

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

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

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

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

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>OMNI FAMILY HEALTH 403(B) PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>002</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>OMNI FAMILY HEALTH</u></p> <p><u>4900 CALIFORNIA AVENUE, SUITE 400 B</u> <u>BAKERSFIELD, CA 93309</u></p>	<p><b>1c</b> Effective date of plan <u>03/01/1989</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>95-3218000</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>661-630-7040</u></p> <p><b>2d</b> Business code (see instructions) <u>621498</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	09/26/2025	AURORA IBARRA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1176
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	938
	<b>6a(2)</b>	917
	<b>6b</b>	0
	<b>6c</b>	186
	<b>6d</b>	1103
	<b>6e</b>	0
	<b>6f</b>	1103
	<b>6g(1)</b>	1107
<b>6g(2)</b>	1044	
<b>6h</b>	14	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2E 2F 2G 2L 2M 2T

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

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

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

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

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

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**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.

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

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

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

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

<b>A</b> Name of plan <b>OMNI FAMILY HEALTH 403(B) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>OMNI FAMILY HEALTH</b>	<b>D</b> Employer Identification Number (EIN) <b>95-3218000</b>	

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

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

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

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

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

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

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA  
COLUMBUS, OH 43215

(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 49 60 63 64 99	TRUST CUSTODIAN	211575	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

RAYMOND JAMES FIN SERV ADVISOR

IMPAC-TOWER 3FL  
880 CARILLON PKWY  
SAINT PETERSBURG, FL 33716

59-2937883

(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?
55	BROKER	124008	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

NEXUS ADMINISTRATORS, INC.

735 WEST ALLUVIAL AVENUE, SUITE 101  
FRESNO, CA 93711

77-0586222

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 64	CONTRACT ADMINISTRATOR	14850	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**Part I Service Provider Information (continued)**

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>OMNI FAMILY HEALTH 403(B) PLAN</b>	<b>B</b> Three-digit plan number (PN) <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>OMNI FAMILY HEALTH</b>	<b>D</b> Employer Identification Number (EIN) <b>95-3218000</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	638792	674661
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	122	0
<b>(3)</b> Other .....	<b>1b(3)</b>	1905	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	145494	213064
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	0	0
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	33130812	38946106
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	33917125	39833831
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	33917125	39833831

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	2480394	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	2097367	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	785384	
(2) Noncash contributions.....	<b>2a(2)</b>	0	
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		5363145
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	14627	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	0	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		14627
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	17355	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		17355
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		3528486
<b>c</b> Other income .....	<b>2c</b>		26769
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		8950382

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	2755355	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>	0	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		2755355
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>	278321	
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	0	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		278321
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		3033676

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		5916706
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **JWT & ASSOCIATES, LLP**

(2) EIN: **47-2718509**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>OMNI FAMILY HEALTH 403(B) PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>OMNI FAMILY HEALTH</u>	<b>D</b> Employer Identification Number (EIN) <u>95-3218000</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

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

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 31-1592130 33-6134835

**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

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 05 / 01 / 2015 (MM/DD/YYYY) and the Opinion Letter serial number J500385A.

Audited Financial Statements  
and Supplemental Information

Omni Family Health 403(b) Plan

December 31, 2024

JWT & Associates, LLP  
Advisory Assurance Tax

# Omni Family Health 403(b) Plan

## Audited Financial Statements

December 31, 2024

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# JWT & Associates, LLP

## Advisory Assurance Tax

1111 E. Herndon Avenue, Suite 211, Fresno, CA 93720

Voice: (559) 431-7708 Fax: (559) 431-7685

### Independent Auditor's Report

To the Administrative Committee of  
Omni Family Health 403(b) Plan  
Bakersfield, California

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

We have performed an audit of the accompanying financial statements of Omni Family Health 403(b) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

#### ***Opinion***

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

### ***Basis for Opinion***

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

### ***Responsibilities of Management for the Financial Statements***

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

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

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

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

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

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

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

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

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

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

### ***Supplemental Schedules Required by ERISA***

The supplemental Schedule H, line 4i - Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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 schedule, we evaluated whether the supplemental schedule, 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 schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*JWT Associates, LLP*

Fresno, California

August 18, 2025

## Omni Family Health 403(b) Plan

### Statement of Net Assets Available for Plan Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>Assets</b>		
Investments, at fair value		
Registered investment companies	\$ 38,946,106	\$ 33,130,812
Receivables		
Notes receivable from participants	213,064	145,494
Receivable from employer	674,661	638,792
Other	-	2,027
Total receivables	<u>887,725</u>	<u>786,313</u>
Total assets	<u>39,833,831</u>	<u>33,917,125</u>
Net assets available for plan benefits	<u>\$ 39,833,831</u>	<u>\$ 33,917,125</u>

