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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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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: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input checked="" type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                  |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

|         |                                                                                                                                                                                                                                                                                                                                                                      |
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| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                               |
| 1a      | Name of plan<br>COMPLETE CARE COMMUNITY HEALTH CENTER, INC. PENSION PLAN                                                                                                                                                                                                                                                                                             |
| 1b      | Three-digit plan number (PN) ▶ 002                                                                                                                                                                                                                                                                                                                                   |
| 1c      | Effective date of plan<br>01/01/2017                                                                                                                                                                                                                                                                                                                                 |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>COMPLETE CARE COMMUNITY HEALTH CENTER INC.<br><br>3000 S. ROBERTSON BLVD., STE. #280<br>LOS ANGELES, CA 90034 |
| 2b      | Employer Identification Number (EIN)<br>73-1663091                                                                                                                                                                                                                                                                                                                   |
| 2c      | Plan Sponsor's telephone number<br>323-266-6886                                                                                                                                                                                                                                                                                                                      |
| 2d      | Business code (see instructions)<br>621111                                                                                                                                                                                                                                                                                                                           |

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. | 04/20/2026 | YURY AKOPYAN                                                 |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE | Filed with authorized/valid electronic signature. | 04/20/2026 | YURY AKOPYAN                                                 |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br>                                                                                |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b> 134                                                                                                                                                           |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <br><b>6a(1)</b> 134<br><b>6a(2)</b> 137<br><b>6b</b> 0<br><b>6c</b> 0<br><b>6d</b> 137<br><b>6e</b> 0<br><b>6f</b> 137<br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> 0 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7</b>                                                                                                                                                               |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A 1D 3D

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

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

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
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| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                                    |                                                                                                                                                  |
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| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                         |                                                                                                                                                  |
| ▶ Round off amounts to nearest dollar.                                                                                             |                                                                                                                                                  |
| ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.            |                                                                                                                                                  |
| A Name of plan<br>COMPLETE CARE COMMUNITY HEALTH CENTER, INC. PENSION PLAN                                                         | B Three-digit plan number (PN) ▶ 002                                                                                                             |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>COMPLETE CARE COMMUNITY HEALTH CENTER INC.                    | D Employer Identification Number (EIN)<br>73-1663091                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                  |                            |                           |                          |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                |                            |                           |                          |
| 1      | Enter the valuation date: Month 12 Day 31 Year 2024                                                                                                                                              |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                          |                            |                           |                          |
| a      | Market value                                                                                                                                                                                     | 2a                         | 3805195                   |                          |
| b      | Actuarial value                                                                                                                                                                                  | 2b                         | 3805195                   |                          |
| 3      | Funding target/participant count breakdown                                                                                                                                                       | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a      | For retired participants and beneficiaries receiving payment                                                                                                                                     | 0                          | 0                         | 0                        |
| b      | For terminated vested participants                                                                                                                                                               | 0                          | 0                         | 0                        |
| c      | For active participants                                                                                                                                                                          | 137                        | 3444664                   | 3444664                  |
| d      | Total                                                                                                                                                                                            | 137                        | 3444664                   | 3444664                  |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b). <input type="checkbox"/>                                                                                         |                            |                           |                          |
| a      | Funding target disregarding prescribed at-risk assumptions                                                                                                                                       | 4a                         |                           |                          |
| b      | Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b                         |                           |                          |
| 5      | Effective interest rate                                                                                                                                                                          | 5                          | 5.59 %                    |                          |
| 6      | Target normal cost                                                                                                                                                                               |                            |                           |                          |
| a      | Present value of current plan year accruals                                                                                                                                                      | 6a                         | 381998                    |                          |
| b      | Expected plan-related expenses                                                                                                                                                                   | 6b                         | 0                         |                          |
| c      | Target normal cost                                                                                                                                                                               | 6c                         | 381998                    |                          |

**Statement by Enrolled Actuary**  
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                          |                                                                                                                                                                                                                                                        |                                                                                                                                                                              |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN<br/>HERE</div> | <div>Signature of actuary</div> <div>HUNG-HSUN CHENG</div> <div>Type or print name of actuary</div> <div>ALLIED CONSULTANTS, INC.</div> <div>Firm name</div> <div>14768 PIPELINE AVENUE<br/>CHINO HILLS, CA 91709</div> <div>Address of the firm</div> | <div>08/12/2025</div> <div>Date</div> <div>23-06724</div> <div>Most recent enrollment number</div> <div>909-393-4912</div> <div>Telephone number (including area code)</div> |
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**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                       | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                    | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                          | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of _____ % .....                                                                                 | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                 |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                |                       | 63374                  |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of _____ % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                           |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                  |                       | 63374                  |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                              | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                   | 0                     | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 110.46 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 104.52 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 103.62 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 07/08/2025               | 200000                            | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>          |                                   |                                 | <b>18(b)</b>             | 200000                            | <b>18(c)</b> 0                  |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                         |            |        |
|-------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0      |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0      |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 194446 |

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
|                                                            |         |         |         |

|               |                                                                            |
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| <b>Part V</b> | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b> |
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|                                                                                                                                                                                              |                        |                        |                                                     |
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| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>5.01 % | 2nd segment:<br>5.26 % | 3rd segment:<br>5.59 %                              |
|                                                                                                                                                                                              |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                        |                        | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

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| <b>Part VI</b> | <b>Miscellaneous Items</b> |
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|                                                                                                                                                                       |  |                                                                     |
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| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....                                      |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Demographic and benefit information                                                                                                                         |  |                                                                     |
| <b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                      |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                   |  | <b>27</b>                                                           |

|                 |                                                                                |
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| <b>Part VII</b> | <b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b> |
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|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....                                    | <b>30</b> | 0 |

|                  |                                                       |
|------------------|-------------------------------------------------------|
| <b>Part VIII</b> | <b>Minimum Required Contribution For Current Year</b> |
|------------------|-------------------------------------------------------|

|                                                                                                                                                                                      |                   |                     |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                   |                     |               |
| <b>a</b> Target normal cost (line 6c) .....                                                                                                                                          |                   | <b>31a</b>          | 381998        |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |                   | <b>31b</b>          | 360531        |
| <b>32</b> Amortization installments:                                                                                                                                                 |                   | Outstanding Balance | Installment   |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                |                   | 0                   | 0             |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                   | 0                   | 0             |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... |                   | <b>33</b>           |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....                                                          |                   | <b>34</b>           | 21467         |
|                                                                                                                                                                                      | Carryover balance | Prefunding balance  | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                 | 0                   | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  |                   | <b>36</b>           | 21467         |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  |                   | <b>37</b>           | 194446        |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                   |                     |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             |                   | <b>38a</b>          | 172979        |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                |                   | <b>38b</b>          | 0             |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      |                   | <b>39</b>           | 0             |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  |                   | <b>40</b>           | 0             |

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| <b>Part IX</b> | <b>Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b> |
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|                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2024</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                                                                                                                |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>COMPLETE CARE COMMUNITY HEALTH CENTER, INC. PENSION PLAN                                                                                                                                         | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 002                                            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>COMPLETE CARE COMMUNITY HEALTH CENTER INC.                                                                                                               | <b>D</b> Employer Identification Number (EIN)<br>73-1663091                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                             |
| UBS FINANCIAL SERVICES INC.                                                                                       | 131 SOUTH RODEO DRIVE, SUITE 300<br>BEVERLY HILLS, CA 90212 |
| 13-2638166                                                                                                        |                                                             |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

UBS FINANCIAL SERVICES, INC.

131 SOUTH RODEO DRIVE, SUITE 300  
BEVERLY HILLS, CA 90212

13-2638166

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 28                  | RECORDKEEPER                                                                                      | 17066                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

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

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

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | 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<br>COMPLETE CARE COMMUNITY HEALTH CENTER, INC. PENSION PLAN                           | B Three-digit plan number (PN) ▶                     | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>COMPLETE CARE COMMUNITY HEALTH CENTER INC. | D Employer Identification Number (EIN)<br>73-1663091 |     |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 360000                | 200000          |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  | 0                     | 0               |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | 0                     | 0               |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 1227350               | 1047956         |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  | 378489                | 955823          |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(A)</b>               | 0                     | 0               |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b>               | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(4)(A)</b>               | 0                     | 0               |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               | 1350709               | 1762811         |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>                  | 0                     | 0               |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  | 0                     | 0               |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  | 0                     | 0               |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 30462                 | 38570           |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 | 0                     | 0               |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 | 0                     | 0               |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property .....                                     | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 3347010               | 4005160         |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 0 | 0 |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 0 | 0 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> | 0 | 0 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 0 | 0 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 3347010 | 4005160 |
|-----------------------------------------------------------|-----------|---------|---------|

**Part II Income and Expense Statement**

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

| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 200000     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 0          |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 0          |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0          |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 200000    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| <b>(1) Interest:</b>                                                                                       |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | -162328    |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 217334     |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 0          |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 0          |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 55006     |
| <b>(2) Dividends:</b>                                                                                      |                 |            |           |
| <b>(A)</b> Preferred stock .....                                                                           | <b>2b(2)(A)</b> | 0          |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 412102     |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 8108       |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 420210    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            | 0         |
| <b>(4) Net gain (loss) on sale of assets:</b>                                                              |                 |            |           |
| <b>(A)</b> Aggregate proceeds .....                                                                        | <b>2b(4)(A)</b> | 0          |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 0          |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>                                               |                 |            |           |
| <b>(A)</b> Real estate .....                                                                               | <b>2b(5)(A)</b> | 0          |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 0          |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | 0         |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 0         |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            | 0         |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 675216    |

