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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [X] 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
ARISTACARE MEP 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2007

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)
ARISTACARE AT MEADOW SPRINGS, LLC

845 EAST GERMANTOWN PIKE
PLYMOUTH MEETING, PA 19462

2b Employer Identification Number (EIN) 20-4755042

2c Plan Sponsor's telephone number 610-279-7300

2d Business code (see instructions) 623000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2026	SIDNEY GREENBERGER
	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 [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	678
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	**6a(1)**	523
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	501
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	168
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	669
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	669
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	368
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	356
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	15
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **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)** [X] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 5
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ARISTACARE MEP 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ARISTACARE AT MEADOW SPRINGS, LLC

D Employer Identification Number (EIN)
20-4755042

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	16067		01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
	12

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	12		5

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	28282
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	20741
c	Additions: (1) Contributions deposited during the year	7c(1)	5609		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	375		
	(4) Transferred from separate account	7c(4)	3117		
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	9101
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	29842
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	138		
	(2) Administration charge made by carrier	7e(2)	318		
	(3) Transferred to separate account	7e(3)	1083		
	(4) Other (specify below)	7e(4)	21		
	▶				
	(5) Total deductions			7e(5)	1560
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	28282

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ARISTACARE MEP 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ARISTACARE AT MEADOW SPRINGS, LLC

D Employer Identification Number (EIN)
20-4755042

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	20155		01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
	15

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	15		5

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

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

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

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

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

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

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	(c) Amount	**(d)** Purpose	

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	30480
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	30781
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	511		
	(4) Transferred from separate account	7c(4)	1550		
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	2061
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	32842
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1231		
	(2) Administration charge made by carrier	7e(2)	517		
	(3) Transferred to separate account	7e(3)	613		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	2361
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	30481

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ARISTACARE MEP 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ARISTACARE AT MEADOW SPRINGS, LLC

D Employer Identification Number (EIN)
20-4755042

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

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INS COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	12348			

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
15174	2731

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15174			4

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	2731		5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	3339281

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ARISTACARE MEP 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ARISTACARE AT MEADOW SPRINGS, LLC

D Employer Identification Number (EIN)
20-4755042

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

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	12839			

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
5434	1195

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5434			7

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1195		

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	846376

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ARISTACARE MEP 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ARISTACARE AT MEADOW SPRINGS, LLC

D Employer Identification Number (EIN)
20-4755042

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

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
31-4156830	66869	20569			

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
	126

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	126		5

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	270024
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	234901
c	Additions: (1) Contributions deposited during the year	7c(1)	28382		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	4209		
	(4) Transferred from separate account	7c(4)	32084		
	(5) Other (specify below)	7c(5)	226		
	▶				
	(6)Total additions			7c(6)	64901
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	299802
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	17421		
	(2) Administration charge made by carrier	7e(2)	2762		
	(3) Transferred to separate account	7e(3)	9361		
	(4) Other (specify below)	7e(4)	234		
	▶				
	(5) Total deductions			7e(5)	29778
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	270024

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ARISTACARE MEP 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ARISTACARE AT MEADOW SPRINGS, LLC

D Employer Identification Number (EIN)
20-4755042

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

NATIONWIDE

31-4177100

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17	RECORDKEEPER	32789	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

FUTURE PLANNING CONSULTANTS INC

20-8098058

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17	TPA	16828	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

INTAC ACTUARIAL SERVICES, INC

22-2446239

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17	TPA	5753	Yes [X] No [ ]	Yes [ ] No [X]	8955	Yes [ ] No [X]

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)

HARRY ROSENBERG

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17	TPA	0	Yes [ ] No [X]	Yes [ ] No [X]	20608	Yes [ ] No [X]

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

PRO ACCOUNT

73-0988442

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17		25060	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

NATIONWIDE LIFE INSURANCE COMPANY

31-4156830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17		1502	Yes [ ] No [X]	Yes [X] No [ ]	15641	Yes [ ] No [X]

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)

IRON FIDUCIARY

99-9552241

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17		3755	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

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

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		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
INTAC ACTUARIAL SERVICES INC	15 17	

(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.
NATIONWIDE	ASSET BASED FEE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
HARRY ROSENBERG	15 17	

(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.
NATIONWIDE	ASSET BASED FEE

(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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ARISTACARE MEP 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
ARISTACARE AT MEADOW SPRINGS, LLC

D Employer Identification Number (EIN)
20-4755042

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

a Name of MTIA, CCT, PSA, or 103-12 IE: QUALIFIED PLANS VAR ANNUITY ACCT

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO

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)
31-4156830-009	P	3343369

a Name of MTIA, CCT, PSA, or 103-12 IE: QUALIFIED PLANS VAR ANNUITY ACCT

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE CO

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)
31-4156830-001	P	846376

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ARISTACARE MEP 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ARISTACARE AT MEADOW SPRINGS, LLC

D Employer Identification Number (EIN)
20-4755042

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)	31635	
(2) Participant contributions	1b(2)	10939	5255
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	3802381	3365379
(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)	2816493	4033366
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	286648	328786
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	6948096	7732786
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	6948096	7732786

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)	273416	
(B) Participants	2a(1)(B)	679326	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		952742
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	288	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		288
(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)	56	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		56
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		456074
(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)		389760
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1798920
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	949400	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		949400
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	54971	
(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)	9859	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		64830
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1014230
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		784690
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) [X] 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) [X] 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: FASTEN HALBERSTAM LLP **(2)** EIN: 47-2319109

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.)	**4a**	X		49048
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ARISTACARE MEP 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ARISTACARE AT MEADOW SPRINGS, LLC

D Employer Identification Number (EIN)
20-4755042

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 |

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

EIN(s): 31-4156830

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III Amendments

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ 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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703007A .

