Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ENKI HEALTH SERVICES INC 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1986

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
ENKI HEALTH SERVICES INC

150 E OLIVE AVE - STE 203
BURBANK, CA 91502-1849

2b Employer Identification Number (EIN)
95-3380634

2c Plan Sponsor's telephone number
818-973-4899

2d Business code (see instructions)
621330

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/02/2026	RAM PAI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name ENKI HEALTH SERVICES INC

c Plan Name ENKI HEALTH SERVICES INC 401(K) PROFIT SHARING PLAN & TRUST

4b EIN 95-3380634

4d PN 002

5	Total number of participants at the beginning of the plan year	**5**	420
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	267
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	274
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	147
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	421
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	422
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	361
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	354
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	12
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)

- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] 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) [X] **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) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [ ] **A** (Insurance Information) – Number Attached _____
- (4) [X] **C** (Service Provider Information)
- (5) [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ENKI HEALTH SERVICES INC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ENKI HEALTH SERVICES INC

D Employer Identification Number (EIN)
95-3380634

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

CHARLES SCHWAB & CO. AND AFFIL

94-1737782

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

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

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

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

SCHWAB RETIREMENT PLAN SERVICES INC

34-1479833

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 26 50 64	NONE	24574	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ACCELERATE INVESTMENT ADVISORS

92-2678185

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	8248	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TOWNSQUARE CAPITAL LLC

82-1306760

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	NONE	6364	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

CHARLES SCHWAB & CO., INC.

94-1737782

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 50 59 62 71	NONE	143	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHARLES SCHWAB & CO.INC. AND AFFIL	59	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SEE ATTACHMENT 87-0319391	SEE ATTACHMENT	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ENKI HEALTH SERVICES INC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ENKI HEALTH SERVICES INC

D Employer Identification Number (EIN)
95-3380634

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE GAC SERIES 25053 0

b Name of sponsor of entity listed in (a): RELIANCE TRUST

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
46-6625485-001	C	311559

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ENKI HEALTH SERVICES INC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ENKI HEALTH SERVICES INC

D Employer Identification Number (EIN)
95-3380634

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	311009	1037279
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6073	15421
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	617593	311559
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	20666748	23988194
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	193917	1040409

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	21795340	26392862
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	21795340	26392862

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1478721	
(B) Participants	2a(1)(B)	933826	
(C) Others (including rollovers)	2a(1)(C)	2975	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2415522
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2626	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2626
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	961851	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		961851
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		12272
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2456191
c Other income	2c		142441
d Total income. Add all **income** amounts in column (b) and enter total	2d		5990903
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1354195	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1354195
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	24138	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	15048	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		39186
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1393381
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4597522
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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) [X] 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: GURSEY SCHNEIDER LLP **(2)** EIN: 95-3309779

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

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

Part IV Compliance Questions

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

During the plan year:

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
ENKI HEALTH SERVICES INC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ENKI HEALTH SERVICES INC

D Employer Identification Number (EIN)
95-3380634

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 82-3967259

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 09 / 21 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704158A .

ENKI HEALTH SERVICES, INC.
401(K) PROFIT SHARING PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2025

C O N T E N T S

	Pages
INDEPENDENT AUDITOR'S REPORT	1 - 4
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024	5
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2025	6
Notes to Financial Statements	7 - 14
SUPPLEMENTAL SCHEDULE:	
Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025	16

All other schedules required by the Department of Labor's Rules and Regulations for Reporting under the Employee Retirement Income Security Act of 1974 have been omitted because they are either not applicable or the information required therein has been included in the financial statements and notes thereto.

