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
401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF WHOLE FAMILY HEALTH CENTER, INC.

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2012

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)
WHOLE FAMILY HEALTH CENTER, INC.

827 18TH ST
VERO BEACH, FL 32960-6481

2b Employer Identification Number (EIN)
65-0715258

2c Plan Sponsor's telephone number
772-925-8200

2d Business code (see instructions)
621498

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.	10/05/2026	DANIEL BACH
	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 WHOLE FAMILY HEALTH CENTER, INC.

c Plan Name EMPLOYEE BENEFIT PLAN OF WHOLE FAMILY HEALTH CENTER, INC.

4b EIN 65-0715258

4d PN 001

5	Total number of participants at the beginning of the plan year	**5**	221
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)**	198
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	203
b	Retired or separated participants receiving benefits	**6b**	3
c	Other retired or separated participants entitled to future benefits	**6c**	37
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	243
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	243
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)**	130
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)**	213
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	42
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:

2G 2J 2K 2T

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

9b Plan benefit arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [ ] 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) [X] **A** (Insurance Information) – Number Attached 1
- (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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF WHOLE FAMILY HEALTH CENTER, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WHOLE FAMILY HEALTH CENTER, INC.

D Employer Identification Number (EIN)
65-0715258

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
MUTUAL OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1614399	88668	062184	213	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	747

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

SOUTHEAST OFFICE
5775 GLENTIDGE DRIVE
ATLANTA, GA 30328

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	747	PORTION OF INCENTIVE COMPENSATION	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	253646
5	Current value of plan's interest under this contract in separate accounts at year end	5	8155405

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	339666
c	Additions: (1) Contributions deposited during the year	7c(1)	73854		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	9867		
	(4) Transferred from separate account	7c(4)	83152		
	(5) Other (specify below)	7c(5)	50451		
	▶ ROLLOVER, LOANS, FORFEITURES				
	(6) Total additions			7c(6)	217324
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	556990
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	55710		
	(2) Administration charge made by carrier	7e(2)	51		
	(3) Transferred to separate account	7e(3)	170246		
	(4) Other (specify below)	7e(4)	77337		
	▶ FIN. ADJ.				
	(5) Total deductions			7e(5)	303344
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	253646

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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
401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF WHOLE FAMILY HEALTH CENTER, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WHOLE FAMILY HEALTH CENTER, INC.

D Employer Identification Number (EIN)
65-0715258

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

DWS
210 WEST 10TH STREET
KANSAS CITY, MO 64105

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

FIDELITY INVESTMENTS
82 DEVONSHIRE STREET
BOSTON, MA 02109

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

GOLDMAN SACHS
200 WEST STREET
NEW YORK, NY 10282

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

MUTUAL OF AMERICA
320 PARK AVE
NEW YORK, NY 10022

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

NEUBERGER BERMAN

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

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

INVESCO

11 GREENWAY PLAZA
STE. 2500
HOUSTON, TX 77046

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

VANGUARD

100 VANGUARD BOULEVARD
MALVERN, PA 19355

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

AMERICAN CENTURY INVESTMENTS

P.O. BOX 419200
4500 MAIN STREET
KANSAS CITY, MO 64141

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

MFS

111 HUNTINGTON AVENUE
BOSTON, MA 02199

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

DELAWARE FUNDS BY MACQUARIE

PO BOX 9876
PROVIDENCE, RI 02940

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

VICTORY CAPITAL MANAGEMENT INC.

15935 LA CANTERA PARKWAY
BUILDING TWO
SAN ANTONIO, TX 78256

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

PIMCO

840 NEWPORT CENTER DRIVE
SUITE 100
NEWPORT BEACH, CA 92660

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

AMERICAN FUNDS

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071-1406

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

CALVERT RESEARCH AND MANAGEMENT

1825 CONNECTICUT AVENUE NW
SUITE 400
WASHINGTON, DC 20009

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

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

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

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

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

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

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

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE
NEW YORK, NY 10022

(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?
12 15 37 65	INSURANCE CARRIER	1354	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
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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
401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF WHOLE FAMILY HEALTH CENTER, INC.

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WHOLE FAMILY HEALTH CENTER, INC.

D Employer Identification Number (EIN)
65-0715258

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: SEPARATE ACCOUNT NUMBER SA1

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA

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)
13-1614399-000	P	8155405

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)

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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
401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF WHOLE FAMILY HEALTH CENTER, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WHOLE FAMILY HEALTH CENTER, INC.

D Employer Identification Number (EIN)
65-0715258

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)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	40048	65789
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6395078	8089616
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	339666	253646
(15) Other	1c(15)	0	0

		(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	6774792	8409051
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	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	6774792	8409051

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)	196737	
(B) Participants	2a(1)(B)	827113	
(C) Others (including rollovers)	2a(1)(C)	326989	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1350839
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	2936	
(F) Other	2b(1)(F)	9866	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		12802
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1043825
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		2407466
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	771853	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		771853
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	1354	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1354
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		773207
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1634259
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: TUSCAN & COMPANY, P.A. **(2)** EIN: 59-2309183

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
401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF WHOLE FAMILY HEALTH CENTER, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WHOLE FAMILY HEALTH CENTER, INC.

D Employer Identification Number (EIN)
65-0715258

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): 13-3590259

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 11 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704237A .