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**2025** **This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan ARISTACARE MEP 401(K) PLAN	**B** Three-digit Plan number (PN)..... ▶ 001
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF ARISTACARE AT MEADOW SPRINGS, LLC	**D** Administrator's EIN 20-4755042

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- **a** [X] association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- **b** [ ] professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- **c** [ ] pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- **d** [ ] other multiple-employer pension plan (Describe)_____ (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
ARISTACARE AT MEADOW SPRINGS	20-4755042	49.99	3343369
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
ARISTACARE AT WHITING	26-2429737	11.20	846376

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e	Does the plan include any individuals not participating through an employer or who are individual working owners?	**2e**	[ ] Yes [X] No
2f	If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	**2f**	
2g	If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	**2g**	

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARISTACARE PA	81-4484465	0.00	240981
ARISTACARE AT DELAIRE	81-2607713	23.04	2349484
ARISTACARE AT MANCHESTER	46-4126951	15.77	952575

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) ☐ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID _____

Aristacare MEP 401(k) Plan

Financial Statements

December 31, 2025 and 2024

Fasten Halberstam

Independent Auditors' Report (i) – (iv)

Financial Statements

Statements of Net Assets Available for Benefits 1

Statement of Changes in Net Assets Available for Benefits 2

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Supplemental Schedules

Form 5500, Schedule H, Line 4a – Schedule of Delinquent Participant Contributions 9

Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) 10 – 14

Fasten Halberstam

INDEPENDENT AUDITORS' REPORT

To the Trustees of
Aristacare MEP 401(k) Plan

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

We have performed audits of the accompanying financial statements of Aristacare MEP 401(k) 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). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the 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.

P 212.751.8337 F 718.799.5576 W fhllp.com E info@fhllp.com
A 33 Whitehall St, 27th Floor, New York, NY 10004

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Aristacare MEP 401(k) 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.

Auditors' Responsibilities for the Audit of the Financial Statements

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

detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Aristacare MEP 401(k) 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 Aristacare MEP 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Fasten Halberstam

Supplemental Schedules Required by ERISA

The supplemental schedules of Form 5500, Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2025, and Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025, 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental 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).

Respectfully submitted,

Fasten Halberstam LLP

Fasten Halberstam LLP
New York, New York
September 24, 2026

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A 33 Whitehall St, 27th Floor, New York, NY 10004

ARISTACARE MEP 401(k) PLAN

Statements of Net Assets Available for Benefits
December 31,

	2025	2024
ASSETS		
Investments, at fair value	$ 7,398,745	$ 6,618,874
Investments, at contract value	328,786	286,648
Total investments	7,727,531	6,905,522
Receivables		
Employer contributions	5,255	31,635
Participant contributions	-	10,939
Total receivables	5,255	42,574
Total assets	7,732,786	6,948,096
Net assets available for benefits	$ 7,732,786	$ 6,948,096

See Accompanying Notes and Auditors' Report

Additions		
Investment activity		
Net appreciation in fair value of investments	$	845,834
Interest and dividend income		344
Total investment activity		846,178
Contributions		
Employer		273,416
Participants		679,326
Total contributions		952,742
Total additions		1,798,920
Deductions		
Benefits paid to participants		949,400
Administrative expenses		64,830
Total deductions		1,014,230
Net increase		784,690
Net assets available for benefits		
Beginning of year		6,948,096
End of year	$	7,732,786

1. DESCRIPTION OF PLAN: The following description of the Aristacare MEP 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan that was originally established on January 1, 2007, as the Aristacare at Meadow Springs, LLC 401(k) Plan, to provide benefits to eligible employees. Effective January 1, 2020, the Plan name was amended to the Aristacare MEP 401(k) Plan. The Plan covers all full-time employees of Aristacare at Meadow Springs, LLC and any participating affiliates (collectively, the Participating Companies), except for those who are non-resident aliens or paid per diem. To be eligible, an employee must have completed one year of service and be age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees is responsible for oversight of the Plan. The investment committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Trustees.

Contributions

Each year, participants may contribute pre-tax and after-tax annual compensation, as defined in the plan document, subject to certain plan and Internal Revenue Service (IRS) limitations. Participants who have reached the age of 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers). Participants direct the investment of their contributions into various investment options offered by the Plan. The Participating Companies may decide each plan year whether to make a discretionary matching contribution. During the year ended December 31, 2025, the Participating Companies made discretionary matching contributions totaling $278,671.

Certain participants in the Plan are covered by collective bargaining agreements (CBAs) between the Participating Companies and 1199SEIU United Healthcare Workers East. The CBA covering Aristacare at Delaire requires contributions of $20 per pay period for each eligible full-time employee with fewer than ten years of service, $25 per pay period for each eligible full-time employee with ten or more years of service, and $5 per pay period for each eligible part-time employee. The CBA covering Aristacare at Manchester requires contributions of $20 per pay period for each eligible full-time employee with four or more years of service, $30 per pay period for each eligible full-time employee with ten or more years of service, and $5 per pay period for each eligible part-time employee. The Delaire CBA expired in December of 2024, and management is in the process of finalizing a replacement agreement. The Manchester CBA expires in December of 2027. During the year ended December 31, 2025, the total of such contributions amounted to $45,130.

Participant Accounts

Each participant's account is credited with the participant's contributions and the Participating Companies' matching contributions. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined in the plan document. The benefit to which a

DESCRIPTION OF PLAN (continued):

participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the employer contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after five years of credited service.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump sum amount or in annual installments. If a terminated participant reaches normal retirement age and does not consent to a distribution of their vested account balance, the vested benefit automatically will be rolled over to an IRA selected by the plan administrator. Participants may receive an in-service withdrawal of their vested account balance upon reaching 59½ years of age. Hardship withdrawals are permitted under the Plan.

Forfeited Accounts

At December 31, 2025 and 2024, forfeited non-vested accounts totaled $15,923 and $9,845, respectively. These accounts are used to reduce plan expenses.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investment committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note 3 for discussion of fair value measurements.

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

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued):

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Participating Companies. Expenses that are paid by the Participating Companies are excluded from these financial statements. Various fees related to the administration of participant-initiated transactions are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

Subsequent Events

The Plan has evaluated subsequent events through September 24, 2026, the date these financial statements were available to be issued.

3. FAIR VALUE MEASUREMENTS:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Pooled Separate Accounts (PSAs) are held and administered by Nationwide Trust Company (Nationwide), who is the sole provider of the options, under a variable return contract. The PSAs consist of publicly traded mutual funds or money market accounts, which are valued daily based on the publicly available market price using a unit of value method. Transactions are recorded as

FAIR VALUE MEASUREMENTS (continued):

purchased or sold based on that day's market price. Values are adjusted as of the date the underlying publicly traded investment adjusts its value for dividends, interest, gains and losses, etc. The unit of account concept allows fees to be allocated to the individual accounts. This unit value is Nationwide's method for valuing accounts and is not the same as the net asset value reported by the fund house, however the financial trend should be the same.