**Expenses**

|                                                                                             |               |       |       |
|---------------------------------------------------------------------------------------------|---------------|-------|-------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |       |       |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 0     |       |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  | 0     |       |
| (3) Other .....                                                                             | <b>2e(3)</b>  | 0     |       |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |       | 0     |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |       | 0     |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |       | 0     |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |       | 0     |
| <b>i</b> Administrative expenses:                                                           |               |       |       |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  | 0     |       |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  | 17066 |       |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  | 0     |       |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  | 0     |       |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 0     |       |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  | 0     |       |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  | 0     |       |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  | 0     |       |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  | 0     |       |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> | 0     |       |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> | 0     |       |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |       | 17066 |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |       | 17066 |

**Net Income and Reconciliation**

|                                                                               |              |  |        |
|-------------------------------------------------------------------------------|--------------|--|--------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 658150 |
| <b>l</b> Transfers of assets:                                                 |              |  |        |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  | 0      |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  | 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: **DUFFY KRUSPODIN LLP**

(2) EIN: **95-4244393**

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

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

**Part IV Compliance Questions**

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

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....                 |                                     | <input checked="" type="checkbox"/> |        |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) ..... |                                     | <input checked="" type="checkbox"/> |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                     | <input checked="" type="checkbox"/> |                                     |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     |                                     |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                         |                                     |                                     |        |

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☒ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|-----|
| <div>SCHEDULE R<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>                                                                                                                               |  | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div> |     |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| A Name of plan<br>COMPLETE CARE COMMUNITY HEALTH CENTER, INC. PENSION PLAN                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                  |  | B Three-digit plan number (PN) ▶                                                                | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>COMPLETE CARE COMMUNITY HEALTH CENTER INC.                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                  |  | D Employer Identification Number (EIN)<br>73-1663091                                            |     |
| 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                                                                                               |     |
| 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):<br>EIN(s): 73-1663091                                                                                                                      |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 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                                                                                               | 0   |
| 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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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): \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:                                                                                                            |            |  |
| <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....                                                                                                 | <b>14b</b> |  |
| <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....                                                                                                                            | <b>14c</b> |  |

|                                                                                                                                                                                        |            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>15</b> Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to: |            |  |
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                  | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                             | <b>15b</b> |  |

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>16</b> Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                         |            |  |
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers ..... | <b>16b</b> |  |

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

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

**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: \_\_\_\_\_

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

**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 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705143A.

**COMPLETE CARE COMMUNITY HEALTH CENTER, INC. PENSION PLAN**

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

DECEMBER 31, 2024 AND 2023 (COMPILED)



**DUFFY KRUSPODIN**  
CPAs & Trusted Advisors

## TABLE OF CONTENTS

|                                                                                                  | Page    |
|--------------------------------------------------------------------------------------------------|---------|
| <b>Independent Auditors' Report</b>                                                              | 1-3     |
| <b>Financial Statements</b>                                                                      |         |
| Statements of Net Assets Available for Benefits                                                  | 4       |
| Statement of Changes in Net Assets Available for Benefits                                        | 5       |
| Statements of Accumulated Plan Benefits                                                          | 6       |
| Statement of Changes in Accumulated Plan Benefits                                                | 7       |
| Notes to the Financial Statements                                                                | 8 - 15  |
| <b>Supplemental Information</b>                                                                  |         |
| Schedule H Line 4i - Schedule of Assets<br>(Held at End of Year) as of December 31, 2024         | 16 - 17 |
| Schedule H Line 4j - Schedule of Reportable Transactions<br>for the Year Ended December 31, 2024 | 18      |



## Independent Auditors' Report

Plan Administrator  
Complete Care Community Health Center, Inc. Pension Plan  
Los Angeles, California

### Opinion on the 2024 Financial Statements

We have audited the financial statements of Complete Care Community Health Center, Inc. Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and accumulated plan benefits as of December 31, 2024 and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and accumulated plan benefits of Complete Care Community Health Center, Inc. Pension Plan as of December 31, 2024, and the changes in its net assets available for benefits and changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion on the 2024 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Complete Care Community Health Center, Inc. Pension 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 audit opinion.

### Emphasis of Matter - Subsequent Plan Termination

As discussed in Note 1 to the financial statements, on March 2, 2026, the Plan Trustees of Complete Care Community Health Center, Inc. Pension Plan voted to terminate the plan. In accordance with accounting principles generally accepted in the United States of America, liquidation is not imminent until March 2, 2026, and, accordingly, the ongoing basis is used to present the 2024 financial statements. Our opinion is not modified with respect to this matter.

### Responsibilities of Management for the 2024 Financial Statements

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

#### LOS ANGELES

21600 Oxnard Street  
Suite 2000  
Woodland Hills, CA 91367  
818-385-0585

9401 Wilshire Boulevard  
Suite 555  
Beverly Hills, CA 90212  
310-274-9922

#### ORANGE COUNTY

2 Park Plaza  
Suite 525  
Irvine, CA 92614  
949-535-0885

#### SAN DIEGO

4365 Executive Drive  
Suite 1500  
San Diego, CA 92121  
858-642-5050

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 Complete Care Community Health Center, Inc. Pension Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

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

### **Auditors' Responsibilities for the Audit of the 2024 Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Complete Care Community Health Center, Inc. Pension 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 Complete Care Community Health Center, Inc. Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

### **Supplemental Schedule Required by ERISA**

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H Line 4i - Schedule of Assets Held at End of Year as of December 31, 2024 and Schedule H Line 4j - Schedule of Reportable Transactions for the Year Ended December 31, 2024 are presented for purposes of additional analysis and is not a required

part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

#### **Accountants' Compilation Report on the 2023 Financial Statements**

Management is responsible for the accompanying financial statements of Complete Care Community Health Center, Inc. Pension Plan, which comprise the statements of net assets available for benefits and accumulated plan benefits as of December 31, 2023 and the related notes to the financial statements in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements of Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the Association of International Certified Public Accountants. We did not audit or review the 2023 financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the 2023 financial statements.

A handwritten signature in black ink that reads "Duffy Kruspodin, LLP". The signature is written in a cursive, flowing style.

Duffy Kruspodin, LLP  
San Diego, California  
April 10, 2026

**COMPLETE CARE COMMUNITY HEALTH CENTER, INC. PENSION PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2024 AND 2023**

|                                   | <u>2024</u>         | <u>2023</u><br>(compiled) |
|-----------------------------------|---------------------|---------------------------|
| ASSETS                            |                     |                           |
| Investments, at fair value        | \$ 3,805,160        | \$ 2,987,010              |
| Employer contributions receivable | <u>200,000</u>      | <u>360,000</u>            |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$ 4,005,160</u> | <u>\$ 3,347,010</u>       |

See accompanying notes to the financial statements.

**COMPLETE CARE COMMUNITY HEALTH CENTER, INC. PENSION PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**YEAR ENDED DECEMBER 31, 2024**

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Additions to net assets attributed to:

Investment income:

|                                               |                |
|-----------------------------------------------|----------------|
| Net appreciation in fair value of investments | \$ 370,740     |
| Dividends and interest                        | <u>104,476</u> |
| Total investment income                       | 475,216        |

|                        |                |
|------------------------|----------------|
| Employer contributions | <u>200,000</u> |
|------------------------|----------------|

|                 |         |
|-----------------|---------|
| Total additions | 675,216 |
|-----------------|---------|

Deductions from net assets attributed to:

|                         |               |
|-------------------------|---------------|
| Administrative expenses | <u>17,066</u> |
| Total deductions        | <u>17,066</u> |

|                            |         |
|----------------------------|---------|
| Net increase in net assets | 658,150 |
|----------------------------|---------|

Net assets available for benefits

|                       |                            |
|-----------------------|----------------------------|
| Beginning of the year | <u>3,347,010</u>           |
| End of the year       | <u><u>\$ 4,005,160</u></u> |

See accompanying notes to the financial statements.

**COMPLETE CARE COMMUNITY HEALTH CENTER, INC. PENSION PLAN**  
**STATEMENTS OF ACCUMULATED PLAN BENEFITS**  
**DECEMBER 31, 2024 AND 2023**

Actuarial present value of accumulated plan benefits:

|                                                            | <u>2024</u>         | <u>2023</u><br>(compiled) |
|------------------------------------------------------------|---------------------|---------------------------|
| Vested benefits:                                           |                     |                           |
| Active participants with deferred vested benefits          | \$ 3,890,234        | \$ 3,351,386              |
| Total vested benefits                                      | 3,890,234           | 3,351,386                 |
| Nonvested benefits                                         | <u>-</u>            | <u>-</u>                  |
| Total actuarial present value of accumulated plan benefits | <u>\$ 3,890,234</u> | <u>\$ 3,351,386</u>       |

See accompanying notes to the financial statements.

**COMPLETE CARE COMMUNITY HEALTH CENTER, INC. PENSION PLAN**  
**STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS**  
**YEAR ENDED DECEMBER 31, 2024**

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|                                                                           |                            |
|---------------------------------------------------------------------------|----------------------------|
| Actuarial present value of accumulated plan benefits at beginning of year | \$ 3,351,386               |
| Increase (decrease) during the year attributable to:                      |                            |
| Reduction in discount period                                              | 154,211                    |
| Actuarial (gain)/loss                                                     | <u>384,637</u>             |
| Actuarial present value of accumulated plan benefits at end of year       | <u><u>\$ 3,890,234</u></u> |

See accompanying notes to the financial statements.