*See accompanying notes to the financial statements*

## Omni Family Health 403(b) Plan

### Statement of Changes in Net Assets Available for Plan Benefits

Year Ended December 31, 2024

#### **Additions**

Investment income	
Net realized and unrealized gains on investments	\$ 3,555,255
Interest and dividend income	<u>17,355</u>
Net investment income	3,572,610
Interest income from participant loans	14,627
Contributions	
Employer contributions	2,480,394
Participant contributions	2,097,367
Participant rollover contributions	<u>785,384</u>
Total contributions	<u>5,363,145</u>
Total additions	8,950,382

#### **Deductions**

Distributions to participants	2,755,355
Administrative and investment management expenses	278,321
Total deductions	<u>3,033,676</u>
Net change for the year	<u>5,916,706</u>
Net assets available for plan benefits at beginning of year	33,917,125
Net assets available for plan benefits at end of year	<u><u>\$ 39,833,831</u></u>

*See accompanying notes to the financial statements*

# Omni Family Health 403(b) Plan

## Notes to Financial Statements

December 31, 2024

### NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Omni Family Health 403(b) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering all full-time employees of Omni Family Health (the Company) who have six months of service and are age twenty or older.

Eligibility: There is no minimum age or service requirements for participants making elective contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions: Contributions to the Plan are made by employees as elective deferrals from their regular payroll. Additional contributions to the Plan are made at the discretion of the Company. Currently the company is making discretionary contributions at a matching rate of 4% of an eligible employee's eligible base compensation. The Company made contributions totaling \$2,480,394 and \$2,289,716 for the plan years ended December 31, 2024 and 2023, respectively.

Participant accounts: Each participant's account is credited with the participant's contributions as well as allocations of Plan earnings. 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. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan allows participants to rollover balances from other eligible pension plans and Roth contributions.

Vesting: Participants in the Plan become fully vested immediately upon start of participation in the plan for employee elective deferral contributions. Participants in the Plan become vested in the plan for all employer deferral contributions after one year of service.

Notes receivable from participants: Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 and 50% of their vested account balance. The loans are issued by the Plan and are secured by the balance in the participant's account. The term of the loan may not exceed five years, unless the loan is used to purchase a principal residence, in which case, the loan must be repaid within a reasonable period of time not to exceed fifteen years. The loans bear interest at a rate commensurate with local prevailing rates as determined by the plan administrator. As of December 31, 2024, the rate of interest on outstanding loans was 4.25% to 9.75% with various maturities through December 2030. All notes receivable are from participants with investment balances held with Nationwide, the custodian of the Plan. Principal and interest payments are made through payroll deductions on a bi-weekly schedule.

# Omni Family Health 403(b) Plan

## Notes to Financial Statements

December 31, 2024

### NOTE 1 - DESCRIPTION OF THE PLAN (continued)

Payment of Benefits: On termination of service (retirement, death, disability or termination of employment), participants with account balances not greater than \$5,000 will receive a single lump-sum distribution. Those participants with account balances greater than or equal to \$5,000 may choose between various annuity options provided or a single lump-sum distribution. Distributions are subject to applicable provisions of the Plan agreement.

Forfeitures: Upon termination of employment, the non-vested portion of the participant's account balance is forfeited at the end of the plan year. The forfeitures are subject to reallocation as of the last day of the plan year in which the non-vested portion was forfeited. For the plan year ended December 31, 2024, forfeitures allocated totaled \$672. These accounts were reallocated to offset current employer contributions. The remaining balance of forfeitures available for reallocation at December 31, 2024 and 2023, is \$13,564 and \$333, respectively.

### NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation: The accompanying financial statements have been prepared on the accrual basis of accounting and present the net assets available for plan benefits and the changes in those net assets.

Use of Estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan's management to make estimates and assumptions that may affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation: The investments are reported at fair value and contract value. The Plan's custodian, Nationwide, certifies the fair market value of all investments. If available, quoted market prices are used to value investments.

Fair value is the price that would be received to sell an asset or paid to transfer a liability (the "exit price") in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Income recognition: Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net depreciation in fair value of investments consists of both the realized gains and losses and unrealized appreciation and depreciation of those investments.

# Omni Family Health 403(b) Plan

## Notes to Financial Statements

December 31, 2024

### NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (continued)

Notes receivable from participants: Notes receivable from participants are measured at amortized cost, which represents unpaid principal balance plus accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions upon the occurrence of a distributable event, based on the terms of the Plan Agreement. No allowance for credit losses has been recorded as of December 31, 2024 or 2023.

Payment of Benefits: Generally, benefits are recorded when paid.

Expenses: General plan administrative expenses may be paid out of the forfeiture account or paid by the Company. Investment management, distribution, and loan transaction fees are paid by the Plan participants.

Subsequent events: Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before the financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the statement of net assets available for benefits date and before the financial statements are available to be issued.

The Plan has evaluated subsequent events through August 18, 2025, which is the date the financial statements were available to be issued.