Registered Investment Companies are held and administered by Nationwide. The registered investment companies consist of publicly traded mutual funds or money market accounts, which are valued daily based on the publicly available market price using a unit of value method. Transactions are recorded as purchased or sold based on that day's market price. Values are adjusted as of the date the underlying publicly traded investment adjusts its value for dividends, interest, gains and losses, etc. The unit of account concept allows fees to be allocated to the individual accounts. This unit value is Nationwide's method for valuing accounts and is not the same as the net asset value reported by the fund house; however, the financial trend should be the same.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024.

Investments at Fair Value as of December 31, 2025

	Level 1	Level 2	Total
Pooled Separate Accounts	$ -	$ 3,365,379	$ 3,365,379
Registered Investment Companies	-	4,033,366	4,033,366
Total investments, at fair value	$ -	$ 7,398,745	$ 7,398,745

Investments at Fair Value as of December 31, 2024

	Level 1	Level 2	Total
Pooled Separate Accounts	$ -	$ 3,802,381	$ 3,802,381
Registered Investment Companies	-	2,816,493	2,816,493
Total investments, at fair value	$ -	$ 6,618,874	$ 6,618,874

Transfers Between Levels:
For the year ended December 31, 2025, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

4. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT:

The Plan holds a guaranteed investment contract (Fixed Select Account) with Nationwide that meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

The Fixed Select Account is credited with declared rates of interest and is subject to a minimum interest rate described in the contract. The credit rate is communicated

FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT (continued):

to the Plan and credited daily. Amounts allocated to the Fixed Select Account are held in the Nationwide's general account, which supports insurance and annuity obligations. Nationwide's general account is managed on an aggregate basis and supports their financial commitments. No portion or ownership of assets of the general account is attributable to a particular plan.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. Examples of such events include the following:

1. The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code.
2. Premature termination of the contracts.
3. Amendments to the Plan documents, including complete or partial plan termination or merger with another plan.
4. Changes to the Plan's prohibition on competing investment options.
5. Bankruptcy of the Plan sponsor or other Plan sponsor events that significantly affect the Plan's normal operations.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines.
2. A breach of material obligation under the contract.
3. A material misrepresentation.
4. A material amendment to the agreements without the consent of the issuer.

5. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE:

Plan management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, plan management instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Nationwide, which serves as the Plan's trustee, except for comparing such information certified by the trustee with information included in the Plan's financial statements and supplemental schedule of Form 5500, Schedule H, Line 4i, Schedule of Assets (Held at End of Year):

As of December 31,	2025	2024
Investments, at fair value	$ 7,398,745	$ 6,618,874
Investments, at contract value	328,786	286,648

6. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE (continued):

For the Year Ended December 31,	2025
Net appreciation in fair value of investments	$ 845,834
Interest and dividend income	344

7. RELATED PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS: Certain plan investments are managed by Nationwide and, therefore, these transactions qualify as party in interest transactions. Fees paid by the Plan for investment management services are included as a reduction of the return earned on each fund. Certain administrative fees related to the administration of the Plan were paid by the Plan or by the Participating Companies. These transactions qualify as party in interest transactions.

8. PLAN TERMINATION: Although they have not expressed any intent to do so, the Participating Companies have the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA. However, no such action may deprive any participant or beneficiary under the plan of any vested rights. In the event of plan termination, participants would become 100% vested in their accounts.

9. TAX STATUS: The Plan is structured and follows a non-standardized profit-sharing 401(k) plan, pre-approved by the IRS. The IRS issued an opinion letter dated June 30, 2020, that the non-standardized pre-approved plan is acceptable in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan may be amended subsequent to the opinion letter, the Plan administrator and the Plan's tax counsel believe that the Plan was designed and will be operated in compliance with the applicable requirements of the IRC, and therefore, believe that the Plan is qualified, and the related trust will continue to be tax exempt.

GAAP requires plan management 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 IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

10. DELINQUENT TRANSMITTALS: During 2025, the Participating Companies erroneously failed to remit certain employee deferrals to the Plan within the period prescribed by the Department of Labor regulations, aggregating $49,048. The Participating Companies computed lost earnings on the deposits and subsequently remitted the related lost earnings to the Plan in 2026.

11. RISKS AND UNCERTAINTIES: The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

	Total that Constitute Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan	**Contributions Not Corrected**	**Contributions Corrected Outside Voluntary Fiduciary Correction Program**	**Contributions Pending Correction in VFCP**	**Total Fully Corrected Under Voluntary Fiduciary Correction Program and Prohibited Transaction Exemption 2002-51**
Check here if Late Participant Loan Repayments are included ☐	$ 49,048	$ -	$ -	$ -

