

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
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan INTRA-NATIONAL HOME CARE, LLC 401(K) PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 10/01/2020
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) INTRA-NATIONAL HOME CARE, LLC 1010 JACKSON HOLE DR BLACKLICK, OH 43004
2b	Employer Identification Number (EIN) 46-2950469
2c	Plan Sponsor's telephone number 412-881-7100
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	Filed with authorized/valid electronic signature.	04/13/2026	RUP POKHAREL
	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 ☒ 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	5030
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)	4895
	6a(2)	5050
	6b	0
	6c	89
	6d	5139
	6e	0
	6f	5139
	6g(1)	518
	6g(2)	520
6h	22	
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 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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan INTRA-NATIONAL HOME CARE, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INTRA-NATIONAL HOME CARE, LLC	D Employer Identification Number (EIN) 46-2950469	

Part I	Service Provider Information (see instructions)
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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

AMERICAN CENTURY INVESTMENT SERVICE

44-0640487

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

AMERICAN FUNDS DISTRIBUTORS, INC.

95-2769620

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

BLACKROCK INVESTMENTS, INC.

23-2784752

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

COLUMBIA

ONE FINANCIAL CENTER
MA5-515-14-01
BOSTON, MA 02111

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

INVESCO

1555 PEACHTREE STREET NW
1800
ATLANTA, GA 30309

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

J.P. MORGAN INVESTMENT MANAGEMENT

13-3200244

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

JANUS DISTRIBUTORS, LLC

151 DETROIT STREET
DENVER, CO 80206

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

LEGG MASON INVESTOR SERVICES, LLC

100 INTERNATIONAL DRIVE
BALTIMORE, MD 21202

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

NATIONWIDE FUND DISTRIBUTORS LLC

52-6969857

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

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

(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)

ADP, INC.

13-3036745

(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?
37 50 15 64	RECORD KEEPER	9836	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

ADP BROKER-DEALER

22-3319984

(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?
63 60 59 49 99	RECORD KEEPER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

PRUCO SECURITIES, LLC

11835 QUEENS BLVD SUITE 1530
FOREST HILLS, NY 11375

(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?
49 99	ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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
PRUCO SECURITIES, LLC	99	0

(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.
ADP BROKER-DEALER 22-3319984	0.0050 BASIS POINTS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(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 CENTURY INVESTMENT SERVICE 44-0640487	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(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 FUNDS DISTRIBUTORS, INC. 95-2769620	ANNUAL RATE 0.00600 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00200 OF AVERAGE DAILY ASSETS

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
ADP BROKER-DEALER	63 60 59	0
(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.	
BLACKROCK INVESTMENTS, INC. 23-2784752	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(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.	
COLUMBIA ONE FINANCIAL CENTER MA5-515-14-01 BOSTON, MA 02111	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59 99	0
(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.	
INVESCO 1555 PEACHTREE STREET NW 1800 ATLANTA, GA 30309	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00780 OF AVERAGE DAILY ASSETS	

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
ADP BROKER-DEALER	63 60 59	0

(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.
J.P. MORGAN INVESTMENT MANAGEMENT 13-3200244	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(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.
JANUS DISTRIBUTORS, LLC 151 DETROIT STREET DENVER, CO 80206	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(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.
LEGG MASON INVESTOR SERVICES, LLC 100 INTERNATIONAL DRIVE BALTIMORE, MD 21202	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

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
ADP BROKER-DEALER	63 60 59	0

(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 FUND DISTRIBUTORS LLC 52-6969857	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS

(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:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

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

A Name of plan INTRA-NATIONAL HOME CARE, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 INTRA-NATIONAL HOME CARE, LLC	D Employer Identification Number (EIN) 46-2950469

Part I	Asset and Liability Statement		
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.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(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)		
(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)	32436	44768
(9) Value of interest in common/collective trusts	1c(9)	58746	55974
(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)	4295034	5864333
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

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	4386216	5965075
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	4386216	5965075

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)	465010	
(B) Participants	2a(1)(B)	1442273	
(C) Others (including rollovers)	2a(1)(C)	88519	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		1995802
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)	3583	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3583
(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)	242888	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		242888
(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)		1307
(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)		321658
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2565238

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	957541	
(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)		957541
f Corrective distributions (see instructions)	2f		4062
g Certain deemed distributions of participant loans (see instructions)	2g		14940
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	9836	
(4) IQPA audit fees	2i(4)		
(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)		
(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)		9836
j Total expenses. Add all expense amounts in column (b) and enter total	2j		986379

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1578859
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: **T MICHAEL ROBB & ASSOCIATES INC**

(2) EIN: **31-1388987**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		439000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
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 _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan INTRA-NATIONAL HOME CARE, LLC 401(K) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 INTRA-NATIONAL HOME CARE, LLC		D Employer Identification Number (EIN) 46-2950469
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): 57-1198022		
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	
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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
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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
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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 <u>10 / 06 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q704162A</u> .	

INTRA-NATIONAL HOME CARE LLC 401(K) PLAN
REPORT ON AUDIT OF FINANCIAL STATEMENTS
FOR THE YEAR ENDED DECEMBER 31, 2024

INTRA-NATIONAL HOME CARE LLC 401(K) PLAN

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T MICHAEL ROBB & ASSOCIATES INC

CERTIFIED PUBLIC ACCOUNTANTS

PO BOX 1646

POWELL OHIO 43065

FID # 31-1388987

CELL NUMBER (614) 581-0420

MEMBER AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

MEMBER OHIO SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

TO THE PLAN ADMINISTRATOR AND THOSE CHARGED WITH GOVERNANCE

INTRA-NATIONAL HOME CARE LLC 401(K) PLAN

BLACKLICK OHIO

SCOPE AND NATURE OF THE ERISA SECTION 103(A)(3)(C) AUDIT OF THE 2024 FINANCIAL STATEMENTS

WE HAVE PERFORMED AN AUDIT OF THE ACCOMPANYING FINANCIAL STATEMENTS OF INTRA-NATIONAL HOME CARE LLC 401(K) PLAN (THE PLAN), AN EMPLOYEE BENEFIT PLAN SUBJECT TO THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA), AS PERMITTED BY ERISA SECTION 103(A)(3)(C) (ERISA SECTION 103(A)(3)(C) AUDIT). THE FINANCIAL STATEMENTS COMPRISE THE STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS AS OF DECEMBER 31, 2024, AND THE RELATED STATEMENT OF CHANGES IN NEW ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR THEN ENDED, AND THE RELATED NOTES TO THE FINANCIAL STATEMENTS.

FOR PURPOSES OF COMPARISON, WE HAVE PREPARED THE STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2023.

