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
ENHANCE THERAPIES 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/2001

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)
ENHANCE THERAPIES OPCO

400 NJ-70
LAKEWOOD, NJ 08701

2b Employer Identification Number (EIN)
87-2576072

2c Plan Sponsor's telephone number
732-367-3667

2d Business code (see instructions)
621900

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.	10/07/2026	AMITAI LEVIN
	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 ENHANCE THERAPIES

c Plan Name ENHANCE THERAPIES 401(K) PLAN

4b EIN 22-3321058

4d PN 001

5	Total number of participants at the beginning of the plan year	**5**	9739
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)**	9087
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	10231
b	Retired or separated participants receiving benefits	**6b**	4
c	Other retired or separated participants entitled to future benefits	**6c**	846
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	11081
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f	Total. Add lines **6d** and **6e**.	**6f**	11083
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)**	2802
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)**	3309
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	40
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [ ] **A** (Insurance Information) – Number Attached 0
- (4) [X] **C** (Service Provider Information)
- (5) [X] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

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

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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

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

A Name of plan
ENHANCE THERAPIES 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ENHANCE THERAPIES OPCO

D Employer Identification Number (EIN)
87-2576072

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 64 65	RECORDKEEPER	163251	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

SYNOVUS TRUST COMPANY, N.A.

58-2146977

(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?
27 28	INVESTMENT ADVISOR	124165	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CAMBRIDGE INVESTMENT RESEARCH

42-1445429

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTANT	40000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

GGM ASSOCIATES INC

84-4230150

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT/AUDITOR	18000	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 ☐

(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
ENHANCE THERAPIES 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ENHANCE THERAPIES OPCO

D Employer Identification Number (EIN)
87-2576072

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: TRP RETIRE 2060 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

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)
47-1088316-001	C	4442723

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CP GROWTH CT

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

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)
38-4126294-597	C	1517769

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2040 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

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)
35-6941729-001	C	22205615

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

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

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)
38-7289843-001	C	706418

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2065 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

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)
85-1763138-001	C	1728729

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2010 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

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)
32-6199795-001	C	231461

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2015 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

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)
35-6941654-001	C	414291

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2020 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 36-7594871-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1564812

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2050 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 30-6303214-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13541533

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2055 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 35-6941728-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8572261

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2005 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 61-6434302-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 190280

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2045 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 32-6199848-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16750432

a Name of MTIA, CCT, PSA, or 103-12 IE: GALLIARD STBLE RTN E

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

c EIN-PN 52-2250951-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1624094

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2025 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 37-6495447-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5150518

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2030 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 38-7010946-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10286613

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2035 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 36-7595013-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17045599

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
ENHANCE THERAPIES 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ENHANCE THERAPIES OPCO

D Employer Identification Number (EIN)
87-2576072

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	0	0
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)	0	0
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)	1197281	1466717
(9) Value of interest in common/collective trusts	1c(9)	86328578	105973148
(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)	27195044	32970050
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	114720903	140409915
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
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	114720903	140409915

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)	417878	
(B) Participants	2a(1)(B)	13260112	
(C) Others (including rollovers)	2a(1)(C)	5604090	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		19282080
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)	107993	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		107993
(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)	1142219	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1142219
(3) Rents	2b(3)		0
(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)	0	
(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)		15050062
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(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)		3248184
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		38830538
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12716324	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		12716324
f Corrective distributions (see instructions)	2f		24413
g Certain deemed distributions of participant loans (see instructions)	2g		50873
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	300	
(3) Recordkeeping fees	2i(3)	162951	
(4) IQPA audit fees	2i(4)	18000	
(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)	168665	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		349916
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		13141526
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		25689012
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) [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: GGM ASSOCIATES INC **(2)** EIN: 84-4230150

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		3115419
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**		X	

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
ENHANCE THERAPIES 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ENHANCE THERAPIES OPCO

D Employer Identification Number (EIN)
87-2576072

Part I Distributions

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

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

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

EIN(s): 04-6568107

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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A .

Enhance Therapies 401(k) Plan

FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

AS OF DECEMBER 31, 2025, AND 2024, AND FOR THE YEAR ENDED DECEMBER 31, 2025

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GGM Associates, Inc.
3420 Main Street
Skokie, IL 60076
(773) 747-4506

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator

Enhance Therapies 401(k) Plan

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

We have performed audits of the accompanying financial statements of Enhance Therapies 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Enhance Therapies 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United 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 the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Enhance Therapies 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the 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, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Enhance Therapies 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Enhance Therapies 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether

they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Supplemental Schedule Required by ERISA

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

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

In our opinion—

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



Chicago, IL

October 6, 2026

Enhance Therapies 401(k) Plan
Statement of Net Assets Available for Benefits
As of December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments		
Mutual funds, at fair value	$ 32,970,050	$ 27,195,046
Common collective trust funds, at net asset value	105,973,148	86,328,578
Total investments	138,943,198	113,523,624
Receivables:		
Participant	632,715	606,755
Notes receivable from participants	1,466,717	1,197,281
Total receivables	2,099,432	1,804,036
Total assets	$ 141,042,630	$ 115,327,660
Liabilities		
Excess contribution payable	-	21,280
Total liabilities	-	21,280
NET ASSETS AVAILABLE FOR BENEFITS	**$ 141,042,630**	**$ 115,306,380**

See the accompanying notes to the financial statements.

