

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

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.) [x] a single-employer plan [ ] a DFE (specify) \_\_\_\_
B This return/report is: [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [ ]
D Check box if filing under: [x] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan ENKI HEALTH SERVICES INC 401(K) PROFIT SHARING PLAN & TRUST
1b Three-digit plan number (PN) 002
1c Effective date of plan 07/01/1986
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ENKI HEALTH SERVICES INC 150 E OLIVE AVE - STE 203 BURBANK, CA 91502-1849
2b Employer Identification Number (EIN) 95-3380634
2c Plan Sponsor's telephone number 818-973-4899
2d Business code (see instructions) 621330

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

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

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

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

Form 5500 (2024) v. 240311

|   |  |     |
|---|--|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |     |
|   | <b>3c</b> Administrator's telephone number |     |
|   |  |     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><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>                                   | 402 |
| <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> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><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) .....<br><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) .....<br><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>                               | 257 |
|   | <b>6a(2)</b>                               | 265 |
|   | <b>6b</b>                                  | 0   |
|   | <b>6c</b>                                  | 154 |
|   | <b>6d</b>                                  | 419 |
|   | <b>6e</b>                                  | 1   |
|   | <b>6f</b>                                  | 420 |
|   | <b>6g(1)</b>                               | 340 |
|   | <b>6g(2)</b>                               | 358 |
| <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 2J 2T 3D

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

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

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>ENKI HEALTH SERVICES INC 401(K) PROFIT SHARING PLAN &amp; TRUST</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<br><b>ENKI HEALTH SERVICES INC</b> | <b>D</b> Employer Identification Number (EIN)<br><b>95-3380634</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

**CHARLES SCHWAB & CO. AND AFFIL**

**94-1737782**

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

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

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

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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)

SCHWAB RETIREMENT PLAN SERVICES INC

34-1479833

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 26 50<br>64         | NONE  | 5374   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <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 D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---|--|---|

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

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>ENKI HEALTH SERVICES INC 401(K) PROFIT SHARING PLAN &amp; TRUST</u>         | <b>B</b> Three-digit plan number (PN) ▶                            | <u>002</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>ENKI HEALTH SERVICES INC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>95-3380634</u> |            |

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

|  |                               |   |
|--|-------------------------------|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>METLIFE GAC SERIES 25053 0</u> |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>RELIANCE TRUST</u>          |                               |   |
| <b>c</b> EIN-PN <u>46-6625485-001</u>  | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>617593</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                   |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):                                |                               |   |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)               |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                   |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):                                |                               |   |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)               |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                   |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):                                |                               |   |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)               |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                   |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):                                |                               |   |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)               |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                   |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):                                |                               |   |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)               |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                   |                               |   |
| <b>b</b> Name of sponsor of entity listed in (a):                                |                               |   |
| <b>c</b> EIN-PN  | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)               |





|  |  |  |
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| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|  |  |
|--|--|
| 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<br><b>ENKI HEALTH SERVICES INC 401(K) PROFIT SHARING PLAN &amp; TRUST</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<br><b>ENKI HEALTH SERVICES INC</b>         | <b>D</b> Employer Identification Number (EIN)<br><b>95-3380634</b> |

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

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

|   |                 | (a) Beginning of Year | (b) End of Year |
|---|-----------------|-----------------------|-----------------|
| <b>Assets</b>   |                 |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....   | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....   | <b>1b(1)</b>    | 0                     | 311009          |
| <b>(2)</b> Participant contributions .....  | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....  | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:   |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 0                     | 6073            |
| <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>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    | 464038                | 617593          |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 17611585              | 20666748        |
| <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>   | 0                     | 193917          |

| 1d Employer-related investments:                                  |       | (a) Beginning of Year | (b) End of Year |
|---|-------|-----------------------|-----------------|
| (1) Employer securities.....                                      | 1d(1) |                       |                 |
| (2) Employer real property.....                                   | 1d(2) |                       |                 |
| e Buildings and other property used in plan operation.....        | 1e    |                       |                 |
| f Total assets (add all amounts in lines 1a through 1e).....      | 1f    | 18075623              | 21795340        |
| <b>Liabilities</b>  |       |                       |                 |
| g Benefit claims payable.....                                     | 1g    |                       |                 |
| h Operating payables.....   | 1h    |                       |                 |
| i Acquisition indebtedness.....                                   | 1i    |                       |                 |
| j Other liabilities.....  | 1j    |                       |                 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k    |                       |                 |
| <b>Net Assets</b>   |       |                       |                 |
| l Net assets (subtract line 1k from line 1f).....                 | 1l    | 18075623              | 21795340        |

