

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: INFINITI HOME CARE, INC. HEALTH AND WELFARE BENEFIT PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 03/01/2015
2a Plan sponsor's name (employer, if for a single-employer plan): INFINITI HOME CARE, INC.
2b Employer Identification Number (EIN): 11-3709020
2c Plan Sponsor's telephone number: 718-544-4488
2d Business code (see instructions): 621610

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 12/15/2025, OLEG PINKHASOV; 2. Signature of plan administrator; 3. Filed with authorized/valid electronic signature, 12/15/2025, OLEG PINKHASOV; 4. Signature of employer/plan sponsor; 5. Signature of DFE.

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

Form 5500 (2024) v. 240311

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	1333
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)	1333
	6a(2)	0
	6b	0
	6c	751
	6d	751
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
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:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A

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

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

a Pension Schedules	b General Schedules
(1) <input 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 type="checkbox"/> A (Insurance Information) – Number Attached _____
(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 _____

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 **03/01/2024** and ending **02/28/2025**

A Name of plan INFINITI HOME CARE, INC. HEALTH AND WELFARE BENEFIT PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 INFINITI HOME CARE, INC.	D Employer Identification Number (EIN) 11-3709020	

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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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)

DANIEL H. COOK ASSOCIATES, INC.

11-2424843

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	99996	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)

HODGSON RUSS

16-0708550

(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?
29 50	NONE	78055	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)

BIG THINK SOLUTIONS INC.

92-1637366

(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?
16 50	NONE	70000	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"/>

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)

FORVIS MAZARS,USA, LLP

13-1459550

(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?
10 50	NONE	67950	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)

JOSHUA DAYAN ESQ

8002 KEW GARDENS RD
SUITE 902
KEW GARDENS, NY 11415

(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?
29 50	NONE	50000	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)

O'CONNELL & ARONOWITZ

RICHARD HARROW ESQ
54 STATE STREET
ALBANY, NY 12207-2501

14-1544660

(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?
29 50	NONE	35000	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"/>

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)

WAGE PARITY ADMINISTRATION

82-0631696

(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?
16 50	NONE	7000	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"/>

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 03/01/2024 and ending 02/28/2025	
A Name of plan INFINITY HOME CARE, INC. HEALTH AND WELFARE BENEFIT PLAN	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 INFINITY HOME CARE, INC.	D Employer Identification Number (EIN) 11-3709020

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)	1692549
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	16848370
(2) U.S. Government securities	1c(2)	1790377
(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)	41298764
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(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)	15994036
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	829

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	63786981	77624925
Liabilities			
g Benefit claims payable.....	1g	636600	336600
h Operating payables.....	1h	119732	180314
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	756332	516914
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	63030649	77108011

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)	4142549	
(B) Participants.....	2a(1)(B)		
(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)		4142549
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	508749	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		508749
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	150400	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1243892	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1394292
(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)	9398504	
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		15444094

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)	948411	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		948411
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	176996	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	67950	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	167087	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	6288	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		418321
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1366732

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		14077362
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: FORVIS MAZARS, LLP

(2) EIN: 44-0160260

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
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.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

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 _____.



Infiniti Home Care, Inc. Health and Welfare Benefit Plan

EIN 11-3709020 PN 501

**Independent Auditor's Report, Financial Statements,
and Supplemental Schedules**

February 28, 2025 and February 29, 2024



Infiniti Home Care, Inc. Health and Welfare Benefit Plan
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February 28, 2025 and February 29, 2024

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Independent Auditor's Report

Trustee
Infiniti Home Care, Inc. Health and Welfare Benefit Plan
Forest Hills, New York

Opinion

We have audited the financial statements of the Infiniti Home Care, Inc. Health and Welfare Benefit Plan (the "Plan"), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* ("ERISA"), which comprise the statements of net assets available for benefits as of February 28, 2025 and February 29, 2024, and the related statement of changes in net assets available for benefits for the year ended February 28, 2025, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of February 28, 2025 and February 29, 2024, and the changes in its net assets available for benefits for the year ended February 28, 2025, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules listed in the table of contents, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Forvis Mazars, LLP