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral and Par or Maturity Value	(d) Cost	(e) Current Value
*	Ab Global Bond Fund - Class Z +	Pooled Separate Accounts	**	$ 28,120
*	Amfds Am Hi Inc Tr R6	Pooled Separate Accounts	**	37,683
*	Amfds New Wld R6	Pooled Separate Accounts	**	40,902
*	Amfds Us Govt Sec R6	Pooled Separate Accounts	**	4,023
*	Avantis Emerging Markets Equity Fund - Institutional Class	Pooled Separate Accounts	**	6,542
*	Avantis U.S. Small Cap Value Fund - Institutional Class +	Pooled Separate Accounts	**	15,516
*	Baird Cor Pls Bd Inst	Pooled Separate Accounts	**	27,520
*	Baird St Bd Inst	Pooled Separate Accounts	**	2,561
*	Blackrock High Yield Portfolio - Class K +	Pooled Separate Accounts	**	18,835
*	Blkrk 80/20 Trgtalloc Inst	Pooled Separate Accounts	**	191,497
*	Columbia Commodity Strategy Fund - Institutional 3 Class +	Pooled Separate Accounts	**	22,803
*	Columbia Overseas Value Fund - Institutional 3 Class	Pooled Separate Accounts	**	15,414
*	Dfa Intl Val +	Pooled Separate Accounts	**	47,798
*	Eupac Fund - Class R6	Pooled Separate Accounts	**	15,185
*	Fid 500 Indx Insprm	Pooled Separate Accounts	**	61,945
*	Fid Infl Prtct Bd Indx +	Pooled Separate Accounts	**	22,794
*	Fid Us Bd Indx	Pooled Separate Accounts	**	64,418
*	Fidelity Global Ex Us Index Fund +	Pooled Separate Accounts	**	46,005
*	Fidelity Large Cap Growth Index Fund +	Pooled Separate Accounts	**	46,565
*	Fidelity Large Cap Value Index Fund +	Pooled Separate Accounts	**	67,387
*	Fidelity Mid Cap Index Fund +	Pooled Separate Accounts	**	25,639
*	Fidelity Total International Index Fund	Pooled Separate Accounts	**	14,280
*	Franklin Small Cap Growth Fund - Class R6 +	Pooled Separate Accounts	**	15,586
*	Gdmnscs Gqgptnrintloppr R6 +	Pooled Separate Accounts	**	87,951
*	Invesco Global Real Estate Income Fund - Class R6 +	Pooled Separate Accounts	**	27,218
*	Nationwide Bny Mellon Dynamic U.S. Equity Income Fund - Class R6 +	Pooled Separate Accounts	**	43,697
*	Nationwide Geneva Mid Cap Growth Fund - R6 Class +	Pooled Separate Accounts	**	25,007
*	Nationwide Gqg Us Quality Equity Fund - Class R6	Pooled Separate Accounts	**	26,096
*	Nationwide Gqg Us Quality Equity Fund - Class R6 +	Pooled Separate Accounts	**	66,686
*	Nationwide Invesco Cor Plus Bnd Fnd - R6 +	Pooled Separate Accounts	**	105,721
*	Nuveen Lifecycle Index 2015 Fund - Class R6	Pooled Separate Accounts	**	6,375
*	Nuveen Lifecycle Index 2025 Fund - Class R6	Pooled Separate Accounts	**	9,940
*	Nuveen Lifecycle Index 2030 Fund - Class R6	Pooled Separate Accounts	**	1,673
*	Nuveen Lifecycle Index 2035 Fund - Class R6	Pooled Separate Accounts	**	93,012
*	Nuveen Lifecycle Index 2045 Fund - Class R6	Pooled Separate Accounts	**	13,920
*	Nuveen Lifecycle Index 2050 Fund - Class R6	Pooled Separate Accounts	**	83,840
*	Nuveen Lifecycle Index 2055 Fund - Class R6	Pooled Separate Accounts	**	13,076
*	Nuveen Lifecycle Index 2065 Fund - Class R6	Pooled Separate Accounts	**	50,648
*	Nw Bnymel Dynmc Us Cor R6 +	Pooled Separate Accounts	**	46,327
*	Nw Gov Mny Mkt R6	Pooled Separate Accounts	**	214,082
*	Nw Hm Bd Inst +	Pooled Separate Accounts	**	95,809
*	Nw Intl Smcap R6	Pooled Separate Accounts	**	951
*	Nw Loomis Allcap Gr R6 +	Pooled Separate Accounts	**	69,628

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral and Par or Maturity Value	(d) Cost	(e) Current Value
*	Pimco Real Rtn Inst +	Pooled Separate Accounts	**	53,066
*	Ptnm Gr Oppr A	Pooled Separate Accounts	**	186,757
*	Vanguard Morningstar Sm-Cap Index - Adml	Pooled Separate Accounts	**	46,375
*	Vanguard Morningstarttlstkmktindx - Adml	Pooled Separate Accounts	**	26,407
*	Vic Syc Estblshd Val R6	Pooled Separate Accounts	**	425,828
*	Vngrd Bal Indx Adml	Pooled Separate Accounts	**	585,064
*	Vngrd Eq Inc Adml	Pooled Separate Accounts	**	43,530
*	Vngrd Ttl Intl Bd Idx Adml	Pooled Separate Accounts	**	789
*	Vngrd Ttl Intlstkindx Adml	Pooled Separate Accounts	**	54,746
*	Vngrd Wlsly Inc Adml	Pooled Separate Accounts	**	22,142
	Ab Global Bond Fund - Class Z	Registered Investment Companies	**	13,002
	Abrdn Emerging Markets Fund - Class A +	Registered Investment Companies	**	1,968
	Amfds Am Hi Inc Tr R6	Registered Investment Companies	**	14,793
	Amfds Am Hi Inc Tr R3	Registered Investment Companies	**	33,728
	Amfds Cap Wld Bd R3	Registered Investment Companies	**	1,064
	Amfds New Wld R6	Registered Investment Companies	**	14,876
	Amfds New Wld R3	Registered Investment Companies	**	73,517
	Avantis Emerging Markets Equity Fund - Institutional Class	Registered Investment Companies	**	1,890
	Avantis U.S. Small Cap Value Fund - Institutional Class	Registered Investment Companies	**	5,729
	Baird Cor Pls Bd Inst	Registered Investment Companies	**	5,870
	Blackrock High Yield Portfolio - Class K	Registered Investment Companies	**	8,884
	Blackrock High Yield Portfolio - Investor A Shares +	Registered Investment Companies	**	952
	Blkrk 80/20 Trgtalloc Inst	Registered Investment Companies	**	369
	Blkrk Mortgage-Backed Securities - Inv A	Registered Investment Companies	**	1,346
	Blkrk Strat Inc Oppr Inv A +	Registered Investment Companies	**	90
	Bnymel Glbl Fxd Inc I	Registered Investment Companies	**	2,766
	Bnymel Strat Val A	Registered Investment Companies	**	46,226
	Bnymel Strat Val A +	Registered Investment Companies	**	103,387
	Col Bal A	Registered Investment Companies	**	349,764
	Col Contra Cor A	Registered Investment Companies	**	84,046
	Columbia Commodity Strategy Fund - Institutional 3 Class	Registered Investment Companies	**	9,107
	Columbia Overseas Value Fund - Institutional 3 Class	Registered Investment Companies	**	5,180
	Dfa Intl Val	Registered Investment Companies	**	20,647
	Diamond Hill Lgcap Inv	Registered Investment Companies	**	75,598
	Drey Glbl Realest Sec A	Registered Investment Companies	**	10,109
	Drey Glbl Realest Sec A +	Registered Investment Companies	**	39,784
	Eupac Fund - Class R6	Registered Investment Companies	**	5,102
	Fid 500 Indx Insprm	Registered Investment Companies	**	1,197
	Fid Infl Prtct Bd Indx	Registered Investment Companies	**	4,533
	Fid Us Bd Indx	Registered Investment Companies	**	22,915
	Fidadv Intl Cap App A	Registered Investment Companies	**	27,053
	Fidadv Invmt Grd Bd A	Registered Investment Companies	**	113,624
	Fidadv Ttl Bd A	Registered Investment Companies	**	40,304