**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: (A) Employers.....                                  | 2a(1)(A) | 1470215    |           |
| (B) Participants.....  | 2a(1)(B) | 767547     |           |
| (C) Others (including rollovers).....  | 2a(1)(C) | 145250     |           |
| (2) Noncash contributions.....   | 2a(2)    |            |           |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....                   | 2a(3)    |            | 2383012   |
| <b>b Earnings on investments:</b>  |          |            |           |
| (1) Interest:  |          |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 40         |           |
| (B) U.S. Government securities.....  | 2b(1)(B) |            |           |
| (C) Corporate debt instruments.....  | 2b(1)(C) |            |           |
| (D) Loans (other than to participants).....  | 2b(1)(D) |            |           |
| (E) Participant loans.....   | 2b(1)(E) |            |           |
| (F) Other.....   | 2b(1)(F) |            |           |
| (G) Total interest. Add lines 2b(1)(A) through (F).....                                      | 2b(1)(G) |            | 40        |
| (2) Dividends:   |          |            |           |
| (A) Preferred stock.....   | 2b(2)(A) |            |           |
| (B) Common stock.....  | 2b(2)(B) |            |           |
| (C) Registered investment company shares (e.g. mutual funds).....                            | 2b(2)(C) | 654623     |           |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C).....                                   | 2b(2)(D) |            | 654623    |
| (3) Rents.....   | 2b(3)    |            |           |
| (4) Net gain (loss) on sale of assets:   |          |            |           |
| (A) Aggregate proceeds.....  | 2b(4)(A) |            |           |
| (B) Aggregate carrying amount (see instructions).....  | 2b(4)(B) |            |           |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....                          | 2b(4)(C) |            |           |
| (5) Unrealized appreciation (depreciation) of assets:  |          |            |           |
| (A) Real estate.....   | 2b(5)(A) |            |           |
| (B) Other.....   | 2b(5)(B) |            |           |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....                 | 2b(5)(C) |            |           |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | 17453     |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 1466826   |
| <b>c</b> Other income .....   | <b>2c</b>     |            | 2042      |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 4523996   |

**Expenses**

|   |               |        |        |
|---|---------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 798905 |        |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |        |        |
| (3) Other .....   | <b>2e(3)</b>  |        |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |        | 798905 |
| <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>  | 5329   |        |
| (4) IQPA audit fees .....   | <b>2i(4)</b>  |        |        |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 45     |        |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |        |        |
| (7) Actuarial fees .....  | <b>2i(7)</b>  |        |        |
| (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> |        | 5374   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |        | 804279 |

**Net Income and Reconciliation**

|   |              |  |         |
|---|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 3719717 |
| <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: GURSEY SCHNEIDER LLP

(2) EIN: 95-3309779

**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><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|--|

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>ENKI HEALTH SERVICES INC 401(K) PROFIT SHARING PLAN &amp; TRUST</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<br><u>ENKI HEALTH SERVICES INC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>95-3380634</u> |            |

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

**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 |  | 0 |
|---|--|---|

**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): 82-3967259

**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.) |
|----------------|---|

**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> |
|-----------------|-------------------|

**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 09 / 21 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704158A.

**ENKI HEALTH SERVICES, INC.  
401(K) PROFIT SHARING PLAN AND TRUST**

**FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULE**

**DECEMBER 31, 2024**



**Gurseley | Schneider** LLP  
CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS

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*All other schedules required by the Department of Labor's Rules and Regulations for Reporting under the Employee Retirement Income Security Act of 1974 have been omitted because they are either not applicable or the information required therein has been included in the financial statements and notes thereto.*

## **Independent Auditor's Report**

To the Administrative Committee  
Enki Health Services, Inc. 401(k) Profit Sharing Plan  
Burbank, California

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

We have performed audits of the financial statements of Enki Health Services, Inc. 401(k) Profit Sharing 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) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

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

### ***Opinion***

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

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

***Basis for Opinion***

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

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

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

***Other Matter - Supplemental Schedules Required by ERISA***

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

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, is 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).