**Iselin, New Jersey
December 15, 2025**

Federal Employer Identification Number: 44-0160260

Infiniti Home Care, Inc. Health and Welfare Benefit Plan
Statements of Net Assets Available for Benefits
February 28, 2025 and February 29, 2024

	<u>2025</u>	<u>2024</u>
ASSETS		
Investments, at fair value		
Common stock	\$ 41,298,764	\$ 27,300,926
Money market and mutual funds	15,994,036	24,855,635
Government securities	1,790,377	11,360,411
Interest bearing cash	<u>16,848,370</u>	<u>269,180</u>
Total investments, at fair value	75,931,547	63,786,152
Prepaid expenses	<u>829</u>	<u>829</u>
Employer contributions receivable	<u>1,692,549</u>	<u>-</u>
Total Assets	77,624,925	63,786,981
LIABILITIES		
Accrued expenses	<u>180,314</u>	<u>119,732</u>
Net Assets Available for Benefits	<u>\$ 77,444,611</u>	<u>\$ 63,667,249</u>

**Infiniti Home Care, Inc. Health and Welfare Benefit Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended February 28, 2025**

Additions

Investment Income

Net appreciation in fair value of investments	\$ 9,398,504
Dividend and interest income	<u>1,903,041</u>

Net investment income 11,301,545

Employer Contributions 4,142,549

Total Additions 15,444,094

Deductions

Benefits payments	1,248,411
Administrative expenses	<u>418,321</u>

Total Deductions 1,666,732

Net Increase 13,777,362

Net Assets Available for Benefits, Beginning of Year 63,667,249

Net Assets Available for Benefits, End of Year \$ 77,444,611

Infiniti Home Care, Inc. Health and Welfare Benefit Plan
Notes to Financial Statements
February 28, 2025 and February 29, 2024

Note 1. Description of Plan

The following description of the Infiniti Home Care, Inc. Health and Welfare Benefit Plan (Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a health and welfare plan administered by Infiniti Home Care, Inc. (Company or Plan Sponsor), whose purpose is to provide preventative and wellness benefits to eligible employees. The Plan is subject to provisions of the *Employee Retirement Income Security Act of 1974* (ERISA).

The Plan is self-funded, and as such, does not currently maintain any insurance companies for purposes of providing benefits. The Plan utilizes third party administrators to process benefit claims and provide network coverage.

Eligibility and Benefits

The Plan provides tiered health benefits (medical, prescription, dental, and vision) to eligible employees to satisfy certain mandatory wage statutes. All employees of the Sponsor who have met the eligibility requirements are covered by the Plan and are automatically enrolled in the Plan, unless the participant elects otherwise. Eligible employees must work at least 20 hours per month and in a class of eligible employees for coverage, as defined in the plan document. Employees do not contribute to the Plan unless they elect to enroll certain eligible dependents, as defined in the plan document. Employees must have satisfied a waiting period of 60 days before being enrolled in the Plan. Medical plan eligibility is determined on a monthly basis.

Contributions

The Plan Sponsor pays 100% of the cost of the health benefits provided by the Plan. The Plan Sponsor determines the funding to the Plan monthly by calculating benefits to be provided to a participant based on mandatory wage statutes and eligible hours worked. The calculated total is then compared to monthly plan premium costs to determine benefits coverage. The premium costs have been actuarial determined based on estimated medical claims and admin charges per employee per month and the covered services they are eligible for. The Plan Sponsor contributes the funds to the trust on a periodic basis. The Company may also provide additional funding for purposes of funding benefit payments.