401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF WHOLE FAMILY HEALTH CENTER, INC.
FINANCIAL STATEMENTS, TOGETHER WITH REPORT OF INDEPENDENT AUDITOR

YEARS ENDED DECEMBER 31, 2025 AND 2024

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All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) have been omitted because there is no information to report.

HSC/Tuscan
& Company, PA
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

INDEPENDENT AUDITOR'S REPORT

Plan Administrator
401(k) Profit Sharing Plan for Employees of
Whole Family Health Center, Inc.
827 18th Street
Vero Beach, Florida 32960

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

We have performed audits of the accompanying financial statements (modified cash basis) and the supplementary schedules of 401(k) Profit Sharing Plan for Employees of Whole Family Health Center, Inc. (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for plan benefits (modified cash basis) as of December 31, 2025 and 2024, and the related statements of changes in net assets available for plan benefits (modified cash basis) for the years ended December 31, 2025 and 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of 401(k) Profit Sharing Plan for Employees of Whole Family Health Center, Inc.'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 by Mutual of America Life Insurance Company that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets held are prepared and certified by Mutual of America Life Insurance Company in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from Mutual of America Life Insurance Company as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note E 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 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

• The information in the financial statements referred to above 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 audits in accordance with auditing standards generally accepted in the United States of America. 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 401(k) Profit Sharing Plan for Employees of Whole Family Health Center, Inc. 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.

Basis of Accounting

As described in NOTE B, these financial statements and the supplementary schedules were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

Management's Responsibilities for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note B; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in these circumstances. Management is also responsible 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, Plan management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about 401(k) Profit Sharing Plan for Employees of Whole Family Health Center, Inc. ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Plan 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 generally accepted auditing standards 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, misrepresentation, 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 generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risk 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 made 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 401(k) Profit Sharing Plan for Employees of Whole Family Health Center, Inc. internal controls. 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 401(k) Profit Sharing Plan for Employees of Whole Family Health Center, Inc.'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 modified cash basis of accounting which is a comprehensive basis of accounting other than 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 audits.

Supplementary Schedules Required by ERISA

The supplementary schedules of Reportable Transactions and Assets Held at the End of Plan Year (Modified Cash Basis) are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 supplementary schedules, other than that agreed to or derived from certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplementary schedules 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 supplementary schedules, we evaluated whether the supplementary schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplementary schedules, other than the information in the supplementary schedules that agreed to or is derived from the certified investment information, are 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 supplementary schedules 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).

HSC/TUSCAN & COMPANY, P.A.
Fort Myers, Florida
August 12, 2026

401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF WHOLE FAMILY HEALTH CENTER, INC.
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS (MODIFIED CASH BASIS)
December 31, 2025 and 2024

ASSETS	2025	2024
Investments at fair value:		
Mutual of America - Contract number 062184		
General Account - interest accumulation	$ 253,646	$ 339,666
Pooled Separate Accounts	8,089,616	6,395,078
TOTAL INVESTMENTS	8,343,262	6,734,744
Notes receivable from participants	65,789	40,048
TOTAL ASSETS AT FAIR VALUE	8,409,051	6,774,792
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ 8,409,051	$ 6,774,792

The accompanying notes are an integral part of these statements.

401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF WHOLE FAMILY HEALTH CENTER, INC.
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS (MODIFIED CASH BASIS)
Years ended December 31, 2025 and 2024

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	2025	2024
Investment income		
Net realized and unrealized gain (loss) on investments including interest and dividends	$ 1,053,692	$ 841,204
Interest on participant loans	2,937	2,620
Total investment income (loss)	1,056,629	843,824
Contributions (Cash)		
Employer	196,739	188,846
Employee	827,113	720,858
Rollovers	326,989	269,455
Total contributions (cash)	1,350,841	1,179,159
TOTAL ADDITIONS (DEDUCTIONS) TO NET ASSETS	2,407,470	2,022,983
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	771,858	212,152
Administrative expenses	1,353	866
TOTAL DEDUCTIONS FROM NET ASSETS	773,211	213,018
Net increase (decrease) in net assets	1,634,259	1,809,965
Net assets available for plan benefits:		
BEGINNING OF YEAR	6,774,792	4,964,827
END OF YEAR	$ 8,409,051	$ 6,774,792

The accompanying notes are an integral part of these statements.

NOTE A - DESCRIPTION OF PLAN

The following description of 401(k) Profit Sharing Plan for Employees of Whole Family Health Center Inc. (the "Company") (the "Plan") Plan 001 provides only general information. Participants should refer to the Summary Plan Description or Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a single employer, self directed, defined contribution 401(k) profit sharing retirement plan covering substantially all eligible employees of the Company. The Plan was adopted on January 1, 2012, and was amended on several occasions, including March 1, 2020, to be a trusteed profit sharing 401(k) salary deferred thrift plan. The Plan was amended subsequent to its establishment for technical changes due to changes in the IRS code. These changes had no significant functional effect on the Plan. The Plan was restated on December 1, 2016, to conform with the requirements of the Pension Protection Act (PPA) of 2006 and several other Federal law and rule changes described in Section 4 of Revenue Procedure 2005-66 as modified by Revenue Procedure 2007-44. This restatement also allowed the Plan participants to self-direct the investments of their respective Plan account. The Plan became participant directed as of December 1, 2016. The Plan was restated to comply with the Bipartisan Budget Act of 2018, effective as of March 1, 2020. The Plan was amended effective February 1, 2026, to exclude highly compensated employees and eliminate the attainment of age 21 eligibility requirement. The amendment also added auto enroll at 3% to increase 1% annually.