*Gursey | Schneider LLP*

September 26, 2025  
Los Angeles, California

**ENKI HEALTH SERVICES, INC. 401(K) PROFIT SHARING PLAN**

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

**ASSETS**

|                                   | <u>2024</u>          | <u>2023</u>          |
|-----------------------------------|----------------------|----------------------|
| Investments, at fair value:       |                      |                      |
| Mutual funds                      | \$ 20,666,748        | \$ 17,611,585        |
| Common collective trust           | 617,593              | 464,038              |
| Self-directed brokerage accounts  | 193,917              | -                    |
| Cash equivalents                  | <u>6,073</u>         | <u>-</u>             |
| Total Investments                 | 21,484,331           | 18,075,623           |
| Receivables:                      |                      |                      |
| Employer contributions            | <u>311,009</u>       | <u>159,206</u>       |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$ 21,795,340</u> | <u>\$ 18,234,829</u> |

See Independent Auditor's Report and Accompanying Notes to Financial Statements

**ENKI HEALTH SERVICES, INC. 401(K) PROFIT SHARING PLAN**

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2024

ADDITIONS TO NET ASSETS:

Investment Income:

|   |                  |
|---|------------------|
| Interest and dividends                        | \$ 654,663       |
| Net appreciation in fair value of investments | <u>1,486,321</u> |
| <i>Total Investment Gain</i>                  | <u>2,140,984</u> |

Contributions:

|                              |                  |
|------------------------------|------------------|
| Employer, net of forfeitures | 1,311,009        |
| Participants                 | 767,547          |
| Rollover                     | <u>145,250</u>   |
| <i>Total Contributions</i>   | <u>2,223,806</u> |

|                        |                  |
|------------------------|------------------|
| <i>Total Additions</i> | <u>4,364,790</u> |
|------------------------|------------------|

DEDUCTIONS FROM NET ASSETS:

|                               |                |
|-------------------------------|----------------|
| Benefits paid to participants | 798,905        |
| Administrative fees           | <u>5,374</u>   |
| <i>Total Deductions</i>       | <u>804,279</u> |

|                               |           |
|-------------------------------|-----------|
| <i>Increase in Net Assets</i> | 3,560,511 |
|-------------------------------|-----------|

NET ASSETS AVAILABLE FOR BENEFITS:

|                   |                      |
|-------------------|----------------------|
| Beginning of year | <u>18,234,829</u>    |
| End of year       | <u>\$ 21,795,340</u> |

See Independent Auditor's Report and Accompanying Notes to Financial Statements

## ENKI HEALTH SERVICES, INC. 401(K) PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2024

### NOTE 1 - PLAN DESCRIPTION AND RELATED INFORMATION

The following description of the Enki Health Services, Inc.'s (the "Company") 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General** - The Plan is a defined contribution plan covering all employees (the "Participants") of the Company, excluding individuals who are members of a collective bargaining unit, employees acquired through mergers or acquisitions, and leased employees. Eligibility for elective contributions requires six (6) months of completed service and the employee to be at least 18 years of age or older. Once eligible, participants are enrolled in the Plan on the first day of the month following the completion of the age and/or service requirements.

To be eligible for non-Safe Harbor non-elective contributions, an employee must be at least 18 years of age and have completed twelve (12) months of service. To be eligible for profit-sharing contributions, an employee must be classified as an eligible employee and be employed on the last day of the plan year. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Oversight of the Plan is the responsibility of the Administrative Committee, which evaluates the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Trustees. The Company serves as the Plan Administrator.

**Administration of Plan Assets** - The Plan's investment assets are held by Charles Schwab Trust Bank, which serves as the trustee of the Plan's assets (the "Trustee"). The Company outsources the recordkeeping function to Schwab Retirement Plan Services, Inc. All administrative costs associated with the Plan are borne by the Company. Investment-related expenses are reflected in the net appreciation (depreciation) in the fair value of investments.

**Employee Contributions** - Participants may elect to defer up to 70% of their pre-tax annual compensation, as defined by the Plan, subject to the maximum limits established under the Internal Revenue Code ("IRC"). For the year ended December 31, 2024, the deferral limit was \$23,000. Participants who are age 50 or older may make additional catch-up contributions, up to the IRS limit of \$7,500 for 2024. The total allowable employee contribution for eligible participants was \$30,500.

The Plan permits participants to make Roth elective deferrals. Participants may also contribute rollover amounts, including Roth rollovers, from other qualified retirement plans. After-tax voluntary employee contributions are not allowed under the Plan.

**Employer Contributions** - During the year ended December 31, 2024, the Plan did not offer Safe Harbor matching contributions and was therefore subject to annual non-discrimination testing under IRS regulations. To help satisfy the Actual Deferral Percentage (ADP) test, the IRS permits employers to make additional contributions to Non-Highly Compensated Employees (NHCEs). These contributions may be designated as Qualified Non-Elective Contributions (QNECs), if allocated based on compensation, or Qualified Matching Contributions (QMACs), if allocated based on deferrals. Such contributions must be 100% vested and are subject to the same withdrawal restrictions as salary deferrals.

For the year ended December 31, 2024, the Company elected to satisfy the non-discrimination testing by making a QNEC in the amount of \$311,009, which was funded to the Plan in May 2025.

