

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

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

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)

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

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>HOMECENTRIS HEALTHCARE, LLC 401(K) PROFIT SHARING PLAN AND TRUST</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
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) <u>HOMECENTRIS HEALTHCARE, LLC</u> <u>10 CROSSROADS DRIVE, SUITE 110</u> <u>OWINGS MILLS, MD 21117</u>	1c Effective date of plan <u>08/08/2018</u> 2b Employer Identification Number (EIN) <u>46-5705434</u> 2c Plan Sponsor's telephone number <u>410-486-5330</u> 2d Business code (see instructions) <u>621610</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2025	MATTHEW AUMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1354
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	936
	6a(2)	1036
	6b	11
	6c	252
	6d	1299
	6e	0
	6f	1299
	6g(1)	404
	6g(2)	501
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan HOMECENTRIS HEALTHCARE, LLC 401(K) PROFIT SHARING PLAN AND TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 HOMECENTRIS HEALTHCARE, LLC</p>	<p>D Employer Identification Number (EIN) 46-5705434</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	80019	501	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 474	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
THE LEADERS GROUP, INC. 26 WEST DRY CREEK CIRCLE, SUITE 800 LITTLETON, CO 80120-4475

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
474			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	101015
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	92055
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c Additions: (1) Contributions deposited during the year	7c(1)	8484	
	(2) Dividends and credits.....	7c(2)	27
	(3) Interest credited during the year.....	7c(3)	1476
	(4) Transferred from separate account	7c(4)	376878
	(5) Other (specify below)..... ▶	7c(5)	

(6) Total additions	7c(6)	386865
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d Total of balance and additions (add lines 7b and 7c(6))	7d	478920
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e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account	7e(1)	2357	
	(4) Other (specify below)..... ▶ LOAN DISBURSEMENTS, NEGATIVE VALUE ADJUSTMENT, TPA FEES PAD	7e(2)	104
		7e(3)	375441
		7e(4)	3

(5) Total deductions	7e(5)	377905
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	101015
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Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan HOMECENTRIS HEALTHCARE, LLC 401(K) PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HOMECENTRIS HEALTHCARE, LLC	D Employer Identification Number (EIN) 46-5705434	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4156830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT ADVISORY	16298	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	1037	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

THE LEADERS GROUP

26 WEST DRY CREEK CIRCLE
SUITE 800
LITTLETON, CO 80120-4475

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT ADVISORY	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	13709	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

AMERICAN RETIREMENT PLAN SERVICES

EXEC PLAZA 1, SUITE 802
11350 MCCORMICK ROAD
HUNT VALLEY, MD 21031

52-2025778

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	THIRD PARTY ADMIN	2798	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	1319	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

IRON-CO-FID-FLEXIBLE ADV FOUNDATION

5440 W 110TH ST
SHAWNEE MISSION, KS 66211

26-2409128

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT ADVISORY	1116	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)

PROACCOUNT

10 W NATIONWIDE BLVD
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT ADVISORY	758	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THE LEADERS GROUP	26	13709
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
THE LEADERS GROUP 26 WEST DRY CREEK CIRCLE LITTLETON, CO 80120	INVESTMENT ADVISORY	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN RETIREMENT PLN SERV LLC	14	1319
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN RETIREMENT PLN SERV LLC EXECUTIVE PLAZA I, SUITE 802 HUNT VALLEY, MD 21031 52-2025778	THIRD PARTY ADMIN	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	26	1037
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	INVESTMENT ADVISORY	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan HOMECENTRIS HEALTHCARE, LLC 401(K) PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 HOMECENTRIS HEALTHCARE, LLC	D Employer Identification Number (EIN) 46-5705434

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	75805	80771
(2) Participant contributions	1b(2)	2514	29932
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	2381	12200
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2426554	2960321
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	92055	101013
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(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	2599309	3184237
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	3155	0
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3155	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2596154	3184237

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	80774	
(B) Participants.....	2a(1)(B)	407286	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		488060
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	511	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		511
(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)	1561	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1561
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		326943
c Other income	2c		6110
d Total income. Add all income amounts in column (b) and enter total	2d		823185

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	174442	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		174442
f Corrective distributions (see instructions)	2f		50309
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	5475	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	4876	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		10351
j Total expenses. Add all expense amounts in column (b) and enter total	2j		235102

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		588083
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **SC & H ATTEST SERVICES, P.C.**

(2) EIN: **52-1743645**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	184387
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

A Name of plan <u>HOMECENTRIS HEALTHCARE, LLC 401(K) PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HOMECENTRIS HEALTHCARE, LLC</u>	D Employer Identification Number (EIN) <u>46-5705434</u>	

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

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

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

1		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): 31-4156830

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

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

3	
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703912A.