### NOTE 3 - FAIR VALUE MEASUREMENTS

FASB ASC Topic 820, *Fair Value Measurements and Disclosures* (ASC 820) provides a framework for measuring fair value under U.S. generally accepted accounting principles. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The following provides a general description of the three levels of inputs that may be used to measure fair value under ASC 820:

Level 1 - Inputs to the valuation methodology are based on quoted prices available in active markets for identical assets or liabilities on the reporting date.

# Omni Family Health 403(b) Plan

## Notes to Financial Statements

December 31, 2024

### NOTE 3 - FAIR VALUE MEASUREMENTS (continued)

Level 2 - Inputs to the valuation methodology are other than quoted market prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies. 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 include significant inputs that are generally unobservable from objective sources. These inputs may be used with internally developed methodologies that result in management's best estimate of fair value including assumptions regarding risk. Level 3 instruments include those that may be more structured or otherwise tailored to the Plan's needs.

As required by ASC 820, financial assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

Following is a description of the valuation methodologies used for assets measured at fair value.

*Registered investment companies (mutual funds)* – Valued at the daily closing price as reported by the fund. These funds are required to publish their daily net asset value and to transact at that price. The funds held by the Plan are deemed to be actively traded. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission.

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

# Omni Family Health 403(b) Plan

## Notes to Financial Statements

December 31, 2024

### NOTE 3 - FAIR VALUE MEASUREMENTS (continued)

Assets measured at fair value as of December 31, 2024 and 2023 are as follows:

	2024			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 33,130,812	\$ -	\$ -	\$ 33,130,812
Investments at fair value	<u>\$ 33,130,812</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 33,130,812</u>
	2023			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 33,130,812	\$ -	\$ -	\$ 33,130,812
Investments at fair value	<u>\$ 33,130,812</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 33,130,812</u>

### NOTE 4 - TAX STATUS

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (IRC). The terms of the Plan have been prepared to conform to the sample language provided by the Internal Revenue Service. The Plan is required to operate in conformity with the IRC to maintain the tax-exempt status for participants under Section 403(b).

In accordance with guidance on accounting for uncertainty in income taxes, the plan administrator has evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### NOTE 5 - 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 participants' account balances and the amounts reported in the statement of net assets available for benefits.

# Omni Family Health 403(b) Plan

## Notes to Financial Statements

December 31, 2024

### NOTE 6 - INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, all investment information disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2024 and 2023, net appreciation or depreciation in fair value of investments, and interest and dividend income for the year then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Nationwide, the trustee of the Plan.

### NOTE 7 – PARTY-IN-INTEREST TRANSACTIONS

Plan investments include an insurance interest account and registered investment company accounts managed by Nationwide. As Nationwide is the custodian of the Plan, transactions between the Plan and Nationwide qualify as exempt party-in-interest transactions.

### NOTE 8 - PLAN TERMINATION

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their employer contributions.