The Plan is intended to provide participants with future retirement benefit opportunities. The Plan is subject to the provisions of IRS Code Section 401(k), and allows for employee contributions. The Plan is also subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan administration

The administration of the Plan is the responsibility of the Company or the Company's designee. Specifically, the Trustees of the Plan are certain employees of the Company and other individuals designated by Plan sponsor (Whole Family Health Center, Inc., the "Company"). In addition, the Trustees have contracted Mutual of America Life Insurance Company ("Mutual of America"), as trustee/custodian and as a third party servicing agent, as the Plan's designated Servicing Agent and Administrator, for the years ended December 31, 2025 and 2024. Mutual of America accounts for individual participant information, prepares required reporting

NOTE A - DESCRIPTION OF PLAN, CONTINUED

Plan administration, continued

and assists the Plan Trustees. The Trustees have designated Mutual of America Life Insurance Company and subsidiaries as investment advisor, Trustee ("Trustee") and investment Custodian ("Custodian").

Contributions

An eligible participant's annual elective deferrals contributions may not exceed the lesser of 100 percent of the participant's compensation or $23,500 for calendar year 2025 and $23,000 for calendar year 2024. Eligible compensation included all employee compensation. Certain participants, age 50 and over, may contribute up to $7,500 for 2025 and $7,500 for 2024 more by taking advantage of "catch up" provisions now authorized by Federal law for the years ended December 31, 2025 and 2024, respectively. Effective for January 1, 2025, participants turning age 60-63 during calendar year 2025 and 2026 may contribute "catch-up" amounts up to $11,250. The Plan allows for "catch up" contributions under certain circumstances. Non-deferral contributions are not permitted. Roth deferrals are permitted. Rollover contributions are permitted.

New participants on or after March 1, 2020, are automatically enrolled in the Plan, after meeting eligibility criteria, to defer 2% of compensation unless changed by the participant.

The Plan also allows for matching contributions funded by the employer. Employer matching contributions are equal to 50% of the respective employees deferral. The maximum match is 5% of compensation. The participant's share of matching contributions is dependent upon the respective participant's salary deferral amount. For the years ended December 31, 2025 and 2024, the Company made matching contributions to the Plan.

Forfeitures

Forfeitures occurring during a Plan year are used to pay Plan administrative expenses or to reduce future employer contributions. For the years ended December 31, 2025 and 2024, the Plan forfeitures were $46,375 and $5,298, respectively. Also, for the years ended December 31, 2025 and 2024, the Plan allocated the following forfeiture amounts against employer contributions or Plan administrative costs, $46,375 and $5,298, respectively.

NOTE A - DESCRIPTION OF PLAN, CONTINUED

Participant accounts

Each participant's account is credited with the participant's contribution and the allocation of the Company's contribution as well as the participant's pro rata share of the Plan earnings as determined and allocated under that Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's individual vested account. Plan earnings, gains, losses, and expenses are allocated based on individual participant's account balances. At December 31, 2025 and 2024, such accounts allocated to participants who have withdrawn from the Plan but were not paid were $808,168 and $545,142, respectively.

Payment of benefits

Payments of benefits are made upon termination of service. The distribution is in the form of a lump-sum or periodic payments. Balances less than $1,000 are paid in a lump sum.

Hardship and in-service distributions

Financial hardship distributions are permitted under certain circumstances and are limited to the respective participant's 401(k) pre-tax elective contributions including investment income thereon.

In-service distributions are available upon attainment of age 59 1/2 up to the value of the participant's account value.

Notes receivable from participants

Notes receivable (loans) are available to participants, including hardship, under the Plan. The minimum loan amount is $1,000. Maximum loan amount is the lesser of $50,000 or 50% of the vested interest of the participant's account in the Plan. Participants may have two (2) loans outstanding at one time. Maximum loan term is five (5) years unless the loan is to purchase the participant's primary residence, in which case the loan may extend up to thirty (30) years. Loans are 100% collateralized by the vested balances in the participant's account and bear interest at a fixed rate, at the date of the loan, of Prime rate plus 2%. Interest is recorded as accrued. Interest rates vary from 4.25% to 9.5%.

NOTE A - DESCRIPTION OF PLAN, CONTINUED

Vesting

Vesting in employer contributions and related investment earnings occurs upon attainment of normal retirement age (age 65) or six (6) years of service, but in no event later than the latter of attainment of age 65. If employment terminates prior to attainment of retirement age due to death or disability, the participant is 100% vested. However, upon termination of employment for any other reason, a participant is entitled to a portion of their account (excluding salary deferred amounts and any related income earned thereon which is immediately 100% vested) in accordance with the following six year vesting schedule:

Years of Service*	Employer Match/Discretionary
Less than one year	0%
One (1)	0%
Two (2)	20%
Three (3)	40%
Four (4)	60%
Five (5)	80%
Six (6) or more	100%

*Vesting in the employer match and discretionary employer contributions of the participant accounts is based on participant's years of continuous service. The employee is immediately vested in the employee's respective contributions.

The Plan also provides for early vesting due to disability, if determined disabled by a qualified physician.

Expenses

Substantially all costs of administering the Plan, including fees paid to the Plan administrator, custodian and auditor, are paid for by the Plan's sponsor, Whole Family Health Center, Inc. The remaining fees are paid through use of Plan assets.