Independent Auditor's Report

To the Administrative Committee
Enki Health Services, Inc. 401(k) Profit Sharing Plan
Burbank, California

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

We have audited the financial statements of Enki Health Services, Inc. 401(k) Profit Sharing Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024 and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedule of Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Gursey | Schneider LLP

September 25, 2026
Los Angeles, California

ENKI HEALTH SERVICES, INC. 401(K) PROFIT SHARING PLAN
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

ASSETS

	2025	2024
Investments, at fair value:		
Mutual funds	$ 23,988,194	$ 20,666,748
Common collective trust	311,559	623,666
Self-directed brokerage accounts	1,040,409	193,917
Cash equivalents	15,421	-
Total Investments	25,355,583	21,484,331
Receivables:		
Employer contributions	1,037,279	311,009
NET ASSETS AVAILABLE FOR BENEFITS	$ 26,392,862	$ 21,795,340

See Independent Auditor's Report and Accompanying Notes to Financial Statements

ENKI HEALTH SERVICES, INC. 401(K) PROFIT SHARING PLAN
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2025

ADDITIONS TO NET ASSETS:		
Investment Income:		
Interest and dividends	$	964,477
Net appreciation in fair value of investments		2,610,904
Total Investment Gain		3,575,381
Contributions:		
Employer		1,478,721
Participants		933,826
Rollover		2,975
Total Contributions		2,415,522
Total Additions		5,990,903
DEDUCTIONS FROM NET ASSETS:		
Benefits paid to participants		1,354,195
Administrative fees		39,186
Total Deductions		1,393,381
Increase in Net Assets		4,597,522
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year		21,795,340
End of year	$	26,392,862

See Independent Auditor's Report and Accompanying Notes to Financial Statements

NOTE 1 - PLAN DESCRIPTION AND RELATED INFORMATION

The following description of the Enki Health Services, Inc.'s (the "Company") 401(k) Profit Sharing Plan (the "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 contribution plan covering all employees (the "Participants") of the Company, excluding individuals who are members of a collective bargaining unit, employees acquired through mergers or acquisitions, leased employees and Puerto Rico based employees. Eligibility for elective contributions requires six (6) months of completed service and the employee to be at least 18 years of age or older. Once eligible, participants are enrolled in the Plan on the first day of the month following the completion of the age and/or service requirements.

- To be eligible for safe harbor matching contributions, an employee must have completed six (6) months of service and be 18 years of age or older.
- To be eligible for non-Safe Harbor non-elective contributions, an employee must have completed twelve (12) months of service and be 18 years of age or older.
- To be eligible for discretionary profit-sharing contributions, an employee must meet the non-Safe Harbor non-elective eligibility and be employed on the last day of the plan year.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Oversight of the Plan is the responsibility of the Administrative Committee, which evaluates the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Trustees. The Company serves as the Plan Administrator.

During 2025, the Plan adopted the following amendments:

- Effective January 1, 2025, the Plan was amended to re-adopt a basic Safe Harbor Matching contribution formula. Under this provision, the employer may contribute an amount equal to 100% of each participant's elective deferrals that do not exceed 3% of the participant's compensation for the applicable allocation period, plus 50% of elective deferrals that exceed 3% but do not exceed 5% of compensation. This change is intended to simplify compliance with non-discrimination testing requirements and ensure that eligible participants receive consistent employer contributions. All Safe Harbor matching contributions are fully vested when made and are subject to the same withdrawal restrictions as elective deferrals.

- Effective January 1, 2025, the Plan was amended to allow financial hardship distributions from ADP Safe Harbor contributions, post-1988 earnings on elective deferrals, qualified matching contributions (QMACs), and qualified non-elective contributions (QNECs), in accordance with applicable regulatory guidance.

- Effective January 1, 2025, the Plan adopted provisions under SECURE 2.0 permitting the treatment of qualified student loan payments as elective deferrals for purposes of matching contributions. Matching contributions will be made in accordance with the Plan's traditional ADP safe harbor formula and any reasonable procedures established by the Employer.

NOTE 1 - PLAN DESCRIPTION AND RELATED INFORMATION - (CONTINUED)

- Effective May 1, 2025, the Plan implemented the enhanced catch-up contribution limits under SECURE 2.0, increasing the limit to the greater of $10,000 or 150% of the regular catch-up contribution limit for the 2024 calendar year (or as adjusted by future legislation), indexed for inflation, applicable to participants who attain ages 60 through 63 before the close of the taxable year.