**Schedule H, Line 4i - Schedule of Assets  
Schedule of Assets (Held at End of Year)  
Plan Year Ending: 12/31/2024**

Name of Plan: <b>Omni Family Health 403(b) Plan</b>				
Employer Identification Number: 95-3218000			Three-digit plan number >	002
(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
	Abrden Gbl Eq Inst	Registered Investment Company - Mutual Funds	N/A	787
	Blkrk Natrl rsrc Tr Inst	Registered Investment Company - Mutual Funds	N/A	47
	Amcent Shtdrinflprtbd R5	Registered Investment Company - Mutual Funds	N/A	3,781
	Amfds Europacfc Gr R6	Registered Investment Company - Mutual Funds	N/A	67,919
	Col Sel Lgcap Gr Inst2	Registered Investment Company - Mutual Funds	N/A	52,357
	Dfa Emrg Mkt Cor Inst	Registered Investment Company - Mutual Funds	N/A	58,340
	JPM LgCap Gr R6	Registered Investment Company - Mutual Funds	N/A	1,582,993
	AB Glb Bd I	Registered Investment Company - Mutual Funds	N/A	13,154
	Dfa Gbl RealEst Sec Inst	Registered Investment Company - Mutual Funds	N/A	3,276
	Diamond Hill MdCap I	Registered Investment Company - Mutual Funds	N/A	937,861
	Fed Clover Sm Val Inst	Registered Investment Company - Mutual Funds	N/A	34,845
	Gughm Flotng Rt Strat Inst	Registered Investment Company - Mutual Funds	N/A	-
	Jpm Cor Pls Bd R6	Registered Investment Company - Mutual Funds	N/A	483
	Jpm Eq Inc I	Registered Investment Company - Mutual Funds	N/A	1,675
	Lrdabt Shrt Dur Inc I	Registered Investment Company - Mutual Funds	N/A	6,781
	Mfs Rsrch R4	Registered Investment Company - Mutual Funds	N/A	1,791
	Mfs Val R4	Registered Investment Company - Mutual Funds	N/A	60,053
	Mnsty Epchp Intl Choice I	Registered Investment Company - Mutual Funds	N/A	52,874
	Avnts US Lg Cap Val Inst	Registered Investment Company - Mutual Funds	N/A	1,739,304
	Invesco Intl Bd Y	Registered Investment Company - Mutual Funds	N/A	20,774
	Pimco Real Rtn Inst	Registered Investment Company - Mutual Funds	N/A	1,694,409
	Pionr Eq Inc Y	Registered Investment Company - Mutual Funds	N/A	36,213
	DodgeCox Intl Stk I	Registered Investment Company - Mutual Funds	N/A	1,934,122
	Prudntl Gbl Realest Z	Registered Investment Company - Mutual Funds	N/A	40,026
	PGIM Hi Yld Z	Registered Investment Company - Mutual Funds	N/A	29,964
	PGIM Ttl Rtn Bd Z	Registered Investment Company - Mutual Funds	N/A	78,369
	Harbor Intl Gr Inst	Registered Investment Company - Mutual Funds	N/A	-
	Trowepr Gr Stk	Registered Investment Company - Mutual Funds	N/A	139,757
	Vngrd 500 Index Fd As	Registered Investment Company - Mutual Funds	N/A	614,008
	Vngrd Explr Inv	Registered Investment Company - Mutual Funds	N/A	43,617
	Blkrk Realest Sec Inst	Registered Investment Company - Mutual Funds	N/A	52
	Vngrd Sel Val Inv	Registered Investment Company - Mutual Funds	N/A	12,642
	Vngrd Divd Gr Inv	Registered Investment Company - Mutual Funds	N/A	5,571
	Vngrd Trgt Rtrmt 2020 Inv	Registered Investment Company - Mutual Funds	N/A	59,636
	Vngrd Trgt Rtrmt 2025 Inv	Registered Investment Company - Mutual Funds	N/A	69,216
	Vngrd Trgt Rtrmt 2030 Inv	Registered Investment Company - Mutual Funds	N/A	194,304
	Vngrd Trgt Rtrmt 2035 Inv	Registered Investment Company - Mutual Funds	N/A	21,656
	Vngrd Trgt Rtrmt 2040 Inv	Registered Investment Company - Mutual Funds	N/A	397,513
	Vngrd Trgt Rtrmt 2045 Inv	Registered Investment Company - Mutual Funds	N/A	136,723
	Vngrd Trgt Rtrmt 2050 Inv	Registered Investment Company - Mutual Funds	N/A	382,747
	Vngrd Trgt Rtrmt 2055 Inv	Registered Investment Company - Mutual Funds	N/A	539,546
	Vngrd Trgt Rtrmt 2060 Inv	Registered Investment Company - Mutual Funds	N/A	47,162
	Vngrd Trgt Rtrmt Inc	Registered Investment Company - Mutual Funds	N/A	816,261
	Vngrd Ttl Stkmkt Indx Fd AS	Registered Investment Company - Mutual Funds	N/A	132,962
	Wf Emrg Mkt Eq Inst	Registered Investment Company - Mutual Funds	N/A	23,762
	Amfds Gr Fd Am R6	Registered Investment Company - Mutual Funds	N/A	78,290
	Blkrk Strat Inc Oppr 1	Registered Investment Company - Mutual Funds	N/A	8,713
	Dfa Intmd Govt Fxdinc Inst	Registered Investment Company - Mutual Funds	N/A	14,621
	FnkIntmp Gbl Bd Adv	Registered Investment Company - Mutual Funds	N/A	326
	Fnkin Gold Prec Mts Adv	Registered Investment Company - Mutual Funds	N/A	49
	Vngrd Explr Adml	Registered Investment Company - Mutual Funds	N/A	529,630
	Vngrd St Bd Indx Adml	Registered Investment Company - Mutual Funds	N/A	376,700
	Amben Intl Eq Inst	Registered Investment Company - Mutual Funds	N/A	11,357
	Fed Gov Oblgtns Prmr	Registered Investment Company - Mutual Funds	N/A	963,242
	CJpm oSmcapp Vyal R6- Do No	Registered Investment Company - Mutual Funds	N/A	843
	Mfs Val R6	Registered Investment Company - Mutual Funds	N/A	1,398
	Trowepr New Era	Registered Investment Company - Mutual Funds	N/A	49
	BlkRk Hi Yld Bd Port K	Registered Investment Company - Mutual Funds	N/A	1,189,979
	Dfa Infl Prtct Sec Inst	Registered Investment Company - Mutual Funds	N/A	347,554
	Dfa Intl Sm Co Inst	Registered Investment Company - Mutual Funds	N/A	41,061
	Vngrd Mtrls Indx Adml	Registered Investment Company - Mutual Funds	N/A	47
	Dfa UsLgcap Val Inst	Registered Investment Company - Mutual Funds	N/A	19,266
	FnkIntmp Gbl Bd R6	Registered Investment Company - Mutual Funds	N/A	268