MANAGEMENT, HAVING DETERMINED IT IS PERMISSIBLE IN THE CIRCUMSTANCES, HAS ELECTED TO HAVE THE AUDIT OF THE INTRA-NATIONAL HOME CARE LLC 401(K) PLAN 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 (DOL) RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER ERISA. AS PERMITTED BY ERISA SECTION 103(A)(3)(C), OUR AUDIT NEED NOT EXTEND TO ANY STATEMENTS OR INFORMATION RELATED TO ASSETS HELD FOR INVESTMENT (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 (QUALIFIED

INSTITUTION), PROVIDED THAT THE INVESTMENT INFORMATION IS PREPARED AND CERTIFIED TO BY THE QUALIFIED INSTITUTION, IN ACCORDANCE WITH 29 CFR 2520.103-5 OF THE DOL'S RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER ERISA.

MANAGEMENT HAS OBTAINED A CERTIFICATION FROM THE QUALIFIED INSTITUTION AS OF 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 ON THE 2024 FINANCIAL STATEMENTS

IN OUR OPINION, BASED ON OUR AUDIT AND ON THE PROCEDURES PERFORMED AS DESCRIBED IN THE AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS SECTION:

THE AMOUNTS AND DISCLOSURES IN THE FINANCIAL STATEMENTS REFERRED TO ABOVE, OTHER THAN THOSE AGREED TO OR DERIVED FROM THE CERTIFIED INVESTMENT INFORMATION, ARE PRESENTED FAIRLY, IN ALL MATERIAL RESPECTS, IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATE OF AMERICA (U.S. GAAP).

THE INFORMATION IN THE ACCOMPANYING FINANCIAL STATEMENTS RELATED TO ASSETS HELD BY AND CERTIFIED TO BY A QUALIFIED INSTITUTION AGREES TO, OR IS DERIVED FROM, IN ALL MATERIAL RESPECTS, THE INFORMATION PREPARED AND CERTIFIED BY AN INSTITUTION THAT MANAGEMENT DETERMINED MEETS THE REQUIREMENTS OF ERISA SECTION 103(A)(3)(C).

BASIS FOR OPINION ON THE 2024 FINANCIAL STATEMENTS

WE CONDUCTED OUR AUDIT IN ACCORDANCE WITH AUDITING STANDARDS GENERALLY ACCEPTED IN THE UNITED STATE OF AMERICA (GAAS). OUR RESPONSIBILITIES UNDER THOSE STANDARDS ARE FURTHER DESCRIBED IN THE AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE 2024 FINANCIAL STATEMENTS SECTION OF OUR REPORT. WE ARE REQUIRED TO BE INDEPENDENT OF THE INTRA-NATIONAL HOME CARE LLC 401(K) PLAN AND TO MEET OUR OTHER ETHICAL RESPONSIBILITIES IN ACCORDANCE WITH THE RELEVANT ETHICAL REQUIREMENTS RELATING TO OUR AUDIT. WE BELIEVE THAT THE AUDIT EVIDENCE WE HAVE OBTAINED IS SUFFICIENT AND APPROPRIATE TO PROVIDE A BASIS FOR OUR ERISA SECTION 103(A)(3)(C) AUDIT OPINION.

RESPONSIBILITIES OF MANAGEMENT FOR THE 2024 FINANCIAL STATEMENTS

MANAGEMENTS IS RESPONSIBLE FOR THE PREPARATION AND FAIR PRESENTATION OF THE FINANCIAL STATEMENTS IN ACCORDANCE WITH U.S. GAAP, AND FOR THE DESIGN, IMPLEMENTATION, AND MAINTENANCE OF INTERNAL CONTROL RELEVANT TO THE PREPARATION AND FAIR PRESENTATION OF 2024 FINANCIAL STATEMENTS THAT ARE FREE FROM MATERIAL MISSTATEMENT, WHETHER DUE TO FRAUD OR ERROR. MANAGEMENT'S ELECTION OF THE ERISA SECTION 103(A)(3)(C) AUDIT DOES NOT AFFECT MANAGEMENT'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS.

IN PREPARING THE FINANCIAL STATEMENTS, MANAGEMENT IS REQUIRED TO EVALUATE WHETHER THERE ARE CONDITIONS OR EVENTS, CONSIDERED IN THE AGGREGATE, THAT RAISE SUBSTANTIAL DOUBT ABOUT THE PLAN'S ABILITY TO CONTINUE AS A GOING CONCERN FOR ONE YEAR AFTER THE DATE THE FINANCIAL STATEMENTS ARE AVAILABLE TO BE ISSUED.

MANAGEMENT IS ALSO RESPONSIBLE FOR MAINTAINING A CURRENT PLAN INSTRUMENT, INCLUDING ALL PLAN AMENDMENTS; ADMINISTERING THE PLAN; AND DETERMINING THAT THE PLAN'S TRANSACTIONS THAT ARE PRESENTED AND DISCLOSED IN THE 2024 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 2024 FINANCIAL STATEMENTS

EXCEPT AS DESCRIBED IN THE SCOPE AND NATURE OF THE ERISA SECTION 103(A)(3)(C) AUDIT OF THE 2024 FINANCIAL STATEMENTS SECTION OF OUR REPORT, OUR OBJECTIVES ARE TO OBTAIN REASONABLE ASSURANCE ABOUT WHETHER THE FINANCIAL STATEMENTS AS A WHOLE ARE FREE FROM MATERIAL MISSTATEMENT, WHETHER DUE TO FRAUD OR ERROR, AND TO ISSUE AN AUDITOR'S REPORT THAT INCLUDES OUR OPINION. REASONABLE ASSURANCE IS A HIGH LEVEL OF ASSURANCE BUT IS NOT ABSOLUTE ASSURANCE AND THEREFORE IS NOT A GUARANTEE THAT AN AUDIT CONDUCTED IN ACCORDANCE WITH GAAS WILL ALWAYS DETECT A MATERIAL MISSTATEMENT WHEN IT EXISTS. THE RISK OF NOT DETECTING A MATERIAL MISSTATEMENT RESULTING FROM FRAUD IS HIGHER THAN FOR ONE RESULTING FROM ERROR, AS FRAUD MAY INVOLVE COLLUSION, FORGERY, INTENTIONAL OMISSIONS, MISREPRESENTATIONS, OR THE OVERRIDE OF INTERNAL CONTROL. MISSTATEMENTS ARE CONSIDERED MATERIAL IF THERE IS A SUBSTANTIAL LIKELIHOOD THAT, INDIVIDUALLY OR IN THE AGGREGATE, THEY WOULD INFLUENCE THE JUDGMENT MADE BY A REASONABLE USER BASED ON THE FINANCIAL STATEMENTS.