**ENKI HEALTH SERVICES, INC. 401(K) PROFIT SHARING PLAN**

Notes to Financial Statements

December 31, 2024

**NOTE 1 - PLAN DESCRIPTION AND RELATED INFORMATION - (CONTINUED)**

**Employer Contributions** - The Company may, at its discretion, make non-elective profit-sharing contributions to the Plan. For the year ended December 31, 2024, the Company contributed \$1,000,000 in non-elective profit-sharing funds.

**Investment Options** - Participants direct the investment of all contributions among the various investment options available under the Plan. The Plan currently offers 25 registered investment companies, providing a range of diversified mutual funds. In addition, the Plan includes a common collective trust that serves as a stable value investment option and a money-market mutual fund that is considered a cash equivalent.

For participants seeking greater flexibility, the Plan also offers access to self-directed brokerage accounts (SDBA) through Charles Schwab. This feature allows participants to invest in a broader array of securities beyond the core Plan lineup, including individual stocks, bonds, ETFs, and mutual funds, subject to certain restrictions and fees.

Participants may change their investment allocations at any time, at their discretion. Contributions, whether from salary deferrals, rollovers, Company non-elective contributions, or reinvested investment income, are used to purchase shares of mutual funds and investments in the common collective trust, as directed by each participant. Shares are sold when participants withdraw from the Plan or transfer account balances among investment options.

**Participants Accounts** - Each Participant's account is adjusted for their contributions and distributions, as well as allocations of (a) the Company's contributions and (b) the Plan's earnings, losses, and administrative expenses. Allocations are determined based on participant compensation or account balances, as specified in the Plan document. The benefit to which a participant is entitled is the value of their vested account balance.

**Vesting** - Participants are immediately vested in their elective deferral contributions and any Qualified Non-Elective Contributions (QNECs), including earnings thereon. However, vesting of profit-sharing contributions and associated earnings is based on the participant's years of service, in accordance with the vesting schedule outlined in the Plan document.

| <u>Years of Service</u> | <u>% Vested</u> |
|-------------------------|-----------------|
| Less than 2             | 0               |
| 2                       | 20              |
| 3                       | 50              |
| 4                       | 80              |
| 5                       | 100             |

The Plan may temporarily suspend new contributions and withdrawals under certain circumstances, such as during a transition between 401(k) service providers. During such periods, the Plan is considered frozen. A participant's vested interest in their frozen non-Safe Harbor matching contribution account is determined according to the applicable vesting schedule. Any portion of the account that is not vested will be forfeited upon distribution or after the participant incurs five consecutive breaks in vesting service, whichever occurs first. Forfeited amounts may be used to offset future employer contributions.

**Participant Loans** - The Plan does not permit participant loans.

**ENKI HEALTH SERVICES, INC. 401(K) PROFIT SHARING PLAN**

Notes to Financial Statements

December 31, 2024

**NOTE 1 - PLAN DESCRIPTION AND RELATED INFORMATION - (CONTINUED)**

**Payment of Benefits** - A Participant may withdraw funds from the Plan upon the occurrence of certain events including, but not limited to, retirement, death, disability, or termination of employment. Upon termination of employment, if a participant's vested account balance is \$5,000 or less, and the participant has not elected a lump-sum distribution or direct rollover, the Plan may distribute the balance as a lump-sum payment within a reasonable period. For vested account balances exceeding \$5,000, funds will remain in the Plan until the participant submits a written request for distribution. The Plan also permits hardship distributions, subject to applicable eligibility requirements and IRS guidelines.

**Forfeiture Accounts** - At December 31, 2024, forfeited non-vested accounts totaled \$1,677. The following is a summary of forfeiture activity during the year:

|                                      |    |                |
|--------------------------------------|----|----------------|
| Beginning balance                    | \$ | 1,637          |
| Forfeitures received                 |    | -              |
| Earnings thereon                     |    | 3,471          |
| Forfeitures applied to plan expenses |    | <u>(3,431)</u> |
| Ending balance                       | \$ | <u>1,677</u>   |

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting** - The accompanying financial statements have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

**Use of Estimates** - The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and disclosures. Actual results may differ from those estimates.

**Investment Valuation and Income Recognition** - The Plan's investments are reported at fair value, which represents the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recognized on the accrual basis, and dividend income from mutual funds is recorded when reported by the respective registered investment companies. Security transactions are accounted for on the trade date.

Net realized and unrealized gains and losses are reflected in the financial statements as net appreciation (depreciation) in the fair value of investments. Contributions are invested on payroll dates and accrued when applicable.