**Schedule H, Line 4i - Schedule of Assets  
Schedule of Assets (Held at End of Year)  
Plan Year Ending: 12/31/2024**

Name of Plan: <b>Omni Family Health 403(b) Plan</b>				
Employer Identification Number: 95-3218000			Three-digit plan number > 002	
(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
	Invsco Divrs Divd R5	Registered Investment Company - Mutual Funds	N/A	29,817
	Jpm Eq Inc R5	Registered Investment Company - Mutual Funds	N/A	1,549,654
*	Nw Dynmc US Cor R6	Registered Investment Company - Mutual Funds	N/A	37,996
*	NW Loomis Allcap Gr R6	Registered Investment Company - Mutual Funds	N/A	1,841,917
	Nuvn Hi Yld Inc I	Registered Investment Company - Mutual Funds	N/A	1,137
	BlkRk Ttl Rtn K	Registered Investment Company - Mutual Funds	N/A	1,282,819
	LrdAbt Flotng Rt R5	Registered Investment Company - Mutual Funds	N/A	104
	Virtus Seix Ttl Rtn Bd I	Registered Investment Company - Mutual Funds	N/A	20,433
	Vngrd RealEst Indx Adml	Registered Investment Company - Mutual Funds	N/A	27,674
	Vngrd Ttl Bnd Mkt Ldx Adm	Registered Investment Company - Mutual Funds	N/A	1,715
	Vngrd Ttl Intlstkindx Adml	Registered Investment Company - Mutual Funds	N/A	4,742
	Prncpl RealEst Sec Inst	Registered Investment Company - Mutual Funds	N/A	196
	BlkRk MdCap Gr Eq	Registered Investment Company - Mutual Funds	N/A	79,680
	BNYMeI Gbl Stk I	Registered Investment Company - Mutual Funds	N/A	119,284
	Vngrd SmCap Val Indx Adml	Registered Investment Company - Mutual Funds	N/A	1,765
	Vngrd SmCap Gr Indx Adml	Registered Investment Company - Mutual Funds	N/A	5,380
	PGIM Ttl Rtn Bd R6	Registered Investment Company - Mutual Funds	N/A	2,465,375
	PIMCOComdyRealRtn StratInst	Registered Investment Company - Mutual Funds	N/A	1,272
	Fid 500 Indx	Registered Investment Company - Mutual Funds	N/A	3,345,551
	Fid Intl Indx	Registered Investment Company - Mutual Funds	N/A	1,901,925
	Avnts US SmCap Val Inst	Registered Investment Company - Mutual Funds	N/A	518,493
	DFA US SmCap Inst	Registered Investment Company - Mutual Funds	N/A	17,443
	DFA US Trgt Val Inst	Registered Investment Company - Mutual Funds	N/A	17,779
	Fid US Bd Indx	Registered Investment Company - Mutual Funds	N/A	2,976,209
	Fed Hrns Ttl Rtn Bd Inst	Registered Investment Company - Mutual Funds	N/A	108,525
	Prncpl LgCap Gr I Inst	Registered Investment Company - Mutual Funds	N/A	78,074
	MSIF Disc I	Registered Investment Company - Mutual Funds	N/A	-
	Prncpl Gbl RealEst R6	Registered Investment Company - Mutual Funds	N/A	939,796
	Invesco Opp Intl Gr Y	Registered Investment Company - Mutual Funds	N/A	58,732
	MSIF Incptn I	Registered Investment Company - Mutual Funds	N/A	-
	CVngrod Depvl yMkt I-ndx DAdmlo No	Registered Investment Company - Mutual Funds	N/A	5,358
	BlkRk iS S P 500 Indx K	Registered Investment Company - Mutual Funds	N/A	48,054
	MS Insight I	Registered Investment Company - Mutual Funds	N/A	-
	GdmnScs GQGPtrnIntlOppr	Registered Investment Company - Mutual Funds	N/A	1,912,680
	Vngrd Mid-Cap Idx Fd AS	Registered Investment Company - Mutual Funds	N/A	2,990
	Vngrd Sm Cap Indx Fd AS	Registered Investment Company - Mutual Funds	N/A	1,503
	MFS MdCap Gr R6	Registered Investment Company - Mutual Funds	N/A	930,429
	MS Insight I	Registered Investment Company - Mutual Funds	N/A	-
	Vic ST Bd R6	Registered Investment Company - Mutual Funds	N/A	7,149
	Vngrd STInflPrtSecInd	Registered Investment Company - Mutual Funds	N/A	33,405
	JnsHndrsn Contra N	Registered Investment Company - Mutual Funds	N/A	27,626
	Vngrd Gbl ESG Sel Stk Adm	Registered Investment Company - Mutual Funds	N/A	7,243
	PIMCO EmrgMktLclCrnBd	Registered Investment Company - Mutual Funds	N/A	953
	AmFds Bd Fd Am R6	Registered Investment Company - Mutual Funds	N/A	9,049
	Ab Global Bond Fund-Class Z	Registered Investment Company - Mutual Funds	N/A	607,982
	Adv Em Mkts Eq Fnd-Intl Class	Registered Investment Company - Mutual Funds	N/A	1,456,631
	Blkrk Natrl Rsrc Tr Inv A	Registered Investment Company - Mutual Funds	N/A	47
	Lgl&Gen Com Strat Fnd Int SH	Registered Investment Company - Mutual Funds	N/A	788,792
		Participant Loans - Interest at 4.25% - 9.50%	N/A	213,064
				<u>39,159,170</u>