Enhance Therapies 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
For the year ended December 31, 2025

INCOME		
Contributions:		
Employer	$	417,878
Participants		13,307,350
Other (including rollovers)		5,604,090
Total contributions		19,329,318
Earnings on investments:		
Interest from note receivables		107,993
Dividends from mutual funds		1,142,219
Net realized and unrealized gains on investments		18,298,246
Total investment income		19,548,458
Total additions to net assets		38,877,776
EXPENSES		
Benefit payment and payments to provide benefits:		
Directly to participants or beneficiaries (including rollovers)		12,716,324
Corrective distributions		24,413
Deemed distributions on participant loans		50,873
Total benefit payments		12,791,610
Administrative expenses:		
Recordkeeping fees		162,951
Professional fees		18,000
Investment advisory and investment management fees		168,965
Total administrative expenses		349,916
Total expenses		13,141,526
Net increase to net assets		25,736,250
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	**$**	**115,306,380**
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	**$**	**141,042,630**

See the accompanying notes to the financial statements.

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Enhance Therapies 401(k) Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan, covering all employees of:

- Enhance Therapies Opco (employer),
- Enhance Therapies CA Payco LLC, and
- Enhance Therapies Master Payco LLC

(collectively, the "Company") who are not members of a collective bargaining unit (unless the collective bargaining agreement requires their participation in the Plan), are not nonresident aliens who receive no U.S.-source earned income from the Company, and have attained age nineteen. The eligible employees enter the Plan on the first day of the month on or following the date they meet the age requirement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Amendment

Effective January 1, 2025, the Plan was amended by an amended and restated adoption agreement executed on November 19, 2024. The agreement identifies Enhance Therapies Opco as the employer and Enhance Therapies CA Payco LLC and Enhance Therapies Master Payco LLC as participating employers. The amendment did not establish a new plan.

Administration

The Plan's trustee is Fidelity Management Trust Company (FMTC) and the recordkeeper is Fidelity Workplace Services LLC (Fidelity). The Plan Sponsor has contracted with FMTC to act as the trustee of the Plan, and with Fidelity to act as the recordkeeper for the Plan. All Plan administrative expenses, including trustee fees, are paid by the Plan, except to the extent paid by the Company in its discretion. Fees may be allocated to individual participant accounts.

Contributions

Each year, participants may contribute up to 100% of pretax or Roth (after-tax) annual compensation, as defined in the Plan, subject to statutory limits. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan.

The employer may decide each Plan year whether to make a discretionary nonelective and/or matching employer contribution on behalf of eligible participants. Under the Plan as restated effective January 1, 2025, a participant must be employed on the last day of the Plan year and complete at least 1,000 hours of service during the year to share in these contributions. For the years ended December 31, 2025 and 2024, the employer made discretionary matching contributions of $443,286 and $416,658, respectively. The matching contribution attributable to the 2024 plan year was paid in 2025, and management plans to pay the matching contribution attributable to the 2025 plan year in 2026, subsequent to year-end.

NOTE 1 – DESCRIPTION OF THE PLAN (CONTINUED)

Participant Accounts

Each participant's account is credited with the participant's contributions and Plan earnings. Participants' accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and nonelective contribution portions of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after three years of credited service, and upon becoming disabled or reaching normal retirement age (55) while employed. Participants who merged into the Plan from the South Pacific Rehabilitation Services, Inc. 401(k) Profit Sharing Plan (merged November 1, 2022) are immediately 100% vested in these contributions.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of 50% of their vested account balance or $50,000 reduced by the highest outstanding loan balance in their account during the prior twelve-month period. The loans are secured by up to 50% of the participant's vested account balance. The loans bear a reasonable interest rate as determined by the plan administrator. Loans must be repaid in level installments over a period not exceeding five years, unless the loan is used to purchase the participant's primary residence. A participant with an outstanding loan may continue to repay it after termination of employment; outstanding loans become immediately due upon the participant's death.

Payment of Benefits

Benefit payments are recorded when paid. On termination of service due to death, disability, or retirement, a participant may elect to receive a lump sum amount equal to the value of the participant's vested interest in his or her account. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution.

Forfeited Accounts

Forfeiture accounts will be used to reduce future administrative expenses, reinstate previously forfeited account balances of former participants who have been reemployed by the Company, and to reduce the Company's matching contributions. At December 31, 2025 and 2024, the account balance for forfeitures to be used totaled $2,935 and $8,254, respectively.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES(CONTINUED)

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. The Plan's trustee, FMTC, certifies the fair market value of all investments held at FMTC. If available, quoted market prices are used to value investments. Additionally, the Plan's Stable Value Fund is a stable value fund held through units of a common collective trust; the Plan's interest in the fund is valued using the net asset value per unit as a practical expedient (refer to Note 5).

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Investment Valuation and Income Recognition

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on an accrual basis. Related fees are charged to the participant's account and are recorded as administrative expenses when incurred. No allowance for credit losses has been recorded as of December 31, 2025 or 2024.

Excess Contributions Payable

At December 31, 2024, the Plan identified excess participant contributions totaling $21,280 as a result of the annual nondiscrimination testing required by the Internal Revenue Code. These excess contributions, together with allocable earnings, are required to be returned to affected participants in accordance with IRS regulations. The excess contributions payable are recorded as a liability in the accompanying financial statements, with a corresponding reduction to participant contributions for the year ended December 31, 2024. The Plan did not distribute the excess contributions and related earnings to the applicable participants prior to March 15, 2025; these amounts were distributed on October 30, 2025. The Plan passed its nondiscrimination testing for the year ended December 31, 2025, and accordingly, there were no excess contributions payable at December 31, 2025.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account. Investment-related expenses are included in net appreciation of fair value of investments.