**Benefit Payments** - Benefit payments are recorded when paid. As of December 31, 2024, there were no pending distributions that had been directed by participants who had withdrawn from the Plan.

**ENKI HEALTH SERVICES, INC. 401(K) PROFIT SHARING PLAN**

Notes to Financial Statements

December 31, 2024

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - (CONTINUED)**

**Administrative Expenses** - Most plan expenses relate to general recordkeeping services. Certain maintenance expenses are paid directly by the Plan, unless otherwise covered by the Company. Expenses paid by the Company are not included in these financial statements. Fees associated with participant distributions are charged to the respective participant's account and reported as administrative expenses. Investment-related expenses are reflected in the net depreciation in fair value of investments on the statement of changes in net assets available for benefits.

**Risks and Uncertainties** - The Plan invests in a variety of investment securities that are subject to risks, including interest rate, market, and credit risk. Given the nature of these investments, it is at least reasonably possible that changes in market conditions could materially impact participants' account balances and the amounts reported in the statement of net assets available for benefits.

**Subsequent Events** - Subsequent events have been evaluated through September 26, 2025, the date the financial statements were available to be issued. During 2025, the Plan adopted the following amendments:

- Effective January 1, 2025, the Plan was amended to re-adopt a basic Safe Harbor Matching contribution formula. Under this provision, the employer may contribute an amount equal to 100% of each participant's elective deferrals that do not exceed 3% of the participant's compensation for the applicable allocation period, plus 50% of elective deferrals that exceed 3% but do not exceed 5% of compensation. This change is intended to simplify compliance with non-discrimination testing requirements and ensure that eligible participants receive consistent employer contributions. All Safe Harbor matching contributions are fully vested when made and are subject to the same withdrawal restrictions as elective deferrals.
- Effective January 1, 2025, the Plan was amended to allow financial hardship distributions from ADP Safe Harbor contributions, post-1988 earnings on elective deferrals, qualified matching contributions (QMACs), and qualified non-elective contributions (QNECs), in accordance with applicable regulatory guidance.
- Effective January 1, 2025, the Plan adopted provisions under SECURE 2.0 permitting the treatment of qualified student loan payments as elective deferrals for purposes of matching contributions. Matching contributions will be made in accordance with the Plan's traditional ADP safe harbor formula and any reasonable procedures established by the Employer.
- Effective May 1, 2025, the Plan implemented the enhanced catch-up contribution limits under SECURE 2.0, increasing the limit to the greater of \$10,000 or 150% of the regular catch-up contribution limit for the 2024 calendar year (or as adjusted by future legislation), indexed for inflation, applicable to participants who attain ages 60 through 63 before the close of the taxable year.

**ENKI HEALTH SERVICES, INC. 401(K) PROFIT SHARING PLAN**

Notes to Financial Statements

December 31, 2024

**NOTE 3 - INVESTMENTS AND INFORMATION PREPARED AND CERTIFIED BY TRUSTEE**

The Plan administrator has elected to comply with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Under this election, the Plan's independent auditors were instructed not to perform auditing procedures on information certified by the trustee as complete and accurate to the best of their knowledge, except to compare such certified information to the amounts presented in the Plan's financial statements and supplemental schedule.

The information presented in the accompanying financial statements and supplemental schedule was derived from data prepared and certified as complete and accurate by Charles Schwab Trust Bank as of December 31, 2024 and 2023:

|   | <u>2024</u>          | <u>2023</u>          |
|---|----------------------|----------------------|
| Investments at fair value                     | <u>\$ 21,484,331</u> | <u>\$ 18,075,623</u> |
| Interest and dividends                        | <u>\$ 654,663</u>    | <u>\$ 1,288,444</u>  |
| Net appreciation in fair value of investments | <u>\$ 1,486,321</u>  | <u>\$ 767,841</u>    |

Schedule of Assets (Held at End of Year) - December 31, 2024

- See Supplemental Schedule

**NOTE 4 - FAIR VALUE MEASUREMENTS**

Fair value measurements are determined in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*. This guide establishes a framework for measuring fair value and outlines a hierarchy that prioritizes the inputs used in valuation techniques. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The fair value hierarchy established under FASB ASC 820 is categorized into three levels based on the inputs used to determine fair value:

Level 1 - Quoted market prices in active markets for identical assets or liabilities.

Level 2 - Inputs other than quoted prices included in Level 1 that are observable, such as quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, or other inputs that are observable or can be corroborated by market data.

Level 3 - Unobservable inputs that are significant to the valuation and reflect assumptions that market participants would use. These may include pricing models, discounted cash flow techniques, or similar methodologies relying on significant unobservable inputs.