\* Party-in-interest

**Form 5500**  
 Department of the Treasury  
 Internal Revenue Service

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Department of Labor  
 Employee Benefits Security  
 Administration

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Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

▶ **Complete all entries in accordance with the Instructions to the Form 5500.**

OMB Nos. 1210-0110  
 1210-0089

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

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

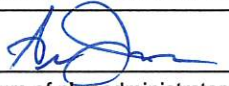
- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- a single-employer plan  a DFE (specify) \_\_\_\_\_
- B** This return/report is:  the first return/report  the final return/report
- an amended return/report  a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here . . . . . ▶
- D** Check box if filing under:  Form 5558  automatic extension  the DFVC program
- special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here . . . . . ▶

**Part II Basic Plan Information --- enter all requested information**

<b>1a</b> Name of plan Omni Family Health 403(b) Plan	<b>1b</b> Three-digit plan number (PN) ▶ 002
	<b>1c</b> Effective date of plan 03/01/1989
<b>2a</b> 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)  Omni Family Health  4900 California Avenue, Suite 400 B  US Bakersfield CA 93309	<b>2b</b> Employer Identification Number (EIN) 95-3218000
	<b>2c</b> Plan Sponsor's telephone number (661) 630-7040
	<b>2d</b> Business code (see instructions) 621498

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

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

<b>SIGN HERE</b>		<u>9/26/25</u>	Aurora Ibarra
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
 v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>		
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN and the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan name	<b>4b</b> EIN  <b>4d</b> PN		
<b>5</b> Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>5</b></td> <td style="text-align: right;">1,176</td> </tr> </table>	<b>5</b>	1,176
<b>5</b>	1,176		
<b>6</b> 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).			
<b>a(1)</b> Total number of active participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>6a(1)</b></td> <td style="text-align: right;">938</td> </tr> </table>	<b>6a(1)</b>	938
<b>6a(1)</b>	938		
<b>a(2)</b> Total number of active participants at the end of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>6a(2)</b></td> <td style="text-align: right;">917</td> </tr> </table>	<b>6a(2)</b>	917
<b>6a(2)</b>	917		
<b>b</b> Retired or separated participants receiving benefits	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>6b</b></td> <td style="text-align: right;">0</td> </tr> </table>	<b>6b</b>	0
<b>6b</b>	0		
<b>c</b> Other retired or separated participants entitled to future benefits	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>6c</b></td> <td style="text-align: right;">186</td> </tr> </table>	<b>6c</b>	186
<b>6c</b>	186		
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>6d</b></td> <td style="text-align: right;">1,103</td> </tr> </table>	<b>6d</b>	1,103
<b>6d</b>	1,103		
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>6e</b></td> <td style="text-align: right;">0</td> </tr> </table>	<b>6e</b>	0
<b>6e</b>	0		
<b>f</b> Total. Add lines 6d and 6e	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>6f</b></td> <td style="text-align: right;">1,103</td> </tr> </table>	<b>6f</b>	1,103
<b>6f</b>	1,103		
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>6g(1)</b></td> <td style="text-align: right;">1,107</td> </tr> </table>	<b>6g(1)</b>	1,107
<b>6g(1)</b>	1,107		
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>6g(2)</b></td> <td style="text-align: right;">1,044</td> </tr> </table>	<b>6g(2)</b>	1,044
<b>6g(2)</b>	1,044		
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>6h</b></td> <td style="text-align: right;">14</td> </tr> </table>	<b>6h</b>	14
<b>6h</b>	14		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"><b>7</b></td> <td style="text-align: right;"></td> </tr> </table>	<b>7</b>	
<b>7</b>			

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

2E 2F 2G 2L 2M 2T

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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<b>Part III</b>	<b>Form M-1 Compliance Information (to be completed by welfare benefit plans)</b>
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**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.