Administration of Plan Assets - The Plan's investment assets are held by Charles Schwab Trust Bank, which serves as the trustee of the Plan's assets (the "Trustee"). The Company outsources the recordkeeping function to Schwab Retirement Plan Services, Inc. Certain administrative expenses are paid directly by the Company and are not reflected in the accompanying financial statements. Other administrative expenses, including recordkeeping and participant distribution fees, are paid from Plan assets and are reported as administrative expenses. Investment-related expenses are reflected in the net appreciation (depreciation) in the fair value of investments.

Employee Contributions - Participants may elect to defer up to 70% of their pre-tax annual compensation, as defined by the Plan, subject to the maximum limits established under the Internal Revenue Code ("IRC"). For the year ended December 31, 2025, the deferral limit was $23,500. Participants who are age 50 or older may make additional catch-up contributions, up to the IRS limit of $7,500 for 2025. The total allowable employee contribution for eligible participants was $31,000.

The Plan permits participants to make Roth elective deferrals. Participants may also contribute rollover amounts, including Roth rollovers, from other qualified retirement plans. After-tax voluntary employee contributions are not allowed under the Plan.

Employer Contributions - During the year ended December 31, 2025, the Plan elected to satisfy the safe harbor provisions, in which the Company makes a safe harbor contribution to the Plan of 100% of elective deferrals up to 3% of compensation; plus 50% of elective deferrals exceeding 3% but not exceeding 5% of compensation. This contribution is fully vested when made by the Company. For the year ended December 31, 2025, the Company's safe harbor matching contribution to the plan was $478,721.

The Company may, at its discretion, make non-elective profit-sharing contributions to the Plan. For the year ended December 31, 2025, the Company contributed $1,000,000 of discretionary profit-sharing contributions.

Investment Options - Participants direct the investment of all contributions among the various investment options available under the Plan. The Plan currently offers 25 registered investment companies, providing a range of diversified mutual funds. In addition, the Plan includes a common collective trust that serves as a stable value investment option and a money-market mutual fund that is considered a cash equivalent.

For participants seeking greater flexibility, the Plan also offers access to self-directed brokerage accounts (SDBA) through Charles Schwab. This feature allows participants to invest in a broader array of securities beyond the core Plan lineup, including individual stocks, bonds, ETFs, and mutual funds, subject to certain restrictions and fees.

Investment income, gains, and losses are allocated to participant accounts based on the investments held in each account. The Plan does not guarantee any particular rate of return or the preservation of participant account balances.

NOTE 1 - PLAN DESCRIPTION AND RELATED INFORMATION - (CONTINUED)

Participants may change their investment allocations at any time, at their discretion. Contributions, whether from salary deferrals, rollovers, Company non-elective contributions, or reinvested investment income, are used to purchase shares of mutual funds and investments in the common collective trust, as directed by each participant. Shares are sold when participants withdraw from the Plan or transfer account balances among investment options.

Participants Accounts - Each Participant's account is adjusted for their contributions and distributions, as well as allocations of (a) the Company's contributions and (b) the Plan's earnings, losses, and administrative expenses. Allocations are determined based on participant compensation or account balances, as specified in the Plan document. The benefit to which a participant is entitled is the value of their vested account balance.

Vesting - Participants are immediately vested in their elective deferral contributions, safe harbor matching contributions, and any Qualified Non-Elective Contributions (QNECs), including earnings thereon. However, vesting of discretionary profit-sharing contributions and associated earnings is based on the participant's years of service, in accordance with the vesting schedule outlined in the Plan document.

Years of Service	% Vested
Less than 2	0
2	20
3	50
4	80
5	100

Any portion of the account that is not vested will be forfeited upon distribution or after the participant incurs five consecutive breaks in vesting service, whichever occurs first. Forfeited amounts may be used to offset future employer contributions.