IN PERFORMING AN AUDIT IN ACCORDANCE WITH GAAS, WE:

EXERCISE PROFESSIONAL JUDGMENT AND MAINTAIN PROFESSIONAL SKEPTICISM THROUGHOUT THE AUDIT.

IDENTIFY AND ASSESS THE RISKS OF MATERIAL MISSTATEMENT OF THE FINANCIAL STATEMENTS, WHETHER DUE TO FRAUD OR ERROR, AND DESIGN AND PERFORM AUDIT PROCEDURES RESPONSIVE TO THOSE RISKS. SUCH PROCEDURES INCLUDE EXAMINING, ON A TEST BASIS, EVIDENCE REGARDING THE AMOUNTS AND DISCLOSURES IN THE FINANCIAL STATEMENTS.

OBTAIN AN UNDERSTANDING OF INTERNAL CONTROL RELEVANT TO THE AUDIT IN ORDER TO DESIGN AUDIT PROCEDURES THAT ARE APPROPRIATE IN THE CIRCUMSTANCES, BUT NOT FOR THE PURPOSE OF EXPRESSING AN OPINION ON THE EFFECTIVENESS OF INTRA-NATIONAL HOME CARE LLC 401(K) 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 INTRA-NATIONAL HOME CARE LLC 401(K) PLAN'S ABILITY TO CONTINUE AS A GOING CONCERN FOR A REASONABLE PERIOD OF TIME.

OUR AUDIT DID NOT EXTEND TO THE CERTIFIED INVESTMENT INFORMATION, EXCEPT FOR OBTAINING AND READING THE CERTIFICATION, COMPARING THE CERTIFIED INVESTMENT INFORMATION WITH THE

RELATED INFORMATION PRESENTED AND DISCLOSED IN THE FINANCIAL STATEMENTS, AND READING THE DISCLOSURES RELATING TO THE CERTIFIED INVESTMENT INFORMATION TO ASSESS WHETHER THEY ARE IN ACCORDANCE WITH THE PRESENTATION AND DISCLOSURE REQUIREMENTS OF U.S. GAAP.

ACCORDINGLY, THE OBJECTIVE OF AN ERISA SECTION 103(A)(3)(C) AUDIT IS NOT TO EXPRESS AN OPINION ABOUT WHETHER THE 2024 FINANCIAL STATEMENTS AS A WHOLE ARE PRESENTED FAIRLY, IN ALL MATERIAL RESPECTS, IN ACCORDANCE WITH U.S. GAAP.

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 INFORMATION REQUIRED BY ERISA

THE SUPPLEMENTAL INFORMATION OF SCHEDULE H, LINE 4I-SCHEDULE OF ASSETS (HELD AT END OF YEAR), AS OF DECEMBER 31, 2024, IS PRESENTED FOR PURPOSES OF ADDITIONAL ANALYSIS AND IS NOT A REQUIRED PART OF THE FINANCIAL STATEMENTS BUT IS SUPPLEMENTARY INFORMATION REQUIRED BY THE DOL'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 INFORMATION, 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 GAAS. FOR INFORMATION INCLUDED IN THE SUPPLEMENTAL INFORMATION 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 INFORMATION, WE EVALUATED WHETHER THE SUPPLEMENTAL INFORMATION, OTHER THAN THE INFORMATION AGREED TO OR DERIVED FROM THE CERTIFIED INVESTMENT INFORMATION, INCLUDING ITS FORM AND CONTENT, IS PRESENTED IN CONFORMITY WITH THE DOL'S RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER ERISA.

IN OUR OPINION-

THE FORM AND CONTENT OF THE SUPPLEMENTAL INFORMATION, OTHER THAN THE INFORMATION IN THE SUPPLEMENTAL INFORMATION THAT AGREED TO OR IS DERIVED FROM THE CERTIFIED INVESTMENT INFORMATION, ARE PRESENTED, IN ALL MATERIAL RESPECTS, IN CONFORMITY WITH THE DOL'S RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER ERISA.

THE INFORMATION IN THE SUPPLEMENTAL INFORMATION 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).

A handwritten signature in black ink, appearing to read "T. Michael Robb", followed by a large, stylized flourish or initial.

T MICHAEL ROBB & ASSOCIATES INC

POWELL OHIO

JULY 8, 2025

INTRA-NATIONAL HOME CARE LLC 401(K) PLAN									
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS									
December 31, 2024					December 31, 2023 (A)				
ASSETS									
INVESTMENTS AT FAIR VALUE				\$5,920,306.42			\$4,353,780.00		
RECEIVABLES:									
PARTICIPANT LOANS				55,408.53			32,436.40		
TOTAL RECEIVABLES				55,408.53			32,436.40		
TOTAL ASSETS				5,975,714.95			4,386,216.40		
LIABILITIES AND NET ASSETS AVAILABLE FOR BENEFITS									
LIABILITIES				0.00			0.00		
NET ASSETS AVAILABLE FOR BENEFITS				\$5,975,714.95			\$4,386,216.40		
SEE ACCOMPANYING NOTES TO FINANCIAL STATEMENTS					(A) NUMBERS WERE OBTAINED FROM THE TRUST REPORT PREPARED BY THE OUTSIDE INDEPENDENT COMPANY RELIANCE TRUST COMPANY FOR CALENDAR YEAR 2023				
				6					

INTRA-NATIONAL HOME CARE LLC 401(K) PLAN							
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS							
FOR THE YEAR ENDED DECEMBER 31, 2024							
ADDITIONS TO NET ASSETS ATTRIBUTED TO:							
INVESTMENT INCOME (LOSS):							
NET APPRECIATION IN FAIR VALUE OF INVESTMENTS						\$322,963.32	
INTEREST AND DIVIDEND INCOME						242,888.33	

TOTAL NET INVESTMENT INCOME						565,851.65	

OTHER INCOME-PARTICIPANT LOAN INTEREST						3,583.04	
CONTRIBUTIONS:							
PARTICIPANTS						1,442,273.11	
EMPLOYERS						465,010.42	
OTHERS						88,518.82	

TOTAL CONTRIBUTIONS						1,995,802.35	

OTHER: DEEMED DISTRIBUTED LOANS PRINCIPAL AND INTEREST						10,640.09	

TOTAL ADDITIONS						2,575,877.13	

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:							
BENEFITS PAID TO PARTICIPANTS						976,542.33	
ADMINISTRATIVE EXPENSES						9,836.25	

TOTAL DEDUCTIONS						986,378.58	

CHANGE IN NET ASSETS						1,589,498.55	
NET ASSETS AVAILABLE FOR BENEFITS:							
BEGINNING OF YEAR						4,386,216.40	

END OF YEAR						\$5,975,714.95	
						=====	
SEE ACCOMPANYING NOTES TO FINANCIAL STATEMENTS							
							7

INTRA-NATIONAL HOME CARE LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 1-DESCRIPTION OF PLAN

THE FOLLOWING DESCRIPTION OF THE INTRA-NATIONAL HOME CARE LLC 401(K) PLAN (THE PLAN) PROVIDES ONLY GENERAL INFORMATION. PARTICIPANTS SHOULD REFER TO THE PLAN DOCUMENT FOR A MORE COMPLETE DESCRIPTION OF THE PLAN'S PROVISIONS.