Plan Termination

Although it has not expressed any intention to do so, the Plan Sponsor has the right under the Plan to modify the benefits provided to active employees, to discontinue its contributions at any time, and to terminate the Plan subject to the provisions set forth by ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan may revert to the Company or be used for purposes other than for the exclusive benefit of the Plan's participants.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Infiniti Home Care, Inc. Health and Welfare Benefit Plan
Notes to Financial Statements
February 28, 2025 and February 29, 2024

Use of Estimates

The preparation of 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 benefit obligations, claims incurred but not reported (IBNR), and liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Cash and Cash Equivalents

The Plan considers all highly liquid investments with original maturities of three (3) months or less to be cash equivalents.

Valuation of Investments and Income Recognition

The Plan invests in common stock, money market and mutual funds, and government securities held in brokerage accounts at reputable financial institutions. According to the Trust Agreement established and effective on July 20, 2015, the Trustee of the Plan has the primary responsibility as to what types of investments the Plan may hold so long as the investments made are solely in the interest of the Participants, eligible dependents and beneficiaries.

Investments are stated at fair value. Fair value is defined as 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. See Note 3 for further discussions related to fair value measurements.

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

Concentrations of Credit Risk

The Plan maintains cash balances at a financial institution. The cash balance at this institution is insured by the Federal Deposit Insurance Corporation (FDIC). As of February 28, 2025, the Plan had balances that exceeded the amount insured by approximately \$15,562,000. The Plan has not experienced any losses on these funds and management believes it is not exposed to any significant credit risk on cash. The Company believes it mitigates this risk by banking with major financial institutions.

The Plan invests in marketable securities. Such securities are subject to various risks that determine the value of the funds. Due to the level of risk associated with certain securities and the level of uncertainty related to changes in the value of these securities, it is at least reasonably possible that changes in market conditions in the near term could materially affect the value of investments reported in the financial statements.

Payment of Benefits

Self-insured claims are recorded when paid by the third-party claims processors. Amounts due to claims processor that have yet to be reimbursed by the Plan are included in claims payable and accrued expenses in the accompany statement of net assets available for benefits. Benefit claims that have been processed and approved but not paid are included in the statement of benefit obligations as claims payable.

Administrative Expenses

Administrative expenses are paid by the Plan out of the trust.

Benefit Obligations

Health benefits are processed by the Plan's third-party administrators, but the responsibility for payments to participants and providers is retained by the Plan. When benefit obligations exceed net assets available for benefit obligations, the Plan Sponsor will fund the deficit of the Plan. Plan obligations at February 28, 2025 and February 29, 2024, for claims incurred but not reported are estimated by the Plan's actuary in accordance with generally accepted actuarial principles and practices based on claims data provided by the Plan's third-party

Infiniti Home Care, Inc. Health and Welfare Benefit Plan
Notes to Financial Statements
February 28, 2025 and February 29, 2024

claims administrators. These amounts are paid by the Plan only if the claims are submitted and approved for payment. The amount of claims incurred but not reported as of February 28, 2025 and February 29, 2024, were approximately \$158,000 and \$78,000, respectively. The amount of claims incurred but not reserved for Medicaid reclamation claims as of February 28, 2025 and February 29, 2024, were \$119,500 and \$461,500, respectively. (see Note 7)

The actuarial claims IBNR calculation is reported based on certain assumptions pertaining to claims incurred, annual trends, completion factors, and margins for deviation, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

Subsequent Events

The Plan has evaluated subsequent events through December 15, 2025, the date the financial statements were available for issuance. All subsequent events requiring recognition or disclosure have been incorporated in these financial statements.

Note 3. Fair Value of Financial Instruments

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques need to maximize the use of observable inputs and minimize the use of unobservable inputs. Valuation techniques used to measure fair value are defined as follows:

- Level 1** Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access
- Level 2** Inputs to the valuation methodology include: (a) quoted prices for similar assets or liabilities in active markets; (b) quoted prices for identical or similar assets or liabilities in inactive markets; (c) inputs other than quoted prices that are observable for the assets or liabilities; and (d) 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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at February 28, 2025 and February 29, 2024:

Money Market Funds - Valued at cost plus accrued interest, which approximates fair value.