**COMPLETE CARE COMMUNITY HEALTH CENTER, INC. PENSION PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023 (COMPILED)**

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**NOTE 1 - DESCRIPTION OF PLAN**

The following description of the Complete Care Community Health Center, Inc. Pension Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General**

The Plan is a defined benefit pension plan that was established January 1, 2017 by Complete Care Community Health Center, Inc. (Organization). The Plan was amended and restated effective January 1, 2024. The Plan is designed to be qualified under the applicable requirements of the Internal Revenue Code (IRC) and the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Organization has appointed an executive as the Plan Administrator to manage the operation and administration of the Plan. Allied Consultants, Inc. has been appointed the Actuary, and they also perform plan administration. The Organization actively manages investments through UBS Financial Services, Inc. Three officers of the Organization are Trustees of the Plan (Administrative Committee).

**Eligibility**

The Plan includes all full-time employees of the Organization. Generally, an employee is eligible to participate in the Plan upon attaining age 21 and completing one year of eligible service, defined as a 12-month period during which the employee completes at least 1,000 hours of service. Plan entry dates are January 1 and July 1.

**Participant Accounts**

Under the Plan provisions, amounts are credited by the Organization to the participants' hypothetical accounts. The accounts are allocated compensation credits and investment credits at the end of every year. The compensation credits are allocated based on a percentage of the participants' certified compensation as defined in the plan document for the particular year. The applicable percentage ranges from 16% to 48% and is based on the participants' age plus years of credited service (as defined in the plan document) at the end of the year. Age and credited service are determined in whole years at the end of the year.

Participants' hypothetical accounts also receive investment credits at the end of every year. The amount of the investment credit is tied to the average of the annual yields on 25-year treasury securities and is adjusted quarterly. As of December 31, 2024 and 2023, the interest rate was 5.59% and 5.74%, respectively.

**Funding Policy**

The Plan's funding policy is for the Organization to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The Organization made contributions of \$200,000 for the year ending December 31, 2024. The Organization's contributions for 2024 and 2023 exceeded the minimum funding requirements of ERISA.

**COMPLETE CARE COMMUNITY HEALTH CENTER, INC. PENSION PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023 (COMPILED)**

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### **Pension Benefits**

The primary purpose of this Plan is to provide a minimum or “floor” retirement benefit for eligible employees who become participants in this Plan. The Plan is intended to work together with the Complete Care Community Health Center, Inc. 401(k) Plan; if the profit-sharing benefit is greater, then the profit-sharing benefit is awarded rather than the Retirement Plan benefit.

Benefits under the Plan are based on the average of an employee’s highest three years of consecutive calendar-year wages, within the period the participant was eligible to participate in the Plan. The benefit will be equal to (a) reduced by (b) below, subject to certain minimum accrued benefit considerations:

- (a) An amount equal to a percentage of the participant’s average monthly compensation multiplied by the participant’s years of participation as of such date. The applicable percentage is determined based on employee classification groups, as defined in the Plan’s Adoption Agreement.
- (b) The participant’s adjusted profit sharing benefit under the Organization’s 401(k) Plan.

Normal retirement age for Plan benefits is the later of age 65 or the fifth anniversary of participation in the Plan, or when a participant reaches age 65 with five years of participation, whichever occurs first. Accrued benefits are payable as a lump sum, annuity for life, certain life annuity, or joint and survivor annuity for married participants. Participants with vested balances under \$5,000 will receive benefits in the form of a lump-sum payment.

The Plan does not provide early retirement benefits.

### **Vesting**

Upon completion of five years of vesting service but prior to becoming eligible for a normal retirement benefit, a participant is entitled to a deferred vested termination benefit equal to a percentage of their accrued retirement benefit. Eligible employees are fully vested upon completion of six years of vesting service. Vesting is 20% each year after the second year in the Plan.

### **Death and Disability Benefits**

If an active employee dies, a death benefit equal to the value of the employee’s accumulated pension benefit is paid to the employee’s beneficiary. The Plan does not provide disability benefits.

### **Administrative Expenses**

The Plan’s administrative expenses are paid by the Plan; however, certain professional fees, such as legal and audit fees, are paid by the Organization. Expenses paid by the Organization are excluded from these financial statements. In addition, the Plan’s custodian charges

**COMPLETE CARE COMMUNITY HEALTH CENTER, INC. PENSION PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023 (COMPILED)**

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transactional and other investment-related fees, which are paid directly by the Plan. Investment management fees are offset against fund performance in the net appreciation (depreciation) section of the statements of changes in net assets available for benefits and, accordingly, are not separately reflected as investment expenses in the accompanying statements of net assets available for benefits.

### **Plan Termination**

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
3. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
4. All other vested benefits (that is, vested benefits not insured by the PBGC).
5. All nonvested benefits.

The benefits provided under the Plan are not insured by the PBGC.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor.

On March 2, 2026, the Plan Trustees of the Plan voted to terminate the plan. In accordance with accounting principles generally accepted in the United States of America, liquidation is not imminent until March 2, 2026, and, accordingly, the ongoing basis is used to present the 2024 financial statements. Our opinion is not modified with respect to this matter. See Note 9.

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

#### **Basis of Accounting**

The financial statements of the Plan are prepared using the accrual method of accounting which is in accordance with accounting principles generally accepted in the United States of

**COMPLETE CARE COMMUNITY HEALTH CENTER, INC. PENSION PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023 (COMPILED)**

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America (GAAP). Employer contributions are recorded in the period in which they are due, based on the recommendations of the actuary.

**Use of Estimates**

The preparation of financial statements in conformity with GAAP requires the Administrative Committee to make estimates and assumptions that may affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

**Employer Receivable**

Employer receivables represent contributions due from the employer based on actuarial calculations in accordance with the Plan document and applicable funding requirements. Employer receivables are recorded at their estimated collectible amounts. Management evaluates employer receivables for collectability and records an allowance for credit losses when deemed necessary. As of December 31, 2024, management believes all employer receivables are fully collectible.

**Investment Valuation and Income Recognition**

Investments are stated at fair value which 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 Administrative Committee determines the Plan's valuation policy utilizing information provided by the Plan's Trustees. See Note 3 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Payments of Benefits**

Benefits are recorded when paid.

**NOTE 3 - FAIR VALUE MEASUREMENT**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under GAAP are described as follows:

COMPLETE CARE COMMUNITY HEALTH CENTER, INC. PENSION PLAN  
NOTES TO THE FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023 (COMPILED)

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- Level 1     Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2     Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets
  - Quoted prices for identical or similar assets or liabilities in inactive markets
  - Inputs other than quoted prices that are observable for the asset or liability
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means
- If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3     Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in methodologies used as of December 31, 2024 and 2023 (compiled).

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

*Registered investment companies:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission (SEC). These funds are required to publish their daily closing price and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Common stock:* Valued at the daily closing price as reported on the stock market stock is traded on. Common stocks held by the Plan are registered with the Securities and Exchange Commission (SEC) and are required to publish their daily closing price and to transact at that price. The common stock held by the Plan are deemed to be actively traded.

*Bonds:* The fair values of corporate and U.S. Government bonds are determined using observable market inputs, including quoted prices for similar securities and prices obtained from third-party pricing services. These securities are included in the Level 2

**COMPLETE CARE COMMUNITY HEALTH CENTER, INC. PENSION PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023 (COMPILED)**

fair value hierarchy. The Plan believes the valuation techniques reflect prices in orderly transactions in markets with sufficient trading activity.

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

|                                  | Investments at Fair Value as of December 31, 2024 |                   |             |                     |
|----------------------------------|---------------------------------------------------|-------------------|-------------|---------------------|
|                                  | Level 1                                           | Level 2           | Level 3     | Total               |
| Registered investment companies  | \$ 1,086,526                                      | \$ -              | \$ -        | \$ 1,086,526        |
| Common stock                     | 1,762,811                                         | -                 | -           | 1,762,811           |
| Bonds                            | -                                                 | 955,823           | -           | 955,823             |
| Total investments, at fair value | <u>\$ 2,849,337</u>                               | <u>\$ 955,823</u> | <u>\$ -</u> | <u>\$ 3,805,160</u> |

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

|                                  | Investments at Fair Value as of December 31, 2023 |                   |             |                     |
|----------------------------------|---------------------------------------------------|-------------------|-------------|---------------------|
|                                  | Level 1                                           | Level 2           | Level 3     | Total               |
| Registered investment companies  | \$ 30,461                                         | \$ -              | \$ -        | \$ 30,461           |
| Common stock                     | 2,578,060                                         | -                 | -           | 2,578,060           |
| Bonds                            | -                                                 | 378,489           | -           | 378,489             |
| Total investments, at fair value | <u>\$ 2,608,521</u>                               | <u>\$ 378,489</u> | <u>\$ -</u> | <u>\$ 2,987,010</u> |

**NOTE 4 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AND ACTUARIAL ASSUMPTIONS**

Accumulated plan benefits represent the estimated future periodic payments, including lump sum distributions, under the Plan's provisions that are attributable to services rendered by participants. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died and (c) present participants or their beneficiaries. Benefits under the Plan are based on years of service and benefit credit rates. The accumulated plan benefits for active employees are based on years of service and benefit credit rates on the date at which the benefit information is presented (valuation date). Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included, to the extent they are deemed attributable to employee service rendered.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary, Allied Consultants, Inc., and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The computations of the actuarial present value of accumulated plan benefits were made as of December 31, 2024 and 2023 (compiled).

**COMPLETE CARE COMMUNITY HEALTH CENTER, INC. PENSION PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023 (COMPILED)**

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The significant actuarial assumptions used in the valuation as of December 31, 2024 and 2023 (compiled) are as follows:

|                                                      |                                                   |                          |
|------------------------------------------------------|---------------------------------------------------|--------------------------|
| Mortality table at December 31, 2024:                | 1983 Individual Annuity (female) Mortality Tables |                          |
| Mortality table at December 31, 2023:                | 1983 Individual Annuity (female) Mortality Tables |                          |
|                                                      | <u>December 31, 2024</u>                          | <u>December 31, 2023</u> |
| Expected investment return:                          | 3.67%                                             | 3.67%                    |
| Effective interest rate used to discount obligation: | 3.67%                                             | 3.67%                    |
| Weighted average retirement age assumption:          | 77                                                | 77                       |

The foregoing actuarial assumptions are based on the presumption that the Plan will terminate subsequent to the year end on March 2, 2026. The Plan Administrative Committee liquidated the Plan's investments into a liquid money market fund on March 2, 2026, which had an expected future return rate of 3.67% as of the date of the financial statements. See Note 9.