Participant Loans - The Plan does not permit participant loans.

Payment of Benefits - A Participant may withdraw funds from the Plan upon the occurrence of certain events including, but not limited to, retirement, death, disability, or termination of employment. Upon termination of employment, if a participant's vested account balance is $5,000 or less, and the participant has not elected a lump-sum distribution or direct rollover, the Plan may distribute the balance as a lump-sum payment within a reasonable period. For vested account balances exceeding $5,000, funds will remain in the Plan until the participant submits a written request for distribution. The Plan also permits hardship distributions, subject to applicable eligibility requirements and IRS guidelines.

NOTE 1 - PLAN DESCRIPTION AND RELATED INFORMATION - (CONTINUED)

Forfeiture Accounts - At December 31, 2025, forfeited non-vested accounts totaled $6,169. This amount is invested in the money market fund. The following is a summary of forfeiture activity during the year:

Beginning balance	$	1,677
Forfeitures received		30,108
Earnings thereon		2,301
Forfeitures used to pay plan expenses		(27,917)
Ending balance	$	6,169

Participant-Directed Investments - Participants direct the investment of their account balances among the investment options offered by the Plan, including mutual funds, a common collective trust, a money-market fund, and self-directed brokerage accounts. Accordingly, participants bear the risks associated with the investment elections made for their accounts, including the risk of investment losses.

Investment income, gains, and losses are allocated to participant accounts based on the investments held in each account. The Plan does not guarantee any particular rate of return or the preservation of participant account balances.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of Estimates - The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and disclosures. Actual results may differ from those estimates.

Investment Valuation and Income Recognition - The Plan's investments are reported at fair value, which represents the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recognized on the accrual basis, and dividend income from mutual funds is recorded when reported by the respective registered investment companies. Security transactions are accounted for on the trade date.

Net realized and unrealized gains and losses are reflected in the financial statements as net appreciation (depreciation) in the fair value of investments. Contributions are invested on payroll dates and accrued when applicable.

Employer Contribution Receivable - At December 31, 2025, the Plan reported an employer contribution receivable of $1,037,279. The receivable primarily relates to employer contributions attributable to the 2025 plan year, including $1,000,000 of discretionary profit-sharing contributions and $37,279 of safe-harbor matching contributions. The receivable was collected by the Plan in 2026.

Plan management believes the receivable was fully collectible as of December 31, 2025, and accordingly, no allowance for credit losses was recorded.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - (CONTINUED)

Benefit Payments - Benefit payments are recorded when paid. As of December 31, 2025, there were no pending distributions that had been directed by participants who had withdrawn from the Plan.

Administrative Expenses - Most plan expenses relate to general recordkeeping services. Certain maintenance expenses are paid directly by the Plan, unless otherwise covered by the Company. Expenses paid by the Company are not included in these financial statements. Fees associated with participant distributions are charged to the respective participant's account and reported as administrative expenses. Investment-related expenses are reflected in the net depreciation in fair value of investments on the statement of changes in net assets available for benefits.

Risks and Uncertainties - The Plan invests in a variety of investment securities that are subject to risks, including interest rate, market, and credit risk. Given the nature of these investments, it is at least reasonably possible that changes in market conditions could materially impact participants' account balances and the amounts reported in the statement of net assets available for benefits. Because substantially all Plan investments are participant-directed, participants bear the risks associated with the investment elections made for their accounts, including the risk of investment losses.

Subsequent Events - Subsequent events have been evaluated through September 25, 2026, the date the financial statements were available to be issued.

NOTE 3 - INVESTMENTS AND INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The Plan administrator has elected to comply with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Under this election, the Plan's independent auditors were instructed not to perform auditing procedures on information certified by the trustee as complete and accurate to the best of their knowledge, except to compare such certified information to the amounts presented in the Plan's financial statements and supplemental schedule.