NOTE 3 – CERTIFIED INVESTMENTS

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2025 and 2024, and net appreciation in fair value of investments, interest and dividends for the year ended December 31, 2025, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Fidelity Management Trust Company (the trustee of the Plan).

NOTE 4 – FAIR VALUE MEASUREMENTS

The Plan's financial instruments are reported in accordance with ASC 820, which establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024:

Mutual Funds: Mutual funds represent investments with various investment managers. The fair value of these investments is determined by reference to the fund's assets, which are principally marketable equities and fixed income securities. Shares held in mutual funds traded on national securities exchanges are valued at quoted market prices as of December 31, 2025 and 2024.

Common/collective trusts: Units held in common/collective trusts (CCT) are valued using the NAV practical expedient of the CCT as reported by the issuer of the CCT. The NAV practical expedient is based on the fair value of the underlying assets owned by the CCT, minus its liabilities, and then divided by the number of units outstanding. The CCT may be redeemed at NAV daily without restrictions.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE 4 – FAIR VALUE MEASUREMENTS(CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value:

Assets at Fair Value as of December 31, 2025

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 32,970,050	$ -	$ -	$ 32,970,050

Assets at Fair Value as of December 31, 2024

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 27,195,046	$ -	$ -	$ 27,195,046

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2025 and 2024. The redemption frequency and notice periods shown relate to participant-directed transactions and are subject to the applicable fund documents.

	December 31, 2025 Fair Value	Contract Value	Unfunded Commitments	Redemption Frequency	Notice Period
Common Collective Trus	$ 105,973,148	$ 105,973,148	n/a	daily	none

	December 31, 2024 Fair Value	Contract Value	Unfunded Commitments	Redemption Frequency	Notice Period
Common Collective Trus	$ 86,328,578	$ 86,328,578	n/a	daily	none

* In accordance with ASU 2015-07, investments that were measured using the practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line-item presentation on the statement of net assets available for benefits.

NOTE 5 – STABLE VALUE FUND

The Plan invests in a stable value fund managed by Galliard Capital Management (the "Stable Value Fund") through units of a common collective trust. The Stable Value Fund invests primarily in synthetic guaranteed investment contracts (GICs), which consist of fixed income assets and benefit-responsive, book-value wrap contracts. As described in Notes 2 and 4, the Plan's investment in the Stable Value Fund is reported at fair value measured using the net asset value per unit as a practical expedient. Contract value, as reported to the Plan by the investment manager, represents contributions made under the contracts, plus earnings, less participant withdrawals and administrative expenses. Certain employer-initiated events could limit the ability of the Stable Value Fund to transact at contract value, and a full Plan redemption may require up to 12 months' advance notice; the Company does not believe the occurrence of any such event is probable.

NOTE 6 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

NOTE 7 – TAX STATUS

The Internal Revenue Service has determined and informed Fidelity Management & Research Co. by a letter dated June 30, 2020, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

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

NOTE 8 – RISKS AND UNCERTAINTIES

The Plan invests in various investment instruments. Investments, in general, are exposed to various risks such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances, and the amounts reported in the statement of net assets available for benefits.

NOTE 9 – RELATED-PARTY TRANSACTIONS

Fidelity Management Trust Company (FMTC) serves as trustee of the Plan, and Fidelity Workplace Services LLC, an affiliate of FMTC, serves as recordkeeper. Certain Plan investments are shares of mutual funds managed by an affiliate of the trustee. At December 31, 2025, and 2024, the Plan held investments in Fidelity-managed mutual funds of $21,607,384 and $17,672,155, respectively. These transactions qualify as exempt party-in-interest transactions.

Recordkeeping and administrative fees are charged to participant accounts at an annual rate of 12.5 basis points of Plan assets, billed quarterly. Fidelity remits revenue credits from its investment products to a Plan-level revenue credit account, which may be used to pay Plan administrative expenses or allocated to participant accounts. Certain transactional fees, including loan and distribution fees, are charged directly to the accounts of the participants who incur them. For the year ended December 31, 2025, fees charged to participant accounts and paid to Fidelity totaled $162,951, and other fees paid to Fidelity, funded from the Plan's forfeiture account, totaled $1,114. During 2025, the revenue credit account received revenue credits of $10,727 and earned income of $508; no revenue credits were allocated to participant accounts, and $18,000 was paid from the revenue credit account for Plan administrative expenses. Unallocated revenue credits held in the revenue credit account were $5,559 and $12,324 at December 31, 2025 and 2024, respectively. These transactions qualify as exempt party-in-interest transactions.

Synovus Trust Company serves as the Plan's investment manager under ERISA Section 3(38), and Cambridge Investment Research Advisors, Inc. provides non-fiduciary consulting services to the Plan. For the year ended December 31, 2025, fees paid from Plan assets to Synovus and Cambridge totaled $124,165 and $40,000, respectively, and were charged to participant accounts on a per capita basis as directed by the Plan Administrator. These transactions qualify as exempt party-in-interest transactions.

Audit fees of $18,000 paid to GGM Associates, Inc., the Plan's independent auditor, were funded from the Plan's forfeiture account and revenue credit account during the year ended December 31, 2025.