NOTE A - DESCRIPTION OF PLAN, CONTINUED

Plan eligibility and entry

Substantially all the Company's employees qualify immediately upon hire for participation in the elective deferral portion of the Plan. Plan entry is the beginning of the next such month after attainment of eligibility requirements. To be eligible for employer contributions the employee must be age 21 and complete three (3) months of service in a calendar year. No members of a collective bargaining unit and non-resident aliens are eligible to participate. The Plan provides for automatic enrollment after the eligibility criteria are met with 2% deferral unless changed by the participant.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following is a summary of the significant accounting policies used in the preparation of these financial statements:

Basis of accounting

401(k) Profit Sharing Plan for Employees of Whole Family Health Center, Inc. prepares its financial statements using the modified cash basis of accounting. Under this comprehensive basis of accounting, no provision has been made to record items which have been incurred but not paid or earned but not received. This includes items such as interest receivable.

Accordingly, the accompanying financial statements are not intended to present financial position or results of operations in conformity with accounting principles generally accepted in the United States of America.

Investments

The Plan's investments are stated at fair value. The values of each mutual fund are determined at the close of each business day on quoted or appraised market value. The cash portion is carried at cost. The Plan's investments are carried at fair value based on the fair value of the underlying securities in which the account is invested. The value of the accounts are expressed in units. The unit value is the dollar value of one unit and is determined at the close of each business day by dividing the value of the entire account by the total number of units in the account. Participant loans are not considered plan investment but are plan assets and are valued at their outstanding balances, which approximates fair value. Purchases and

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Investments, continued

sales of securities are recorded on a trade-date basis. Interest and dividend income is recorded when received in accordance with the modified cash basis of accounting.

Concentration of credit risk

Securities maintained at Mutual of America may be insured through the SIPC (Securities Investor Protection Corporation) up to $500,000 and then through excess SIPC coverage through a third party insurance company. These coverages provide asset protection in case these financial institutions fail financially, and cannot meet its obligations. It does not provide protection against market conditions and therefore may lose principal.

Investment Income recognition

Transactions are accounted for using the transaction date. Realized gains or losses are determined on the basis of actual cost. Realized gains and losses are not separately reported as such information is not available. Interest and dividends are combined and reported. In accordance with the policy of stating investments at fair market value, any change in unrealized appreciation or depreciation for the year is recorded and combined with realized gains and losses on investments and investment interest and dividend income in the Statements of Changes in Net Assets Available for Plan Benefits. As such, both realized and unrealized gain/appreciation and loss/depreciation are recorded net and reflected as investment income (loss).

Interest revenue related to notes receivable from participants is recorded as it is collected.

Income tax status

The Plan has most recently adopted a Non-Standardized Pre-Approved Profit Sharing Plan with a cash or deferral arrangement which received a favorable opinion letter from the Internal Revenue Service (IRS) on November 30, 2020, which stated that the Plan and the related trust are in accordance with applicable sections of the Internal Revenue Code.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Income tax status, continued

The Plan has been amended since receiving the determination letter. However, the Plan's counsel and the Plan's administrator believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore, believe that the Plan is qualified and the related trust is tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan's income tax returns for the past three (3) years are open and subject to examination by tax authorities, and may change upon examination.

Parties-in-interest transactions

Plan investments are managed by Mutual of America Life Insurance Company, a party-in-interest, which is the investment trustee/custodian as defined by the Plan. Certain administrative functions are performed by officers and employees of the Company. Other recordkeeping/ administrative functions are performed by Mutual of America Life Insurance Company, a third party servicing agent, contracted by the Plan Trustees. No Plan trustee officer or employee receives compensation from the Plan. Mutual of America Life Insurance Company and the employer are considered a party-in-interest.

Plan termination

Although the Company has not expressed any intent to do so, the Plan may be terminated at any time subject to the provisions of ERISA. Upon termination, all assets are to be distributed to vested Plan participants or their beneficiaries. In the event of such termination, participants would become 100% vested in their individual accounts.

Use of estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the statements of net assets available for Plan benefits and the changes in net assets available for Plan benefits during the reporting period. Actual results could differ from these estimates.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Fair value of financial instruments

FASB ASC 825-10, "Disclosures About Fair Value of Financial Instruments", requires disclosure of fair value information about financial instruments for which it is practicable to estimate that value. The carrying amounts of cash and money market accounts as well and the notes receivable from participants approximate fair value due to the short maturity of those instruments.

Subsequent events

The Plan was amended effective February 1, 2026, to exclude highly compensated employees and eliminate the attainment of age 21 eligibility requirement. The amendment also added auto enroll at 3% to increase 1% annually.

Subsequent events have been evaluated through August 12, 2026, which is the date the financial statements were available to be issued.

NOTE C - MARKET RISK

The Plan's investments include mutual funds which invest in various investment securities and in various companies within various markets. All of the Plan's investments are recorded at fair market value in accordance with the reporting requirements governing the Plan. Net changes in asset value are reflected as net appreciation (depreciation) in fair value of investments. All such investments are subject to various market and economic risk factors as well as the national and global economies and it is at least reasonably possible that changes (gains or losses) in the values of investment securities will occur in the near term and that such changes could materially affect the participant's account balances and amounts reported in the Plan's financial statements and supplementary schedules.

