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
SALUSCARE 403(B) PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/2014

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)
SALUSCARE, INC.

3763 EVANS AVENUE
FORT MYERS, FL 33901

2b Employer Identification Number (EIN)
59-1287693

2c Plan Sponsor's telephone number
239-931-9689

2d Business code (see instructions)
621420

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	JOHN A. STARR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

FIRST PARTY ADMINISTRATOR, LLC

2524 HABERFIELD CT NE
ATLANTA, GA 30319

3b Administrator's EIN
46-2023154

3c Administrator's telephone number
678-500-9551

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	412
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)**	339
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	290
b	Retired or separated participants receiving benefits	**6b**	9
c	Other retired or separated participants entitled to future benefits	**6c**	90
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	389
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	389
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)**	248
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)**	310
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	18
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:

2L 2K 2F 2G 2T 2M 2S

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [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) [ ] **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
SALUSCARE 403(B) PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
SALUSCARE, INC.

D Employer Identification Number (EIN)
59-1287693

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

ASCENSUS, LLC

11-3665754

(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)

ASCENSUS, LLC

11-3665754

(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?
64	RECORD KEEPER	30202	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

MY BENEFITS, LLC

2524 HABERFIELD CT NE
BROOKHAVEN, GA 30319-3687

45-2098380

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	ADMINISTRATIVE SERVICES	6425	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

FIRST PARTY ADMINISTRATORS

46-2023154

(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?
13 63	TPA	2538	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

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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 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
SALUSCARE 403(B) PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
SALUSCARE, INC.

D Employer Identification Number (EIN)
59-1287693

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	232296	310857
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9985867	11203067
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	10218163	11513924
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	10218163	11513924

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)	230788	
(B) Participants	2a(1)(B)	599348	
(C) Others (including rollovers)	2a(1)(C)	17515	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		847651
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	18373	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		18373
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2089995
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2956019
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1611351	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1611351
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		23207
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	25700	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		25700
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1660258
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1295761
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: HSC/TUSCAN & COMPANY, PA **(2)** EIN: 59-2309183

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

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

Part IV Compliance Questions

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

During the plan year:

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [ ] 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
SALUSCARE 403(B) PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
SALUSCARE, INC.

D Employer Identification Number (EIN)
59-1287693

Part I Distributions

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

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

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

EIN(s): 11-3665754

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 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500406A .

SALUSCARE 403(b) PLAN

FINANCIAL STATEMENTS, TOGETHER WITH REPORT OF INDEPENDENT AUDITOR

YEARS ENDED DECEMBER 31, 2025 AND 2024

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

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

INDEPENDENT AUDITOR'S REPORT

Plan Committee
SalusCare 403(b) Plan
3763 Evans Ave.
Fort Myers, Florida 33901

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

We have performed audits of the accompanying financial statements (modified cash basis) and the supplementary schedules of SalusCare 403(b) 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). The financial statements comprise the statements of net assets available for plan benefits (modified cash basis) as of December 31, 2025 and 2024, and the related statements of changes in net assets available for plan benefits (modified cash basis) for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the SalusCare 403(b) 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 by Ascensus Inc. as agent for Ascensus Trust Company, the trustee/custodian of the Plan, that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets held are prepared and certified by the trustee/custodian of the Plan, in accordance with 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from the trustee/custodian as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note D to the financial statements, is complete and accurate.

Opinion

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

• The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of SalusCare 403(b) 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.

Basis of Accounting

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

Management's Responsibilities for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note B; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in these circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, Plan management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about SalusCare 403(b) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risk of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence made regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of SalusCare 403(b) Plan's internal controls. Accordingly, no such opinion is expressed.

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

• Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about SalusCare 403(b) 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 the modified cash basis of accounting which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

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.

Supplementary Schedules Required by ERISA

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

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

In our opinion:

- The form and content of the supplementary schedules, other than the information in the supplementary schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulation for Reporting and Disclosure under ERISA.

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

HSC/Tuscan & Company, P.A.

HSC/TUSCAN & COMPANY, P.A.
Fort Myers, Florida
September 28, 2026

SALUSCARE 403(b) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
(MODIFIED CASH BASIS)
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments, at fair value		
Ascensus, Inc.		
Contract Number 219718		
Mutual Funds	$11,203,067	$ 9,985,867
TOTAL INVESTMENTS	11,203,067	9,985,867
Receivables		
Employee contributions	-	-
Employer contributions - match	-	-
Notes receivable from participants	310,857	232,296
TOTAL RECEIVABLES	310,857	232,296
TOTAL ASSETS	11,513,924	10,218,163
LIABILITIES		
Excess contributions payable	-	-
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$11,513,924	$ 10,218,163

The accompanying notes are an integral part of this statement.