**HOMECENTRIS HEALTHCARE, LLC 401(k)
PROFIT SHARING PLAN AND TRUST**

**Financial Statements
Together with Independent Auditors' Report**

**As of December 31, 2024 and 2023 and
For the Year Ended December 31, 2024**



INDEPENDENT AUDITORS' REPORT

To the HomeCentris Healthcare, LLC 401(k) Profit Sharing Plan and Trust
and its Participants:

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

We have performed audits of the accompanying financial statements of the HomeCentris Healthcare, LLC 401(k) Profit Sharing Plan and Trust (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, the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report—

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



Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the HomeCentris Healthcare, LLC 401(k) Profit Sharing Plan and Trust 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 the 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 HomeCentris Healthcare, LLC 401(k) Profit Sharing Plan and Trust's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

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

- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the HomeCentris Healthcare, LLC 401(k) Profit Sharing Plan and Trust'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 HomeCentris Healthcare, LLC 401(k) Profit Sharing Plan and Trust'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.

Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024 and the supplemental schedule of delinquent participant contributions for the year ended December 31, 2024, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or are 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 schedules related to assets held by and certified to by a qualified institution agrees to, or are 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).

SC'sH Attest Services, P.C.

October 6, 2025

**HEMOCENTRIS HEALTHCARE, LLC 401(k)
PROFIT SHARING PLAN AND TRUST**

Statements of Net Assets Available for Benefits

<i>As of December 31,</i>	<i>2024</i>	<i>2023</i>
Assets		
Investments		
Investments, at fair value	\$ 2,960,316	\$ 2,426,185
Investments, at contract value	101,015	92,423
Total Investments	3,061,331	2,518,608
Receivables		
Participant contributions	29,932	2,514
Company contributions	80,774	72,651
Notes receivable from participants	12,200	2,381
Total Receivables	122,906	77,546
Total Assets	3,184,237	2,596,154
Excess Contributions Payable (Note 10)	24,609	45,543
Net Assets Available for Benefits	\$ 3,159,628	\$ 2,550,611

The accompanying notes are an integral part of these financial statements.

HOMECENTRIS HEALTHCARE, LLC 401(k) PROFIT SHARING PLAN AND TRUST

Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2024

Changes in Net Assets Available for Benefits Attributable to:

Contributions	
Company	\$ 87,473
Participants	413,557
<hr/>	
Total Contributions	501,030
Investment Income	
Net appreciation of investments at fair value	320,141
Net appreciation in investments at contract value	1,503
<hr/>	
Total Investment Income	321,644
Interest Income on Notes Receivable from Participants	511
Benefits Paid to Participants	(203,817)
Administrative Expenses	(10,351)
<hr/>	
Net Increase in Net Assets Available for Benefits	609,017
Net Assets Available for Benefits:	
Beginning of Year	2,550,611
<hr/>	
End of Year	\$ 3,159,628
<hr/>	

The accompanying notes are an integral part of this financial statement.

HEMOCENTRIS HEALTHCARE, LLC 401(k) PROFIT SHARING PLAN AND TRUST

Notes to the Financial Statements As of December 31, 2024 and 2023 and For the Year Ended December 31, 2024

1. DESCRIPTION OF THE PLAN

The following description of the HomeCentris Healthcare, LLC 401(k) Profit Sharing Plan and Trust (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan was established on August 8, 2018 and is a defined contribution plan, covering substantially all employees of HomeCentris Healthcare, LLC (the Plan Sponsor), HomeCentris Personal Care, LLC; Personal Home Care, LLC; HomeCentris Home Health, LLC; HomeCentris Home Health II, LLC; HomeCentris Community Care, LLC; HomeCentris Virginia, LLC; From The Heart Philadelphia, Inc.; and Multi-Care Services, LLC (collectively the Company). The Plan does not cover employees covered by a collective bargaining agreement, interns, or nonresident aliens. Eligible employees may begin to participate in the Plan immediately upon employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA) and was restated effective January 1, 2022 to comply with tax law changes. The Plan was most recently amended effective January 1, 2024, to remove the auto-enrollment provision.