NOTE 9 – RELATED-PARTY TRANSACTIONS(CONTINUED)

The Plan issues loans to participants, which are secured by the participant's vested account balance. Notes receivable from participants were $1,466,717 and $1,197,281 at December 31, 2025 and 2024, respectively. These transactions qualify as exempt party-in-interest transactions.

Forfeited nonvested accounts totaled $2,935 and $8,254 at December 31, 2025 and 2024, respectively. During 2025, forfeitures of $15,651 were used to pay Plan administrative expenses.

Enhance Therapies (the Plan Sponsor) and its participating related employers are parties in interest. Participant contributions receivable, representing participant contributions withheld from compensation but not yet remitted to the Plan by the Plan Sponsor and participating employers, were $632,715 and $606,755 at December 31, 2025 and 2024, respectively. Certain other administrative expenses of the Plan are paid by the Plan Sponsor.

NOTE 10 – RECONCILIATION TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2025 and 2024, to Form 5500:

		2025		2024
Net assets available for benefits per the financial statements	$	141,042,630	$	115,306,380
Excess contribution payable		-		21,280
Employee contribution receivable		(632,715)		(606,755)
Rounding				(2)
Net assets available for benefits per the Form 5500	$	140,409,915	$	114,720,903

Total contributions in the financial statements are adjusted downward for the increase in participant contributions receivable during the year ($25,960) and the prior year's excess contribution ($21,280).

		2025
Total contributions for the year ended per the financial statements	$	19,329,318
Less: CY Employee contribution receivable		(25,960)
Less: PY excess contribution		(21,280)
Rounding		2
Total contribution per Form 5500	$	19,282,080

NOTE 11 – NONEXEMPT PARTY-IN-INTEREST TRANSACTIONS

During 2024 and 2025, the Plan Sponsor did not remit certain participant contributions and participant loan repayments to the Plan within the time frame prescribed by Department of Labor (DOL) Regulation 2510.3-102. Delinquent remittances totaled $4,815,893 for the 2024 plan year and $3,115,419 for the 2025 plan year ($7,931,312 in total), including late participant loan repayments, all of which were deposited into the Plan during 2024 and 2025, respectively. The late remittances constitute nonexempt party-in-interest transactions between the Plan and the Plan Sponsor.

NOTE 11 – NONEXEMPT PARTY-IN-INTEREST TRANSACTIONS(CONTINUED)

The Plan Sponsor intends to correct the delinquency under the DOL's Voluntary Fiduciary Correction Program (VFCP), including the calculation and deposit of lost earnings on the delinquent remittances, which had not been completed as of the date the financial statements were available to be issued. The Plan Sponsor may also be subject to excise tax on the prohibited transactions under Section 4975 of the Internal Revenue Code; any such excise tax is an obligation of the Plan Sponsor and not of the Plan. The delinquent participant contributions are reported on the accompanying supplemental schedule of Schedule H, Line 4a – Schedule of Delinquent Participant Contributions.

NOTE 12 – SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 6, 2026, the date on which the financial statements were available to be issued. There were no material subsequent events that required recognition or disclosure in the financial statements.

SUPPLEMENTARY SCHEDULES

Enhance Therapies 401(k) Plan

Schedule H, Part IV, Line 4(i) - Schedule of assets

For the year ended December 31, 2025

PLAN NAME: ENHANCE THERAPIES 401(K) PLAN

EMPLOYER IDENTIFICATION NUMBER: 87-2576072

PLAN NUMBER: 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e)	Current
	Mutual Funds				
*	Fidelity Investments Inst. Oper. Company, L	Fidelity 500 Index PR	**	$	16,692,346
*	Fidelity Investments Inst. Oper. Company, L	Fidelity Small Cap Index Fund	**		2,561,054
	T. Rowe Price Trust Company	T. Rowe Price Mid-Cap Value Fund – I C	**		585,481
	Vanguard	Vanguard Windsor Fund – Admiral Shai	**		2,316,800
*	Fidelity Investments Inst. Oper. Company, L	Fidelity Total Market Index Fund	**		1,522,335
*	Fidelity Investments Inst. Oper. Company, L	Fidelity Inflation-Protected Bond Index I	**		60,106
	Dimensional Fund Advisors	DFA U.S. Small Cap Growth Portfolio	**		682,366
	Dimensional Fund Advisors	DFA U.S. Small Cap Value Portfolio	**		579,109
	Dodge & Cox	Dodge & Cox Income Fund	**		872,069
*	Fidelity Investments Inst. Oper. Company, L	Fidelity US Bond Index Fund	**		771,543
	JP Morgan	JP Morgan Lg Cap Growth R6	**		6,326,841
		Total Mutual Funds		$	32,970,050
	Common Collective Trusts				
	SEI Trust Company	Galliard Stble Rtn E	**		1,624,094
	Great Gray Trust Company	Great Gray EuroPacific Growth Trust R1	**		706,418
	Wilmington Trust, N.A	MFS Mid Cp Growth Ct	**		1,517,769
	T. Rowe Price Trust Company	Retire 2005 K	**		190,280
	T. Rowe Price Trust Company	Retire 2010 K	**		231,461
	T. Rowe Price Trust Company	Retire 2015 K	**		414,291
	T. Rowe Price Trust Company	Retire 2020 K	**		1,564,812
	T. Rowe Price Trust Company	Retire 2025 K	**		5,150,518
	T. Rowe Price Trust Company	Retire 2030 K	**		10,286,613
	T. Rowe Price Trust Company	Retire 2035 K	**		17,045,599
	T. Rowe Price Trust Company	Retire 2040 K	**		22,205,615
	T. Rowe Price Trust Company	Retire 2045 K	**		16,750,432
	T. Rowe Price Trust Company	Retire 2050 K	**		13,541,533
	T. Rowe Price Trust Company	Retire 2055 K	**		8,572,261
	T. Rowe Price Trust Company	Retire 2060 K	**		4,442,723
	T. Rowe Price Trust Company	Retire 2065 K	**		1,728,729
		Total Common Collective Trusts		$	105,973,148
*	Notes receivable from participants	*Interest rates varies between 4.25% - 9.50%*		$	1,466,717
	Total investments per Form 5500			**$**	**140,409,915**