The information presented in the accompanying financial statements and supplemental schedule was derived from data prepared and certified as complete and accurate by Charles Schwab Trust Bank as of December 31, 2025 and 2024:

	2025	2024
Investments at fair value	$ 25,355,583	$ 21,484,331
Interest and dividends	$ 964,477	$ 654,663
Net appreciation in fair value of investments	$ 2,610,904	$ 1,486,321

Schedule of Assets (Held at End of Year) - December 31, 2025
- See Supplemental Schedule

NOTE 4 - FAIR VALUE MEASUREMENTS

Fair value measurements are determined in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*. This guide establishes a framework for measuring fair value and outlines a hierarchy that prioritizes the inputs used in valuation techniques. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The fair value hierarchy established under FASB ASC 820 is categorized into three levels based on the inputs used to determine fair value:

Level 1 - Quoted market prices in active markets for identical assets or liabilities.

Level 2 - Inputs other than quoted prices included in Level 1 that are observable, such as quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, or other inputs that are observable or can be corroborated by market data.

Level 3 - Unobservable inputs that are significant to the valuation and reflect assumptions that market participants would use. These may include pricing models, discounted cash flow techniques, or similar methodologies relying on significant unobservable inputs.

An asset or liability's classification within the fair value hierarchy is determined based on the lowest level input that is significant to its valuation. Valuation techniques are designed to prioritize the use of observable inputs and minimize reliance on unobservable inputs.

The following outlines the valuation methodologies applied to assets measured at fair value. There were no changes to these methodologies as of December 31, 2025 and 2024.

Mutual funds: These investments are valued at the daily closing price reported by each fund. The Plan holds open-ended mutual funds registered with the SEC, which are required to publish their daily net asset value (NAV) and transact at that price. As these funds are actively traded in public markets, they are classified within Level 1 of the fair value hierarchy.

Common collective trust: These investments are valued at net asset value (NAV) as reported by the fund, which represents fair value. NAV is calculated by subtracting total liabilities from total assets (including accrued income) and dividing by the number of units outstanding as of the valuation date. These trusts are not subject to redemption restrictions, and the Plan has no contractual obligation to make additional investments. Because the NAV is based on a quoted price in a market that is not active, these investments are classified within Level 2 of the fair value hierarchy.

Self-directed brokerage accounts: These investments include interest-bearing cash, publicly traded common stock, U.S. governmental securities, and unit investment trusts. These investments are reported at fair value in accordance with ASC 820. In the absence of specific valuation inputs, the Plan has classified these assets within Level 1 of the fair value hierarchy, based on the presumption that quoted prices in active markets are available for substantially all holdings. This classification reflects management's judgment that the instruments are readily marketable and priced using observable inputs.

NOTE 4 - FAIR VALUE MEASUREMENTS - (CONTINUED)

The table below presents the Plan's assets measured at fair value as of December 31, 2025 and 2024, categorized by level within the fair value hierarchy.

		Fair Value Hierarchy		
	Total	Level 1	Level 2	Level 3
December 31, 2025				
Mutual funds	$ 23,988,194	$ 23,988,194	$ -	$ -
Common collective trusts	311,559	-	311,559	-
Self-directed brokerage accounts	1,040,409	1,040,409	-	-
Cash equivalents	15,421	15,421	-	-
	$ 25,355,583	25,044,024	311,559	-
December 31, 2024				
Mutual funds	$ 20,666,748	$ 20,666,748	$ -	$ -
Self-directed brokerage accounts	193,917	193,917	-	-
Common collective trusts	623,666	-	623,666	-
	$ 21,484,331	$ 20,860,665	$ 623,666	$ -

NOTE 5 - PLAN TERMINATION

While the Company has not indicated any intention to do so, it retains the right under the Plan to discontinue contributions at any time and to terminate the Plan, subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). In the event of Plan termination, all participants would become fully vested in their employer contributions.