Participant Contributions

Participants may make pre-tax contributions to the Plan up to 100% of compensation, as defined by the Plan, not to exceed the maximum allowable contribution under the Internal Revenue Code (the Code), which totaled \$23,000 for the year ended December 31, 2024. Participants who have attained or are expected to attain the age of 50 before the end of the Plan year are eligible to make additional catch-up contributions subject to limitations imposed by the Code, which totaled \$7,500 for the year ended December 31, 2024. Participants are permitted to make pre-tax rollover contributions to the Plan from other qualified plans. Participants are not permitted to make Roth elective contributions.

Company Contributions

The Company may make discretionary matching contributions. Participants are eligible for the discretionary matching contribution once they have completed one year of service, as defined by the Plan. Participants must be employed on the last day of the Plan year to be eligible for discretionary matching contributions. Such contributions are to be calculated on an annual basis. For the year ended December 31, 2024, the Company made discretionary matching contributions equal to 50% of the first 5% of participants' elective deferrals. Discretionary matching contributions, net of forfeitures, totaled \$87,473 for the year ended December 31, 2024.

HEMOCENTRIS HEALTHCARE, LLC 401(k) PROFIT SHARING PLAN AND TRUST

Notes to the Financial Statements As of December 31, 2024 and 2023 and For the Year Ended December 31, 2024

1. DESCRIPTION OF THE PLAN – cont'd.

Company Contributions – cont'd.

The Company may also make discretionary non-elective contributions to the Plan. Participants are eligible for the discretionary non-elective contributions once they have completed one year of service, as defined by the Plan. Participants must be employed on the last day of the Plan year to be eligible to receive the contribution. Discretionary non-elective contributions are allocated to all eligible participants in proportion to their eligible compensation for the year. During the year ended December 31, 2024, there were no discretionary non-elective Company contributions.

Participant Accounts

Each participant's account is participant-directed and is credited with the participant's contributions and Company contributions in accordance with the investment options selected by each participant. Any earnings, losses, and administrative expenses are allocated to a participant's account based upon the balance in each account. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their participant contributions, rollover contributions and earnings thereon. Participants vest in the discretionary matching and non-elective discretionary contributions according to the following vesting schedule:

<u>Years of Service</u>	<u>Percentage Vested</u>
Less than 1	0%
1	25%
2	50%
3	75%
4	100%

Upon death, disability, or normal retirement, a participant becomes 100% vested in discretionary matching and discretionary non-elective Company contributions.

HEMOCENTRIS HEALTHCARE, LLC 401(k) PROFIT SHARING PLAN AND TRUST

Notes to the Financial Statements As of December 31, 2024 and 2023 and For the Year Ended December 31, 2024

1. DESCRIPTION OF THE PLAN – cont'd.

Payment of Benefits

Upon termination of service, death, disability, retirement (age 65), or the attainment of age 59 ½, a participant (or their beneficiary, in the event of death) is entitled to a lump-sum distribution of their vested account balance, as defined by the Plan. If a participant's account balance upon termination is less than or equal to \$7,000 but greater than \$1,000, the balance can be distributed to an individual retirement account or annuity without participant consent. If a participant's account balance upon termination is less than or equal to \$1,000 and no distribution election is made by the participant, the balance can be distributed at any time without participant consent. Distributions are subject to the applicable provisions of the Plan agreement. Certain income tax penalties may apply to withdrawals or distributions prior to age 59 ½.

Effective January 1, 2024, in accordance with the SECURE 2.0 Act (SECURE 2.0), the Plan elected to increase the threshold for mandatory distributions from \$5,000 to \$7,000. A formal amendment incorporating all elected SECURE 2.0 provisions is expected to be adopted no later than December 31, 2026, in accordance with Internal Revenue Service (IRS) guidelines. As of October 6, 2025, the Plan has not been formally amended for these provisions.