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral and Par or Maturity Value	(d) Cost	(e) Current Value
	Fidelity Global Ex Us Index Fund	Registered Investment Companies	**	20,377
	Fidelity Large Cap Growth Index Fund	Registered Investment Companies	**	18,897
	Fidelity Large Cap Value Index Fund	Registered Investment Companies	**	25,283
	Fidelity Mid Cap Index Fund	Registered Investment Companies	**	9,686
	Fidelity Total International Index Fund	Registered Investment Companies	**	3,644
	Fnklntmp Glbl Bd A +	Registered Investment Companies	**	331
	Franklin Small Cap Growth Fund - Class R6	Registered Investment Companies	**	5,753
	Gdmnscs Gqgptnrintloppr A	Registered Investment Companies	**	117,984
	Gdmnscs Gqgptnrintloppr R6	Registered Investment Companies	**	24,097
	Gdmnscs Infl Prtctsec A	Registered Investment Companies	**	7,973
	Gdmnscs Smcap Eq Insghts A	Registered Investment Companies	**	20,832
	Invesco Balanced-Risk Commodity Strategy Fund - Class A	Registered Investment Companies	**	8,901
	Invesco Balanced-Risk Commodity Strategy Fund - Class A +	Registered Investment Companies	**	31,064
	Invesco Global Real Estate Income Fund - Class R6	Registered Investment Companies	**	10,632
	Jpm Cor Bd R3	Registered Investment Companies	**	10,516
	Jpm Lgcap Gr R3	Registered Investment Companies	**	2,564
	Jpm Lgcap Gr R3 +	Registered Investment Companies	**	1,339
	Jpm Smcap Val R3	Registered Investment Companies	**	1,759
	Jpm Smcap Val R3 +	Registered Investment Companies	**	389
	Lazard Intl Strat Eq Open +	Registered Investment Companies	**	17,701
	Leggm Bw Glbl Oppr Bd A	Registered Investment Companies	**	58,320
	Leggm Wstrasglblstrarinc A +	Registered Investment Companies	**	560
	Lrdabt Hi Yld R4	Registered Investment Companies	**	14,649
	Lrdabt Hi Yld R4 +	Registered Investment Companies	**	65,633
	Mfs Mdcap Gr R3	Registered Investment Companies	**	8,577
	Mfs Mdcap Gr R3 +	Registered Investment Companies	**	34,476
	Mfs Rsrch Intl A	Registered Investment Companies	**	89,629
*	Nationwide Bny Mellon Dynamic U.S. Equity Income Fund - Class R6	Registered Investment Companies	**	18,731
*	Nationwide Geneva Mid Cap Growth Fund - R6 Class	Registered Investment Companies	**	9,434
*	Nationwide Gqg Us Quality Equity Fund - Class A	Registered Investment Companies	**	120,383
*	Nationwide Invesco Cor Plus Bnd Fnd - R6	Registered Investment Companies	**	39,447
	Neuberger Mid Cap Growth Fund - Class A	Registered Investment Companies	**	2,027
	Nomura Emerging Markets Equity Fund - Y	Registered Investment Companies	**	2,575
	Nomura Global Bond Fund - Class Y	Registered Investment Companies	**	13,665
	Nomura Small Cap Value Fund - Class A	Registered Investment Companies	**	25,390
	Nuveen Lifecycle Index 2010 Fund - Class R6	Registered Investment Companies	**	90,733
	Nuveen Lifecycle Index 2035 Fund - Class R6	Registered Investment Companies	**	10,653
	Nuveen Lifecycle Index 2040 Fund - Class R6	Registered Investment Companies	**	8,779
	Nuveen Lifecycle Index 2045 Fund - Class R6	Registered Investment Companies	**	20,724
	Nuveen Lifecycle Index 2050 Fund - Class R6	Registered Investment Companies	**	27,343
	Nuveen Lifecycle Index 2060 Fund - Class R6	Registered Investment Companies	**	812
	Nuveen Lifecycle Index Retirement Income Fund - Class R6	Registered Investment Companies	**	59
*	Nw Bnymel Dynmc Us Cor R6	Registered Investment Companies	**	18,914

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral and Par or Maturity Value	(d) Cost	(e) Current Value
*	Nw Bnymel Dynmc Us Cor A +	Registered Investment Companies	**	2,379
*	Nw Dest 2030 A	Registered Investment Companies	**	63,534
*	Nw Dest 2055 A	Registered Investment Companies	**	57,275
*	Nw Dest 2060 A	Registered Investment Companies	**	13,348
*	Nw Dest 2065 A	Registered Investment Companies	**	33,655
*	Nw Dest Rtrmt A	Registered Investment Companies	**	56,703
*	Nw Gov Mny Mkt Inv	Registered Investment Companies	**	20,557
*	Nw Gov Mny Mkt R6	Registered Investment Companies	**	46,308
*	Nw Hm Bd Inst	Registered Investment Companies	**	35,193
*	Nw Infl Prtct Sec A	Registered Investment Companies	**	11,554
*	Nw Infl Prtct Sec A +	Registered Investment Companies	**	50,881
*	Nw Inv Dest Cnsrv A	Registered Investment Companies	**	84,821
*	Nw Inv Dest Mod Aggr A	Registered Investment Companies	**	120,450
*	Nw Loomis Allcap Gr R6	Registered Investment Companies	**	26,512
*	Nw S P 500 Indx Svc	Registered Investment Companies	**	52,460
	Pgim Jnisn Gr R2 +	Registered Investment Companies	**	83,342
	Pgim Jnisn Sm Co R2	Registered Investment Companies	**	5,943
	Pgim Jnisn Sm Co R2 +	Registered Investment Companies	**	21,580
	Pgim Ttl Rtn Bd R2	Registered Investment Companies	**	14,176
	Pgim Ttl Rtn Bd R2 +	Registered Investment Companies	**	68,024
	Pimco Real Rtn Inst	Registered Investment Companies	**	20,252
	Prudntl Glbl Realest A +	Registered Investment Companies	**	707
	Prudntl Jnisn Gr A +	Registered Investment Companies	**	407
	Prudntl Jnisn Sm Co A +	Registered Investment Companies	**	925
	Prudntl Ttl Rtn Bd A +	Registered Investment Companies	**	1,516
	Ptnm Gr Oppr A	Registered Investment Companies	**	274,139
	Pub-Ambcn Intl Eq Adv	Registered Investment Companies	**	20,985
	Pub-Ambcn Intl Eq Adv +	Registered Investment Companies	**	74,559
	Pub-Blkrk Ttl Rtn Inv A	Registered Investment Companies	**	610
	Pub-Mfs Gr A +	Registered Investment Companies	**	120,718
	Pub-Nw Bd Indx A	Registered Investment Companies	**	2,467
	Pub-Nw Dest 2035 A	Registered Investment Companies	**	169,714
	Pub-Nw Dest 2040 A	Registered Investment Companies	**	13,403
	Pub-Nw Dest 2045 A	Registered Investment Companies	**	3,831
	Pub-Nw Dest 2050 A	Registered Investment Companies	**	69,165
	Pub-Nw Intl Indx A	Registered Investment Companies	**	9,484
	Pub-Vic Estblshd Val A	Registered Investment Companies	**	60,005
	Trowepr Intl Gr Inc R	Registered Investment Companies	**	27,480
	Vanguard Morningstar Sm-Cap Index - Adml	Registered Investment Companies	**	4,559
	Vanguard Morningstarttlstkmktindx - Adml	Registered Investment Companies	**	335
	Vic Syc Estblshd Val R6	Registered Investment Companies	**	4,629
	Vngrd Bal Indx Adml	Registered Investment Companies	**	9,617