GENERAL AND ELIGIBILITY

THE PLAN IS A DEFINED CONTRIBUTION PLAN, ESTABLISHED ON OCTOBER 1, 2020. THE PLAN COVERS ALL FULL-TIME EMPLOYEES OF INTRA-NATIONAL HOME CARE LLC, AND ITS AFFILIATED PARTICIPATING EMPLOYERS: AMERICARE HEALTH CARE SERVICES INC, SERENITY HOME HEALTH CARE LLC, AND MEDICAL PROFESSIONALS (COLLECTIVELY, THE SPONSORS OR EMPLOYERS). ELIGIBLE EMPLOYEES MAY ENTER THE PLAN UPON COMPLETING THREE (3) CONSECUTIVE MONTHS OF SERVICE, DURING WHICH AT LEAST 250 HOURS OF CREDITED SERVICE IS COMPLETED. FOR NON-ELECTIVE EMPLOYER MATCHING CONTRIBUTIONS, THE PARTICIPANT MUST COMPLETE TWELVE (12) CONSECUTIVE MONTHS OF SERVICE FROM THE ELIGIBLE PARTICIPANT'S EMPLOYMENT COMMENCEMENT DATE AND DURING WHICH TIME AT LEAST 1,000 HOURS OF CREDITED SERVICE IS COMPLETED, AS DEFINED IN THE PLAN DOCUMENT.

THE PLAN IS ADMINISTERED BY DESIGNATED MANAGEMENT OF THE SPONSORS. ADP RETIREMENT SERVICES (ADP) PROVIDES RECORDKEEPING AND THIRD-PARTY ADMINISTRATIVE SERVICES TO THE PLAN. RELIANCE TRUST COMPANY (RTC) SERVES AS THE TRUSTEE OF THE PLAN, HOLDS THE PLAN'S INVESTMENT ASSETS, AND EXECUTES INVESTMENT TRANSACTIONS.

THE PLAN IS SUBJECT TO THE PROVISIONS OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA).

CONTRIBUTIONS

EACH YEAR, PARTICIPANTS IN THE PLAN MAY VOLUNTARILY CONTRIBUTE UP TO 90% OF THEIR ANNUAL COMPENSATION, AS DEFINED BY THE PLAN, WITHIN THE LIMITS PRESCRIBED BY THE INTERNAL REVENUE SERVICE (IRS). FOR THE YEAR ENDED DECEMBER 31, 2024, INDIVIDUAL PARTICIPANTS' CONTRIBUTIONS WERE LIMITED TO \$23,000. PARTICIPANTS WHO HAVE ATTAINED AGE 50 BEFORE THE END OF THE PLAN YEAR ARE ELIGIBLE TO MAKE CATCH-UP CONTRIBUTIONS OF UP TO \$7,500 FOR THE YEAR ENDED DECEMBER 31, 2024. PARTICIPANTS MAY ALSO CONTRIBUTE AMOUNTS REPRESENTING DISTRIBUTIONS FROM OTHER QUALIFIED DEFINED BENEFIT OR CONTRIBUTION PLANS (ROLLOVER). THE PLAN'S PROVISIONS ALSO PROVIDE FOR ROTH 401(K) ELECTIVE DEFERRALS.

INTRA-NATIONAL HOME CARE LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS CONTINUED

NOTE 1-DESCRIPTION OF PLAN CONTINUED

CONTRIBUTIONS CONTINUED

FOR THE YEAR ENDED DECEMBER 31, 2024, THE EMPLOYERS' MATCHED 50% OF A PARTICIPANT'S ELECTIVE DEFERRALS UP TO 6% OF THE PARTICIPANT'S ELIGIBLE COMPENSATION, AS DEFINED. THE EMPLOYERS MAY ALSO MAKE NON-ELECTIVE CONTRIBUTIONS. THE EMPLOYER'S NON-ELECTIVE CONTRIBUTIONS, IF ANY, ARE RECORDED IN THE YEAR FOR WHICH THE CONTRIBUTIONS APPLY. PARTICIPANTS MUST COMPLETE TWELVE (12) MONTHS OF SERVICE AND AT LEAST 1,000 HOURS OF CREDITED SERVICE IN ORDER TO BE ELIGIBLE FOR SUCH NON-ELECTIVE CONTRIBUTIONS. FOR THE YEAR ENDED DECEMBER 31, 2024, THE EMPLOYERS' MADE DISCRETIONARY MATCHING CONTRIBUTIONS TOTALING \$465,010. ALL EMPLOYERS' MATCHING CONTRIBUTIONS ARE INVESTED AS DIRECTED BY THE PARTICIPANT.

CONTRIBUTIONS ARE SUBJECT TO CERTAIN IRS LIMITATIONS.

PARTICIPANT ACCOUNTS

EACH PARTICIPANT ACCOUNT IS CREDITED WITH THE PARTICIPANT'S CONTRIBUTIONS, THE EMPLOYERS' MATCHING CONTRIBUTIONS AND NON-ELECTIVE CONTRIBUTION, ALONG WITH EARNINGS OR LOSSES THEREON. PARTICIPANTS ARE CHARGED WITH HIS OR HER WITHDRAWALS AND AN ALLOCATION OF ADMINISTRATIVE EXPENSES, AS DEFINED. ALLOCATIONS ARE BASED ON PARTICIPANT EARNINGS, ACCOUNT BALANCES, OR SPECIFIC PARTICIPANT TRANSACTIONS, AS DEFINED. THE BENEFIT TO WHICH A PARTICIPANT IS ENTITLED IS THE BENEFIT THAT CAN BE PROVIDED FROM THE PARTICIPANT'S VESTED ACCOUNT. EACH PARTICIPANT DIRECTS THE INVESTMENT OF HIS OR HER ACCOUNT TO ANY OF THE INVESTMENT OPTIONS AVAILABLE UNDER THE PLAN.