As of December 31, 2024 and 2023, there were no net assets of the Plan allocated to participants who had elected to withdraw from the Plan but had not been paid by year-end.

Notes Receivable from Participants

Participants may borrow up to 50% of their vested account balance, not to exceed \$50,000, without regard to the intended use of the funds. The minimum note amount is \$1,000 and a participant may hold one outstanding note at any given time. Notes are collateralized by the participant's vested account balance. Note repayments are to be made each pay period through payroll deductions. The interest rate on the loan will be determined by the Plan administrator based on the prevailing interest rates charged by persons in the business of lending money for loans. Notes for reasons other than the purchase of a primary residence are to be repaid within five years. Notes for the purchase of a primary residence are to be repaid within thirty years.

Forfeitures and Excess Contributions

Forfeitures may be used to reduce employer contributions or pay Plan expenses. At December 31, 2024 and 2023, the balance of forfeited non-vested accounts totaled \$5,273 and \$0, respectively. Forfeitures totaling \$5,475 and \$3,885 were used to reduce Plan expenses and to reduce employer discretionary matching contributions, respectively, during the year ended December 31, 2024. Excess employer contributions may be returned to the employer or used to reduce employer contributions. Excess contributions used to reduce employer discretionary matching contributions totaled \$0 for the year ended December 31, 2024.

HEMOCENTRIS HEALTHCARE, LLC 401(k) PROFIT SHARING PLAN AND TRUST

Notes to the Financial Statements As of December 31, 2024 and 2023 and For the Year Ended December 31, 2024

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Plan Expenses

The Plan's administrative expenses are paid by either the Plan or the Company as provided by the Plan. Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan. Loan and distribution fees are paid by the Plan and its participants. Investment related expenses are included in net appreciation in fair value of investments.

Basis of Accounting

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

Risks and Uncertainties

The Plan provides for investments in assets that are exposed to risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities may occur and materially affect the amounts reported in the accompanying statements of net assets available for benefits.

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets available for benefits during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments, with the exception of the fully benefit-responsive investment contract, are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded when earned. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

HEMOCENTRIS HEALTHCARE, LLC 401(k) PROFIT SHARING PLAN AND TRUST

Notes to the Financial Statements As of December 31, 2024 and 2023 and For the Year Ended December 31, 2024

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – cont'd.

Fair Value Measurement

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, defines fair value and establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

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

Interests in registered investment companies: Valued at the closing price of shares held by the Plan at year-end. Shares are traded on an active market.

HEMOCENTRIS HEALTHCARE, LLC 401(k) PROFIT SHARING PLAN AND TRUST

Notes to the Financial Statements As of December 31, 2024 and 2023 and For the Year Ended December 31, 2024

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – cont'd.

Fair Value Measurement – cont'd.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used as of December 31, 2024 and 2023.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024:

	Level 1	Level 2	Level 3	Total
Interests in registered investment companies	\$ 2,960,316	\$ -	\$ -	\$ 2,960,316
Total investments, at fair value	\$ 2,960,316	\$ -	\$ -	\$ 2,960,316

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2023:

	Level 1	Level 2	Level 3	Total
Interests in registered investment companies	\$ 2,426,185	\$ -	\$ -	\$ 2,426,185
Total investments, at fair value	\$ 2,426,185	\$ -	\$ -	\$ 2,426,185

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. No allowance for credit losses has been recorded as of December 31, 2024 and 2023. Delinquent notes are treated as distributions based on the terms of the Plan agreement.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The Plan evaluated for disclosure any subsequent events through October 6, 2025, the date the financial statements were available to be issued and determined there were no material events that warrant disclosure.

HEMOCENTRIS HEALTHCARE, LLC 401(k) PROFIT SHARING PLAN AND TRUST

Notes to the Financial Statements As of December 31, 2024 and 2023 and For the Year Ended December 31, 2024

3. INVESTMENTS

All investment information contained in the accompanying financial statements and supplemental schedules, including assets held at December 31, 2024 and 2023 and net appreciation in fair value of investments for the year ended December 31, 2024, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Nationwide Life Insurance Company, the Custodian of the Plan.

4. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by an affiliate of Nationwide Life Insurance Company, who acts as Custodian to the Plan. The Company provides the Plan with certain accounting and administrative services for which no fees are charged. All such transactions qualify as party-in-interest transactions, which are exempt from prohibited transaction rules.

5. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The Plan invests in the Nationwide Fixed Select Fund which is a traditional investment contract. This contract meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses. Traditional contract values held by the Plan totaled \$101,015 and \$92,423 as of December 31, 2024 and 2023, respectively.

With traditional investment contracts, the Plan owns only the contract itself and not the underlying investment. Traditional investment contracts are designed to accrue interest based on crediting rates established by the contract issuer.

The traditional investment contract held by the Plan is a group annuity contract. The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than .5%. The crediting rate is reviewed on a quarterly basis for resetting. The contract cannot be terminated by the issuer before the scheduled maturity date.

HEMOCENTRIS HEALTHCARE, LLC 401(k) PROFIT SHARING PLAN AND TRUST

Notes to the Financial Statements As of December 31, 2024 and 2023 and For the Year Ended December 31, 2024

5. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT – cont'd.

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

1. The Plan's failure to qualify under Section 401(a) of the Internal Code or the failure of the trust to be tax-exempt under Section 501(a) of the Code
2. Premature termination of the contract
3. Plan termination or merger
4. Changes to the Plan's prohibition on competing investment options
5. Bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations

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

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

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

6. INCOME TAX STATUS

The Plan adopted a prototype non-standardized profit sharing plan with a deferral arrangement, which received a favorable opinion from the IRS dated June 30, 2020, stating that the Plan is qualified under Section 401(a) of the Code and therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan has been amended since receiving the opinion letter; however, the Plan administrator believes the Plan is currently designed and being operated in compliance with applicable requirements of the Code. Therefore, no provision for income taxes has been recorded in the accompanying financial statements.

HOMECENTRIS HEALTHCARE, LLC 401(k) PROFIT SHARING PLAN AND TRUST

Notes to the Financial Statements As of December 31, 2024 and 2023 and For the Year Ended December 31, 2024

6. INCOME TAX STATUS – cont'd.

ASC 740, *Income Taxes*, prescribes a recognition threshold and a measurement attribute for the financial statement recognition and measurement of tax positions taken or expected to be taken in a tax return as well as guidance on de-recognition, classification, interest and penalties and financial statement reporting disclosures. For these benefits to be recognized, a tax position must be more-likely-than-not to be sustained upon examination by taxing authorities. As the Plan is tax exempt and has no unrelated business income, the provisions of ASC 740 do not have an impact on the Plan's financial statements. The Plan recognizes interest and penalties accrued on any unrecognized tax exposures as a component of income tax expense. The Plan does not have any amounts accrued relating to interest and penalties as of December 31, 2024 and 2023.

The Plan is subject to routine audits by the IRS and Department of Labor (DOL); however, there are currently no audits in progress for any tax periods.

7. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions and terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their accounts.

8. RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

The following is a reconciliation of net assets available for benefits reported on the financial statements to the Form 5500 as of December 31,:

	2024	2023
Net assets available for benefits reported		
on the financial statements	\$ 3,159,628	\$ 2,550,611
Excess contributions payable not reported per Form 5500	24,609	45,543
Net assets available for benefits per Form 5500	\$ 3,184,237	\$ 2,596,154

The following is a reconciliation of the changes in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2024:

Net increase in net assets available for		
benefits reported on the financial statements	\$ 609,017	
Change in excess contributions payable		(20,934)
Net increase in net assets available for benefits per Form 5500	\$ 588,083	

HEMOCENTRIS HEALTHCARE, LLC 401(k) PROFIT SHARING PLAN AND TRUST

Notes to the Financial Statements As of December 31, 2024 and 2023 and For the Year Ended December 31, 2024

9. DELINQUENT CONTRIBUTIONS

During the year ended December 31, 2024, the Plan Sponsor inadvertently failed to deposit \$184,387 of participant deferrals into the Plan within the required timeframe as stated by the DOL. The DOL requires late deposits to be reported as prohibited transactions. As of October 6, 2025, management is in the process of correcting all of the late remittances by calculating lost earnings in accordance with DOL and IRS guidelines. During the year ended December 31, 2023, the Plan Sponsor inadvertently failed to deposit \$1,981 of participant deferrals into the Plan within the required timeframe as stated by the DOL. As of December 31, 2024, management is in the process of calculating lost earnings in accordance with DOL and IRS guidelines.