NOTE D - FAIR VALUE MEASUREMENTS

Fair value measurements

Financial Accounting Standards Board establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level (1) inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. When available, the Plan measures fair value using Level (1) inputs. Level (2) inputs are based on inputs other than quoted prices within Level (1) that are observable for the asset either directly or indirectly; however, there were no Level (2) inputs available to the Plan. Level (3) inputs are unobservable and have the lowest priority, Level (3) inputs were only used when Level (1) or Level (2) were not available. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments.

The General Account (i.e. Interest Accumulation Account) has been analyzed and determined by the Trustee/Custodian to be a cash equivalent and therefore, not subject to the leveling requirements.

Level (1) fair value measurements

The fair value of mutual funds, if any, and pooled separate accounts are based on quoted market value as of a date certain of the shares held by the Plan at year-end.

Gains and losses (realized and unrealized) included in changes of net assets available for benefits for the years ended December 31, 2025 and 2024, are reported as net realized and unrealized gains and losses of fair value of investments.

Level (3) fair value measurements

The value of notes receivable - participant loans is equal to the unpaid principal balance plus accrued but unpaid interest of the loans because the loans are collateralized by each respective participant's account balance. The notes receivable from participants are, however, recorded at the amount of outstanding principal at year-end.

NOTE D - FAIR VALUE MEASUREMENTS, CONTINUED

The Plan's assets are reported at fair value in the accompanying Statements of Net Assets Available for Plan Benefits and consist of the following at December 31:

			Fair Value Measurements Using:	
	Fair Value	Leveling not Required*	Quoted Prices in Active Markets for Identical Assets Level (1)	Significant Unobservable Inputs Level (3)
December 31, 2025				
General Account	$ 253,646	$ 253,646	$ -	$ -
Pooled Separate Accounts	8,089,616	-	8,089,616	-
Notes Receivable	65,789	-	-	65,789
TOTAL	$ 8,409,051	$ 253,646	$ 8,089,616	$ 65,789
December 31, 2024				
General Account	$ 339,666	$ 339,666	$ -	$ -
Pooled Separate Accounts	6,395,078	-	6,395,078	-
Notes Receivable	40,048	-	-	40,048
TOTAL	$ 6,774,792	$ 339,666	$ 6,395,078	$ 40,048

*Considered a cash equivalent.

Notes receivable from participants consisted of the following at December 31:

	2025	2024
Beginning Balance	$ 40,048	$ 50,697
New Loans Issued	48,458	8,543
Loan Payments	(24,523)	(20,972)
Loan Interest	2,937	2,620
Deemed Distribution	-	-
Adjustment	(1,131)	(840)
Ending Balance	$ 65,789	$ 40,048

NOTE E - INVESTMENTS

The following table represents the fair values of the Plan's investments maintained by the Trustee/Custodian at December 31:

		2025		2024	
	Investments				
General Account - Interest Accumulation		$ 253,646		$ 339,666	*
Pooled Separate Accounts					
(1) **	Conservative Allocation F	32,383		29,257	
(1) **	Moderate Allocation Fund	190,583		255,935	
(1) **	Bond Fund	10,793		8,780	
(1) **	Intermediate Bond Fund	351		-	
(1) **	T. Rowe Price Blue Chip G	1,220,482	*	794,832	*
(1) **	Balanced Fund	274,812		320,434	
(1) **	Calvert VP SRI Balanced P	18,818		13,987	
(1) **	Equity Index Fund	426,212	*	351,132	*
(1) **	Invesco VI Main Street	22,230		9,479	
(1) **	Fidelity VIP Mid-Cap	6,222		5,593	
(1) **	Fidelity VIP Asset Manage	82		32,441	
(1) **	Fidelity VIP Contrafund	116,119		161,048	
(1) **	Fidelity VIP Equity-Income	9,853		-	
(1) **	MOA International Fund	94,438		65,446	
(1) **	Goldman Sachs VIT US Equity	261,865		227,259	
(1) **	Goldman Sachs VIT Small C	164,618		142,239	
(1) **	Money Market Fund	6,287		3,630	
(1) **	Mid-Cap Equity Index Fund	164,591		140,195	
(1) **	MFS VIT III Mid Cap Value	26,034		24,423	
(1) **	Mid Cap Value Fund	-		2,038	
(1) **	American Century Small Cap R6	697		-	
(1) **	2020 Retirement Fund	3,837		63,135	
(1) **	2025 Retirement Fund	473,740	*	407,909	*
(1) **	2030 Retirement Fund	954,618	*	582,399	*
(1) **	2035 Retirement Fund	1,314,537	*	1,071,394	*
(1) **	2040 Retirement Fund	471,085	*	374,515	*
(1) **	2045 Retirement Fund	272,534		156,350	
(1) **	2050 Retirement Fund	157,645		97,181	
(1) **	2055 Retirement Fund	438,906	*	290,393	
(1) **	2060 Retirement Fund	414,552		306,018	
(1) **	2065 Retirement Fund	112,332		71,903	
(1) **	Retirement Income Fund	13,379		-	
(1) **	Vanguard VIF Real Estate	43,084		41,252	
(1) **	PIMCO VIT Real Return	-		13,160	
(1) **	Victory RS Small Cap Growth	-		235	
(1) **	Small Cap Equity Index Fund	31,181		30,699	
(1) **	DWS Capital Growth VIP	31,927		45,136	
(1) **	Small Cap Growth Fund	57,292		43,450	
(1) **	Small Cap Value Fund	41,628		38,335	
(1) **	American Century VP Cap A	103,002		89,003	
(1) **	Vanguard VIF Diversified	36,111		32,064	
(1) **	Vanguard VIF International	70,587		52,147	
(1) **	Vanguard Total Bond Mkt I	169		252	
	Total Pooled Separate Accounts	8,089,616		6,395,078	
	Total Investments	$ 8,343,262		$ 6,734,744	