VESTING

PARTICIPANTS ARE IMMEDIATELY VESTED IN THEIR INDIVIDUAL CONTRIBUTIONS, PLUS ACTUAL EARNINGS OR LOSSES THEREON. VESTING IN THE EMPLOYERS' DISCRETIONARY CONTRIBUTIONS (IF ANY), PORTION OF THEIR ACCOUNT, PLUS EARNINGS OR LOSSES THEREON, IS BASED ON YEARS OF CONTINUOUS SERVICE. PARTICIPANTS WHO BECOME ELIGIBLE AND ARE ENROLLED IN THE PLAN WILL RECEIVE VESTING CREDIT FOR YEARS OF SERVICE BASED ONLY ON THE ELAPSED TIME METHOD, AS DEFINED IN THE PLAN. A PARTICIPANT IS 100% VESTED AFTER FOUR (4) YEARS OF CREDITED SERVICE, BASED ON A GRADED VESTING SCHEDULE. REGARDLESS OF YEARS OF SERVICE, PARTICIPANTS ARE 100% VESTED UPON REACHING NORMAL RETIREMENT AGE (65), BECOMING PERMANENTLY OR TOTALLY DISABLED, PLAN TERMINATION, OR UPON DEATH.

INTRA-NATIONAL HOME CARE LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS CONTINUED

NOTE 1-DESCRIPTION OF PLAN CONTINUED

FORFEITURES

NONVESTED FORFEITED ACCOUNTS ARE USED TO OFFSET CERTAIN PLAN ADMINISTRATIVE EXPENSES OR REDUCE THE EMPLOYERS' MATCHING CONTRIBUTIONS TO THE PLAN. FORFEITURES USED FOR THE YEAR ENDED DECEMBER 31, 2024, TO REDUCE THE EMPLOYERS' MATCHING CONTRIBUTIONS OR OFFSET PLAN ADMINISTRATIVE EXPENSES TOTALED \$0. THERE WERE NO UNALLOCATED FORFEITED AMOUNTS AVAILABLE AT DECEMBER 31, 2024.

PARTICIPANT NOTES RECEIVABLE

PARTICIPANTS MAY BORROW FROM THEIR ACCOUNT FROM \$1,000 UP TO A MAXIMUM OF THE LESSER OF \$50,000 OR 50% OF THEIR VESTED ACCOUNT BALANCE. LONG TERMS RANGE FROM ONE TO FIVE YEARS UNLESS THE LOAN IS USED TO ACQUIRE THE PRINCIPAL RESIDENCE OF THE PARTICIPANT WHICH MUST BE REPAID IN A REASONABLE PERIOD OF TIME. THE LOANS ARE SECURED BY THE VESTED ACCOUNT BALANCE IN THE PARTICIPANT'S ACCOUNT AND BEAR A REASONABLE RATE OF INTEREST. DELINQUENT NOTES RECEIVABLE FROM PARTICIPANTS ARE RECLASSIFIED AS DISTRIBUTIONS BASED UPON THE TERMS OF THE PLAN DOCUMENT. PRINCIPAL AND INTEREST ARE PAID THROUGH REGULAR PAYROLL DEDUCTIONS.

PAYMENT OF BENEFITS

ON TERMINATION OF SERVICE DUE TO DEATH, DISABILITY, OR RETIREMENT, A PARTICIPANT MAY ELECT TO RECEIVE AN AMOUNT EQUAL TO THE VALUE OF THE PARTICIPANT'S VESTED INTEREST IN HIS OR HER ACCOUNT IN A LUMP-SUM DISTRIBUTION, SUBSTANTIALLY EQUAL INSTALLMENTS OR PARTIAL WITHDRAWAL. FOR TERMINATION OF SERVICE DUE TO OTHER REASONS, A PARTICIPANT MAY CHOOSE TO LEAVE THE VESTED INTEREST IN THE PLAN IF SUCH AMOUNTS EXCEED \$7,000 OR ELECT A LUMP-SUM DISTRIBUTION. PARTICIPANTS MAY TAKE IN-SERVICE WITHDRAWALS UPON EARLY RETIREMENT AGE 59 ½, OR FOR IMMEDIATE AND HEAVY FINANCIAL HARDSHIP NEEDS WITH A MINIMUM OF \$500, AS DEFINED.

ADMINISTRATIVE EXPENSES

THE PLAN ALLOWS CERTAIN ADMINISTRATIVE EXPENSES TO BE PAID FROM PLAN ASSETS. CERTAIN ADMINISTRATIVE EXPENSES ARE PAID BY THE SPONSORS AND ARE NOT REFLECTED IN THESE FINANCIAL STATEMENTS.

INTRA-NATIONAL HOME CARE LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS CONTINUED

NOTE 2-SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

THE FINANCIAL STATEMENTS OF THE PLAN ARE PREPARED USING THE ACCRUAL BASIS OF ACCOUNTING IN CONFORMITY WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA (U.S. GAAP).

INVESTMENT VALUATION AND INCOME RECOGNITION

INVESTMENTS 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. THE PLAN ADMINISTRATOR DETERMINES THE PLAN'S VALUATION POLICIES UTILIZING INFORMATION PROVIDED BY THE PLAN'S RECORDKEEPER AND TRUSTEE.

PURCHASES AND SALES OF INVESTMENTS ARE RECORDED ON A TRADE DATE BASIS. INTEREST INCOME IS RECORDED ON THE ACCRUAL BASIS. DIVIDENDS ARE RECORDED ON THE EX-DIVIDEND DATE. NET DEPRECIATION IN FAIR VALUE OF INVESTMENTS INCLUDES THE PLAN'S GAINS AND LOSSES ON INVESTMENTS BOUGHT AND SOLD, AS WELL AS HELD DURING THE YEAR.

USE OF ESTIMATES

THE PREPARATION OF FINANCIAL STATEMENTS IN CONFORMITY WITH U.S. GAAP REQUIRES PLAN MANAGEMENT TO MAKE ESTIMATES AND ASSUMPTIONS THAT AFFECT THE REPORTED AMOUNTS OF ASSETS AND LIABILITIES AND CHANGES IN NET ASSETS AND DISCLOSURE OF CONTINGENT ASSETS AND LIABILITIES. ACTUAL RESULTS COULD DIFFER FROM THOSE ESTIMATES AND THOSE DIFFERENCES MAY BE MATERIAL.