10. EXCESS CONTRIBUTIONS

During the years ended December 31, 2024 and 2023, the Plan failed to comply with certain non-discrimination rules. As a result, the Plan was required to refund certain excess contributions to affected participants. As of December 31, 2024 and 2023, net corrective distributions totaling \$24,609 and \$45,543, respectively, were required to be made and are recorded as excess contributions payable in the accompanying statements of net assets available for benefits. The corrective distributions for the year ended December 31, 2023 were made in November 2024. As of the report date, the corrective distributions for the year ended December 31, 2024 were not yet made.

SUPPLEMENTAL SCHEDULES PROVIDED
PURSUANT TO THE DEPARTMENT OF LABOR'S
RULES AND REGULATIONS

**HEMOCENTRIS HEALTHCARE, LLC 401(k)
PROFIT SHARING PLAN AND TRUST
Plan Sponsor EIN: 46-5705434
Plan Number: 001**

**Schedule H, line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2024**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (including Maturity Date, Rate of Interest Collateral, Par or Maturity Value)	Cost	Current Value
*	Nationwide Fixed Select Fund	Group annuity contract	xx	\$ 101,015
	AB Global Bond Fund Class I	Interest in registered investment companies	xx	10
	AB Global Bond Fund Class Z	Interest in registered investment companies	xx	2,341
	Avantis Emerging Markets Equity Fund Institutional Class	Interest in registered investment companies	xx	6,975
	Avantis US Large Cap Value Fund Institutional Class	Interest in registered investment companies	xx	7,534
	Avantis US Small Cap Value Fund Institutional Class	Interest in registered investment companies	xx	2,100
	BlackRock High Yield Bond Portfolio Class K	Interest in registered investment companies	xx	4,905
	BlackRock Mid-Cap Growth Equity Portfolio Institutional	Interest in registered investment companies	xx	11
	BlackRock Strategic Income Opportunities Fund	Interest in registered investment companies	xx	4,975
	BlackRock Total Return Fund Class K	Interest in registered investment companies	xx	2,769
	Cohen & Steers Real Estate Securities Fund Class Z	Interest in registered investment companies	xx	86
	Columbia Select Large Cap Growth Institutional	Interest in registered investment companies	xx	20
	DFA Emerging Markets Core Equity I	Interest in registered investment companies	xx	44
	DFA Global Real Estate Securities Portfolio	Interest in registered investment companies	xx	12
	DFA U.S. Large Cap Value Portfolio Institutional Class	Interest in registered investment companies	xx	23
	DFA U.S. Targeted Value Portfolio	Interest in registered investment companies	xx	7
	Diamond Hill Mid-Cap Fund Class I	Interest in registered investment companies	xx	3,855
	Dodge and Cox International Stock Fund	Interest in registered investment companies	xx	8,602
	Federated Hermes Government Obligations Fund Premier Shares	Interest in registered investment companies	xx	9,973
	Federated Hermes Institutional High Yield Bond Fund Institutional Shares	Interest in registered investment companies	xx	4,384
	Fidelity 500 Index Fund	Interest in registered investment companies	xx	67,982
	Fidelity International Index Fund	Interest in registered investment companies	xx	9,526
	Fidelity Total Market Index Fund	Interest in registered investment companies	xx	42,303
	Fidelity U.S. Bond Index Fund	Interest in registered investment companies	xx	13,067
	Goldman Sachs GQG Partners International Opportunities Fund Class R6	Interest in registered investment companies	xx	11,567
	JPMorgan Equity Income Fund	Interest in registered investment companies	xx	6,714
	JPMorgan Large Cap Growth Fund	Interest in registered investment companies	xx	303,187
	JPMorgan Mortgage-Backed Securities Fund Class R6	Interest in registered investment companies	xx	426
	Legal & General Commodity Strategy Fund Institutional Shares	Interest in registered investment companies	xx	3,375
	Macquarie Mid Cap Growth Fund Class R6	Interest in registered investment companies	xx	3,303
	MFS Mid Cap Growth Fund	Interest in registered investment companies	xx	3,898
	MFS New Discovery Fund	Interest in registered investment companies	xx	2,898
*	Nationwide Bailard Technology and Science Fund Class R6	Interest in registered investment companies	xx	5,032
*	Nationwide Geneva Small Cap Growth Fund	Interest in registered investment companies	xx	220,039
*	Nationwide Investor Destinations Moderate Fund	Interest in registered investment companies	xx	615
*	Nationwide Investor Destinations Moderately Aggressive Fund	Interest in registered investment companies	xx	52,800
*	Nationwide Janus Henderson Overseas Fund	Interest in registered investment companies	xx	2,549
*	Nationwide Loomis All Cap Growth R6	Interest in registered investment companies	xx	7,893
*	Nationwide NYSE Arca Tech 100 Index Fund	Interest in registered investment companies	xx	4,959