**NOTE 5 - FUNDING POLICY**

The funding policy of the Organization is to make contributions to the Plan sufficient to meet the actuarially determined funding requirements of ERISA and the Pension Protection Act of 2006. From time to time, the Organization contributes additional amounts as it deems appropriate. The Plan has met the minimum funding requirements of ERISA for the Plan years ended December 31, 2024 and 2023 (compiled).

**NOTE 6 - PARTY-IN-INTEREST TRANSACTIONS**

Plan investments are managed by UBS Financial Services, Inc.; therefore, these transactions are considered to be exempt party-in-interest transactions. Administrative expenses paid by the Plan to these, and other service providers are considered to be exempt party-in-interest transactions.

**NOTE 7 - TAX STATUS**

The Internal Revenue Service (IRS) has informed the Plan sponsor by a favorable determination letter dated July 30, 2021 that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been restated and amended since receiving the letter, the Administrative Committee believes 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 the related trust is tax-exempt.

GAAP requires the Administrative Committee to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan Administrative Committee has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is

**COMPLETE CARE COMMUNITY HEALTH CENTER, INC. PENSION PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023 (COMPILED)**

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subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**NOTE 8 - RISKS AND UNCERTAINTIES**

The Plan has investment securities that are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investments securities, it is at least reasonably possible that changes in risks in the near term would materially affect balances as reported in the accompanying financial statements.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rate, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would-be material to the financial statements.

**NOTE 9 - SUBSEQUENT EVENTS**

Management has evaluated subsequent events and transactions for potential recognition or disclosure through April 10, 2026, the date the financial statements were available to be issued, and concluded that there were no events or transactions that needed to be disclosed, other than the plan termination described in Note 1. See Note 4.

## **SUPPLEMENTAL INFORMATION**

**COMPLETE CARE COMMUNITY HEALTH CENTER, INC. PENSION PLAN**  
**SCHEDULE H LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

Plan Sponsor's EIN #73-1663091

Plan Number (PN) 002

| (a)                            | (b) Identity of issue,<br>borrower, lessor,<br>or similar party | (c) Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | (d) Cost     | (e) Current<br>Value |
|--------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------|----------------------|
| * UBS Financial Services Inc.: |                                                                 |                                                                                                                  |              |                      |
|                                | LIQUID ASSETS GOVT FUND                                         | Registered Investment Companies                                                                                  | \$ 1,047,956 | \$ 1,047,956         |
|                                | SPDR GOLD SHARES ETF                                            | Registered Investment Companies                                                                                  | 15,448       | 22,518               |
|                                | ISHARES MSCI INDIA ETF                                          | Registered Investment Companies                                                                                  | 9,067        | 9,791                |
|                                | RECURRENT MLP & INFRASTRUCTURE FUND CLASS I                     | Registered Investment Companies                                                                                  | 2,076        | 2,168                |
|                                | KRANE SHARES CSI CHINA INTERNET                                 | Registered Investment Companies                                                                                  | 2,472        | 2,076                |
|                                | KRANE SHARES BOSERA MSCI CHINA                                  | Registered Investment Companies                                                                                  | 2,257        | 2,017                |
|                                | MICROSOFT CORP                                                  | Common stock                                                                                                     | 171,383      | 261,332              |
|                                | ALPHABET INC CL A                                               | Common stock                                                                                                     | 134,830      | 247,983              |
|                                | BERKSHIRE HATHAWAY INC NEW CL B                                 | Common stock                                                                                                     | 99,894       | 158,648              |
|                                | META PLATFORMS INC CL                                           | Common stock                                                                                                     | 56,248       | 140,522              |
|                                | JPMORG AN CHASE & CO                                            | Common stock                                                                                                     | 36,284       | 66,190               |
|                                | SALES FORCE, INC.                                               | Common stock                                                                                                     | 16,668       | 56,936               |
|                                | APPLE INC                                                       | Common stock                                                                                                     | 26,214       | 56,345               |
|                                | AMAZON.COM INC                                                  | Common stock                                                                                                     | 38,466       | 53,092               |
|                                | NVIDIA CORP                                                     | Common stock                                                                                                     | 19,763       | 45,793               |
|                                | ORACLE CORP                                                     | Common stock                                                                                                     | 18,878       | 39,160               |
|                                | COSTCO WHOLESALE CORP                                           | Common stock                                                                                                     | 16,474       | 35,735               |
|                                | BLACKROCK INC                                                   | Common stock                                                                                                     | 25,280       | 31,778               |
|                                | EATON CORP PLC                                                  | Common stock                                                                                                     | 17,082       | 30,532               |
|                                | T-MOBILE US INC                                                 | Common stock                                                                                                     | 15,346       | 26,708               |
|                                | TKO GROUP HLDGS INC                                             | Common stock                                                                                                     | 18,175       | 26,575               |
|                                | INTERCONTINENTALEXCHANGE GROUP                                  | Common stock                                                                                                     | 22,574       | 23,991               |
|                                | WALMART INC                                                     | Common stock                                                                                                     | 12,919       | 23,491               |
|                                | WORKDAY INC CL A                                                | Common stock                                                                                                     | 25,053       | 23,481               |
|                                | GITLAB INC CL A                                                 | Common stock                                                                                                     | 23,480       | 21,526               |
|                                | LINDE PLC NEW EUR                                               | Common stock                                                                                                     | 18,405       | 21,352               |
|                                | HOME DEPOT INC                                                  | Common stock                                                                                                     | 17,156       | 21,005               |
|                                | REPUBLIC SERVICES INC                                           | Common stock                                                                                                     | 12,068       | 20,520               |
|                                | AMER EXPRESS CO                                                 | Common stock                                                                                                     | 8,504        | 18,104               |
|                                | AECOM                                                           | Common stock                                                                                                     | 10,887       | 16,984               |
|                                | RTX CORP                                                        | Common stock                                                                                                     | 12,561       | 15,854               |
|                                | LILLY ELI & CO                                                  | Common stock                                                                                                     | 9,270        | 15,440               |
|                                | THERMO FISHER SCIENTIFIC INC                                    | Common stock                                                                                                     | 15,336       | 15,087               |
|                                | COCA COLA CO COM                                                | Common stock                                                                                                     | 10,932       | 14,631               |
|                                | UNITEDHEALTH GROUP INC                                          | Common stock                                                                                                     | 10,968       | 14,164               |
|                                | ADOBE INC.                                                      | Common stock                                                                                                     | 15,571       | 13,785               |
|                                | TAKE-TWO INTERACTIVE SOFTWARE                                   | Common stock                                                                                                     | 8,663        | 13,622               |
|                                | VISA INC CL A                                                   | Common stock                                                                                                     | 9,214        | 13,590               |
|                                | GE VERNOVA LLC                                                  | Common stock                                                                                                     | 10,573       | 13,157               |
|                                | AMGEN INC                                                       | Common stock                                                                                                     | 11,142       | 13,032               |
|                                | MCKESSON CORP                                                   | Common stock                                                                                                     | 12,793       | 12,538               |
|                                | VERTIV HLDG CO                                                  | Common stock                                                                                                     | 10,700       | 12,043               |
|                                | PALO ALTO NETWORKS INC                                          | Common stock                                                                                                     | 4,162        | 12,009               |
|                                | VISTRA CORP                                                     | Common stock                                                                                                     | 13,550       | 11,719               |

**COMPLETE CARE COMMUNITY HEALTH CENTER, INC. PENSION PLAN**  
**SCHEDULE H LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2024**