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral and Par or Maturity Value	(d) Cost	(e) Current Value
	Vngrd Eq Inc Adml	Registered Investment Companies	**	6,030
	Vngrd Ttl Intl Bd Idx Adml	Registered Investment Companies	**	120
	Vngrd Ttl Intlstkindx Adml	Registered Investment Companies	**	300
	Vngrd Wlsly Inc Adml	Registered Investment Companies	**	58
	Wf Cor Bd A	Registered Investment Companies	**	64,137
	Wf Spec Mdcap Val A	Registered Investment Companies	**	8,633
	Wf Spec Mdcap Val A +	Registered Investment Companies	**	35,231
*	Nw Fixed Select Option	Guaranteed Investment Contract	**	328,786
	Total investments, at fair value			$ 7,727,531

* Indicates party-in-interest to the Plan.

** Cost omitted for participant-directed accounts.

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral and Par or Maturity Value	(d) Cost	(e) Current Value
*	Ab Global Bond Fund - Class Z +	Pooled Separate Accounts	**	$ 28,120
*	Amfds Am Hi Inc Tr R6	Pooled Separate Accounts	**	37,683
*	Amfds New Wld R6	Pooled Separate Accounts	**	40,902
*	Amfds Us Govt Sec R6	Pooled Separate Accounts	**	4,023
*	Avantis Emerging Markets Equity Fund - Institutional Class	Pooled Separate Accounts	**	6,542
*	Avantis U.S. Small Cap Value Fund - Institutional Class +	Pooled Separate Accounts	**	15,516
*	Baird Cor Pls Bd Inst	Pooled Separate Accounts	**	27,520
*	Baird St Bd Inst	Pooled Separate Accounts	**	2,561
*	Blackrock High Yield Portfolio - Class K +	Pooled Separate Accounts	**	18,835
*	Blkrk 80/20 Trgtalloc Inst	Pooled Separate Accounts	**	191,497
*	Columbia Commodity Strategy Fund - Institutional 3 Class +	Pooled Separate Accounts	**	22,803
*	Columbia Overseas Value Fund - Institutional 3 Class	Pooled Separate Accounts	**	15,414
*	Dfa Intl Val +	Pooled Separate Accounts	**	47,798
*	Eupac Fund - Class R6	Pooled Separate Accounts	**	15,185
*	Fid 500 Indx Insprm	Pooled Separate Accounts	**	61,945
*	Fid Infl Prtct Bd Indx +	Pooled Separate Accounts	**	22,794
*	Fid Us Bd Indx	Pooled Separate Accounts	**	64,418
*	Fidelity Global Ex Us Index Fund +	Pooled Separate Accounts	**	46,005
*	Fidelity Large Cap Growth Index Fund +	Pooled Separate Accounts	**	46,565
*	Fidelity Large Cap Value Index Fund +	Pooled Separate Accounts	**	67,387
*	Fidelity Mid Cap Index Fund +	Pooled Separate Accounts	**	25,639
*	Fidelity Total International Index Fund	Pooled Separate Accounts	**	14,280
*	Franklin Small Cap Growth Fund - Class R6 +	Pooled Separate Accounts	**	15,586
*	Gdmnscs Gqgptnrintloppr R6 +	Pooled Separate Accounts	**	87,951
*	Invesco Global Real Estate Income Fund - Class R6 +	Pooled Separate Accounts	**	27,218
*	Nationwide Bny Mellon Dynamic U.S. Equity Income Fund - Class R6 +	Pooled Separate Accounts	**	43,697
*	Nationwide Geneva Mid Cap Growth Fund - R6 Class +	Pooled Separate Accounts	**	25,007
*	Nationwide Gqg Us Quality Equity Fund - Class R6	Pooled Separate Accounts	**	26,096
*	Nationwide Gqg Us Quality Equity Fund - Class R6 +	Pooled Separate Accounts	**	66,686
*	Nationwide Invesco Cor Plus Bnd Fnd - R6 +	Pooled Separate Accounts	**	105,721
*	Nuveen Lifecycle Index 2015 Fund - Class R6	Pooled Separate Accounts	**	6,375
*	Nuveen Lifecycle Index 2025 Fund - Class R6	Pooled Separate Accounts	**	9,940
*	Nuveen Lifecycle Index 2030 Fund - Class R6	Pooled Separate Accounts	**	1,673
*	Nuveen Lifecycle Index 2035 Fund - Class R6	Pooled Separate Accounts	**	93,012
*	Nuveen Lifecycle Index 2045 Fund - Class R6	Pooled Separate Accounts	**	13,920
*	Nuveen Lifecycle Index 2050 Fund - Class R6	Pooled Separate Accounts	**	83,840
*	Nuveen Lifecycle Index 2055 Fund - Class R6	Pooled Separate Accounts	**	13,076
*	Nuveen Lifecycle Index 2065 Fund - Class R6	Pooled Separate Accounts	**	50,648
*	Nw Bnymel Dynmc Us Cor R6 +	Pooled Separate Accounts	**	46,327
*	Nw Gov Mny Mkt R6	Pooled Separate Accounts	**	214,082
*	Nw Hm Bd Inst +	Pooled Separate Accounts	**	95,809
*	Nw Intl Smcap R6	Pooled Separate Accounts	**	951
*	Nw Loomis Allcap Gr R6 +	Pooled Separate Accounts	**	69,628