RISKS AND UNCERTAINTIES

THE PLAN PROVIDES FOR VARIOUS INVESTMENT OPTIONS. INVESTMENT SECURITIES ARE EXPOSED TO VARIOUS RISKS, SUCH AS INTEREST RATE RISK, MARKET RISK, LIQUIDITY RISK AND CREDIT RISK. DUE TO THE LEVEL OF RISK ASSOCIATED WITH CERTAIN INVESTMENT SECURITIES AND THE LEVEL OF UNCERTAINTY RELATED TO CHANGES IN THE VALUES OF INVESTMENT SECURITIES, IT IS AT LEAST REASONABLY POSSIBLE THAT CHANGES IN RISKS IN THE NEAR-TERM COULD MATERIALLY AFFECT PARTICIPANTS' ACCOUNT BALANCES AND THE AMOUNTS REPORTED IN THE FINANCIAL STATEMENTS.

INTRA-NATIONAL HOME CARE LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS CONTINUED

NOTE 2-SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES CONTINUED

PARTICIPANT NOTES RECEIVABLE

PARTICIPANT NOTES RECEIVABLE ARE MEASURED AT THEIR UNPAID PRINCIPAL BALANCE PLUS ANY ACCRUED BUT UNPAID INTEREST. INTEREST INCOME IS RECORDED ON THE ACCRUAL METHOD. RELATED FEES ARE CHARGED DIRECTLY TO THE BORROWING PARTICIPANT'S ACCOUNT AND INCLUDED AS ADMINISTRATIVE EXPENSES WHEN INCURRED. ANY DELINQUENT NOTES RECEIVABLE FROM PARTICIPANTS ARE RECLASSIFIED AS DISTRIBUTIONS BASED ON THE TERMS OF THE PLAN DOCUMENT. NO ALLOWANCE FOR CREDIT LOSSES HAS BEEN RECORDED AT DECEMBER 31, 2024.

PAYMENT OF BENEFITS

THE PLAN RECORDS BENEFITS WHEN PAID.

PLAN ADMINISTRATION

THE EMPLOYERS ARE RESPONSIBLE FOR THE ADMINISTRATION AND OPERATION OF THE PLAN. FOR THE YEAR ENDED DECEMBER 31, 2024, THE PLAN CONTRACTED WITH ADP RETIREMENT SERVICES (ADP) TO PROVIDE RECORDKEEPING AND THIRD PARTY ADMINISTRATIVE SERVICES TO THE PLAN. RELIANCE TRUST COMPANY (THE TRUSTEE) MAINTAINS THE RECORDS OF THE PARTICIPANTS' DATA AND INVESTS CASH RECEIVED, INTEREST AND DIVIDEND INCOME AND MAKES DISTRIBUTIONS TO PARTICIPANTS (SUBJECT TO THE DIRECTION OF PARTICIPANTS). FEES FROM COVERED SERVICE PROVIDERS OF THE PLAN ARE IN COMPLIANCE WITH THE DEPARTMENT OF LABOR'S (DOL) REGULATIONS REGARDING ERISA SECTION 408(B)(2).

PLAN EXPENSES

SUBSTANTIALLY ALL ADMINISTRATIVE EXPENSES FOR MAINTAINING THE PLAN ARE PAID BY THE EMPLOYERS AND ARE NOT REFLECTED IN THESE FINANCIAL STATEMENTS. CERTAIN EXPENSES PAID BY THE PLAN CONSIST OF RECORDKEEPING, TRUSTEE, AND THIRD-PARTY ADMINISTRATIVE FEES. CERTAIN PARTICIPANT DIRECTED TRANSACTIONS SUCH AS LOAN PROCESSING FEES ARE CHARGED DIRECTLY TO PARTICIPANTS' ACCOUNTS.

INTRA-NATIONAL HOME CARE LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS CONTINUED

NOTE 2-SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES CONTINUED

UNCERTAIN TAX POSITIONS

U.S. GAAP REQUIRES THE PLAN TO ASSESS ITS UNCERTAIN TAX POSITIONS FOR THE LIKELIHOOD THEY WOULD BE OVERTURNED UPON EXAMINATION BY THE IRS. IN ACCORDANCE WITH THIS GUIDANCE, THE PLAN HAS DETERMINED IT DOES NOT HAVE ANY POSITIONS AT DECEMBER 31, 2024 THAT IT WOULD BE UNABLE TO SUBSTANTIATE.

NOTE 3-INVESTMENT INFORMATION CERTIFIED BY THE TRUSTEE

THE PLAN ADMINISTRATOR HAS ELECTED THE METHOD OF ANNUAL REPORTING COMPLIANCE PERMITTED BY 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. ACCORDINGLY, RELIANCE TRUST COMPANY, A QUALIFIED INSTITUTION HAS CERTYIFIED THAT THE FOLLOWINGH DATA INCLUDED IN THE ACCOMPYING FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE IS COMPLETE AND ACCURATE:

INVESTMENTS AS SHOWN ON THE STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS AS OF DECEMBER 31, 2024;

NET INVESTMENT ACTIVITY AS SHOWN IN THE STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2024; AND

INVESTMENT INFORMATION INCLUDED IN THE SCHEDULE OF ASSETS (HELD AT YEAR END) AS OF DECEMBER 31, 2024, AS SHOWN ON THE ERISA-REQUIRED SUPPLEMENTAL INFORMATION.

AT THE REQUEST OF THE PLAN'S ADMINISTRATOR, THE PLAN'S INDEPENDENT AUDITORS DID NOT PERFORM AUDITING PROCEDURES WITH RESPECT TO THIS CERTIFIED INFORMATION, EXCEPT FOR COMPARING SUCH CERTIFIED INFORMATION TO THE RELATED INVESTMENT INFORMATION INCLUDED IN THE FINANCIAL STATEMENTS AND ERISA-REQUIRED SUPPLEMENTAL INFORMATION.

INTRA-NATIONAL HOME CARE LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS CONTINUED

NOTE 4-FAIR VALUE MEASUREMENTS

ACCOUNTING GUIDANCE PROVIDES A FRAMEWORK FOR MEASURING FAIR VALUE AND ESTABLISHES 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 ARE DESCRIBED AS FOLLOWS:

LEVEL 1-UNADJUSTED QUOTED PRICES FOR IDENTICAL, UNRESTRICTED ASSETS OR LIABILITIES IN ACTIVE MARKETS THAT A PLAN HAS THE ABILITY TO ACCESS.

LEVEL 2-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; AND INPUTS THAT ARE DERIVED PRINCIPALLY FROM OR CORROBORATED BY OBSERVABLE MARKET DATA BY CORRELATION OR OTHER MEANS FOR SUBSTANTIALLY THE FULL TERM OF THE ASSETS OR LIABILITIES.

LEVEL 3-SIGNIFICANT UNOBSERVABLE INPUTS.