Plan Sponsor's EIN #73-1663091

Plan Number (PN) 002

| (a)               | (b) Identity of issue,<br>borrower, lessor,<br>or similar party | (c) Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | (d) Cost     | (e) Current<br>Value |
|-------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------|----------------------|
|                   | JOHNSON & JOHNSON                                               | Common stock                                                                                                     | 11,482       | 10,557               |
|                   | INTUITIVE SURGICAL INC                                          | Common stock                                                                                                     | 5,387        | 10,439               |
|                   | ZOETIS INC                                                      | Common stock                                                                                                     | 10,918       | 10,265               |
|                   | MCDONALDS CORP                                                  | Common stock                                                                                                     | 8,186        | 8,957                |
|                   | CHENIERE ENERGY INC NEW                                         | Common stock                                                                                                     | 5,282        | 7,520                |
|                   | EXXON MOBIL CORP                                                | Common stock                                                                                                     | 3,483        | 7,100                |
|                   | CHEVRO N CORP                                                   | Common stock                                                                                                     | 4,583        | 6,807                |
|                   | STRYKE R CORP                                                   | Common stock                                                                                                     | 4,280        | 6,481                |
|                   | TESLA INC                                                       | Common stock                                                                                                     | 3,595        | 6,461                |
|                   | KINDER MORGAN INC                                               | Common stock                                                                                                     | 3,661        | 6,055                |
|                   | SOUTHERN CO                                                     | Common stock                                                                                                     | 6,399        | 5,927                |
|                   | NEXTERA ENERGY INC COM                                          | Common stock                                                                                                     | 6,398        | 5,735                |
|                   | DRAFTKINGS                                                      | Common stock                                                                                                     | 5,452        | 5,059                |
|                   | CME GROUP INC                                                   | Common stock                                                                                                     | 3,644        | 4,412                |
|                   | ENBRIDGE INC CAD                                                | Common stock                                                                                                     | 1,629        | 2,206                |
|                   | BEYOND MEAT INC                                                 | Common stock                                                                                                     | 10,338       | 376                  |
|                   | DEVON ENERGY CORP NTSB/E                                        | Bonds                                                                                                            | 99,525       | 108,362              |
|                   | U S TREASURY NOTE                                               | Bonds                                                                                                            | 98,090       | 99,468               |
|                   | BK OF AMER CORP NTS B                                           | Bonds                                                                                                            | 53,614       | 53,269               |
|                   | SOUTHERN CO NTS B/ERATE                                         | Bonds                                                                                                            | 49,859       | 50,415               |
|                   | BANK OF AMER CORPMED TERM                                       | Bonds                                                                                                            | 50,092       | 50,017               |
|                   | CITIGROUP INC B/E RATE 04.300% MATURES                          | Bonds                                                                                                            | 48,836       | 49,544               |
|                   | EXTRA SPACE STORAGE LP                                          | Bonds                                                                                                            | 48,071       | 49,061               |
|                   | GOLDMAN SACHS GROUP INC.OBP B                                   | Bonds                                                                                                            | 47,897       | 48,883               |
|                   | BOEING CO                                                       | Bonds                                                                                                            | 46,472       | 48,027               |
|                   | COMERICA INC NTS B/ERATE                                        | Bonds                                                                                                            | 46,055       | 47,416               |
|                   | WELLS FARGO & COMED TERM                                        | Bonds                                                                                                            | 39,038       | 39,570               |
|                   | WP CAREY INC NTS B                                              | Bonds                                                                                                            | 30,556       | 29,961               |
|                   | FMC CORP NTS                                                    | Bonds                                                                                                            | 28,472       | 29,097               |
|                   | VORNADO REALTY L.P                                              | Bonds                                                                                                            | 31,592       | 25,562               |
|                   | BOEING CO B/E                                                   | Bonds                                                                                                            | 30,848       | 22,714               |
|                   | AT&T INC NTS B/ECALL                                            | Bonds                                                                                                            | 27,866       | 21,537               |
|                   | WELLS FARGO & CO 4.750%PREFERRED CLBL                           | Bonds                                                                                                            | 26,511       | 20,400               |
|                   | BANK OF AMER CORP                                               | Bonds                                                                                                            | 21,522       | 19,990               |
|                   | REYNOLDS AMERN INC B/ECALL                                      | Bonds                                                                                                            | 21,766       | 19,945               |
|                   | CITIGROUP INC                                                   | Bonds                                                                                                            | 21,780       | 19,940               |
|                   | GOLDMAN SACHS GROUP INCB/E                                      | Bonds                                                                                                            | 21,566       | 19,890               |
|                   | MARRIOTT INTL B/EOBRATE                                         | Bonds                                                                                                            | 22,953       | 19,622               |
|                   | BROADCOM INC NTS B/ECALL                                        | Bonds                                                                                                            | 22,203       | 19,131               |
|                   | ALLSTATE CORP 5.1006 PREFERREDCLBL PAR VALUE                    | Bonds                                                                                                            | 20,471       | 17,504               |
|                   | BANK OF AMERICA CORP 5.000%PREFERRED CLBL                       | Bonds                                                                                                            | 20,000       | 17,280               |
|                   | EXPEDIA GROUP INC B/ECALL                                       | Bonds                                                                                                            | 10,381       | 9,218                |
| Total investments |                                                                 |                                                                                                                  | \$ 3,177,496 | \$ 3,805,160         |

\* A party-in-interest as defined by ERISA

**COMPLETE CARE COMMUNITY HEALTH CENTER, INC. PENSION PLAN**  
**SCHEDULE H LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**  
**YEAR ENDED DECEMBER 31, 2024**

Plan Sponsor's EIN #73-1663091  
Plan Number (PN) 002

| (a) Identity of party involved | (b) Description of asset                          | (c) Purchase price | (d) Selling price | (g) Cost of asset | (h) Current value<br>of asset on<br>transaction date | (i) Net gain (loss) |
|--------------------------------|---------------------------------------------------|--------------------|-------------------|-------------------|------------------------------------------------------|---------------------|
| * LIQUID ASSETS GOVT FUND      | 3,316,487 shares purchased in 157<br>transactions | \$ 3,316,487       | \$ -              | \$ 3,316,487      | \$ -                                                 | \$ -                |
|                                | 1,590,915 shares sold in 20<br>transactions       | -                  | 1,590,915         | 1,590,915         | 1,590,915                                            | -                   |

There were no category (i), (ii), or (iv) transactions for the year ended December 31, 2024

\* A party-in-interest as defined by ERISA

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

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

|                                                                                                                                                                                                                                                                                                                                                                                  |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>Part II Basic Plan Information --- enter all requested information</b>                                                                                                                                                                                                                                                                                                        |                                                       |
| 1a Name of plan<br>Complete Care Community Health Center, Inc. Pension Plan                                                                                                                                                                                                                                                                                                      | 1b Three-digit plan number (PN) ▶ 002                 |
|                                                                                                                                                                                                                                                                                                                                                                                  | 1c Effective date of plan<br>01/01/2017               |
| 2a Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (If foreign, see instructions)<br><br>Complete Care Community Health Center Inc.<br><br>3000 S. Robertson Blvd., Ste. #280<br><br>US Los Angeles CA 90034 | 2b Employer Identification Number (EIN)<br>73-1663091 |
|                                                                                                                                                                                                                                                                                                                                                                                  | 2c Plan Sponsor's telephone number<br>(323) 266-6886  |
|                                                                                                                                                                                                                                                                                                                                                                                  | 2d Business code (see instructions)<br>621111         |

**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 |                                    | 4/20/26 | Yury Akopyan                                                 |
|           | Signature of plan administrator    | Date    | Enter name of individual signing as plan administrator       |
| SIGN HERE |                                    | 4/20/26 | Yury Akopyan                                                 |
|           | 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                      |

|                                                                                                                                                                                                                                                                                           |                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                  | <b>3b</b> Administrator's EIN              |
|                                                                                                                                                                                                                                                                                           | <b>3c</b> Administrator's telephone number |
|                                                                                                                                                                                                                                                                                           |                                            |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN and the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan name | <b>4b</b> EIN                              |
|                                                                                                                                                                                                                                                                                           | <b>4d</b> PN                               |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                   | <b>5</b> 134                               |
| <b>6</b> 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).                                                                                                                                  |                                            |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year                                                                                                                                                                                                         | <b>6a(1)</b> 134                           |
| <b>a(2)</b> Total number of active participants at the end of the plan year                                                                                                                                                                                                               | <b>6a(2)</b> 137                           |
| <b>b</b> Retired or separated participants receiving benefits                                                                                                                                                                                                                             | <b>6b</b> 0                                |
| <b>c</b> Other retired or separated participants entitled to future benefits                                                                                                                                                                                                              | <b>6c</b> 0                                |
| <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c                                                                                                                                                                                                                                            | <b>6d</b> 137                              |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits                                                                                                                                                                                      | <b>6e</b> 0                                |
| <b>f</b> Total. Add lines 6d and 6e                                                                                                                                                                                                                                                       | <b>6f</b> 137                              |
| <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)                                                                                                                                        | <b>6g(1)</b>                               |
| <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)                                                                                                                                              | <b>6g(2)</b>                               |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested                                                                                                                                                      | <b>6h</b> 0                                |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)                                                                                                                                                            | <b>7</b>                                   |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 1D 3D

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

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

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

**a Pension Schedules**

- (1) ☒ **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

|                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                    |                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration<br/>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2024</b><br><br>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

▶ Round off amounts to nearest dollar.

▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                               |                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>Complete Care Community Health Center, Inc. Pension Plan</u>                                      | <b>B</b> Three-digit plan number (PN) ▶ <u>002</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>Complete Care Community Health Center Inc.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>73-1663091</u> |

**E** Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other **F** Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

**Part I Basic Information**

**1** Enter the valuation date: Month 12 Day 31 Year 2024

|                                |                            |
|--------------------------------|----------------------------|
| <b>2</b> Assets:               |                            |
| <b>a</b> Market value .....    | <b>2a</b> <u>3,805,195</u> |
| <b>b</b> Actuarial value ..... | <b>2b</b> <u>3,805,195</u> |

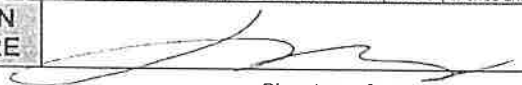
|                                                                            |                            |                           |                          |
|----------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>3</b> Funding target/participant count breakdown:                       | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .... | <u>0</u>                   | <u>0</u>                  | <u>0</u>                 |
| <b>b</b> For terminated vested participants .....                          | <u>0</u>                   | <u>0</u>                  | <u>0</u>                 |
| <b>c</b> For active participants .....                                     | <u>137</u>                 | <u>3,444,664</u>          | <u>3,444,664</u>         |
| <b>d</b> Total .....                                                       | <u>137</u>                 | <u>3,444,664</u>          | <u>3,444,664</u>         |

|                                                                                                                                                                                                                 |                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                                |                   |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b> <u></u> |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b> <u></u> |

**5** Effective interest rate ..... **5** 5.59 %

|                                                            |                          |
|------------------------------------------------------------|--------------------------|
| <b>6</b> Target normal cost                                |                          |
| <b>a</b> Present value of current plan year accruals ..... | <b>6a</b> <u>381,998</u> |
| <b>b</b> Expected plan-related expenses .....              | <b>6b</b> <u>0</u>       |
| <b>c</b> Target normal cost .....                          | <b>6c</b> <u>381,998</u> |