SALUSCARE 403(b) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS (MODIFIED CASH BASIS)
Years ended December 31, 2025 and 2024

	2025	2024
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income (loss)		
Interest income from notes receivable	$ 18,373	$ 14,908
Net investment earnings including interest, dividends, realized and unrealized gains (losses)	2,089,995	1,116,533
TOTAL INVESTMENT INCOME	2,108,368	1,131,441
Contributions		
Employee (cash)	599,348	645,120
Employee rollover contributions	17,515	40,724
Employer contributions - matching	230,788	159,209
TOTAL CONTRIBUTIONS	847,651	845,053
TOTAL ADDITIONS TO NET ASSETS	2,956,019	1,976,494
Deductions From Net Assets Attributed to:		
Administrative expenses	25,700	31,272
Participant loan distributions (deemed distributions)	23,207	35,391
Benefits paid to participants	1,611,351	884,243
TOTAL DEDUCTIONS FROM NET ASSETS	1,660,258	950,906
Net increase (decrease) in net assets	1,295,761	1,025,588
Net assets available for plan benefits:		
BEGINNING OF YEAR	10,218,163	9,192,575
END OF YEAR	$ 11,513,924	$ 10,218,163

The accompanying notes are an integral part of this statement.

NOTE A - DESCRIPTION OF PLAN

The following description of SalusCare, Inc.'s (the "Company") SalusCare 403(b) Plan (the "Plan") - Plan 003 provides only general information. Participants should refer to the Summary Plan Description or Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a single employer, self-directed defined contribution 403(b) plan originally effective January 1, 2014. Subsequent to December 31, 2020, effective January 1, 2021, the Plan was amended to refine the definition of qualified compensation, specifically, the amendment excludes bonuses and commissions from compensation for purposes of deferrals, employer match and employer discretionary match. The Plan was amended effective August 2, 2023, to adopt a corrective retroactive amendment to allow the early inclusion of two (2) otherwise eligible employees to participate in the Plan. The Plan was then restated and effective on July 1, 2024. The Plan is subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. The Company (Plan administrator) is responsible for the oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Trustees. Ascensus, as agent for Ascensus Trust Company serves as the Plan's trustee/custodian.

Eligibility

Salary Deferrals - Employee Contributions

All active employees of the Company are auto-enrolled in the Plan and eligible to participate in the salary reduction arrangement upon attainment of age 18 and after the completion of one hour of service, effective July 1, 2024. The following groups are not eligible to participate in the Plan: non-resident aliens, employees who are expected to work fewer than 1,000 hours in the first 12 months of employment, members of a union and leased employees. The employee enters the deferral portion of the Plan immediately upon salary deferral.

Employer Contributions

All active employees of the Company are eligible to participate in the employer matching and discretionary contributions upon attaining the age of 18 and completing 1,000 hours of service in a twelve-month period. The employee enters the employer match portion of the Plan on the first day of the month coincident with or next following the completion of the eligibility requirement.

NOTE A - DESCRIPTION OF PLAN, CONTINUED

Contributions

The Plan permits Roth contributions effective July 1, 2024. Compensation is defined as excluding bonuses and commissions. The contributions are limited to the amount specified in the salary deferral agreement and by the maximum contribution permitted by the Internal Revenue Code. The maximum employee contribution permitted by the Internal Revenue Code for 2025 and 2024 was $23,500 and $23,000, respectively, plus an additional $7,500 (catch-up provision) if age 50 or over for 2025 and $7,500 for 2024, respectively. Effective for January 1, 2025, participants turning age 60-63 during calendar year 2025 and 2026 may contribute "catch up" amounts up to $11,250. The employee may make elective pre-tax deferrals or Roth after tax contributions.

The Company may, at its discretion, elect to make a qualified discretionary matching contribution or discretionary contribution to the Plan. For the years ended December 31, 2025 and 2024, the Company matching contribution was up to 3% of eligible compensation.