Mutual funds - Valued at unadjusted quoted prices reported in an active market at year-end.

Government securities - Valued at a yield-basis.

Common stock - Valued at the closing price reported on the active market on which the individual securities are traded.

Cash - Book value equals fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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 financial instruments could result in a different fair value measurement at the reporting date.

Infiniti Home Care, Inc. Health and Welfare Benefit Plan
Notes to Financial Statements
February 28, 2025 and February 29, 2024

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of February 28, 2025 and February 29, 2024:

	Fair Value Measurements Using			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
February 28, 2025				
Common stock	\$ 41,298,764	\$ 41,298,764	\$ -	\$ -
Money market and mutual funds	15,994,036	15,994,036	-	-
Government securities	1,790,377	1,790,377	-	-
Interest bearing cash	16,848,370	16,848,370	-	-
Investments at fair value	<u>\$ 75,931,547</u>	<u>\$ 75,931,547</u>	<u>\$ -</u>	<u>\$ -</u>
February 29, 2024				
Common stock	\$ 27,300,926	\$ 27,300,926	\$ -	\$ -
Money market and mutual funds	24,855,635	24,855,635	-	-
Government securities	11,360,411	11,360,411	-	-
Interest bearing cash	269,180	269,180	-	-
Investments at fair value	<u>\$ 63,786,152</u>	<u>\$ 63,786,152</u>	<u>\$ -</u>	<u>\$ -</u>

Plan Benefit Obligations

The benefit obligations estimated by the Plan's independent actuary related to the following categories is as follows:

	2025	2024
Health claims payable	\$ 59,100	\$ 97,100
Claims incurred but not reserved, Medicaid reclamation claims	119,500	461,500
Claims incurred but not reported	<u>158,000</u>	<u>78,000</u>
Total benefit obligations	<u>\$ 336,600</u>	<u>\$ 636,600</u>

Infiniti Home Care, Inc. Health and Welfare Benefit Plan
Notes to Financial Statements
February 28, 2025 and February 29, 2024

The changes in benefit obligations estimated by the Plan's independent actuary is as follows for the year ended February 28, 2025:

Benefit obligations as of March 1, 2024	<u>\$ 636,600</u>
Increase (decrease) during the year attributable to:	
Claims	948,411
Claims paid	<u>(1,248,411)</u>
Net Decrease	<u>(300,000)</u>
Benefit obligations at February 28, 2025	<u><u>\$ 336,600</u></u>

Note 4. Related Party Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association or relatives of such persons. The Plan has several arrangements with third party service providers. These transactions are parties in interest transactions under ERISA. The Plan pays administrative expenses consisting of fees paid to third-party claims administrators and consultants, as well as professional fees paid to accountants, auditors, and other service providers to the Plan. These expenses are reported on the statement of net assets available for benefits as administrative expenses. Substantially all administrative expenses and professional fees incurred in the administration of the Plan are paid by the Plan. Funds in the amount of approximately \$418,000 for the year ended February 28, 2025, were paid by the Plan for administrative expenses.

The Company provides certain administrative services at no cost to the Plan.

Note 5. Income Tax Status

The trust was established under the Plan to hold the Plan's assets and provide benefits to eligible participants. Effective January 1, 2023, the plan was approved to be exempt from federal income tax section 501(c)(9) of the Internal Revenue Code. Management believes the Plan has been operating in accordance with applicable provisions of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan's management believes it is no longer subject to income tax examinations for years prior to 2022.