* Denotes a party-in-interest, as defined by ERISA
xx Not required as investment is participant-directed

**HOMECENTRIS HEALTHCARE, LLC 401(k)
PROFIT SHARING PLAN AND TRUST
Plan Sponsor EIN: 46-5705434
Plan Number: 001**

**Schedule H, line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2024**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (including Maturity Date, Rate of Interest Collateral, Par or Maturity Value)	Cost	Current Value
	Nuveen Lifecycle Index 2010 Fund Class R6	Interest in registered investment companies	xx	\$ 10,193
	Nuveen Lifecycle Index 2015 Fund Class R6	Interest in registered investment companies	xx	55,499
	Nuveen Lifecycle Index 2020 Fund Class R6	Interest in registered investment companies	xx	166,366
	Nuveen Lifecycle Index 2025 Fund Class R6	Interest in registered investment companies	xx	166,982
	Nuveen Lifecycle Index 2030 Fund Class R6	Interest in registered investment companies	xx	430,115
	Nuveen Lifecycle Index 2035 Fund Class R6	Interest in registered investment companies	xx	409,296
	Nuveen Lifecycle Index 2040 Fund Class R6	Interest in registered investment companies	xx	234,889
	Nuveen Lifecycle Index 2045 Fund Class R6	Interest in registered investment companies	xx	182,101
	Nuveen Lifecycle Index 2050 Fund Class R6	Interest in registered investment companies	xx	39,131
	Nuveen Lifecycle Index 2055 Fund Class R6	Interest in registered investment companies	xx	324,471
	Nuveen Lifecycle Index 2060 Fund Class R6	Interest in registered investment companies	xx	90,644
	Nuveen Lifecycle Index 2065 Fund Class R6	Interest in registered investment companies	xx	3,649
	Nuveen Lifecycle Index Retirement Income Fund Institutional Class	Interest in registered investment companies	xx	5,706
	PGIM Total Return Bond Fund Class R6	Interest in registered investment companies	xx	6,099
	PIMCO Commodity Real Return Strategic	Interest in registered investment companies	xx	17
	PIMCO Real Return Fund Institutional	Interest in registered investment companies	xx	3,334
	Principal Global Real Estate Securities Fund Class R6	Interest in registered investment companies	xx	4,262
	Principal Mid Cap Fund Class R6	Interest in registered investment companies	xx	4,648
	Vanguard Explorer Admiral	Interest in registered investment companies	xx	2,134
	Vanguard Windsor Fund Admiral	Interest in registered investment companies	xx	21
				2,960,316
	Participant Loans	Interest rates ranging from 8.50% - 9.50%; maturing through November 2029	\$ -	12,200

* Denotes a party-in-interest, as defined by ERISA
xx Not required as investment is participant-directed