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

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

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

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**Schedule H, line 4i**  
**Schedule of Assets (Held At End of Year)**

For the plan year beginning 01/01/2024 and ending 12/31/2024

Name of plan

Omni Family Health 403(b) Plan

Employer Identification Number

95-3218000

Three-digit  
plan number

▶ 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	Nationwide Financial Services	Vngrd SmCap Gr Indx Adml	0	5,380
*	Nationwide Financial Services	PGIM Ttl Rtn Bd R6		2,465,375
*	Nationwide Financial Services	PIMCOComdyRealRtn StratInst		1,272
*	Nationwide Financial Services	Fid 500 Indx		3,345,551
*	Nationwide Financial Services	Fid Intl Indx		1,901,925
*	Nationwide Financial Services	Avnts US SmCap Val Inst		518,493
*	Nationwide Financial Services	DFA US SmCap Inst		17,443
*	Nationwide Financial Services	DFA US Trgt Val Inst		17,779
*	Nationwide Financial Services	Fid US Bd Indx		2,976,209
*	Nationwide Financial Services	Fed Hrms Ttl Rtn Bd Inst		108,525
*	Nationwide Financial Services	Prncpl LgCap Gr I Inst		78,074
*	Nationwide Financial Services	MSIF Disc I		0
*	Nationwide Financial Services	Prncpl Glbl RealEst R6		939,796
*	Nationwide Financial Services	Invesco Opp Intl Gr Y		58,732
*	Nationwide Financial Services	MSIF Incptn I		0
*	Nationwide Financial Services	Vngrd Devl Mkt Indx Adml		5,358
*	Nationwide Financial Services	BlkRk iS S P 500 Indx K		48,054
	Nationwide Financial Services	MS Insight I		0
*	Nationwide Financial Services	GdmnScs GQGPtrIntlOppr		1,912,680
*	Nationwide Financial Services	Vngrd Mid-Cap Idx Fd AS		2,990
*	Nationwide Financial Services	Vngrd Sm Cap Indx Fd AS		1,503
*	Nationwide Financial Services	MFS MdCap Gr R6		930,429
*	Nationwide Financial Services	MS Insight I		0
*	Nationwide Financial Services	Vic ST Bd R6		7,149
*	Nationwide Financial Services	Vngrd STInflPrtSecInd		33,405
*	Nationwide Financial Services	JnsHndrsn Contra N		27,626
*	Nationwide Financial Services	Vngrd Glbl ESG Sel Stk Adm		7,243
*	Nationwide Financial Services	PIMCO EmrgMktLclCrnBd		953
*	Nationwide Financial Services	AmFds Bd Fd Am R6		9,049
*	Nationwide Financial Services	Ab Global Bond Fund-Class Z		607,982
*	Nationwide Financial Services	Adv Em Mkts Eq Fnd-Intl Class		1,456,631
*	Nationwide Financial Services	Blkrk Natrl Rsrc Tr Inv A		47
*	Nationwide Financial Services	Lgl&Gen Com Strat Fnd Int SH		788,792
	Uninvested Cash			13,249
	Participant Loans	Interest Rate 4.25% - 9.75%		213,064

**Schedule H, line 4i**  
**Schedule of Assets (Held At End of Year)**

For the plan year beginning 01/01/2024 and ending 12/31/2024

Name of plan

Omni Family Health 403(b) Plan

Employer Identification Number

95-3218000

Three-digit  
plan number

▶ 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	Nationwide Financial Services	Abrden Glbl Eq Inst		787
*	Nationwide Financial Services	Blkrk Natrl rsrc Tr Inst		47
*	Nationwide Financial Services	Amcent Shtdrinflprtbd R5		3,781
*	Nationwide Financial Services	Amfds Europacfc Gr R6		67,919
*	Nationwide Financial Services	Col Sel Lqcap Gr Inst2		52,357
*	Nationwide Financial Services	Dfa Emrg Mkt Cor Inst		58,340
*	Nationwide Financial Services	JPM LgCap Gr R6		1,582,993
*	Nationwide Financial Services	AB Glb Bd I		13,154
*	Nationwide Financial Services	Dfa Glbl RealEst Sec Inst		3,276
*	Nationwide Financial Services	Diamond Hill MdCap I		937,861
*	Nationwide Financial Services	Fed Clover Sm Val Inst		34,845
*	Nationwide Financial Services	Gughm Flotng Rt Strat Inst		0
*	Nationwide Financial Services	Jpm Cor Pls Bd R6		483
*	Nationwide Financial Services	Jpm Eq Inc I		1,675
*	Nationwide Financial Services	Lrdabt Shrt Dur Inc I		6,781
*	Nationwide Financial Services	Mfs Rsrch R4		1,791
*	Nationwide Financial Services	Mfs Val R4		60,053
*	Nationwide Financial Services	Mnsty Epchp Intl Choice I		52,874
*	Nationwide Financial Services	Avnts US Lg Cap Val Inst		1,739,304
*	Nationwide Financial Services	Invesco Intl Bd Y		20,774
*	Nationwide Financial Services	Pimco Real Rtn Inst		1,694,409
*	Nationwide Financial Services	Pionr Eq Inc Y		36,213
*	Nationwide Financial Services	DodgeCox Intl Stk I		1,934,122
*	Nationwide Financial Services	Prudntl Glbl Realest Z		40,026
*	Nationwide Financial Services	PGIM Hi Yld Z		29,964
*	Nationwide Financial Services	PGIM Ttl Rtn Bd Z		78,369
*	Nationwide Financial Services	Harbor Intl Gr Inst		0
*	Nationwide Financial Services	Trowepr Gr Stk		139,757
*	Nationwide Financial Services	Vngrd 500 Index Fd As		614,008
*	Nationwide Financial Services	Vngrd Explr Inv		43,617
*	Nationwide Financial Services	Blkrk Realest Sec Inst		52
*	Nationwide Financial Services	Vngrd Sel Val Inv		12,642
*	Nationwide Financial Services	Vngrd Divd Gr Inv		5,571
*	Nationwide Financial Services	Vngrd Trgt Rtrmt 2020 Inv		59,636
*	Nationwide Financial Services	Vngrd Trgt Rtrmt 2025 Inv		69,216
*	Nationwide Financial Services	Vngrd Trgt Rtrmt 2030 Inv		194,304
*	Nationwide Financial Services	Vngrd Trgt Rtrmt 2035 Inv		21,656
*	Nationwide Financial Services	Vngrd Trgt Rtrmt 2040 Inv		397,513
*	Nationwide Financial Services	Vngrd Trgt Rtrmt 2045 Inv		136,723