**Statement by Enrolled Actuary**  
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b><br><br>Signature of actuary<br><u>Hung-Hsun Cheng</u><br>Type or print name of actuary<br><u>Allied Consultants, Inc.</u><br>Firm name<br><u>14768 Pipeline Avenue</u><br><u>US Chino Hills CA 91709</u><br>Address of the firm | <u>08/12/2025</u><br>Date<br><u>23-06724</u><br>Most recent enrollment number<br><u>(909) 393-4912</u><br>Telephone number (including area code) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                             | (a) Carryover balance | (b) Prefunding balance |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| 7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                           | 0                     | 0                      |
| 8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                        | 0                     | 0                      |
| 9 Amount remaining (line 7 minus line 8) .....                                                                                                              | 0                     | 0                      |
| 10 Interest on line 9 using prior year's actual return of <u>0.00</u> % .....                                                                               | 0                     | 0                      |
| 11 Prior year's excess contributions to be added to prefunding balance:                                                                                     |                       |                        |
| a Present value of excess contributions (line 38a from prior year) .....                                                                                    |                       |                        |
| b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>0.00</u> % ... |                       | 63,374                 |
| b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                               |                       | 0                      |
| c Total available at beginning of current plan year to add to prefunding balance .....                                                                      |                       | 0                      |
| d Portion of (c) to be added to prefunding balance .....                                                                                                    |                       | 63,374                 |
| 12 Other reductions in balances due to elections or deemed elections .....                                                                                  | 0                     | 0                      |
| 13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) ....                                                                        | 0                     | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                     |    |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 14 Funding target attainment percentage .....                                                                                                                       | 14 | 110.46 % |
| 15 Adjusted funding target attainment percentage .....                                                                                                              | 15 | 104.52 % |
| 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | 16 | 103.62 % |
| 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | 17 | %        |

**Part IV Contributions and Liquidity Shortfalls**

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 07/08/2025               | 200,000                           |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶ 18(b)</b>    |                                   |                                 |                          | 200,000                           | 18(c) 0                         |

19 Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                  |     |         |
|------------------------------------------------------------------------------------------------------------------|-----|---------|
| a Contributions allocated toward unpaid minimum required contributions from prior years .....                    | 19a | 0       |
| b Contributions made to avoid restrictions adjusted to valuation date .....                                      | 19b | 0       |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | 19c | 194,446 |

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
|                                                            |         |         |         |

**Part V Assumptions Used To Determine Funding Target and Target Normal Cost****21** Discount rate:

a Segment rates:

|                        |                        |                        |                                                     |
|------------------------|------------------------|------------------------|-----------------------------------------------------|
| 1st segment:<br>5.01 % | 2nd segment:<br>5.26 % | 3rd segment:<br>5.59 % | <input type="checkbox"/> N/A, full yield curve used |
|------------------------|------------------------|------------------------|-----------------------------------------------------|

b Applicable month (enter code)

**21b**

0

**22** Weighted average retirement age**22**

65

**23** Mortality table(s) (see instructions)☒ Prescribed - combined☐ Prescribed - separate☐ Substitute**Part VI Miscellaneous items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No**26** Demographic and benefit informationa Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☐ Yes ☒ Nob Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28**

0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)**29**

0

**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29)**30**

0

**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)

**31a**

381,998

b Excess assets, if applicable, but not greater than line 31a

**31b**

360,531

**32** Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

0

0

b Waiver amortization installment

0

0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)**34**

21,467

Carryover balance

Prefunding Balance

Total balance

**35** Balances elected for use to offset funding requirement

0

0

0

**36** Additional cash requirement (line 34 minus line 35)**36**

21,467

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37**

194,446

**38** Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)

**38a**

172,979

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances

**38b**

0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)**39**

0

**40** Unpaid minimum required contributions for all years**40**

0

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)****41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

**Schedule SB, line 22 -**  
**Description of Weighted Average Retirement Age**

**Complete Care Community Health Center Inc. Pension Plan**

**73-1663091 / 002**

**For the plan year 01/01/2024 through 12/31/2024**

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The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

**Schedule SB, line 19 -**  
**Discounted Employer Contributions**  
**Complete Care Community Health Center Inc. Pension Plan**  
**73-1663091 / 002**  
**For the plan year 01/01/2024 through 12/31/2024**  
**Valuation Date: 12/31/2024**

|                                    | Date              | Amount           | Adjusted<br>Contribution | Adjusted<br>Prior Year<br>Contribution | Adjusted<br>Quarterly | Effective<br>Rate | Penalty<br>Rate |
|------------------------------------|-------------------|------------------|--------------------------|----------------------------------------|-----------------------|-------------------|-----------------|
| <b>Deposited Contribution</b>      | <b>07/08/2025</b> | <b>\$200,000</b> |                          |                                        |                       |                   |                 |
| Applied to Additional Contribution | 12/31/2024        | 177,883          | 172,943                  | 0                                      | 0                     | 5.59              | 0.00            |
| Applied to MRC                     | 12/31/2024        | 22,117           | 21,503                   | 0                                      | 0                     | 5.59              | 0.00            |
| Totals for Deposited Contribution  |                   | \$200,000        | \$194,446                | \$0                                    | \$0                   |                   |                 |

## Schedule SB, Part V

### Summary of Plan Provisions

#### Complete Care Community Health Center Inc. Pension Plan 73-1663091 / 002

For the plan year 01/01/2024 through 12/31/2024

|                                     |                                                                                     |                                                                                                                                                                                                                                                                              |                        |                            |
|-------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------|
| <b><u>Employer:</u></b>             | Complete Care Community Health Center Inc.                                          |                                                                                                                                                                                                                                                                              |                        |                            |
|                                     | Type of Entity -                                                                    | S Corporation                                                                                                                                                                                                                                                                |                        |                            |
|                                     | EIN: 73-1663091                                                                     | TIN: 82-1179614                                                                                                                                                                                                                                                              | Plan #: 002            | Plan Type: Defined Benefit |
| <b><u>Dates:</u></b>                | Effective -                                                                         | 01/01/2017                                                                                                                                                                                                                                                                   | Valuation - 12/31/2024 |                            |
| <b><u>Eligibility:</u></b>          | All employees excluding non-resident aliens, members of an excluded class and union |                                                                                                                                                                                                                                                                              |                        |                            |
|                                     | Minimum age -                                                                       | 21                                                                                                                                                                                                                                                                           | Months of service -    | 12                         |
|                                     | Hours Required for -                                                                | Eligibility - 1000                                                                                                                                                                                                                                                           | Benefit accrual - 1000 | Vesting - 1000             |
|                                     | Plan Entry -                                                                        | First day of 1st or 7th month of plan year on or next following eligibility satisfaction                                                                                                                                                                                     |                        |                            |
| <b><u>Retirement:</u></b>           | Normal -                                                                            | Attainment of age 65 and completion of 5 years of participation                                                                                                                                                                                                              |                        |                            |
|                                     | Early -                                                                             | Not provided                                                                                                                                                                                                                                                                 |                        |                            |
| <b><u>Average Compensation:</u></b> | Highest 3 consecutive years of service                                              |                                                                                                                                                                                                                                                                              |                        |                            |
|                                     | Top Heavy Minimum Benefit -                                                         | Highest 5 consecutive top heavy years of participation                                                                                                                                                                                                                       |                        |                            |
| <b><u>Plan Benefits:</u></b>        | Retirement -                                                                        | Derived from the graded benefit formula below rounded to the nearest dollar:                                                                                                                                                                                                 |                        |                            |
|                                     | Employee Classification                                                             | Benefit Formula                                                                                                                                                                                                                                                              |                        |                            |
|                                     | A                                                                                   | not less than 0.5% of average monthly compensation per year of participation                                                                                                                                                                                                 |                        |                            |
|                                     | C                                                                                   | not less than 9% of average monthly compensation per year of participation                                                                                                                                                                                                   |                        |                            |
|                                     | D                                                                                   | not less than 9% of average monthly compensation per year of participation                                                                                                                                                                                                   |                        |                            |
|                                     | F                                                                                   | not less than 9% of average monthly compensation per year of participation                                                                                                                                                                                                   |                        |                            |
|                                     | A                                                                                   | minus Floor Offset                                                                                                                                                                                                                                                           |                        |                            |
|                                     | C                                                                                   | minus Floor Offset                                                                                                                                                                                                                                                           |                        |                            |
|                                     | D                                                                                   | minus Floor Offset                                                                                                                                                                                                                                                           |                        |                            |
|                                     | F                                                                                   | minus Floor Offset                                                                                                                                                                                                                                                           |                        |                            |
|                                     | Accrued Benefit -                                                                   | Unit credit based on participation                                                                                                                                                                                                                                           |                        |                            |
|                                     | Minimum Benefit -                                                                   | None                                                                                                                                                                                                                                                                         |                        |                            |
|                                     | Maximum Benefit -                                                                   | None                                                                                                                                                                                                                                                                         |                        |                            |
|                                     |                                                                                     | Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality |                        |                            |
|                                     | Early Retirement -                                                                  | None                                                                                                                                                                                                                                                                         |                        |                            |
|                                     | Death Benefit -                                                                     | Present Value of Accrued Benefit                                                                                                                                                                                                                                             |                        |                            |
|                                     | Disability Benefit -                                                                | None                                                                                                                                                                                                                                                                         |                        |                            |
| <b><u>Top Heavy Minimum:</u></b>    | None                                                                                |                                                                                                                                                                                                                                                                              |                        |                            |
| <b><u>IRS Limitations:</u></b>      | 415 Limits -                                                                        | Percent: 100                                                                                                                                                                                                                                                                 | Dollar: \$275,000      |                            |
|                                     | Maximum 401(a)(17) compensation - \$345,000                                         |                                                                                                                                                                                                                                                                              |                        |                            |
| <b><u>Normal Form:</u></b>          | Life Annuity                                                                        |                                                                                                                                                                                                                                                                              |                        |                            |
| <b><u>Optional Forms:</u></b>       | Lump Sum                                                                            |                                                                                                                                                                                                                                                                              |                        |                            |
|                                     | Life Annuity Guaranteed for 10 Years                                                |                                                                                                                                                                                                                                                                              |                        |                            |
|                                     | Joint with 50%, 75% or 100% Survivor Benefit                                        |                                                                                                                                                                                                                                                                              |                        |                            |