An asset or liability's classification within the fair value hierarchy is determined based on the lowest level input that is significant to its valuation. Valuation techniques are designed to prioritize the use of observable inputs and minimize reliance on unobservable inputs.

**ENKI HEALTH SERVICES, INC. 401(K) PROFIT SHARING PLAN**

Notes to Financial Statements

December 31, 2024

**NOTE 4 - FAIR VALUE MEASUREMENTS - (CONTINUED)**

The following outlines the valuation methodologies applied to assets measured at fair value. There were no changes to these methodologies as of December 31, 2024 and 2023.

*Mutual funds:* These investments are valued at the daily closing price reported by each fund. The Plan holds open-ended mutual funds registered with the SEC, which are required to publish their daily net asset value (NAV) and transact at that price. As these funds are actively traded in public markets, they are classified within Level 1 of the fair value hierarchy.

*Common collective trust:* These investments are valued at net asset value (NAV) as reported by the fund, which represents fair value. NAV is calculated by subtracting total liabilities from total assets (including accrued income) and dividing by the number of units outstanding as of the valuation date. These trusts are not subject to redemption restrictions, and the Plan has no contractual obligation to make additional investments. Because the NAV is based on a quoted price in a market that is not active, these investments are classified within Level 2 of the fair value hierarchy.

*Self-directed brokerage accounts:* These investments include interest-bearing cash, publicly traded common stock, U.S. governmental securities, and unit investment trusts. These investments are reported at fair value in accordance with ASC 820. In the absence of specific valuation inputs, the Company has classified these assets within Level 1 of the fair value hierarchy, based on the presumption that quoted prices in active markets are available for substantially all holdings. This classification reflects management's judgment that the instruments are readily marketable and priced using observable inputs.

The table below presents the Plan's assets measured at fair value as of December 31, 2024 and 2023, categorized by level within the fair value hierarchy.

|                                  | Total                | Fair Value Hierarchy |                   |             |
|----------------------------------|----------------------|----------------------|-------------------|-------------|
|                                  |                      | Level 1              | Level 2           | Level 3     |
| <u>December 31, 2024</u>         |                      |                      |                   |             |
| Mutual funds                     | \$ 20,666,748        | \$ 20,666,748        | \$ -              | \$ -        |
| Common collective trusts         | 617,593              | -                    | 617,593           | -           |
| Self-directed brokerage accounts | 193,917              | 193,917              | -                 | -           |
| Cash equivalents                 | 6,073                | 6,073                | -                 | -           |
|                                  | <u>\$ 21,484,331</u> | <u>20,866,738</u>    | <u>617,593</u>    | <u>-</u>    |
| <u>December 31, 2023</u>         |                      |                      |                   |             |
| Mutual funds                     | \$ 17,611,585        | \$ 17,611,585        | \$ -              | \$ -        |
| Common collective trusts         | 464,038              | -                    | 464,038           | -           |
|                                  | <u>\$ 18,075,623</u> | <u>\$ 17,611,585</u> | <u>\$ 464,038</u> | <u>\$ -</u> |

**ENKI HEALTH SERVICES, INC. 401(K) PROFIT SHARING PLAN**

Notes to Financial Statements

December 31, 2024

**NOTE 5 - PLAN TERMINATION**

While the Company has not indicated any intention to do so, it retains the right under the Plan to discontinue contributions at any time and to terminate the Plan, subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). In the event of Plan termination, all participants would become fully vested in their employer contributions.

**NOTE 6 - TAX STATUS**

The Plan, as amended, has not obtained a determination letter from the Internal Revenue Service (IRS) affirming its compliance with applicable requirements of the Internal Revenue Code (IRC). However, the prototype non-standardized plan document upon which the Plan is based has received an IRS opinion letter confirming that the prototype meets the relevant IRC provisions. The Plan administrator believes that the Plan is currently designed and operated in accordance with applicable IRC requirements and, therefore, qualifies as a tax-exempt plan as of the financial statement date. As a result, no provision for income taxes has been included in the Plan's financial statements.

In accordance with U.S. GAAP, Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability if it is determined that a position is uncertain and more likely than not would not be sustained upon examination by the IRS.

The Plan's Form 5500, Annual Return/Report of Employee Benefit Plan, is subject to routine audit by taxing authorities, generally for a period of three years following its filing. As of the financial statement date, there are no audits in progress for any tax periods.