* Investments equal to or greater than 5% of net assets available for Plan benefits at end of Plan year

** Considered to be a party-in-interest

(1) These funds are considered funds of Mutual of America Insurance Company

NOTE E - INVESTMENTS, CONTINUED

Information certified by Trustee

The Plan administrator has elected a method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Mutual of America, the trustee/custodian of the Plan, has certified to the completeness and accuracy of all investments reflected on the accompanying Statements of Net Assets Available for Plan Benefits (Modified Cash Basis) as of December 31, 2025 and 2024, and the Schedule of Assets Held at the End of Plan Year (Modified Cash Basis), and the related investment activity reflected in the Statements of Changes in Net Assets Available for Plan Benefits (Modified Cash Basis) for the years ended December 31, 2025 and 2024.

NOTE F - RECONCILIATION BETWEEN FINANCIAL STATEMENTS AND FORM 5500

The following is a reconciliation of net assets available for Plan benefits per the financial statements to the Form 5500 for the years ended December 31:

	2025	2024
Net Assets, beginning of year, January 1, per the financial statements	$ 6,774,792	$ 4,964,827
Net assets, beginning of year, January 1, per Form 5500	$ 6,774,792	$ 4,964,827
Net Assets, end of year, December 31, per the financial statements	$ 8,409,051	$ 6,774,792
Net Assets, end of year, December 31, per Form 5500	$ 8,409,051	$ 6,774,792

The following is a reconciliation of changes in net assets available for Plan benefits per the financial statements to the Form 5500 for the years ended December 31:

	2025	2024
Net increase (decrease) in Net Assets Available for Benefits per the financial statements	$ 1,634,259	$ 1,809,965
Net increase (decrease) in Net Assets Available for Benefits per the Form 5500	$ 1,634,259	$ 1,809,965

There were no other reconciling items for years ended December 31, 2025 and 2024.

SUPPLEMENTARY SCHEDULES

401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF WHOLE FAMILY HEALTH CENTER, INC.
EMPLOYER EIN: 65-0715258
PLAN NUMBER: 001
SCHEDULE 1
FORM 5500, PART IV(4)(j) - SCHEDULE H - REPORTABLE TRANSACTIONS
For the year ended December 31, 2025

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSETS	NUMBER OF PURCHASES	NUMBER OF SALES	TOTAL DOLLAR VALUE OF PURCHASES	TOTAL DOLLAR VALUE OF SALES	DATE
None Noted						

Reportable transaction is defined as an individual or series of transactions which exceed 5% or more of the Plan's assets at the beginning of the year.

401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF WHOLE FAMILY HEALTH CENTER, INC.
EMPLOYER EIN: 65-0715258
PLAN NUMBER: 001
SCHEDULE 2
FORM 5500, PART IV(4)(j) - SCHEDULE H - REPORTABLE TRANSACTIONS
For the year ended December 31, 2024

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSETS	NUMBER OF PURCHASES	NUMBER OF SALES	TOTAL DOLLAR VALUE OF PURCHASES	TOTAL DOLLAR VALUE OF SALES	DATE
None Noted						

Reportable transaction is defined as an individual or series of transactions which exceed 5% or more of the Plan's assets at the beginning of the year.

401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF WHOLE FAMILY HEALTH CENTER, INC.
EMPLOYER EIN: 65-0715258
PLAN NUMBER: 001
SCHEDULE 3
FORM 5500, PART IV(4)(i) - SCHEDULE 1 - SCHEDULE OF ASSETS HELD AT THE END OF PLAN YEAR (MODIFIED CASH BASIS)
December 31, 2025