*Represents party-in-interest.

****COST INFORMATION IS NOT REQUIRED FOR PARTICIPANT-DIRECTED INVESTMENTS**

Enhance Therapies 401(k) Plan

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

For the year ended December 31, 2025

EIN: 87-2576072 Plan No.: 001

	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Check here if Late Participant Loan Repayments are included: ☒	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Plan year 2024	4,815,893			4,815,893	
Plan year 2025	3,115,419			3,115,419	
Total	**$ 7,931,312**	**$ -**	**$ -**	**$ 7,931,312**	**$ -**

Note: The Plan Sponsor did not remit certain 2024 and 2025 participant contributions and participant loan repayments to the Plan within the time frame prescribed by DOL Regulation 2510.3-102. Delinquent remittances totaled $4,815,893 for the 2024 Plan year and $3,115,419 for the 2025 Plan year ($7,931,312 in total), including late participant loan repayments, and were deposited into the Plan during 2024 and 2025, respectively. Correction is pending under the DOL's Voluntary Fiduciary Correction Program (VFCP); lost earnings will be calculated and deposited upon completion of the correction.

Enhance Therapies 401(k) Plan

FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

AS OF DECEMBER 31, 2025, AND 2024, AND FOR THE YEAR ENDED DECEMBER 31, 2025

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GGM Associates, Inc.
3420 Main Street
Skokie, IL 60076
(773) 747-4506

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator

Enhance Therapies 401(k) Plan

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

We have performed audits of the accompanying financial statements of Enhance Therapies 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Enhance Therapies 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United 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 the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Enhance Therapies 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the 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, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Enhance Therapies 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Enhance Therapies 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether

they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Supplemental Schedule Required by ERISA

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

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

In our opinion—

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



Chicago, IL

October 6, 2026

Enhance Therapies 401(k) Plan
Statement of Net Assets Available for Benefits
As of December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments		
Mutual funds, at fair value	$ 32,970,050	$ 27,195,046
Common collective trust funds, at net asset value	105,973,148	86,328,578
Total investments	138,943,198	113,523,624
Receivables:		
Participant	632,715	606,755
Notes receivable from participants	1,466,717	1,197,281
Total receivables	2,099,432	1,804,036
Total assets	$ 141,042,630	$ 115,327,660
Liabilities		
Excess contribution payable	-	21,280
Total liabilities	-	21,280
NET ASSETS AVAILABLE FOR BENEFITS	**$ 141,042,630**	**$ 115,306,380**

See the accompanying notes to the financial statements.

Enhance Therapies 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
For the year ended December 31, 2025

INCOME		
Contributions:		
Employer	$	417,878
Participants		13,307,350
Other (including rollovers)		5,604,090
Total contributions		19,329,318
Earnings on investments:		
Interest from note receivables		107,993
Dividends from mutual funds		1,142,219
Net realized and unrealized gains on investments		18,298,246
Total investment income		19,548,458
Total additions to net assets		38,877,776
EXPENSES		
Benefit payment and payments to provide benefits:		
Directly to participants or beneficiaries (including rollovers)		12,716,324
Corrective distributions		24,413
Deemed distributions on participant loans		50,873
Total benefit payments		12,791,610
Administrative expenses:		
Recordkeeping fees		162,951
Professional fees		18,000
Investment advisory and investment management fees		168,965
Total administrative expenses		349,916
Total expenses		13,141,526
Net increase to net assets		25,736,250
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	**$**	**115,306,380**
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	**$**	**141,042,630**

See the accompanying notes to the financial statements.

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Enhance Therapies 401(k) Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan, covering all employees of:

- Enhance Therapies Opco (employer),
- Enhance Therapies CA Payco LLC, and
- Enhance Therapies Master Payco LLC

(collectively, the "Company") who are not members of a collective bargaining unit (unless the collective bargaining agreement requires their participation in the Plan), are not nonresident aliens who receive no U.S.-source earned income from the Company, and have attained age nineteen. The eligible employees enter the Plan on the first day of the month on or following the date they meet the age requirement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Amendment

Effective January 1, 2025, the Plan was amended by an amended and restated adoption agreement executed on November 19, 2024. The agreement identifies Enhance Therapies Opco as the employer and Enhance Therapies CA Payco LLC and Enhance Therapies Master Payco LLC as participating employers. The amendment did not establish a new plan.

Administration

The Plan's trustee is Fidelity Management Trust Company (FMTC) and the recordkeeper is Fidelity Workplace Services LLC (Fidelity). The Plan Sponsor has contracted with FMTC to act as the trustee of the Plan, and with Fidelity to act as the recordkeeper for the Plan. All Plan administrative expenses, including trustee fees, are paid by the Plan, except to the extent paid by the Company in its discretion. Fees may be allocated to individual participant accounts.