Infiniti Home Care, Inc. Health and Welfare Benefit Plan
Notes to Financial Statements
February 28, 2025 and February 29, 2024

Note 6. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of the statement of net assets available for benefits per the financial statements to the Form 5500 as of February 28, 2025 and February 29, 2024:

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 77,444,611	\$ 63,667,249
Health claims payable	(59,100)	(97,100)
Claims incurred but not reserved, Medicaid reclamation claims	(119,500)	(461,500)
Claims incurred but not reported	<u>(158,000)</u>	<u>(78,000)</u>
Net assets available for benefits per the Form 5500	<u>\$ 77,108,011</u>	<u>\$ 63,030,649</u>

The following is a reconciliation of the statement of changes in net assets available for benefits per the financial statements to the Form 5500 for the year ended February 28, 2025:

Net increase in net assets available for benefits per the financial statements	\$ 13,777,362
Health claims payable at February 28, 2025	(59,100)
Claims incurred but not reserved, Medicaid reclamation claims at February 28, 2025	(119,500)
Claims incurred but not reported at February 28, 2025	(158,000)
Health claims payable at February 29, 2024	97,100
Claims incurred but not reserved, Medicaid reclamation claims at February 29, 2024	461,500
Claims incurred but not reported at February 29, 2024	<u>78,000</u>
Net increase in net assets available for benefits per the Form 5500	<u>\$ 14,077,362</u>

Supplementary Information

Infiniti Home Care, Inc. Health and Welfare Benefit Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 11-3709020, Plan #: 501
February 28, 2025

(a)	Identity of Issue, Borrower, Lessor, or Similar Party (b)	Description of Investment (c)	Cost (d)	Current Value (e)
	Mutual Fund	Fidelity Investments Money Market Treasury Portfolio - Institutional Class	\$ 15,994,036	\$ 15,994,036
	Government Securities	US Treasury Bills due August 15, 2026	1,779,777	1,790,377
	Common Stock	American International Group Inc	316,200	829,400
	Common Stock	American Airlines Group Inc	229,600	287,000
	Common Stock	Bank of America Corp	253,100	461,000
	Common Stock	Gilead Sciences Inc	649,900	1,143,100
	Common Stock	JP Morgan Chase & Co	501,443	1,323,250
	Common Stock	Amazon.com Inc	3,797,847	5,243,316
	Common Stock	Apple Inc	13,519,902	21,499,576
	Common Stock	Tesla Inc	4,964,502	10,512,122
	Wells Fargo Advisors	Cash Reserve Account	16,806,302	16,806,302
	Charles Schwab	Cash Reserve Account	42,068	42,068
			<u>\$ 58,854,677</u>	<u>\$ 75,931,547</u>

Infiniti Home Care, Inc. Health and Welfare Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 11-3709020, Plan #: 501
Year Ended February 28, 2025

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Lease Rental (e)	Expense Incurred With Transaction (f)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain or (Loss) (i)
<u>Single Transactions In Excess of 5%</u>								
US Treasury Bills Due April 25, 2024 CUSIP 912797HG5	Government Securities	\$ -	5,985,000	N/A	N/A	\$ 5,837,982	\$ 5,985,000	\$ 147,018
US Treasury Bills Due February 15, 2025 CUSIP 912828J27	Government Securities	5,963,067	-	N/A	N/A	5,963,067	5,963,067	-
US Treasury Bills Due June 4, 2024 CUSIP 912797JZ1	Government Securities	-	5,500,000	N/A	N/A	5,410,009	5,500,000	89,991
US Treasury Bills Due February 15, 2025 CUSIP 912828J27	Government Securities	5,466,029	-	NA	N/A	5,466,029	5,466,029	-
US Treasury Bills Due February 15, 2025 CUSIP 912828J27	Government Securities	-	11,683,000	N/A	N/A	11,429,096	11,683,000	253,904
Fidelity Investments Money Market Treasury Portfolio	Mutual Fund	-	5,000,000	N/A	N/A	5,000,000	5,000,000	-
Schwab Treasury Money Market Fund	Money Fund	-	4,512,653	N/A	N/A	4,512,653	4,512,653	-
Apple Inc	Equities	4,689,275	-	N/A	N/A	4,689,275	4,689,275	-

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.**

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

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.)