Column A	Column B	Column C		Column D	Column E	
Party in Interest	Identity of Issue	Description	Units Held (3)	Cost (3)	Current Value	
	General Account - Mutual of America					
(1)	Mutual of America	Interest Accumulation Account	-	-	$ 253,646	
		Total General Account	-	-	253,646	
	Pooled Separate Accounts - Mutual of America					
(1)	Mutual of America	Conservative Allocation F	-	-	32,383	
(1)	Mutual of America	Moderate Allocation Fund	-	-	190,583	
(1)	Mutual of America	Bond Fund	-	-	10,793	
(1)	Mutual of America	Intermediate Bond Fund	-	-	351	
(1)	Mutual of America	T. Rowe Price Blue Chip G	-	-	1,220,482	*
(1)	Mutual of America	Balanced Fund	-	-	274,812	
(1)	Mutual of America	Calvert VP SRI Balanced P	-	-	18,818	
(1)	Mutual of America	Equity Index Fund	-	-	426,212	*
(1)	Mutual of America	Invesco VI Main Street	-	-	22,230	
(1)	Mutual of America	Fidelity VIP Mid-Cap	-	-	6,222	
(1)	Mutual of America	Fidelity VIP Asset Manage	-	-	82	
(1)	Mutual of America	Fidelity VIP Contrafund	-	-	116,119	
(1)	Mutual of America	Fidelity VIP Equity-Income	-	-	9,853	
(1)	Mutual of America	MOA International Fund	-	-	94,438	
(1)	Mutual of America	Goldman Sachs VIT US Equity	-	-	261,865	
(1)	Mutual of America	Goldman Sachs VIT Small C	-	-	164,618	
(1)	Mutual of America	Money Market Fund	-	-	6,287	
(1)	Mutual of America	Mid-Cap Equity Index Fund	-	-	164,591	
(1)	Mutual of America	MFS VIT III Mid Cap Value	-	-	26,034	
(1)	Mutual of America	American Century Small Cap R6	-	-	697	
(1)	Mutual of America	2020 Retirement Fund	-	-	3,837	
(1)	Mutual of America	2025 Retirement Fund	-	-	473,740	*
(1)	Mutual of America	2030 Retirement Fund	-	-	954,618	*
(1)	Mutual of America	2035 Retirement Fund	-	-	1,314,537	*
(1)	Mutual of America	2040 Retirement Fund	-	-	471,085	*
(1)	Mutual of America	2045 Retirement Fund	-	-	272,534	
(1)	Mutual of America	2050 Retirement Fund	-	-	157,645	
(1)	Mutual of America	2055 Retirement Fund	-	-	438,906	*
(1)	Mutual of America	2060 Retirement Fund	-	-	414,552	
(1)	Mutual of America	2065 Retirement Fund	-	-	112,332	
(1)	Mutual of America	Retirement Income Fund	-	-	13,379	
(1)	Mutual of America	Vanguard VIF Real Estate	-	-	43,084	
(1)	Mutual of America	Small Cap Equity Index Fund	-	-	31,181	
(1)	Mutual of America	DWS Capital Growth VIP	-	-	31,927	
(1)	Mutual of America	Small Cap Growth Fund	-	-	57,292	
(1)	Mutual of America	Small Cap Value Fund	-	-	41,628	
(1)	Mutual of America	American Century VP Cap A	-	-	103,002	
(1)	Mutual of America	Vanguard VIF Diversified	-	-	36,111	
(1)	Mutual of America	Vanguard VIF International	-	-	70,587	
(1)	Mutual of America	Vanguard Total Bond Mkt I	-	-	169	
		Total Pooled Separate Accounts	-	-	8,089,616	
(2)	Notes Receivable - Participant Loans	Rate of 4.25% - 9.5%	-	-	65,789	
		Total	n/a	$ -	$ 8,409,051	

(1) Held by Mutual of America (custodian) in Plan ID# 062184 and considered to be a Party-in-Interest.
(2) Administered by Mutual of America and all repayments are reinvested through Mutual of America.
(3) Information is not required as the Plan is self-directed, stated at fair value.
* Investment equal to or greater than 5% of Net Assets Available for Plan Benefits at end of Plan year.

401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF WHOLE FAMILY HEALTH CENTER, INC.
EMPLOYER EIN: 65-0715258
PLAN NUMBER: 001
SCHEDULE 4
FORM 5500, PART IV(4)(i) - SCHEDULE 1 - SCHEDULE OF ASSETS HELD AT THE END OF PLAN YEAR (MODIFIED CASH BASIS)
December 31, 2024

Column A	Column B	Column C		Column D	Column E	
Party in Interest	Identity of Issue	Description	Units Held (3)	Cost (3)	Current Value	
	General Account - Mutual of America					
(1)	Mutual of America	Interest Accumulation Account	-	-	$ 339,666	*
		Total General Account	-	-	339,666	
	Pooled Separate Accounts - Mutual of America					
(1)	Mutual of America	Conservative Allocation F	-	-	29,257	
(1)	Mutual of America	Moderate Allocation Fund	-	-	255,935	
(1)	Mutual of America	Bond Fund	-	-	8,780	
(1)	Mutual of America	T. Rowe Price Blue Chip G	-	-	794,832	*
(1)	Mutual of America	Balanced Fund	-	-	320,434	
(1)	Mutual of America	Calvert VP SRI Balanced P	-	-	13,987	
(1)	Mutual of America	Equity Index Fund	-	-	351,132	*
(1)	Mutual of America	Fidelity VIP Mid-Cap	-	-	9,479	
(1)	Mutual of America	Fidelity VIP Asset Manage	-	-	5,593	
(1)	Mutual of America	Fidelity VIP Contrafund	-	-	32,441	
(1)	Mutual of America	MOA International Fund	-	-	161,048	
(1)	Mutual of America	Goldman Sachs VIT US Equity	-	-	65,446	
(1)	Mutual of America	Goldman Sachs VIT Small C	-	-	227,259	
(1)	Mutual of America	Money Market Fund	-	-	142,239	
(1)	Mutual of America	Mid-Cap Equity Index Fund	-	-	3,630	
(1)	Mutual of America	MFS VII Mid-Cap Value	-	-	140,195	
(1)	Mutual of America	Mid Cap Value Fund	-	-	24,423	
(1)	Mutual of America	2020 Retirement Fund	-	-	2,038	
(1)	Mutual of America	2025 Retirement Fund	-	-	63,135	
(1)	Mutual of America	2030 Retirement Fund	-	-	407,909	*
(1)	Mutual of America	2035 Retirement Fund	-	-	582,399	*
(1)	Mutual of America	2040 Retirement Fund	-	-	1,071,394	*
(1)	Mutual of America	2045 Retirement Fund	-	-	374,515	*
(1)	Mutual of America	2050 Retirement Fund	-	-	156,350	
(1)	Mutual of America	2055 Retirement Fund	-	-	97,181	
(1)	Mutual of America	2060 Retirement Fund	-	-	290,393	
(1)	Mutual of America	2065 Retirement Fund	-	-	306,018	
(1)	Mutual of America	Retirement Income Fund	-	-	71,903	
(1)	Mutual of America	Vanguard VIF Real Estate	-	-	41,252	
(1)	Mutual of America	PIMCO VIT Real Return	-	-	13,160	
(1)	Mutual of America	Victory RS Small Cap Growth	-	-	235	
(1)	Mutual of America	Small Cap Equity Index Fund	-	-	30,699	
(1)	Mutual of America	DWS Capital Growth VIP	-	-	45,136	
(1)	Mutual of America	Small Cap Growth Fund	-	-	43,450	
(1)	Mutual of America	Small Cap Value Fund	-	-	38,335	
(1)	Mutual of America	American Century VP Cap A	-	-	89,003	
(1)	Mutual of America	Vanguard VIF Diversified	-	-	32,064	
(1)	Mutual of America	Vanguard VIF International	-	-	52,147	
(1)	Mutual of America	Vanguard Total Bond Mkt I	-	-	252	
		Total Pooled Separate Accounts	-	-	6,395,078	
(2)	Notes Receivable - Participant Loans	Rate of 4.25% - 9.25%	-	-	40,048	
		Total	n/a	$ -	$ 6,774,792	

