

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
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 Check box if filing under: [X] Form 5558 [] automatic extension [] DFVC program [] special extension (enter description)
D If the plan is a collectively-bargained plan, check here []
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here []

Part II Basic Plan Information—enter all requested information

1a Name of plan NOBILITY HEALTH 401(K) PROFIT SHARING PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 01/01/2016
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) NOBILITY HEALTH, INC. 435 ARDEN AVENUE, SUITE 370 GLENDALE, CA 91203
2b Employer Identification Number (EIN) 81-0701839
2c Sponsor's telephone number 818-979-9899
2d Business code (see instructions) 621493
3a Plan administrator's name and address [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year 49
5b Total number of participants at the end of the plan year 45
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) 29
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 44
5d(1) Total number of active participants at the beginning of the plan year 35
5d(2) Total number of active participants at the end of the plan year 20
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows for plan administrator and employer/plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____ (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	285131	372516
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	285131	372516
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	51798	
(2) Participants	8a(2)	39573	
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	35621	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		126992
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	32172	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	7435	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		39607
i Net income (loss) (subtract line 8h from line 8c)	8i		87385
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2T 3D 3H
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 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)	10a	X		14710
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		30000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X		1686
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X		33020
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a**

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. Yes No

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a 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

14b 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

15 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 Q702830A.

E-SIGNATURE AUTHORIZATION

for

Nobility Health 401(k) Profit Sharing Plan

81-0701839/001

For Plan Year 01/01/2024 through 12/31/2024

I/We, the undersigned, understand that a 5500 Series filing for the plan listed above must be prepared, electronically signed and electronically transmitted to the EBSA Electronic Filing Acceptance System (EFAST).

I/We authorize Capstone Retirement Services LLC to electronically sign the 5500 Series filing on my/our behalf and to transmit that signed form to EFAST on or before the filing due date.

I/We understand that by granting this authority:

- A manually signed and dated Form 5500-SF that has been provided must be returned to Capstone Retirement Services LLC before they can begin the electronic filing process. I/We will retain a copy of this manually signed form and any schedules and attachments in the plan records.
- Capstone Retirement Services LLC will not be responsible for any late filing penalty assessed under ERISA should I/we not return the manually signed and dated Form 5500-SF prior to the filing due date.
- An electronic copy of the manually signed and dated Form 5500-SF showing my/our signatures will be included in the electronic filing and will be posted by the EBSA to the Internet for public disclosure.
- Capstone Retirement Services LLC will maintain a copy of this written authorization in its records.
- Capstone Retirement Services LLC will notify all signers about any inquiries and correspondence it receives about this filing from EFAST, EBSA, IRS or PBGC.
- Capstone Retirement Services LLC shall not be deemed to be a plan fiduciary with respect to this plan solely on account of providing the electronic signature and filing of the 5500-SF for the plan year listed above.

Silva Moradi

Plan Administrator

10/13/2025

Date

Silva Moradi

Plan Sponsor

10/13/2025

Date

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

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

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

D If the plan is a collectively-bargained plan, check here

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

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

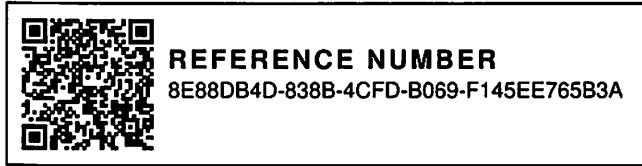
1a Name of plan Nobility Health 401(k) Profit Sharing Plan	1b Three-digit plan number (PN) ▶ 001
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Nobility Health, Inc. 435 Arden Avenue, Suite 370 US Glendale CA 91203	1c Effective date of plan 01/01/2016
	2b Employer Identification Number (EIN) 81-0701839
	2c Sponsor's telephone number (818) 979-9899
	2d Business code (see instructions) 621493
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
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SIGN HERE	<i>Silva Moradi</i>	10/13/2025	SILVA MORADI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Silva Moradi</i>	10/13/2025	SILVA MORADI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SIGNATURE CERTIFICATE