NOTE 6 - TAX STATUS

The Plan, as amended, has not obtained a determination letter from the Internal Revenue Service (IRS) affirming its compliance with applicable requirements of the Internal Revenue Code (IRC). However, the prototype non-standardized plan document upon which the Plan is based has received an IRS opinion letter confirming that the prototype meets the relevant IRC provisions. The Plan administrator believes that the Plan is currently designed and operated in accordance with applicable IRC requirements and, therefore, qualifies as a tax-exempt plan as of the financial statement date. As a result, no provision for income taxes has been included in the Plan's financial statements.

In accordance with U.S. GAAP, Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability if it is determined that a position is uncertain and more likely than not would not be sustained upon examination by the IRS.

The Plan's Form 5500, Annual Return/Report of Employee Benefit Plan, is subject to routine audit by taxing authorities, generally for a period of three years following its filing. As of the financial statement date, there are no audits in progress for any tax periods.

NOTE 7 - TRANSACTIONS WITH PARTIES-IN-INTEREST

Charles Schwab Trust Bank serves as trustee of the Plan, and Schwab Retirement Plan Services, Inc. serves as the Plan's recordkeeper. Because these entities provide services to the Plan, they are considered parties-in-interest under ERISA.

During 2025, the Plan incurred $39,186 of recordkeeping, administrative, and other service fees paid to Schwab Retirement Plan Services, Inc. or its affiliates. The Plan also held investments through Charles Schwab Trust Bank as trustee.

The Company paid certain expenses of the Plan directly, including audit fees and other administrative expenses. These Company-paid expenses were not charged to the Plan and are not reflected in the accompanying financial statements.

Transactions with parties-in-interest are permitted under ERISA to the extent the services are necessary to the operation of the Plan and the compensation paid is reasonable. The Plan did not engage in any known prohibited transactions with parties-in-interest during 2025.

SUPPLEMENTAL SCHEDULE

ENKI HEALTH SERVICES, INC. 401(K) PROFIT SHARING PLAN
Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2025

Plan Sponsor EIN: 95-3380634
Plan Number: 002

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	MetLife Stable Value Fund Series 25053	Common Collective Trust	-	$ 311,559
	Vanguard Treasury Money Market Investor	Money Market / Cash Equivalent	-	15,421
	American Century Small Cap Growth Fund R6	Registered Investment Company	-	534,905
	Black Rock Health Sciences Opps Port Class K	Registered Investment Company	-	1,239,784
	ClearBridge International Growth Fund Class I	Registered Investment Company	-	406,331
	Ishares S&P 500 Index K	Registered Investment Company	-	1,048,627
	JPMorgan Equity Income Fund Class R6	Registered Investment Company	-	741,415
	JPMorgan Large Cap Growth Fund Class R6	Registered Investment Company	-	748,973
	MFS Mid Cap Growth Fund Class R6	Registered Investment Company	-	252,182
	Victory Pioneer Balanced ESG Fund Class Y	Registered Investment Company	-	59,640
	Undiscovered Managers Behavioral Value Fund R6	Registered Investment Company	-	148,551
	Vanguard Intermediate-Term Treasury Fund Admiral Shares	Registered Investment Company	-	199,577
	Vanguard Mid-Cap Index Fund Admiral Shares	Registered Investment Company	-	115,844
	Vanguard Small-Cap Index Fund Admiral Shares	Registered Investment Company	-	215,778
	Vanguard Target Retirement 2025	Registered Investment Company	-	996,644
	Vanguard Target Retirement 2030	Registered Investment Company	-	3,366,021
	Vanguard Target Retirement 2035	Registered Investment Company	-	2,517,457
	Vanguard Target Retirement 2040	Registered Investment Company	-	4,151,278
	Vanguard Target Retirement 2045	Registered Investment Company	-	4,167,071
	Vanguard Target Retirement 2050	Registered Investment Company	-	1,511,319
	Vanguard Target Retirement 2055	Registered Investment Company	-	696,643
	Vanguard Target Retirement 2060	Registered Investment Company	-	83,091
	Vanguard Target Retirement 2065	Registered Investment Company		65,529
	Vanguard Target Retirement Income	Registered Investment Company	-	539,021
	Vanguard Total Stock Market Index Fund Admiral	Registered Investment Company	-	39,500
	Vanguard Ultra-Short-Term Bond Fund Admiral Shares	Registered Investment Company	-	9,332
	Victory Established Value R6	Registered Investment Company	-	133,681
	Personal Choice Retirement Accounts	Self-Directed Brokerage Accounts	-	1,040,409
				$ 25,355,583