**NOTE 7 - TRANSACTIONS WITH PARTIES-IN-INTEREST**

The Plan engages in transactions with certain parties who provide services or hold fiduciary responsibilities in relation to the Plan. During the year ended December 31, 2024, certain Plan investments were managed by Charles Schwab Trust Bank, the trustee of the Plan. The Plan incurred \$5,374 in administration fees paid to Schwab Retirement Plan Services, Inc., which serves as the Plan's third-party administrator and recordkeeper. In addition, the Company paid certain administrative expenses on behalf of the Plan, including audit fees. These transactions are considered party-in-interest transactions under ERISA and are exempt from prohibited transaction rules under applicable statutory exemptions.

**ENKI HEALTH SERVICES, INC. 401(K) PROFIT SHARING PLAN**

Notes to Financial Statements

December 31, 2024

**NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2024 and 2023 to Form 5500:

|  | <u>2024</u>          | <u>2023</u>          |
|--|----------------------|----------------------|
| Net assets available for benefits - financial statements | \$ 21,795,340        | \$ 18,234,829        |
| Contributions receivable                                 | <u>-</u>             | <u>(159,206)</u>     |
| Net assets available for benefits - Form 5500            | <u>\$ 21,795,340</u> | <u>\$ 18,075,623</u> |

The following is a reconciliation of contributions per the financial statements for the year ended December 31, 2024 to Form 5500:

|                                       | <u>Participants<br/>and Rollover</u> | <u>Employer</u>     | <u>Total</u>        |
|---------------------------------------|--------------------------------------|---------------------|---------------------|
| Contributions - financial statements  | \$ 912,797                           | \$ 1,311,009        | \$ 2,223,806        |
| Contributions receivable - 12/31/2023 | <u>-</u>                             | <u>159,206</u>      | <u>159,206</u>      |
| Contributions - Form 5500             | <u>\$ 912,797</u>                    | <u>\$ 1,470,215</u> | <u>\$ 2,383,012</u> |

**SUPPLEMENTAL SCHEDULE**

**ENKI HEALTH SERVICES, INC. 401(K) PROFIT SHARING PLAN**  
Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)  
December 31, 2024

Plan Sponsor EIN: 95-3380634  
Plan Number: 002

| (a) | (b)   | (c)   | (d)  | (e)                  |
|-----|---|---|------|----------------------|
|     | Identity of Issue, Borrower, Lessor or<br>Similar Party | Description of Investment, Including<br>Maturity date, Rate of Interest,<br>Collateral, Par or Maturity Value | Cost | Current<br>Value     |
|     | MetLife Stable Value Fund Series 25053                  | Common Collective Trust   | -    | \$ 617,593           |
|     | Vanguard Treasury Money Market Investor                 | Money Market / Cash Equivalent  | -    | 6,073                |
|     | American Century Small Cap Growth Fund R6               | Registered Investment Company   | -    | 436,692              |
|     | Black Rock Health Sciences Opps Port Class K            | Registered Investment Company   | -    | 1,044,156            |
|     | ClearBridge International Growth Fund Class I           | Registered Investment Company   | -    | 347,406              |
|     | Ishares S&P 500 Index K                                 | Registered Investment Company   | -    | 1,035,559            |
|     | JPMorgan Equity Income Fund Class R6                    | Registered Investment Company   | -    | 588,967              |
|     | JPMorgan Large Cap Growth Fund Class R6                 | Registered Investment Company   | -    | 671,570              |
|     | MFS Mid Cap Growth Fund Class R6                        | Registered Investment Company   | -    | 216,960              |
|     | Pioneer Balanced ESG Fund Class Y                       | Registered Investment Company   | -    | 50,268               |
|     | Undiscovered Managers Behavioral Value Fund R6          | Registered Investment Company   | -    | 141,354              |
|     | Vanguard Intermediate-Term Treasury Fund Admiral Shares | Registered Investment Company   | -    | 145,583              |
|     | Vanguard Mid-Cap Index Fund Admiral Shares              | Registered Investment Company   | -    | 194,193              |
|     | Vanguard Small-Cap Index Fund Admiral Shares            | Registered Investment Company   | -    | 288,546              |
|     | Vanguard Target Retirement 2025                         | Registered Investment Company   | -    | 823,712              |
|     | Vanguard Target Retirement 2030                         | Registered Investment Company   | -    | 2,675,678            |
|     | Vanguard Target Retirement 2035                         | Registered Investment Company   | -    | 2,071,006            |
|     | Vanguard Target Retirement 2040                         | Registered Investment Company   | -    | 3,653,960            |
|     | Vanguard Target Retirement 2045                         | Registered Investment Company   | -    | 3,260,773            |
|     | Vanguard Target Retirement 2050                         | Registered Investment Company   | -    | 1,213,862            |
|     | Vanguard Target Retirement 2055                         | Registered Investment Company   | -    | 558,323              |
|     | Vanguard Target Retirement 2060                         | Registered Investment Company   | -    | 69,635               |
|     | Vanguard Target Retirement 2065                         | Registered Investment Company   | -    | 18,591               |
|     | Vanguard Target Retirement Income                       | Registered Investment Company   | -    | 601,558              |
|     | Vanguard Total Stock Market Index Fund Admiral          | Registered Investment Company   | -    | 423,094              |
|     | Vanguard Ultra-Short-Term Bond Fund Admiral Shares      | Registered Investment Company   | -    | 1,411                |
|     | Victory Established Value R6                            | Registered Investment Company   | -    | 133,891              |
|     |   |   |      | -                    |
|     | Personal Choice Retirement Accounts                     | Self-Directed Brokerage Accounts  | -    | 193,917              |
|     |   |   |      | <u>\$ 21,484,331</u> |