Schedule SB, Part V

Summary of Plan Provisions

Complete Care Community Health Center Inc. Pension Plan

73-1663091 / 002

For the plan year 01/01/2024 through 12/31/2024

|                                 |       |         |
|---------------------------------|-------|---------|
| <b><u>Vesting Schedule:</u></b> | Years | Percent |
|                                 | 0-1   | 0%      |
|                                 | 2     | 20%     |
|                                 | 3     | 40%     |
|                                 | 4     | 60%     |
|                                 | 5     | 80%     |
|                                 | 6     | 100%    |

Service is calculated using all years of service except years prior to plan effective date

**Present Value of Accrued Benefit:** Based on the greater of 417(e) or Actuarial Equivalence

**417(e):**

|                  |                                  |              |               |
|------------------|----------------------------------|--------------|---------------|
| Interest Rates - | First Month Prior to Plan Yr Beg |              |               |
|                  | <b>Segment #</b>                 | <b>Years</b> | <b>Rate %</b> |
|                  | Segment 1                        | 0 - 5        | 5.01          |
|                  | Segment 2                        | 6 - 20       | 5.13          |
|                  | Segment 3                        | > 20         | 5.15          |

Mortality Table - 24E - 2024 Applicable Mortality Table for 417(e) (unisex)

**Actuarial Equivalence:**

|                   |                   |                                         |
|-------------------|-------------------|-----------------------------------------|
| Pre-Retirement -  | Interest -        | 5%                                      |
|                   | Mortality Table - | None                                    |
| Post-Retirement - | Interest -        | 5%                                      |
|                   | Mortality Table - | I83F - 1983 Individual Annuity (female) |

# Schedule SB, Part V

## Statement of Actuarial Assumptions/Methods

### Complete Care Community Health Center Inc. Pension Plan

#### 73-1663091 / 002

#### For the plan year 01/01/2024 through 12/31/2024

**Valuation Date:** 12/31/2024

**Funding Method:** As prescribed in IRC Section 430  
Age - Eligibility age at last birthday and other ages at nearest birthday

Retrospective Compensation - Highest 3 consecutive years of service

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality

Interest Rates -

Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C)

| Segment # | Year   | Rate % |
|-----------|--------|--------|
| Segment 1 | 0 - 5  | 5.01   |
| Segment 2 | 6 - 20 | 5.26   |
| Segment 3 | > 20   | 5.36   |

Segment rates as of September 30, 2023 As permitted under IRC 430(h)(2)(C)(iv)(II) - ARP

| Segment # | Year   | Rate % |
|-----------|--------|--------|
| Segment 1 | 0 - 5  | 5.01   |
| Segment 2 | 6 - 20 | 5.26   |
| Segment 3 | > 20   | 5.59   |

Pre-Retirement - Mortality Table - None  
Improvement Scale - None  
Early Retirement Table - None  
Turnover Table - None  
Disability Table - None  
Salary Scale - None  
Expense Load - None  
Ancillary Ben Load - None

Post-Retirement - Mortality Table - 24C - 2024 Combined  
Improvement Scale - None  
Cost of Living - None  
Lump Sum - I83F - 1983 Individual Annuity (female) at 5%  
or  
24E - 2024 Applicable Mortality Table for 417(e) (unisex)

**Asset Valuation Method:** Fair market value of assets adjusted for contributions under IRC 430(g)(4)

**Discrimination Test Assumptions:**

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

**Schedule SB, Part V**  
**Statement of Actuarial Assumptions/Methods**  
**Complete Care Community Health Center Inc. Pension Plan**  
**73-1663091 / 002**  
**For the plan year 01/01/2024 through 12/31/2024**

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**410(b)/401(a)(4) Testing:**

Pre-Retirement - Interest - 8.5%

Post-Retirement - Interest - 8.5%

Mortality Table - U84 - 1984 Unisex

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

**401(a)(26) Testing:**

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

Schedule H, line 4i  
Schedule of Assets (Held At End of Year)