**HEMOCENTRIS HEALTHCARE, LLC 401(k)
PROFIT SHARING PLAN AND TRUST
Plan Sponsor EIN: 46-5705434
Plan Number: 001**

**Schedule H, line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2024**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment (including Maturity Date, Rate of Interest Collateral, Par or Maturity Value)	Cost	Current Value
*	Nationwide Fixed Select Fund	Group annuity contract	xx	\$ 101,015
	AB Global Bond Fund Class I	Interest in registered investment companies	xx	10
	AB Global Bond Fund Class Z	Interest in registered investment companies	xx	2,341
	Avantis Emerging Markets Equity Fund Institutional Class	Interest in registered investment companies	xx	6,975
	Avantis US Large Cap Value Fund Institutional Class	Interest in registered investment companies	xx	7,534
	Avantis US Small Cap Value Fund Institutional Class	Interest in registered investment companies	xx	2,100
	BlackRock High Yield Bond Portfolio Class K	Interest in registered investment companies	xx	4,905
	BlackRock Mid-Cap Growth Equity Portfolio Institutional	Interest in registered investment companies	xx	11
	BlackRock Strategic Income Opportunities Fund	Interest in registered investment companies	xx	4,975
	BlackRock Total Return Fund Class K	Interest in registered investment companies	xx	2,769
	Cohen & Steers Real Estate Securities Fund Class Z	Interest in registered investment companies	xx	86
	Columbia Select Large Cap Growth Institutional	Interest in registered investment companies	xx	20
	DFA Emerging Markets Core Equity I	Interest in registered investment companies	xx	44
	DFA Global Real Estate Securities Portfolio	Interest in registered investment companies	xx	12
	DFA U.S. Large Cap Value Portfolio Institutional Class	Interest in registered investment companies	xx	23
	DFA U.S. Targeted Value Portfolio	Interest in registered investment companies	xx	7
	Diamond Hill Mid-Cap Fund Class I	Interest in registered investment companies	xx	3,855
	Dodge and Cox International Stock Fund	Interest in registered investment companies	xx	8,602
	Federated Hermes Government Obligations Fund Premier Shares	Interest in registered investment companies	xx	9,973
	Federated Hermes Institutional High Yield Bond Fund Institutional Shares	Interest in registered investment companies	xx	4,384
	Fidelity 500 Index Fund	Interest in registered investment companies	xx	67,982
	Fidelity International Index Fund	Interest in registered investment companies	xx	9,526
	Fidelity Total Market Index Fund	Interest in registered investment companies	xx	42,303
	Fidelity U.S. Bond Index Fund	Interest in registered investment companies	xx	13,067
	Goldman Sachs GQG Partners International Opportunities Fund Class R6	Interest in registered investment companies	xx	11,567
	JPMorgan Equity Income Fund	Interest in registered investment companies	xx	6,714
	JPMorgan Large Cap Growth Fund	Interest in registered investment companies	xx	303,187
	JPMorgan Mortgage-Backed Securities Fund Class R6	Interest in registered investment companies	xx	426
	Legal & General Commodity Strategy Fund Institutional Shares	Interest in registered investment companies	xx	3,375
	Macquarie Mid Cap Growth Fund Class R6	Interest in registered investment companies	xx	3,303
	MFS Mid Cap Growth Fund	Interest in registered investment companies	xx	3,898
	MFS New Discovery Fund	Interest in registered investment companies	xx	2,898
*	Nationwide Bailard Technology and Science Fund Class R6	Interest in registered investment companies	xx	5,032
*	Nationwide Geneva Small Cap Growth Fund	Interest in registered investment companies	xx	220,039
*	Nationwide Investor Destinations Moderate Fund	Interest in registered investment companies	xx	615
*	Nationwide Investor Destinations Moderately Aggressive Fund	Interest in registered investment companies	xx	52,800
*	Nationwide Janus Henderson Overseas Fund	Interest in registered investment companies	xx	2,549
*	Nationwide Loomis All Cap Growth R6	Interest in registered investment companies	xx	7,893
*	Nationwide NYSE Arca Tech 100 Index Fund	Interest in registered investment companies	xx	4,959

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**HOMECENTRIS HEALTHCARE, LLC 401(k)
PROFIT SHARING PLAN AND TRUST
Plan Sponsor EIN: 46-5705434
Plan Number: 001**

**Schedule H, line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2024**

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