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral and Par or Maturity Value	(d) Cost	(e) Current Value
*	Pimco Real Rtn Inst +	Pooled Separate Accounts	**	53,066
*	Ptnm Gr Oppr A	Pooled Separate Accounts	**	186,757
*	Vanguard Morningstar Sm-Cap Index - Adml	Pooled Separate Accounts	**	46,375
*	Vanguard Morningstarttlstkmktindx - Adml	Pooled Separate Accounts	**	26,407
*	Vic Syc Estblshd Val R6	Pooled Separate Accounts	**	425,828
*	Vngrd Bal Indx Adml	Pooled Separate Accounts	**	585,064
*	Vngrd Eq Inc Adml	Pooled Separate Accounts	**	43,530
*	Vngrd Ttl Intl Bd Idx Adml	Pooled Separate Accounts	**	789
*	Vngrd Ttl Intlstkindx Adml	Pooled Separate Accounts	**	54,746
*	Vngrd Wlsly Inc Adml	Pooled Separate Accounts	**	22,142
	Ab Global Bond Fund - Class Z	Registered Investment Companies	**	13,002
	Abrdn Emerging Markets Fund - Class A +	Registered Investment Companies	**	1,968
	Amfds Am Hi Inc Tr R6	Registered Investment Companies	**	14,793
	Amfds Am Hi Inc Tr R3	Registered Investment Companies	**	33,728
	Amfds Cap Wld Bd R3	Registered Investment Companies	**	1,064
	Amfds New Wld R6	Registered Investment Companies	**	14,876
	Amfds New Wld R3	Registered Investment Companies	**	73,517
	Avantis Emerging Markets Equity Fund - Institutional Class	Registered Investment Companies	**	1,890
	Avantis U.S. Small Cap Value Fund - Institutional Class	Registered Investment Companies	**	5,729
	Baird Cor Pls Bd Inst	Registered Investment Companies	**	5,870
	Blackrock High Yield Portfolio - Class K	Registered Investment Companies	**	8,884
	Blackrock High Yield Portfolio - Investor A Shares +	Registered Investment Companies	**	952
	Blkrk 80/20 Trgtalloc Inst	Registered Investment Companies	**	369
	Blkrk Mortgage-Backed Securities - Inv A	Registered Investment Companies	**	1,346
	Blkrk Strat Inc Oppr Inv A +	Registered Investment Companies	**	90
	Bnymel Glbl Fxd Inc I	Registered Investment Companies	**	2,766
	Bnymel Strat Val A	Registered Investment Companies	**	46,226
	Bnymel Strat Val A +	Registered Investment Companies	**	103,387
	Col Bal A	Registered Investment Companies	**	349,764
	Col Contra Cor A	Registered Investment Companies	**	84,046
	Columbia Commodity Strategy Fund - Institutional 3 Class	Registered Investment Companies	**	9,107
	Columbia Overseas Value Fund - Institutional 3 Class	Registered Investment Companies	**	5,180
	Dfa Intl Val	Registered Investment Companies	**	20,647
	Diamond Hill Lgcap Inv	Registered Investment Companies	**	75,598
	Drey Glbl Realest Sec A	Registered Investment Companies	**	10,109
	Drey Glbl Realest Sec A +	Registered Investment Companies	**	39,784
	Eupac Fund - Class R6	Registered Investment Companies	**	5,102
	Fid 500 Indx Insprm	Registered Investment Companies	**	1,197
	Fid Infl Prtct Bd Indx	Registered Investment Companies	**	4,533
	Fid Us Bd Indx	Registered Investment Companies	**	22,915
	Fidadv Intl Cap App A	Registered Investment Companies	**	27,053
	Fidadv Invmt Grd Bd A	Registered Investment Companies	**	113,624
	Fidadv Ttl Bd A	Registered Investment Companies	**	40,304

