Investment Contracts (also known as Synthetic GICs) and Separate Account GICs (collectively “Investment Contracts”). The distinctive feature of these investment contracts is that they are designed to provide participants access to their funds at contract value (also called book value), which is equal to their principal balance plus any accrued interest. This contract feature is referred to as “benefit responsiveness”. Pursuant to U.S. GAAP, benefit responsive investment contracts are valued at their contract value rather than the market value of the underlying instruments.

The Stable Return Fund poses various risks to the Plan, such as (a) cash flow risk, (b) counter-party risk, (c) crediting rate risk, (d) cyber security and operational risk, (e) debt securities and credit risk, (f) derivative risk, (g) fund of funds risk, (h) inflation protected debt securities risk, (i) information risk, (j) interest rate volatility risk, (k) investment contract risk, (l) issuer risk, (m) liquidity risk, (n) management risk, (o) market risk, (p) political risk, (q) prepayment risk, (r) regulatory risk, (s) sector emphasis risk, (t) securities risk, and (u) yield curve risk.

Suspension of trading

Under certain circumstances, Galliard may in its sole discretion choose temporarily not to execute requests to purchase or redeem units of the Stable Return Fund. Such circumstances include restriction or suspension of trading on the exchanges where the Stable Return Fund’s portfolio securities are traded and such other unusual circumstances as would, in Galliard’s sole judgment, make disposal of the Stable Return Fund’s investments not reasonably practicable.

Withdrawal limitations - Participants

Qualified plan participant-initiated withdrawals are honored at any time without penalty, regardless of their frequency or amount unless payments are being delayed to all Stable Return Fund unit holders. The Stable Return Fund also requires participants to invest in a “non-competing fund” for at least 90 days before transferring to a “competing” fund option.

Withdrawal limitation - Plan sponsors

Any Plan sponsor or Plan fiduciary-initiated withdrawal from the Fund requires a 12-month written notice of the intent to withdraw assets from the Stable Return Fund. At the discretion of Galliard, the notification periods identified for withdrawals may be waived only under extenuating circumstances as determined by Galliard in its sole discretion.

For the years ended December 31, 2024, and 2023, the Stable Return Fund’s dividend rates were 3.04% and 2.76%, respectively. The market value of the Stable Return Fund as of December 31, 2024, and 2023, was \$11,490,281 and \$11,711,047, respectively.

Patient First 401(k) Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 9 - WTC-CIF II GROWTH SERIES 2

The Plan invests in WTC-CIF II Growth Series 2, a collective investment fund managed by Wilmington Trust, N.A. The fund seeks long-term capital appreciation by investing in a diversified portfolio of equity securities. The fund is only available to qualified retirement plans and is not registered with the SEC.

The investment is valued using the net asset value (NAV) provided by the trustee as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying assets held by the fund, less its liabilities. The Plan has no unfunded commitments related to this investment.

As of December 31, 2024, and 2023, the fair value of the Plan's investment in WTC-CIF II Growth Series 2 was \$14,249,883 and \$10,628,410, respectively. There are no restrictions on participant redemptions, and redemptions are permitted on a daily basis.

NOTE 10 - DEPARTMENT OF LABOR

In June 2026, the Department of Labor began a review of the Plan's 2024 Form 5500. During that review, participant contributions totaling \$6,087 were determined to have been remitted outside the time period permitted by 29 C.F.R. § 2510.3-102. The Plan Administrator has identified the affected participants and is calculating any lost earnings on these late remittances (which are expected to be insignificant). Schedule I, *Schedule H, Line 4(a) — Schedule of Delinquent Participant Contributions* has been restated to reflect this matter, and an amended 2024 Form 5500 has been filed.

Patient First 401(k) Plan

Schedule H, Line 4 (a) - Schedule of Delinquent Participant Contributions
Year Ended December 31, 2024

Schedule I

EN: 54-1353272

PN: 001

Participant Contributions Transferred Late to Plan		Total that Constitutes Nonexempt Prohibited Transactions			
Check here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected under VFCP and PTE-2002-51	
\$ 6,087	\$ 6,087				

See accompanying independent auditor's report.