A FINANCIAL INSTRUMENT'S 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 MAXIMIZE THE USE OF RELEVANT OBSERVABLE INPUTS AND MINIMIZE THE USE OF UNOBSERVABLE INPUTS. THERE HAVE BEEN NO CHANGES IN THE METHODOLOGIES USED AT DECEMBER 31, 2024. DURING THE YEAR ENDED DECEMBER 31, 2024, THERE WERE NO TRANSFERS OF FINANCIAL INSTRUMENTS INTO OR OUT OF LEVEL 3.

FOLLOWING IS A DESCRIPTION OF THE VALUE METHODOLOGIES USED FOR ASSETS MEASURED AT FAIR VALUE:

MUTUAL FUNDS-VALUED AT QUOTED MARKET PRICES, WHICH REPRESENT THEIR DAILY NET ASSET VALUE (NAV) REPORTED BY THE FUND. MUTUAL FUNDS HELD BY THE PLAN ARE OPEN-END MUTUAL FUNDS THAT ARE TRADED ON NATIONAL EXCHANGES (ACTIVE MARKETS).

NOTE 4-FAIR VALUE MEASUREMENTS CONTINUED

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. FUTHERMORE, ALTHOUGH THE PLAN BELIEVES IT 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.

FAIR VALUE MEASUREMENTS AS OF DECEMBER 31, 2024

* CERTAIN INVESTMENTS THAT WERE MEASURED AT NAV PER SHARE (OR ITS EQUIVALENT) HAVE NOT BEEN CLASSIFIED IN THE FAIR VALUE HIERARCHY. THE FAIR VALUE AMOUNTS PRESENTED IN THIS TABLE ARE INTENDED TO PRESENT THE RECONCILIATION OF THE FAIR VALUE HIERARCHY TO LINE ITEMS PRESENTED ON THE STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS.

INTRA-NATIONAL HOME CARE LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS CONTINUED

NOTE 5-FAIR VALUE OF INVESTMENTS IN ENTITIES THAT USE NAV

THE FOLLOWING TABLE SUMMARIZES THE COLLECTIVE INVESTMENT TRUST FUND INVESTMENTS FOR WHICH FAIR VALUE IS BASED ON THE NAV PER SHARE PRACTICAL EXPEDIENT AS OF DECEMBER 31, 2024:

COLLECTIVE INVESTMENT TRUST FUND	FAIR VALUE	UNFUNDED COMMITMENTS	REDEMPTION FREQUENCY	REDEMPTION PERIOD NOTICE
-----	-----	-----	-----	-----
INVESCO STABLE ASSET FUND	\$55,973	NONE	DAILY	NONE.

NOTE 6-FIDELITY BOND

THE PLAN HAS COMPLIED WITH THE FIDELITY BONDING REQUIREMENTS OF ERISA.

NOTE 7-REFUNDS PAYABLE FOR EXCESS CONTRIBUTIONS

DURING 2024, THE PLAN RECEIVED CONTRIBUTIONS FROM PARTICIPANTS IN EXCESS OF PLAN AND IRS LIMITATIONS. SUCH EXCESS CONTRIBUTIONS WERE REFUNDED TO PARTICIPANTS IN THE SUBSEQUENT YEAR.

NOTE 8-PLAN TERMINATION

ALTHOUGH IT HAS NOT BEEN EXPRESSED ANY INTENT TO DO SO, THE EMPLOYERS HAVE THE RIGHT UNDER THE PLAN TO DISCONTINUE THEIR CONTRIBUTIONS AT ANY TIME AND TO TERMINATE THE PLAN SUBJECT TO THE PROVISIONS OF ERISA. IN THE EVENT OF PLAN TERMINATION, PARTICIPANTS WILL BECOME 100% VESTED IN THE EMPLOYERS' CONTRIBUTION PORTION OF THEIR ACCOUNT BALANCES.

NOTE 9-TAX STATUS

THE PROTOTYPE NON-STANDARDIZED PRE-APPROVED PROFIT-SHARING/MONEY PURCHASE PLAN WITH CODA THAT THE PLAN ADOPTED RECEIVED A FAVORABLE OPINION LETTER FROM THE IRS ON OCTOBER 16, 2020, STATING THAT THE FORM OF THE PROTOTYPE NON-STANDARDIZED PRE-APPROVED PROFIT-SHARING/MONEY PURCHASE PLAN WITH CODA THAT THE PLAN ADOPTED WAS DESIGNED IN ACCORDANCE WITH THE APPLICABLE SECTIONS OF THE INTERNAL REVENUE CODE (IRC). ALTHOUGH THE PLAN HAS BEEN AMENDED SINCE RECEIVING THE OPINION LETTER, THE PLAN ADMINISTRATOR AND THE PLAN'S TAX COUNSEL BELIEVE THAT THE PLAN IS DESIGNED, AND IS CURRENTLY BEING OPERATED, IN COMPLIANCE WITH THE APPLICABLE REQUIREMENTS OF THE IRC AND, THEREFORE, BELIEVE THAT THE PLAN IS QUALIFIED AND THAT THE RELATED TRUST IS TAX-EXEMPT.

INTRA-NATIONAL HOME CARE LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS CONTINUED

NOTE 9-TAX STATUS CONTINUED

THE PLAN IS SUBJECT TO ROUTINE AUDITS BY TAX AUTHORITIES; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

NOTE 10-PARTY-IN-INTEREST TRANSACTIONS

PARTIES-IN-INTEREST ARE DEFINED UNDER THE DOL REGULATIONS AS ANY FIDUCIARY OF THE PLAN, ANY PARTY RENDERING SERVICE TO THE PLAN, THE EMPLOYER AND CERTAIN OTHERS. THE PLAN'S INVESTMENTS ARE MAINTAINED, MANAGED, AND ISSUED BY RELIANCE TRUST COMPANY WHICH SERVES AS THE PLAN'S TRUSTEE AND, THEREFORE, THESE TRANSACTIONS QUALIFY AS PARTY-IN-INTEREST TRANSACTIONS. ADP RETIREMENT SERVICES (ADP) IS THE PLAN'S RECORDKEEPER AND THIRD-PARTY ADMINISTRATOR, FEES CHARGED BY ADP FOR THESE SERVICES QUALIFY AS PART-IN-INTEREST TRANSACTIONS.

CERTAIN ADMINISTRATIVE FUNCTIONS ARE PERFORMED BY OFFICERS AND EMPLOYEES OF THE SPONSORS. NO OFFICER OR EMPLOYEE RECEIVES COMPENSATION FROM THE PLAN FOR THESE SERVICES.

FEES INCURRED BY THE PLAN FOR INVESTMENT MANAGEMENT SERVICES ARE INCLUDED IN NET DEPRECIATION IN FAIR VALUE OF INVESTMENTS, WHICH WERE NOT COVERED BY REVENUE SHARING. THE PLAN ALSO MADE DIRECT PAYMENTS TO SERVICE PROVIDERS WHICH WERE NOT COVERED BY REVENUE SHARING.