No investments included in this schedule were issued by or represented obligations of parties-in-interest. Column (d) is blank because all investments are participant-directed and cost information is not required to be presented.

Enki Health Services, Inc. 401(k) Profit Sharing Plan

Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information

December 31, 2025

EIN: 953380634

Plan Number: 002

Received By Charles Schwab & Co., Inc. (EIN: 94-1737782)

Fund Family/Provider	EIN	Formula
Baillie Gifford Funds	Not Available	Rate of 0.10% of average daily balance of asset(s)
Brown Capital Management, LLC	Not Available	Rate of 0.10% of average daily balance of asset(s)
Wasatch	87-0319391	Rate of 0.10% of average daily balance of asset(s)

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

NAME OF PLAN SPONSOR: **Enki Health Services, Inc.**
NAME OF PLAN: **Enki Health Services, Inc. 401(k) Profit Sharing Plan**
EIN: **95-3380634**
PLAN NUMBER: **002**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	VANGUARD TRSY MONEY MKT INVSTR	Money Market / Cash Equivalent		15,421
	RELIANCE SVF - METGAC25053 0	Common Collective Trust Fund		311,559
	PCRA	Self-Directed Brokerage Account		1,040,409
	AMCENT SMALL CAP GROWTH R6	Registered Investment Company		534,905
	BLACKROCK HEALTH SCIENCES K	Registered Investment Company		1,239,784
	CLEARBRIDGE INTL GROWTH FD I	Registered Investment Company		406,331
	ISHARES S&P 500 INDEX K	Registered Investment Company		1,048,627
	JP MORGAN EQUITY INCOME R6	Registered Investment Company		741,415
	JPMORGAN LARGE CAP GROWTH R6	Registered Investment Company		748,973
	MFS MID CAP GROWTH FUND R6	Registered Investment Company		252,182
	UNDISCOVERED MGRS BEHAV VAL R6	Registered Investment Company		148,551
	VANGUARD INTER TERM TREAS ADM	Registered Investment Company		199,577
	VANGUARD MID CAP INDEX ADMIRAL	Registered Investment Company		115,844
	VANGUARD SMALL CAP INDEX ADMRL	Registered Investment Company		215,778
	VANGUARD TARGET RETIREMNT 2025	Registered Investment Company		996,644
	VANGUARD TARGET RETIREMNT 2030	Registered Investment Company		3,366,021
	VANGUARD TARGET RETIREMNT 2035	Registered Investment Company		2,517,457
	VANGUARD TARGET RETIREMNT 2040	Registered Investment Company		4,151,278
	VANGUARD TARGET RETIREMNT 2045	Registered Investment Company		4,167,071
	VANGUARD TARGET RETIREMNT 2050	Registered Investment Company		1,511,319
	VANGUARD TARGET RETIREMNT 2055	Registered Investment Company		696,643
	VANGUARD TARGET RETIREMNT 2060	Registered Investment Company		83,091
	VANGUARD TARGET RETIREMNT 2065	Registered Investment Company		65,529
	VANGUARD TARGET RETMT INCOME	Registered Investment Company		539,021
	VANGUARD TOT STK MKT IDX ADMRL	Registered Investment Company		39,500
	VANGUARD ULTRA ST BD ADMIRAL	Registered Investment Company		9,332
	VICTORY PIONEER BALANCED Y	Registered Investment Company		59,640
	VICTORY SYC EST VALUE R6	Registered Investment Company		133,681

* Party-in-interest