|                                                              |                                                           |                                                                                                             |                          |                   |
|--------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------|-------------------|
| For the plan year beginning 01/01/2024 and ending 12/31/2024 |                                                           |                                                                                                             |                          |                   |
| Name of plan                                                 |                                                           |                                                                                                             |                          |                   |
| Complete Care Community Health Center, Inc. Pension Plan     |                                                           |                                                                                                             |                          |                   |
| Employer Identification Number                               |                                                           |                                                                                                             | Three-digit              |                   |
| 73-1663091                                                   |                                                           |                                                                                                             | plan number              | 2.00              |
|                                                              | (a) Identity of issue, borrower, lessor, or similar party | (b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (c) Cost of acquisitions | (d) Current value |
| *                                                            | UBS Financial Services Inc.                               | LIQUID ASSETS GOVT FUND                                                                                     |                          | 48,802.80         |
| *                                                            | UBS Financial Services Inc.                               | ADOBE INC. (DELAWARE)                                                                                       | 15,570.80                | 13,785.08         |
| *                                                            | UBS Financial Services Inc.                               | AECOM                                                                                                       | 10,887.15                | 16,984.38         |
| *                                                            | UBS Financial Services Inc.                               | ALPHABET INC CL A                                                                                           | 103,892.94               | 160,905.00        |
| *                                                            | UBS Financial Services Inc.                               | AMAZON.COM INC                                                                                              | 38,465.81                | 53,092.38         |
| *                                                            | UBS Financial Services Inc.                               | AMER EXPRESS CO                                                                                             | 8,504.42                 | 18,104.19         |
| *                                                            | UBS Financial Services Inc.                               | AMGEN INC                                                                                                   | 11,142.17                | 13,032.00         |
| *                                                            | UBS Financial Services Inc.                               | APPLE INC                                                                                                   | 26,214.31                | 56,344.50         |
| *                                                            | UBS Financial Services Inc.                               | BERKSHIRE HATHAWAY INC NEW CL B                                                                             | 14,270.50                | 22,664.00         |
| *                                                            | UBS Financial Services Inc.                               | BLACKROCK INC                                                                                               | 25,279.62                | 31,778.41         |
| *                                                            | UBS Financial Services Inc.                               | CHENIERE ENERGY INC NEW                                                                                     | 5,282.20                 | 7,520.45          |
| *                                                            | UBS Financial Services Inc.                               | CHEVRON CORP                                                                                                | 4,533.37                 | 6,807.48          |
| *                                                            | UBS Financial Services Inc.                               | CME GROUP INC                                                                                               | 3,643.90                 | 4,412.37          |
| *                                                            | UBS Financial Services Inc.                               | COSTCO WHOLESALE CORP                                                                                       | 16,474.11                | 35,734.53         |
| *                                                            | UBS Financial Services Inc.                               | DRAFTKINGS INC NEW CL A                                                                                     | 5,452.16                 | 5,059.20          |
| *                                                            | UBS Financial Services Inc.                               | EATON CORP PLC                                                                                              | 17,081.86                | 30,532.04         |
| *                                                            | UBS Financial Services Inc.                               | ENBRIDGE INC CAD                                                                                            | 1,629.16                 | 2,206.36          |
| *                                                            | UBS Financial Services Inc.                               | EXXON MOBIL CORP                                                                                            | 3,483.26                 | 7,099.62          |
| *                                                            | UBS Financial Services Inc.                               | GE VERNOVA LLC COM                                                                                          | 10,573.48                | 13,157.20         |
| *                                                            | UBS Financial Services Inc.                               | GITLAB INC CL A COM CL A                                                                                    | 23,479.78                | 21,525.70         |
| *                                                            | UBS Financial Services Inc.                               | HOME DEPOT INC                                                                                              | 17,155.65                | 21,005.46         |
| *                                                            | UBS Financial Services Inc.                               | INTERCONTINENTALEXCHANGE GROUP                                                                              | 22,573.52                | 23,990.61         |
| *                                                            | UBS Financial Services Inc.                               | INTUITIVE SURGICAL INC                                                                                      | 5,387.33                 | 10,439.20         |
| *                                                            | UBS Financial Services Inc.                               | JOHNSON & JOHNSON COM                                                                                       | 11,482.30                | 10,557.26         |
| *                                                            | UBS Financial Services Inc.                               | JPMORGAN CHASE & CO                                                                                         | 25,652.87                | 39,791.86         |
| *                                                            | UBS Financial Services Inc.                               | KINDER MORGAN INC                                                                                           | 3,661.01                 | 6,055.40          |
| *                                                            | UBS Financial Services Inc.                               | LILLY ELI & CO                                                                                              | 9,270.08                 | 15,440.00         |
| *                                                            | UBS Financial Services Inc.                               | LINDE PLC NEW EUR                                                                                           | 18,404.96                | 21,352.17         |
| *                                                            | UBS Financial Services Inc.                               | MCDONALDS CORP                                                                                              | 8,185.72                 | 8,986.59          |
| *                                                            | UBS Financial Services Inc.                               | MCKESSON CORP                                                                                               | 12,792.67                | 12,538.02         |
| *                                                            | UBS Financial Services Inc.                               | META PLATFORMS INC CL A                                                                                     | 27,309.80                | 58,551.00         |
| *                                                            | UBS Financial Services Inc.                               | MICROSOFT CORP                                                                                              | 124,082.51               | 168,600.00        |
| *                                                            | UBS Financial Services Inc.                               | NEXTERA ENERGY INC COM                                                                                      | 6,398.33                 | 5,735.20          |
| *                                                            | UBS Financial Services Inc.                               | NVIDIA CORP                                                                                                 | 19,762.93                | 45,792.89         |
| *                                                            | UBS Financial Services Inc.                               | ORACLE CORP                                                                                                 | 18,877.81                | 39,160.40         |
| *                                                            | UBS Financial Services Inc.                               | PALO ALTO NETWORKS INC                                                                                      | 4,161.61                 | 12,009.36         |
| *                                                            | UBS Financial Services Inc.                               | REPUBLIC SERVICES INC                                                                                       | 12,067.66                | 20,520.36         |
| *                                                            | UBS Financial Services Inc.                               | RTX CORP                                                                                                    | 12,561.38                | 15,853.64         |
| *                                                            | UBS Financial Services Inc.                               | SALESFORCE, INC.                                                                                            | 1,668.28                 | 24,071.76         |
| *                                                            | UBS Financial Services Inc.                               | SERVICENOW INC                                                                                              | 17,039.21                | 32,863.72         |
| *                                                            | UBS Financial Services Inc.                               | SOUTHERN CO                                                                                                 | 6,398.59                 | 5,927.04          |
| *                                                            | UBS Financial Services Inc.                               | STRYKER CORP                                                                                                | 4,279.70                 | 6,480.90          |
| *                                                            | UBS Financial Services Inc.                               | T-MOBILE US INC COM                                                                                         | 15,346.49                | 26,708.33         |
| *                                                            | UBS Financial Services Inc.                               | TAKE-TWO INTERACTIVE SOFTWARE                                                                               | 8,662.81                 | 13,621.92         |
| *                                                            | UBS Financial Services Inc.                               | TESLA INC                                                                                                   | 3,595.15                 | 6,461.44          |
| *                                                            | UBS Financial Services Inc.                               | THERMO FISHER SCIENTIFIC INC                                                                                | 15,335.79                | 15,086.67         |
| *                                                            | UBS Financial Services Inc.                               | TKO GROUP HLDGS INC CL A                                                                                    | 18,174.90                | 26,574.57         |
| *                                                            | UBS Financial Services Inc.                               | UNITEDHEALTH GROUP INC                                                                                      | 10,967.99                | 14,164.08         |
| *                                                            | UBS Financial Services Inc.                               | VERTIV HLDG CO                                                                                              | 10,700.30                | 12,042.66         |
| *                                                            | UBS Financial Services Inc.                               | VISA INC CL A                                                                                               | 9,213.69                 | 13,589.72         |
| *                                                            | UBS Financial Services Inc.                               | VISTRA CORP                                                                                                 | 13,549.85                | 11,718.95         |
| *                                                            | UBS Financial Services Inc.                               | WALMART INC                                                                                                 | 12,919.11                | 23,491.00         |
| *                                                            | UBS Financial Services Inc.                               | WORKDAY INC CL A                                                                                            | 25,053.00                | 23,480.73         |
| *                                                            | UBS Financial Services Inc.                               | ZOETIS INC                                                                                                  | 10,917.90                | 10,264.59         |
| *                                                            | UBS Financial Services Inc.                               | ISHARES MSCI INDIA ETF                                                                                      | 9,066.60                 | 9,791.04          |
| *                                                            | UBS Financial Services Inc.                               | KRANESHARES CSI CHINA INTERNET ETF                                                                          | 2,472.22                 | 2,076.04          |
| *                                                            | UBS Financial Services Inc.                               | KRANESHARES BOSERA MSCI CHINA                                                                               | 2,257.46                 | 2,016.70          |
| *                                                            | UBS Financial Services Inc.                               | RECURRENT MLP & INFRASTRUCTURE FUND                                                                         | 2,075.58                 | 2,168.16          |
| *                                                            | UBS Financial Services Inc.                               | BANK OF AMERICA B/E                                                                                         | 21,521.80                | 19,990.00         |
| *                                                            | UBS Financial Services Inc.                               | WP CARREY INC NTS B/E                                                                                       | 30,555.90                | 29,961.30         |
| *                                                            | UBS Financial Services Inc.                               | CITIGROUP INC B/E                                                                                           | 21,780.40                | 19,939.80         |
| *                                                            | UBS Financial Services Inc.                               | REYNOLDS AMERN INC B/E                                                                                      | 21,766.40                | 19,944.60         |
| *                                                            | UBS Financial Services Inc.                               | GOLDMAN SACHS GROUP INC B/E                                                                                 | 21,566.20                | 19,889.80         |
| *                                                            | UBS Financial Services Inc.                               | WELLS FARGO & CO                                                                                            | 39,038.40                | 39,570.40         |
| *                                                            | UBS Financial Services Inc.                               | BOEING CO B/E                                                                                               | 46,472.00                | 48,027.00         |
| *                                                            | UBS Financial Services Inc.                               | EXTRA SPACE STORAGE LP                                                                                      | 48,071.00                | 49,061.00         |
| *                                                            | UBS Financial Services Inc.                               | FMC CORP NTS B/E                                                                                            | 28,471.80                | 29,097.30         |
| *                                                            | UBS Financial Services Inc.                               | GOLDMAN SACHS GROUP INC. 0BP B/E                                                                            | 47,897.00                | 48,883.00         |
| *                                                            | UBS Financial Services Inc.                               | CITIGROUP INC B/E                                                                                           | 48,836.00                | 49,544.00         |
| *                                                            | UBS Financial Services Inc.                               | BK OF AMER CORP NTS B/E                                                                                     | 53,614.00                | 53,269.00         |
| *                                                            | UBS Financial Services Inc.                               | SOUTHERN CO NTS B/E                                                                                         | 49,859.00                | 50,415.00         |
| *                                                            | UBS Financial Services Inc.                               | DEVON ENERGY CORP NTS                                                                                       | 99,525.00                | 100,137.00        |
| *                                                            | UBS Financial Services Inc.                               | COMERICA INC NTS B/E                                                                                        | 46,055.00                | 47,416.00         |
| *                                                            | UBS Financial Services Inc.                               | BANK OF AMER CORP                                                                                           | 50,092.00                | 50,017.00         |
| *                                                            | UBS Financial Services Inc.                               | EXPDIA GROUP INC B/E                                                                                        | 10,380.80                | 9,218.10          |
| *                                                            | UBS Financial Services Inc.                               | MARRIOTT INTL B/E                                                                                           | 22,953.00                | 19,622.00         |
| *                                                            | UBS Financial Services Inc.                               | BROADCOM INC NTS B/E                                                                                        | 22,203.20                | 19,130.60         |
| *                                                            | UBS Financial Services Inc.                               | VORNADO REALTY L.P. B/E                                                                                     | 31,592.10                | 25,561.50         |
| *                                                            | UBS Financial Services Inc.                               | AT&T INC NTS B/E                                                                                            | 27,866.00                | 21,537.40         |
| *                                                            | UBS Financial Services Inc.                               | BOEING CO B/E                                                                                               | 30,847.50                | 22,714.20         |
| *                                                            | UBS Financial Services Inc.                               | ALLSTATE CORP 5.100% PREFERRED                                                                              | 20,471.00                | 17,504.00         |
| *                                                            | UBS Financial Services Inc.                               | BANK OF AMERICA CORP 5.000%                                                                                 | 19,999.92                | 17,280.00         |
| *                                                            | UBS Financial Services Inc.                               | WELS FARGO & CO 4.750%                                                                                      | 26,510.50                | 20,400.00         |
| *                                                            | UBS Financial Services Inc.                               | U S TREASURY NOTE                                                                                           | 98,089.84                | 99,468.00         |
| *                                                            | UBS Financial Services Inc.                               | SPDR GOLD SHARES ETF                                                                                        | 15,448.34                | 22,518.09         |
| *                                                            | UBS Financial Services Inc.                               | ACCRUED INTEREST                                                                                            |                          | 8,224.63          |
|                                                              |                                                           |                                                                                                             |                          | 2,366,867.85      |
|                                                              |                                                           |                                                                                                             |                          |                   |
| *                                                            | UBS Financial Services Inc.                               | LIQUID ASSETS GOVT FUND                                                                                     |                          | 999,153.10        |
| *                                                            | UBS Financial Services Inc.                               | ALPABET INC CL A                                                                                            | 30,937.03                | 87,078.00         |
| *                                                            | UBS Financial Services Inc.                               | BERKSHIRE HATHAWAY INC NEW CL B                                                                             | 85,623.00                | 135,984.00        |
| *                                                            | UBS Financial Services Inc.                               | BEYOND MEAT INC                                                                                             | 10,338.00                | 376.00            |
| *                                                            | UBS Financial Services Inc.                               | COCA COLA CO COM                                                                                            | 10,932.20                | 14,631.10         |
| *                                                            | UBS Financial Services Inc.                               | JP MORGAN CHASE & CO                                                                                        | 10,630.95                | 26,368.10         |
| *                                                            | UBS Financial Services Inc.                               | META PLATFORMS INC CL A                                                                                     | 28,937.58                | 81,971.40         |
| *                                                            | UBS Financial Services Inc.                               | MICROSOFT CORP                                                                                              | 17,299.92                | 92,730.00         |
|                                                              |                                                           |                                                                                                             |                          | 1,438,291.70      |
|                                                              |                                                           |                                                                                                             |                          | 3,805,159.55      |

**Schedule H, line 4j**  
**Schedule of Reportable Transactions.**

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