B This return/report is: a single-employer plan a DFE (specify) _____
 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

1a Name of plan Infiniti Home Care, Inc. Health and Welfare Benefit Plan	1b Three-digit plan number (PN) ► 501
	1c Effective date of plan 03/01/2015
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) Infiniti Home Care, Inc. 11655 Queens Blvd Ste 224 US Forest Hills NY 11375-6527	2b Employer Identification Number (EIN) 11-3709020
	2c Plan Sponsor's telephone number (718) 544-4488
	2d Business code (see instructions) 621610

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			Oleg Pinkhasov
	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 <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>
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 and 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 1,333
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 1,333
a(2) Total number of active participants at the end of the plan year	6a(2) 0
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 751
d Subtotal. Add lines 6a(2), 6b, and 6c	6d 751
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e
f Total. Add lines 6d and 6e	6f
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h
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:

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

4A

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

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) - Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

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

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 _____

Infiniti Home Care, Inc. Health and Welfare Benefit Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 11-3709020, Plan #: 501
February 28, 2025

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value	
Mutual Fund	Fidelity Investments Money Market Treasury Portfolio - Institutional Class	\$ 15,994,036	\$ 15,994,036	
Government Securities	US Treasury Bills due August 15, 2026	1,779,777	1,790,377	
Common Stock	American International Group Inc	316,200	829,400	
Common Stock	American Airlines Group Inc	229,600	287,000	
Common Stock	Bank of America Corp	253,100	461,000	
Common Stock	Gilead Sciences Inc	649,900	1,143,100	
Common Stock	JP Morgan Chase & Co	501,443	1,323,250	
Common Stock	Amazon.com Inc	3,797,847	5,243,316	
Common Stock	Apple Inc	13,519,902	21,499,576	
Common Stock	Tesla Inc	4,964,502	10,512,122	
Wells Fargo Advisors	Cash Reserve Account	16,806,302	16,806,302	
Charles Schwab	Cash Reserve Account	42,068	42,068	
		<u>\$ 58,854,677</u>	<u>\$ 75,931,547</u>	

Infiniti Home Care, Inc. Health and Welfare Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 11-3709020, Plan #: 501
Year Ended February 28, 2025

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Lease Rental (e)	Expense Incurred With Transaction (f)	Cost of Asset (g)	Current Value of Asset on Transaction Date (h)	Net Gain or (Loss) (i)
<u>Single Transactions In Excess of 5%</u>								
US Treasury Bills Due April 25, 2024 CUSIP 912797HG5	Government Securities	\$ -	5,985,000	N/A	N/A	\$ 5,837,982	\$ 5,985,000	\$ 147,018
US Treasury Bills Due February 15, 2025 CUSIP 912828J27	Government Securities	5,963,067	-	N/A	N/A	5,963,067	5,963,067	-
US Treasury Bills Due June 4, 2024 CUSIP 912797JZ1	Government Securities	-	5,500,000	N/A	N/A	5,410,009	5,500,000	89,991
US Treasury Bills Due February 15, 2025 CUSIP 912828J27	Government Securities	5,466,029	-	NA	N/A	5,466,029	5,466,029	-
US Treasury Bills Due February 15, 2025 CUSIP 912828J27	Government Securities	-	11,683,000	N/A	N/A	11,429,096	11,683,000	253,904
Fidelity Investments Money Market Treasury Portfolio	Mutual Fund	-	5,000,000	N/A	N/A	5,000,000	5,000,000	-
Schwab Treasury Money Market Fund	Money Fund	-	4,512,653	N/A	N/A	4,512,653	4,512,653	-
Apple Inc	Equities	4,689,275	-	N/A	N/A	4,689,275	4,689,275	-