Contributions

Each year, participants may contribute up to 100% of pretax or Roth (after-tax) annual compensation, as defined in the Plan, subject to statutory limits. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan.

The employer may decide each Plan year whether to make a discretionary nonelective and/or matching employer contribution on behalf of eligible participants. Under the Plan as restated effective January 1, 2025, a participant must be employed on the last day of the Plan year and complete at least 1,000 hours of service during the year to share in these contributions. For the years ended December 31, 2025 and 2024, the employer made discretionary matching contributions of $443,286 and $416,658, respectively. The matching contribution attributable to the 2024 plan year was paid in 2025, and management plans to pay the matching contribution attributable to the 2025 plan year in 2026, subsequent to year-end.

NOTE 1 – DESCRIPTION OF THE PLAN (CONTINUED)

Participant Accounts

Each participant's account is credited with the participant's contributions and Plan earnings. Participants' accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and nonelective contribution portions of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after three years of credited service, and upon becoming disabled or reaching normal retirement age (55) while employed. Participants who merged into the Plan from the South Pacific Rehabilitation Services, Inc. 401(k) Profit Sharing Plan (merged November 1, 2022) are immediately 100% vested in these contributions.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of 50% of their vested account balance or $50,000 reduced by the highest outstanding loan balance in their account during the prior twelve-month period. The loans are secured by up to 50% of the participant's vested account balance. The loans bear a reasonable interest rate as determined by the plan administrator. Loans must be repaid in level installments over a period not exceeding five years, unless the loan is used to purchase the participant's primary residence. A participant with an outstanding loan may continue to repay it after termination of employment; outstanding loans become immediately due upon the participant's death.

Payment of Benefits

Benefit payments are recorded when paid. On termination of service due to death, disability, or retirement, a participant may elect to receive a lump sum amount equal to the value of the participant's vested interest in his or her account. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution.

Forfeited Accounts

Forfeiture accounts will be used to reduce future administrative expenses, reinstate previously forfeited account balances of former participants who have been reemployed by the Company, and to reduce the Company's matching contributions. At December 31, 2025 and 2024, the account balance for forfeitures to be used totaled $2,935 and $8,254, respectively.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES(CONTINUED)

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. The Plan's trustee, FMTC, certifies the fair market value of all investments held at FMTC. If available, quoted market prices are used to value investments. Additionally, the Plan's Stable Value Fund is a stable value fund held through units of a common collective trust; the Plan's interest in the fund is valued using the net asset value per unit as a practical expedient (refer to Note 5).

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Investment Valuation and Income Recognition

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on an accrual basis. Related fees are charged to the participant's account and are recorded as administrative expenses when incurred. No allowance for credit losses has been recorded as of December 31, 2025 or 2024.

Excess Contributions Payable

At December 31, 2024, the Plan identified excess participant contributions totaling $21,280 as a result of the annual nondiscrimination testing required by the Internal Revenue Code. These excess contributions, together with allocable earnings, are required to be returned to affected participants in accordance with IRS regulations. The excess contributions payable are recorded as a liability in the accompanying financial statements, with a corresponding reduction to participant contributions for the year ended December 31, 2024. The Plan did not distribute the excess contributions and related earnings to the applicable participants prior to March 15, 2025; these amounts were distributed on October 30, 2025. The Plan passed its nondiscrimination testing for the year ended December 31, 2025, and accordingly, there were no excess contributions payable at December 31, 2025.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account. Investment-related expenses are included in net appreciation of fair value of investments.

NOTE 3 – CERTIFIED INVESTMENTS

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2025 and 2024, and net appreciation in fair value of investments, interest and dividends for the year ended December 31, 2025, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Fidelity Management Trust Company (the trustee of the Plan).

NOTE 4 – FAIR VALUE MEASUREMENTS

The Plan's financial instruments are reported in accordance with ASC 820, which establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024:

Mutual Funds: Mutual funds represent investments with various investment managers. The fair value of these investments is determined by reference to the fund's assets, which are principally marketable equities and fixed income securities. Shares held in mutual funds traded on national securities exchanges are valued at quoted market prices as of December 31, 2025 and 2024.

Common/collective trusts: Units held in common/collective trusts (CCT) are valued using the NAV practical expedient of the CCT as reported by the issuer of the CCT. The NAV practical expedient is based on the fair value of the underlying assets owned by the CCT, minus its liabilities, and then divided by the number of units outstanding. The CCT may be redeemed at NAV daily without restrictions.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE 4 – FAIR VALUE MEASUREMENTS(CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value:

Assets at Fair Value as of December 31, 2025

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 32,970,050	$ -	$ -	$ 32,970,050

Assets at Fair Value as of December 31, 2024

	Level 1	Level 2	Level 3	Total
Mutual Funds	$ 27,195,046	$ -	$ -	$ 27,195,046

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2025 and 2024. The redemption frequency and notice periods shown relate to participant-directed transactions and are subject to the applicable fund documents.

	December 31, 2025 Fair Value	Contract Value	Unfunded Commitments	Redemption Frequency	Notice Period
Common Collective Trus	$ 105,973,148	$ 105,973,148	n/a	daily	none

	December 31, 2024 Fair Value	Contract Value	Unfunded Commitments	Redemption Frequency	Notice Period
Common Collective Trus	$ 86,328,578	$ 86,328,578	n/a	daily	none

* In accordance with ASU 2015-07, investments that were measured using the practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line-item presentation on the statement of net assets available for benefits.