(1) Held by Mutual of America (custodian) in Plan ID# 062184 and considered to be a Party-in-Interest.
(2) Administered by Mutual of America and all repayments are reinvested through Mutual of America.
(3) Information is not required as the Plan is self-directed.
* Investment equal to or greater than 5% of Net Assets Available for Plan Benefits at end of Plan year.

Attachment to Jan2025 Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Whole Family Health Center, Inc.
EIN: 65-0715258
Plan Number: 001

(a)	(b) identity of issuer, borrower, lessor, or similar party	(c)Description of investment including maturity date, rate of interest, collateral par or maturity value	(d) Cost	(e)Closing Value
.	Mutual of America	GROUP ANNUITY CONTRACT American Century Investments VP Capital Appreciation Fund		103,002
.	Mutual of America	GROUP ANNUITY CONTRACT American Century Small Cap Growth R6		697
.	Mutual of America	GROUP ANNUITY CONTRACT Calvert VP SRI Balanced Portfolio		18,818
.	Mutual of America	GROUP ANNUITY CONTRACT Deemed Loan Fund		3,539
.	Mutual of America	GROUP ANNUITY CONTRACT DWS Capital Growth VIP		31,927
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Asset Manager 50% Portfolio		82
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Contrafund Portfolio		116,119
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Equity-Income Portfolio		9,853
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Mid Cap Portfolio		6,222
.	Mutual of America	GROUP ANNUITY CONTRACT Goldman Sachs VIT Small Cap Equity Insights Fund		164,618
.	Mutual of America	GROUP ANNUITY CONTRACT Goldman Sachs VIT US Equity Insights Fund		261,865
.	Mutual of America	GROUP ANNUITY CONTRACT Invesco V.I. Main Street Fund		22,230
.	Mutual of America	PARTICIPANT LOANS Loan Fund		62,250
.	Mutual of America	GROUP ANNUITY CONTRACT MFS VIT III Mid Cap Value Portfolio		26,034
.	Mutual of America	GROUP ANNUITY CONTRACT MoA All America Fund		0
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Balanced Fund		274,812
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2015 Fund		0
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2020 Fund		3,837
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2025 Fund		473,740
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2030 Fund		954,618
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2035 Fund		1,314,537
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2040 Fund		471,085
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2045 Fund		272,534
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2050 Fund		157,645
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2055 Fund		438,906
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2060 Fund		414,552
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2065 Fund		112,332
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Conservative Allocation Fund		32,383
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Core Bond Fund		10,793
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Equity Index Fund		426,212
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Intermediate Bond Fund		351
.	Mutual of America	GROUP ANNUITY CONTRACT MoA International Fund		94,438
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Mid Cap Equity Index Fund		164,591
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Mid Cap Value Fund		0
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Moderate Allocation Fund		190,582
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Retirement Income Fund		13,379
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Equity Index Fund		31,181
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Growth Fund		57,292
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Value Fund		41,628
.	Mutual of America	GROUP ANNUITY CONTRACT MoA US Government Money Market Fund		6,287
.	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Interest Accumulation Account		253,646

Attachment to Jan2025 Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Whole Family Health Center, Inc.
EIN: 65-0715258
Plan Number: 001

.	Mutual of America	GROUP ANNUITY CONTRACT PIMCO VIT Real Return Portfolio		0
.	Mutual of America	GROUP ANNUITY CONTRACT T. Rowe Price Blue Chip Growth Portfolio		1,220,482
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Diversified Value Portfolio		36,111
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF International Portfolio		70,587
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Real Estate Index Portfolio		43,084
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Total Bond Market Index Portfolio		169
.	Mutual of America	GROUP ANNUITY CONTRACT Victory RS Small Cap Growth Equity VIP Series		0