Note: Column (a) is blank as there were no parties-in-interest  
Column (d) is blank as all investments are Participant-directed and this information is not required to be presented.

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

NAME OF PLAN SPONSOR: Enki Health Services, Inc.  
 NAME OF PLAN: Enki Health Services, Inc. 401(k) Profit Sharing Plan & Trust  
 EIN: 95-3380634  
 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 |
|-----|---|---|----------|-------------------|
|     | VANGUARD TRSY MONEY MKT INVSTR                            | Money Market / Cash Equivalent  |          | 6,073             |
|     | RELIANCE SVF - METGAC25053 0                              | Common Collective Trust Fund  |          | 617,593           |
|     | PCRA  | Self-Directed Brokerage Account   |          | 193,917           |
|     | AMCENT SMALL CAP GROWTH R6                                | Registered Investment Company   |          | 436,692           |
|     | BLACKROCK HEALTH SCIENCES K                               | Registered Investment Company   |          | 1,044,156         |
|     | CLEARBRIDGE INTL GROWTH FD I                              | Registered Investment Company   |          | 347,406           |
|     | ISHARES S&P 500 INDEX K                                   | Registered Investment Company   |          | 1,035,559         |
|     | JP MORGAN EQUITY INCOME R6                                | Registered Investment Company   |          | 588,967           |
|     | JPMORGAN LARGE CAP GROWTH R6                              | Registered Investment Company   |          | 671,570           |
|     | MFS LIFETIME INCOME FD R6                                 | Registered Investment Company   |          | 1                 |
|     | MFS MID CAP GROWTH FUND R6                                | Registered Investment Company   |          | 216,960           |
|     | PIONEER BALANCED ESG FUND Y                               | Registered Investment Company   |          | 50,268            |
|     | UNDISCOVERED MGRS BEHAV VAL R6                            | Registered Investment Company   |          | 141,354           |
|     | VANGUARD INTER TERM TREAS ADM                             | Registered Investment Company   |          | 145,583           |
|     | VANGUARD MID CAP INDEX ADMIRAL                            | Registered Investment Company   |          | 194,193           |
|     | VANGUARD SMALL CAP INDEX ADMRL                            | Registered Investment Company   |          | 288,546           |
|     | VANGUARD TARGET RETIREMNT 2025                            | Registered Investment Company   |          | 823,712           |
|     | VANGUARD TARGET RETIREMNT 2030                            | Registered Investment Company   |          | 2,675,678         |
|     | VANGUARD TARGET RETIREMNT 2035                            | Registered Investment Company   |          | 2,071,006         |
|     | VANGUARD TARGET RETIREMNT 2040                            | Registered Investment Company   |          | 3,653,959         |
|     | VANGUARD TARGET RETIREMNT 2045                            | Registered Investment Company   |          | 3,260,772         |
|     | VANGUARD TARGET RETIREMNT 2050                            | Registered Investment Company   |          | 1,213,862         |
|     | VANGUARD TARGET RETIREMNT 2055                            | Registered Investment Company   |          | 558,323           |
|     | VANGUARD TARGET RETIREMNT 2060                            | Registered Investment Company   |          | 69,635            |
|     | VANGUARD TARGET RETIREMNT 2065                            | Registered Investment Company   |          | 18,591            |
|     | VANGUARD TARGET RETMT INCOME                              | Registered Investment Company   |          | 601,558           |
|     | VANGUARD TOT STK MKT IDX ADMRL                            | Registered Investment Company   |          | 423,094           |
|     | VANGUARD ULTRA ST BD ADMIRAL                              | Registered Investment Company   |          | 1,412             |
|     | VICTORY SYC EST VALUE R6                                  | Registered Investment Company   |          | 133,891           |

\* Party-in-interest