NOTE 5 – STABLE VALUE FUND

The Plan invests in a stable value fund managed by Galliard Capital Management (the "Stable Value Fund") through units of a common collective trust. The Stable Value Fund invests primarily in synthetic guaranteed investment contracts (GICs), which consist of fixed income assets and benefit-responsive, book-value wrap contracts. As described in Notes 2 and 4, the Plan's investment in the Stable Value Fund is reported at fair value measured using the net asset value per unit as a practical expedient. Contract value, as reported to the Plan by the investment manager, represents contributions made under the contracts, plus earnings, less participant withdrawals and administrative expenses. Certain employer-initiated events could limit the ability of the Stable Value Fund to transact at contract value, and a full Plan redemption may require up to 12 months' advance notice; the Company does not believe the occurrence of any such event is probable.

NOTE 6 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

NOTE 7 – TAX STATUS

The Internal Revenue Service has determined and informed Fidelity Management & Research Co. by a letter dated June 30, 2020, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

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

NOTE 8 – RISKS AND UNCERTAINTIES

The Plan invests in various investment instruments. Investments, in general, are exposed to various risks such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances, and the amounts reported in the statement of net assets available for benefits.

NOTE 9 – RELATED-PARTY TRANSACTIONS

Fidelity Management Trust Company (FMTC) serves as trustee of the Plan, and Fidelity Workplace Services LLC, an affiliate of FMTC, serves as recordkeeper. Certain Plan investments are shares of mutual funds managed by an affiliate of the trustee. At December 31, 2025, and 2024, the Plan held investments in Fidelity-managed mutual funds of $21,607,384 and $17,672,155, respectively. These transactions qualify as exempt party-in-interest transactions.

Recordkeeping and administrative fees are charged to participant accounts at an annual rate of 12.5 basis points of Plan assets, billed quarterly. Fidelity remits revenue credits from its investment products to a Plan-level revenue credit account, which may be used to pay Plan administrative expenses or allocated to participant accounts. Certain transactional fees, including loan and distribution fees, are charged directly to the accounts of the participants who incur them. For the year ended December 31, 2025, fees charged to participant accounts and paid to Fidelity totaled $162,951, and other fees paid to Fidelity, funded from the Plan's forfeiture account, totaled $1,114. During 2025, the revenue credit account received revenue credits of $10,727 and earned income of $508; no revenue credits were allocated to participant accounts, and $18,000 was paid from the revenue credit account for Plan administrative expenses. Unallocated revenue credits held in the revenue credit account were $5,559 and $12,324 at December 31, 2025 and 2024, respectively. These transactions qualify as exempt party-in-interest transactions.

Synovus Trust Company serves as the Plan's investment manager under ERISA Section 3(38), and Cambridge Investment Research Advisors, Inc. provides non-fiduciary consulting services to the Plan. For the year ended December 31, 2025, fees paid from Plan assets to Synovus and Cambridge totaled $124,165 and $40,000, respectively, and were charged to participant accounts on a per capita basis as directed by the Plan Administrator. These transactions qualify as exempt party-in-interest transactions.

Audit fees of $18,000 paid to GGM Associates, Inc., the Plan's independent auditor, were funded from the Plan's forfeiture account and revenue credit account during the year ended December 31, 2025.

NOTE 9 – RELATED-PARTY TRANSACTIONS(CONTINUED)

The Plan issues loans to participants, which are secured by the participant's vested account balance. Notes receivable from participants were $1,466,717 and $1,197,281 at December 31, 2025 and 2024, respectively. These transactions qualify as exempt party-in-interest transactions.

Forfeited nonvested accounts totaled $2,935 and $8,254 at December 31, 2025 and 2024, respectively. During 2025, forfeitures of $15,651 were used to pay Plan administrative expenses.

Enhance Therapies (the Plan Sponsor) and its participating related employers are parties in interest. Participant contributions receivable, representing participant contributions withheld from compensation but not yet remitted to the Plan by the Plan Sponsor and participating employers, were $632,715 and $606,755 at December 31, 2025 and 2024, respectively. Certain other administrative expenses of the Plan are paid by the Plan Sponsor.

NOTE 10 – RECONCILIATION TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2025 and 2024, to Form 5500:

		2025		2024
Net assets available for benefits per the financial statements	$	141,042,630	$	115,306,380
Excess contribution payable		-		21,280
Employee contribution receivable		(632,715)		(606,755)
Rounding				(2)
Net assets available for benefits per the Form 5500	$	140,409,915	$	114,720,903

Total contributions in the financial statements are adjusted downward for the increase in participant contributions receivable during the year ($25,960) and the prior year's excess contribution ($21,280).

		2025
Total contributions for the year ended per the financial statements	$	19,329,318
Less: CY Employee contribution receivable		(25,960)
Less: PY excess contribution		(21,280)
Rounding		2
Total contribution per Form 5500	$	19,282,080

NOTE 11 – NONEXEMPT PARTY-IN-INTEREST TRANSACTIONS

During 2024 and 2025, the Plan Sponsor did not remit certain participant contributions and participant loan repayments to the Plan within the time frame prescribed by Department of Labor (DOL) Regulation 2510.3-102. Delinquent remittances totaled $4,815,893 for the 2024 plan year and $3,115,419 for the 2025 plan year ($7,931,312 in total), including late participant loan repayments, all of which were deposited into the Plan during 2024 and 2025, respectively. The late remittances constitute nonexempt party-in-interest transactions between the Plan and the Plan Sponsor.