**Schedule H, line 4i**  
**Schedule of Assets (Held At End of Year)**

For the plan year beginning 01/01/2024 and ending 12/31/2024

Name of plan

Omni Family Health 403(b) Plan

Employer Identification Number

95-3218000

Three-digit  
plan number

▶ 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	Nationwide Financial Services	Vngrd Trgt Rtrmt 2050 Inv		382,747
*	Nationwide Financial Services	Vngrd Trgt Rtrmt 2055 Inv		539,546
*	Nationwide Financial Services	Vngrd Trgt Rtrmt 2060 Inv		47,162
*	Nationwide Financial Services	Vngrd Trgt Rtrmt Inc		816,261
*	Nationwide Financial Services	Vngrd Ttl Stkmkt Indx Fd AS		132,962
*	Nationwide Financial Services	Wf Emrg Mkt Eq Inst		23,762
*	Nationwide Financial Services	Amfds Gr Fd Am R6		78,290
*	Nationwide Financial Services	Blkrk Strat Inc Oppr 1		8,713
*	Nationwide Financial Services	Dfa Intmd Govt Fxdinc Inst		14,621
*	Nationwide Financial Services	Fnkln tmp Glbl Bd Adv		326
*	Nationwide Financial Services	Fnkln Gold Prec Mtls Adv		49
*	Nationwide Financial Services	Vngrd Explr Adml		529,630
*	Nationwide Financial Services	Vngrd St Bd Indx Adml		376,700
*	Nationwide Financial Services	Amben Intl Eq Inst		11,357
*	Nationwide Financial Services	Fed Gov Oblgtns Prmr		963,242
*	Nationwide Financial Services	Jpm Smcap Val R6		843
*	Nationwide Financial Services	Mfs Val R6		1,398
*	Nationwide Financial Services	Trowepr New Era		49
*	Nationwide Financial Services	Blkrk Hi Yld Bd Port K		1,189,979
*	Nationwide Financial Services	Dfa Infl Prtct Sec Inst		347,554
*	Nationwide Financial Services	Dfa Intl Sm Co Inst		41,061
*	Nationwide Financial Services	Vngrd Mtrls Indx Adml		47
*	Nationwide Financial Services	Dfa UsLgcap Val Inst		19,266
*	Nationwide Financial Services	Fnkln tmp Glbl Bd R6		268
*	Nationwide Financial Services	Invsco Divrs Divd R5		29,817
*	Nationwide Financial Services	Jpm Eq Inc R5		1,549,654
*	Nationwide Financial Services	Nw Dynmc US Cor R6		37,996
*	Nationwide Financial Services	NW Loomis Allcap Gr R6		1,841,917
*	Nationwide Financial Services	Nuvm Hi Yld Inc I		1,137
*	Nationwide Financial Services	Blkrk Ttl Rtn K		1,282,819
*	Nationwide Financial Services	LrdAbt Flotng Rt R5		104
*	Nationwide Financial Services	Virtus Seix Ttl Rtn Bd I		20,433
*	Nationwide Financial Services	Vngrd RealEst Indx Adml		27,674
*	Nationwide Financial Services	Vngrd Ttl Bnd Mkt Ldx Adm		1,715
*	Nationwide Financial Services	Vngrd Ttl Intlstkindx Adml		4,742
*	Nationwide Financial Services	Prncpl RealEst Sec Inst		196
*	Nationwide Financial Services	Blkrk MdCap Gr Eq		79,680
*	Nationwide Financial Services	BNYMe1 Glbl Stk I		119,284
*	Nationwide Financial Services	Vngrd SmCap Val Indx Adml		1,765