INTRA-NATIONAL HOME CARE LLC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS CONTINUED

NOTE 11-RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

THE FOLLOWING IS A RECONCILIATION OF NET ASSETS AVAILABLE FOR BENEFITS AS SHOWN ON FORM 5500 AT DECEMBER 31, 2024 WITH THE AMOUNTS SHOWN IN THE FINANCIAL STATEMENTS, AND CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS AS SHOWN ON FORM 5500 FOR THE YEAR ENDED DECEMBER 31, 2024 WITH THE AMOUNTS SHOWN IN THE FINANCIAL STATEMENTS:

	12/31/2024

NET ASSETS AVAILABLE FOR BENEFITS-FORM 5500	\$5,965,075
RECONCILING ITEMS:	
DEEMED DISTRIBUTED LOANS PRINCIPAL AND INTEREST	10,640

NET ASSETS AVAILABLE FOR BENEFITS-FINANCIAL STATEMENTS	\$5,975,715
	=====
	12/31/2024

CHANGE IN NET ASSETS-FORM 5500	\$1,578,859
RECONCILING ITEMS:	
DEEMED DISTRIBUTED LOANS PRINCIPAL AND INTEREST	10,640

CHANGE IN NET ASSETS-FINANCIAL STATEMENTS	\$1,589,499.
	=====

NOTE 12-SUBSEQUENT EVENTS

THE PLAN EVALUATED EVENTS OCCURRING SUBSEQUENT TO DECEMBER 31, 2024 THROUGH JULY 8, 2025, THE DATE ON WHICH THE FINANCIAL STATEMENTS WERE AVAILABLE TO BE ISSUED, FOR MATTERS THAT SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS OR DISCLOSED IN THE FOOTNOTES THERETO. THE PLAN APPOINTED ADP RETIREMENT TRUST SERVICES LLC (ADP TRUST) AS PLAN'S TRUSTEE EFFECTIVE DECEMBER 31, 2024 UPON THE RESIGNATION OF RELIANCE TRUST COMPANY.

INTRA-NATIONAL HOME CARE LLC 401(K) PLAN

SUPPLEMENTAL INFORMATION

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning and ending

A Name of plan	B Three-digit plan number (PN) ►
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)

Part I	Asset and Liability Statement		
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.			
	Assets	(a) Beginning of Year	(b) End of Year
a	Total noninterest-bearing cash.....	1a	
b	Receivables (less allowance for doubtful accounts):		
	(1) Employer contributions	1b(1)	
	(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)	
	(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)	
	(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)	
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
	(15) Other.....	1c(15)	

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		

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l		
---	-----------	--	--

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)		
(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)		
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		

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)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
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)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(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)		
(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)		
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		
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:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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:

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.)

	Yes	No	Amount
4a			
4b			
4c			
4d			
4e			
4f			
4g			
4h			
4i			
4j			
4k			
4l			
4m			
4n			

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.)

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.)

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.)

e Was this plan covered by a fidelity bond?

f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?

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?

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?

i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)

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.)

k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

l Has the plan failed to provide any benefit when due under the plan?

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 _____.

Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name INTRA-NATIONAL HOME CARE, LLC 401(K) PLAN

EIN: 46-2950469

Plan Sponsor's Name INTRA-NATIONAL HOME CARE, LLC

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	PARTICIPANT LOANS	INTEREST RATES (4.25% TO 9.50%)		44,768
	AMERCENT ONE CHOICE 2040 R	REGISTERED INVESTMENT COMPANY		378,984
	UNDISCOVERED MGRS BHVR VAL R2	REGISTERED INVESTMENT COMPANY		24,071
	JANUS HEND TRITON R	REGISTERED INVESTMENT COMPANY		203,284
	AMERCENT ONE CHOICE 2045 R	REGISTERED INVESTMENT COMPANY		728,419
	AMERCENT ONE CHOICE 2030 R	REGISTERED INVESTMENT COMPANY		83,113
	AMERCENT ONE CHOICE 2055 R	REGISTERED INVESTMENT COMPANY		817,755

Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name INTRA-NATIONAL HOME CARE, LLC 401(K) PLAN

EIN: 46-2950469

Plan Sponsor's Name INTRA-NATIONAL HOME CARE, LLC

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERCENT ONE CHOICE 2035 R	REGISTERED INVESTMENT COMPANY		188,448
	INVESCO DIVERSIFIED DIVIDEND R	REGISTERED INVESTMENT COMPANY		34,844
	JPMORGAN MID CP VL - R2	REGISTERED INVESTMENT COMPANY		69,304
	JPMORGAN US EQUITY - R2	REGISTERED INVESTMENT COMPANY		213,329
	PIONEER FUNDAMENTAL GROWTH R	REGISTERED INVESTMENT COMPANY		209,716
	COLUMBIA BALANCED R	REGISTERED INVESTMENT COMPANY		41,466
	AMERCENT ONE CHOICE RETIRE R	REGISTERED INVESTMENT COMPANY		98,032

Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name INTRA-NATIONAL HOME CARE, LLC 401(K) PLAN

EIN: 46-2950469

Plan Sponsor's Name INTRA-NATIONAL HOME CARE, LLC

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	NATIONWIDE S&P 500 INDEX - R	REGISTERED INVESTMENT COMPANY		697,743
	NATIONWIDE SMALL CAP INDEX R	REGISTERED INVESTMENT COMPANY		58,064
	INTL GROWTH AND INCOME R2E	REGISTERED INVESTMENT COMPANY		19,809
	JPMORGAN US SMALL COMPANY R2	REGISTERED INVESTMENT COMPANY		157,192
	WESTERN ASSET CORE BOND R	REGISTERED INVESTMENT COMPANY		12,838
	NTW INTERNATIONAL INDEX R	REGISTERED INVESTMENT COMPANY		61,874
	AMERCENT ONE CHOICE 2025 R	REGISTERED INVESTMENT COMPANY		9,775

Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name INTRA-NATIONAL HOME CARE, LLC 401(K) PLAN
Plan Sponsor's Name INTRA-NATIONAL HOME CARE, LLC

EIN: 46-2950469
PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERCENT ONE CHOICE 2060 R	REGISTERED INVESTMENT COMPANY		478,150
	AMERCENT ONE CHOICE 2050 R	REGISTERED INVESTMENT COMPANY		1,223,214
	BLACKROCK TOTAL RETURN - R	REGISTERED INVESTMENT COMPANY		54,908
	INVESCO STABLE ASSET	COMMON/COLLECTIVE TRUST		55,974