NOTE 11 – NONEXEMPT PARTY-IN-INTEREST TRANSACTIONS(CONTINUED)

The Plan Sponsor intends to correct the delinquency under the DOL's Voluntary Fiduciary Correction Program (VFCP), including the calculation and deposit of lost earnings on the delinquent remittances, which had not been completed as of the date the financial statements were available to be issued. The Plan Sponsor may also be subject to excise tax on the prohibited transactions under Section 4975 of the Internal Revenue Code; any such excise tax is an obligation of the Plan Sponsor and not of the Plan. The delinquent participant contributions are reported on the accompanying supplemental schedule of Schedule H, Line 4a – Schedule of Delinquent Participant Contributions.

NOTE 12 – SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 6, 2026, the date on which the financial statements were available to be issued. There were no material subsequent events that required recognition or disclosure in the financial statements.

SUPPLEMENTARY SCHEDULES

Enhance Therapies 401(k) Plan

Schedule H, Part IV, Line 4(i) - Schedule of assets

For the year ended December 31, 2025

PLAN NAME: ENHANCE THERAPIES 401(K) PLAN

EMPLOYER IDENTIFICATION NUMBER: 87-2576072

PLAN NUMBER: 001

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e)	Current
	Mutual Funds				
*	Fidelity Investments Inst. Oper. Company, L	Fidelity 500 Index PR	**	$	16,692,346
*	Fidelity Investments Inst. Oper. Company, L	Fidelity Small Cap Index Fund	**		2,561,054
	T. Rowe Price Trust Company	T. Rowe Price Mid-Cap Value Fund – I C	**		585,481
	Vanguard	Vanguard Windsor Fund – Admiral Shai	**		2,316,800
*	Fidelity Investments Inst. Oper. Company, L	Fidelity Total Market Index Fund	**		1,522,335
*	Fidelity Investments Inst. Oper. Company, L	Fidelity Inflation-Protected Bond Index I	**		60,106
	Dimensional Fund Advisors	DFA U.S. Small Cap Growth Portfolio	**		682,366
	Dimensional Fund Advisors	DFA U.S. Small Cap Value Portfolio	**		579,109
	Dodge & Cox	Dodge & Cox Income Fund	**		872,069
*	Fidelity Investments Inst. Oper. Company, L	Fidelity US Bond Index Fund	**		771,543
	JP Morgan	JP Morgan Lg Cap Growth R6	**		6,326,841
		Total Mutual Funds		$	32,970,050
	Common Collective Trusts				
	SEI Trust Company	Galliard Stble Rtn E	**		1,624,094
	Great Gray Trust Company	Great Gray EuroPacific Growth Trust R1	**		706,418
	Wilmington Trust, N.A	MFS Mid Cp Growth Ct	**		1,517,769
	T. Rowe Price Trust Company	Retire 2005 K	**		190,280
	T. Rowe Price Trust Company	Retire 2010 K	**		231,461
	T. Rowe Price Trust Company	Retire 2015 K	**		414,291
	T. Rowe Price Trust Company	Retire 2020 K	**		1,564,812
	T. Rowe Price Trust Company	Retire 2025 K	**		5,150,518
	T. Rowe Price Trust Company	Retire 2030 K	**		10,286,613
	T. Rowe Price Trust Company	Retire 2035 K	**		17,045,599
	T. Rowe Price Trust Company	Retire 2040 K	**		22,205,615
	T. Rowe Price Trust Company	Retire 2045 K	**		16,750,432
	T. Rowe Price Trust Company	Retire 2050 K	**		13,541,533
	T. Rowe Price Trust Company	Retire 2055 K	**		8,572,261
	T. Rowe Price Trust Company	Retire 2060 K	**		4,442,723
	T. Rowe Price Trust Company	Retire 2065 K	**		1,728,729
		Total Common Collective Trusts		$	105,973,148
*	Notes receivable from participants	*Interest rates varies between 4.25% - 9.50%*		$	1,466,717
	Total investments per Form 5500			**$**	**140,409,915**

*Represents party-in-interest.

****COST INFORMATION IS NOT REQUIRED FOR PARTICIPANT-DIRECTED INVESTMENTS**

Enhance Therapies 401(k) Plan

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

For the year ended December 31, 2025

EIN: 87-2576072 Plan No.: 001

	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Check here if Late Participant Loan Repayments are included: ☒	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Plan year 2024	4,815,893			4,815,893	
Plan year 2025	3,115,419			3,115,419	
Total	**$ 7,931,312**	**$ -**	**$ -**	**$ 7,931,312**	**$ -**

Note: The Plan Sponsor did not remit certain 2024 and 2025 participant contributions and participant loan repayments to the Plan within the time frame prescribed by DOL Regulation 2510.3-102. Delinquent remittances totaled $4,815,893 for the 2024 Plan year and $3,115,419 for the 2025 Plan year ($7,931,312 in total), including late participant loan repayments, and were deposited into the Plan during 2024 and 2025, respectively. Correction is pending under the DOL's Voluntary Fiduciary Correction Program (VFCP); lost earnings will be calculated and deposited upon completion of the correction.