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	Fidelity Global Ex Us Index Fund	Registered Investment Companies	**	20,377
	Fidelity Large Cap Growth Index Fund	Registered Investment Companies	**	18,897
	Fidelity Large Cap Value Index Fund	Registered Investment Companies	**	25,283
	Fidelity Mid Cap Index Fund	Registered Investment Companies	**	9,686
	Fidelity Total International Index Fund	Registered Investment Companies	**	3,644
	Fnklntmp Glbl Bd A +	Registered Investment Companies	**	331
	Franklin Small Cap Growth Fund - Class R6	Registered Investment Companies	**	5,753
	Gdmnscs Gqgptnrintloppr A	Registered Investment Companies	**	117,984
	Gdmnscs Gqgptnrintloppr R6	Registered Investment Companies	**	24,097
	Gdmnscs Infl Prtctsec A	Registered Investment Companies	**	7,973
	Gdmnscs Smcap Eq Insghts A	Registered Investment Companies	**	20,832
	Invesco Balanced-Risk Commodity Strategy Fund - Class A	Registered Investment Companies	**	8,901
	Invesco Balanced-Risk Commodity Strategy Fund - Class A +	Registered Investment Companies	**	31,064
	Invesco Global Real Estate Income Fund - Class R6	Registered Investment Companies	**	10,632
	Jpm Cor Bd R3	Registered Investment Companies	**	10,516
	Jpm Lgcap Gr R3	Registered Investment Companies	**	2,564
	Jpm Lgcap Gr R3 +	Registered Investment Companies	**	1,339
	Jpm Smcap Val R3	Registered Investment Companies	**	1,759
	Jpm Smcap Val R3 +	Registered Investment Companies	**	389
	Lazard Intl Strat Eq Open +	Registered Investment Companies	**	17,701
	Leggm Bw Glbl Oppr Bd A	Registered Investment Companies	**	58,320
	Leggm Wstrasglblstrarinc A +	Registered Investment Companies	**	560
	Lrdabt Hi Yld R4	Registered Investment Companies	**	14,649
	Lrdabt Hi Yld R4 +	Registered Investment Companies	**	65,633
	Mfs Mdcap Gr R3	Registered Investment Companies	**	8,577
	Mfs Mdcap Gr R3 +	Registered Investment Companies	**	34,476
	Mfs Rsrch Intl A	Registered Investment Companies	**	89,629
*	Nationwide Bny Mellon Dynamic U.S. Equity Income Fund - Class R6	Registered Investment Companies	**	18,731
*	Nationwide Geneva Mid Cap Growth Fund - R6 Class	Registered Investment Companies	**	9,434
*	Nationwide Gqg Us Quality Equity Fund - Class A	Registered Investment Companies	**	120,383
*	Nationwide Invesco Cor Plus Bnd Fnd - R6	Registered Investment Companies	**	39,447
	Neuberger Mid Cap Growth Fund - Class A	Registered Investment Companies	**	2,027
	Nomura Emerging Markets Equity Fund - Y	Registered Investment Companies	**	2,575
	Nomura Global Bond Fund - Class Y	Registered Investment Companies	**	13,665
	Nomura Small Cap Value Fund - Class A	Registered Investment Companies	**	25,390
	Nuveen Lifecycle Index 2010 Fund - Class R6	Registered Investment Companies	**	90,733
	Nuveen Lifecycle Index 2035 Fund - Class R6	Registered Investment Companies	**	10,653
	Nuveen Lifecycle Index 2040 Fund - Class R6	Registered Investment Companies	**	8,779
	Nuveen Lifecycle Index 2045 Fund - Class R6	Registered Investment Companies	**	20,724
	Nuveen Lifecycle Index 2050 Fund - Class R6	Registered Investment Companies	**	27,343
	Nuveen Lifecycle Index 2060 Fund - Class R6	Registered Investment Companies	**	812
	Nuveen Lifecycle Index Retirement Income Fund - Class R6	Registered Investment Companies	**	59
*	Nw Bnymel Dynmc Us Cor R6	Registered Investment Companies	**	18,914

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*	Nw Bnymel Dynmc Us Cor A +	Registered Investment Companies	**	2,379
*	Nw Dest 2030 A	Registered Investment Companies	**	63,534
*	Nw Dest 2055 A	Registered Investment Companies	**	57,275
*	Nw Dest 2060 A	Registered Investment Companies	**	13,348
*	Nw Dest 2065 A	Registered Investment Companies	**	33,655
*	Nw Dest Rtrmt A	Registered Investment Companies	**	56,703
*	Nw Gov Mny Mkt Inv	Registered Investment Companies	**	20,557
*	Nw Gov Mny Mkt R6	Registered Investment Companies	**	46,308
*	Nw Hm Bd Inst	Registered Investment Companies	**	35,193
*	Nw Infl Prtct Sec A	Registered Investment Companies	**	11,554
*	Nw Infl Prtct Sec A +	Registered Investment Companies	**	50,881
*	Nw Inv Dest Cnsrv A	Registered Investment Companies	**	84,821
*	Nw Inv Dest Mod Aggr A	Registered Investment Companies	**	120,450
*	Nw Loomis Allcap Gr R6	Registered Investment Companies	**	26,512
*	Nw S P 500 Indx Svc	Registered Investment Companies	**	52,460
	Pgim Jnisn Gr R2 +	Registered Investment Companies	**	83,342
	Pgim Jnisn Sm Co R2	Registered Investment Companies	**	5,943
	Pgim Jnisn Sm Co R2 +	Registered Investment Companies	**	21,580
	Pgim Ttl Rtn Bd R2	Registered Investment Companies	**	14,176
	Pgim Ttl Rtn Bd R2 +	Registered Investment Companies	**	68,024
	Pimco Real Rtn Inst	Registered Investment Companies	**	20,252
	Prudntl Glbl Realest A +	Registered Investment Companies	**	707
	Prudntl Jnisn Gr A +	Registered Investment Companies	**	407
	Prudntl Jnisn Sm Co A +	Registered Investment Companies	**	925
	Prudntl Ttl Rtn Bd A +	Registered Investment Companies	**	1,516
	Ptnm Gr Oppr A	Registered Investment Companies	**	274,139
	Pub-Ambcn Intl Eq Adv	Registered Investment Companies	**	20,985
	Pub-Ambcn Intl Eq Adv +	Registered Investment Companies	**	74,559
	Pub-Blkrk Ttl Rtn Inv A	Registered Investment Companies	**	610
	Pub-Mfs Gr A +	Registered Investment Companies	**	120,718
	Pub-Nw Bd Indx A	Registered Investment Companies	**	2,467
	Pub-Nw Dest 2035 A	Registered Investment Companies	**	169,714
	Pub-Nw Dest 2040 A	Registered Investment Companies	**	13,403
	Pub-Nw Dest 2045 A	Registered Investment Companies	**	3,831
	Pub-Nw Dest 2050 A	Registered Investment Companies	**	69,165
	Pub-Nw Intl Indx A	Registered Investment Companies	**	9,484
	Pub-Vic Estblshd Val A	Registered Investment Companies	**	60,005
	Trowepr Intl Gr Inc R	Registered Investment Companies	**	27,480
	Vanguard Morningstar Sm-Cap Index - Adml	Registered Investment Companies	**	4,559
	Vanguard Morningstarttlstkmktindx - Adml	Registered Investment Companies	**	335
	Vic Syc Estblshd Val R6	Registered Investment Companies	**	4,629
	Vngrd Bal Indx Adml	Registered Investment Companies	**	9,617

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	Vngrd Eq Inc Adml	Registered Investment Companies	**	6,030
	Vngrd Ttl Intl Bd Idx Adml	Registered Investment Companies	**	120
	Vngrd Ttl Intlstkindx Adml	Registered Investment Companies	**	300
	Vngrd Wlsly Inc Adml	Registered Investment Companies	**	58
	Wf Cor Bd A	Registered Investment Companies	**	64,137
	Wf Spec Mdcap Val A	Registered Investment Companies	**	8,633
	Wf Spec Mdcap Val A +	Registered Investment Companies	**	35,231
*	Nw Fixed Select Option	Guaranteed Investment Contract	**	328,786
	Total investments, at fair value			$ 7,727,531

* Indicates party-in-interest to the Plan.

** Cost omitted for participant-directed accounts.