Patient First 401(k) Plan

Schedule H, Line 4 (i) - Schedule of Assets (Held at End of Year)

December 31, 2024

Schedule H

EN: 54-1353272

PN: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost *	Current value
		Publicly Traded Mutual Funds:		
140543810		American Funds Capital World Gr&Inc R6	\$	10,574,818
298706821		American Funds EuroPacific Growth R6		8,045,082
14214L619		Carillon Eagle Mid Cap Growth Fund R6		2,178,235
191912401		Cohen & Steers Real Estate Securities I		2,721,537
207019704		Conestoga Small Cap Institutional		2,514,672
233203819		DFA US Small Cap Value I		2,885,405
256219106		Dodge & Cox Stock Fund		6,214,458
74440B884		PGIM Total Return Bond R6		7,023,472
872797204		T. Rowe Price Retirement 2010		2,245,968
872797303		T. Rowe Price Retirement 2015		1,122,213
872797402		T. Rowe Price Retirement 2020		4,861,718
872797501		T. Rowe Price Retirement 2025		7,618,751
872797600		T. Rowe Price Retirement 2030		15,282,867
872797709		T. Rowe Price Retirement 2035		15,281,155
872797808		T. Rowe Price Retirement 2040		19,809,999
872797881		T. Rowe Price Retirement 2045		15,218,646
872797873		T. Rowe Price Retirement 2050		17,345,479
872797865		T. Rowe Price Retirement 2055		15,145,949
872797857		T. Rowe Price Retirement 2060		10,447,359
872797667		T. Rowe Price Retirement 2065		2,667,118
922031737		Vanguard Inflation-Protected Secs Adm		3,134,756
922040100		Vanguard Institutional Index I		36,620,056
922908835		Vanguard Mid-Cap Index Inst		12,509,108
922908876		Vanguard Small-Cap Index Inst		10,747,752
921937603		Vanguard Total Bond Market Index Admiral		5,693,755
921909818		Vanguard Total Intl Stock Index Admiral		6,808,775
92837F441		Virtus Ceredex Mid-Cap Value Equity IS		4,151,116
		Total mutual funds		248,870,219
				-continued-

See accompanying independent auditor's report.

Patient First 401(k) Plan

Schedule H, Line 4 (i) - Schedule of Assets (Held at End of Year)

December 31, 2024

Schedule H

EN: 54-1353272

PN: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost *	Current value
		<u>Other Instruments</u>		
	949907703	Galliard Stable Return E	\$	12,077,507
	94966P802	WTC-CIF II Growth Series 2		14,249,883
		Total other instruments		26,327,390
		<u>Notes Receivable from Participants</u> (interest rates ranging from 4.25% to 9.50%)		4,394,999
		Total investments and notes receivable from participants	\$	279,592,608

The information on this schedule for Publicly Traded Mutual Funds, Collective Investment Trust Funds, Other Instruments and Notes Receivable from Participants has been certified by the Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company as complete and accurate.

* Cost is not required for a participant-directed plan.

See accompanying independent auditor's report.

Patient First 401(k) Plan

Schedule H, Line 4 (i) - Schedule of Assets (Acquired and Disposed of Within Year)

Year Ended December 31, 2024

Schedule III

EN: 54-1353272

PN: 001

(a)	(b)	(c)	(d)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Costs of acquisitions	Proceeds of dispositions

None.

See accompanying independent auditor's report.

Patient First 401(k) Plan

Schedule H, Line 4 (j) - Schedule of Reportable Transactions

Year Ended December 31, 2024

Schedule IV

EN: 54-1353272

PN: 001

(a)	(b)	(c)	(d)	*	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of loan)	Purchase price	Selling price		Cost of asset	Current value of asset on transaction date	Net gain or loss

None.

* Columns (e) and (f) have been omitted as they are not applicable.

See accompanying independent auditor's report.