TRANSACTION DETAILS

Reference Number
8E88DB4D-838B-4CFD-B069-F145EE765B3A

Transaction Type
Signature Request

Sent At
10/08/2025 10:29:11 AM CDT

Executed At
10/13/2025 01:45:43 PM CDT

Identity Method
email

Distribution Method
email

Signed Checksum
86234440e6139b4d9031751ee17d7fcb42def98f66942fdce70fb15403807a1d

Signer Sequencing
Disabled

Document Passcode
Disabled

DOCUMENT DETAILS

Document Name
Trustee Signatures Needed

Filename
Trustee_Signatures_Needed.pdf

Pages
6 pages

Content Type
application/pdf

File Size
391 KB

Original Checksum
05dce9f959e49343d461c5b36326023a0cc42c58889ca6347d2b4d6b535e232b

SIGNERS

SIGNER

E-SIGNATURE

EVENTS

SIGNER**Name**

Silva Moradi

Email

smoradi@nobilityhealth.com

Components

18

E-SIGNATURE**Status**

signed

Multi-factor Digital Fingerprint Checksum

4f53cda18c2baa0c0354bb5f9a3ecbe5ed12ab4d8e11ba873c2f11161202b945

IP Address

47.6.125.182

Device

Safari via Mac

Typed Signature*Silva Moradi***Signature Reference ID**

E5BE4139

Typed Signature*Silva Moradi***Signature Reference ID**

9F991DD5

Typed Signature*Silva Moradi***Signature Reference ID**

0BC81A5B

Typed Signature*Silva Moradi***Signature Reference ID**

E25D236C

Typed Signature*Silva Moradi***Signature Reference ID**

946B3808

Typed Signature*Silva Moradi***Signature Reference ID**

A6E26EF8

Typed Signature*Silva Moradi***Signature Reference ID**

A3D498D9

Typed Signature*Silva Moradi***Signature Reference ID**

D1995669

Typed Signature*Silva Moradi***Signature Reference ID**

ABADA016

EVENTS**Viewed At**

10/13/2025 01:43:41 PM CDT

Identity Authenticated At

10/13/2025 01:45:43 PM CDT

Signed At

10/13/2025 01:45:43 PM CDT

AUDITS**TIMESTAMP**

10/08/2025 10:29:11 AM CDT

10/08/2025 10:29:12 AM CDT

10/10/2025 12:08:29 PM CDT

10/11/2025 10:08:33 AM CDT

10/13/2025 08:58:56 AM CDT

10/13/2025 08:58:56 AM CDT

10/13/2025 08:58:57 AM CDT

10/13/2025 08:59:03 AM CDT

10/13/2025 01:43:41 PM CDT

AUDIT

Becky Powell (becky@crstpaok.com) created document 'Trustee_Signatures_Needed.pdf' on Microsoft Edge via Windows from 174.68.13.18.

Silva Moradi (smoradi@avalonsurgery.com) was emailed a link to sign.

Silva Moradi (smoradi@avalonsurgery.com) was emailed a reminder.

Silva Moradi (smoradi@avalonsurgery.com) viewed the document on Safari via Mac from 35.150.140.148.

Becky Powell (becky@crstpaok.com) modified the signer email from 'smoradi@avalonsurgery.com' to 'smoradi@nobilityhealth.com'.

Becky Powell (becky@crstpaok.com) modified signer email/name for 'Trustee_Signatures_Needed.pdf' on Microsoft Edge via Windows from 174.68.13.18.

Silva Moradi (smoradi@nobilityhealth.com) was emailed a link to sign.

Silva Moradi (smoradi@nobilityhealth.com) was emailed a reminder.

Silva Moradi (smoradi@nobilityhealth.com) viewed the document on Safari via Mac from 47.6.125.182.

TIMESTAMP

10/13/2025 01:45:43 PM CDT

10/13/2025 01:45:43 PM CDT

AUDIT

Silva Moradi (smoradi@nobilityhealth.com) authenticated via email on Safari via Mac from 47.6.125.182.

Silva Moradi (smoradi@nobilityhealth.com) signed the document on Safari via Mac from 47.6.125.182.