Participants may also contribute (rollover) amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of contributions into various investments options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

Each participant's account is credited with their respective elected deferral contribution (actual contribution amount or percentage) plus any rollover amount and the participant's specific account investment activity and the Company's matching contribution. Amounts allocated to accounts of participants who, at Plan year end, have elected to withdraw from the Plan but have not been paid are identified by the trustee/custodian and will be disbursed as prescribed by the Plan documents and as elected by the participant. At December 31, 2025 and 2024, such allocated vested amounts were $2,531,073 and $1,694,651, respectively. Plan earnings, gains, losses, and expenses are allocated based on individual participant's account balances.

Participants may select any of the investment options listed in Note D to invest their respective participant account.

NOTE A - DESCRIPTION OF PLAN, CONTINUED

Vesting

Participants are immediately 100% vested and shall have a non-forfeitable right to 100% of their elective deferral and rollover contribution amounts. Vesting in the Company's matching and discretionary contribution portion of their accounts, plus actual earnings thereon, is based on years of continuous service. A participant is 100% vested after five years of credited service. Vesting occurs at a rate of 20% per year completed beginning with year one for both matching and discretionary (profit-sharing) contributions. Notwithstanding the above, a participant is fully vested upon reaching normal retirement age, death, or permanent disability.

Participant Loans (Notes Receivable from Participants)

Loans are permitted under this Plan. The minimum loan amount is $1,000 and the maximum loan amount is limited to the lesser of 50% of the participant's account balance or $50,000, less any outstanding loans, according to the guidelines set forth in the Plan documents. The borrowers' participant's respective investment account and/or annuity contracts are used as collateral for their loans. Loans are 100% collateralized. Interest charged on loans shall be commensurate with similar commercial loans and is recorded as accrued. The loans must be repaid over not more than five (5) years. Maximum number of loans outstanding at one time is one, prior to March 22, 2019. Effective March 22, 2019, a participant may have two (2) loans outstanding at the same time. Spousal approval is now required to initiate a loan.

Distributions (Benefits) to Participants

Upon termination of service, retirement, hardship, death or disability a participant may, with spousal consent, receive a distribution as permitted under the annuity contract. Normal retirement is considered to be attainment of age 65 and completion of 5 years participation. In service withdrawals are permitted upon attainment of age 59 1/2 and hardship distributions are subject to Plan provisions. If a participant terminates employment and the participant's account balance does not exceed $5,000, the Plan administrator will authorize the lump sum benefit payment without the participant's consent. If the balance of the terminated participant's account is between $1,000 and $7,000, the Plan sponsor may authorize that the benefit payment be rolled into an individual retirement account in the participant's name, effective January 1, 2024. For accounts greater than $7,000 a periodic benefit payment option is available.

The Plan has no early retirement provision.

NOTE A - DESCRIPTION OF PLAN, CONTINUED

Forfeited Accounts

Forfeited non-vested accounts are used to reduce Company contributions, or pay Plan expenses. Forfeited non-vested accounts held as of December 31, 2025 and 2024, totaled $12,332 and $14,220, respectively. There were $23,900 and $96,772 of forfeitures used to pay employer contributions and/or pay administrative expenses for the years ended December 31, 2025 and 2024, respectively.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Accounting Basis

The SalusCare 403(b) Plan prepares its financial statements and notes thereto using the modified cash basis of accounting. Under this comprehensive basis of accounting, generally, no provision will be made to record items which have been incurred but not paid or earned but not received. Accordingly, the accompanying financial statements are not intended to present financial position or results of operations in conformity with accounting principles generally accepted in the United States of America.

Fair Value of Financial Instruments

Financial Accounting Standards Board requires disclosure of fair value information about financial instruments for which it is practicable to estimate that value. The carrying amounts of cash and money market accounts approximate fair value due to the short maturity of those instruments.

Investments

The Plan's investments are stated at market (fair) value. The value of each mutual fund account is determined at the close of each business day based on quoted or appraised market value. The value of each such account is expressed in units. The unit value is the dollar value of one unit and is determined at

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Investments, continued

the close of each business day by dividing the value of the entire account by the total number of units in the account. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians, and insurance company.

Income Recognition

Transactions are accounted for using the transaction date. Realized gains or losses are determined on the basis of actual cost. In accordance with the policy of stating investments at fair value, any change in unrealized appreciation or depreciation for the year is reflected in the Statements of Changes in Net Assets Available for Plan Benefits. Both realized and unrealized gain/appreciation and loss/depreciation, as well as interest/dividend income, are recorded and reflected as investment income.

Purchases and sales of securities are recorded on a trade-date basis. Interest income and dividends are recorded on the modified cash basis. Net appreciation (depreciation) includes the Plan's realized gains and losses on investments bought and sold as well as held during the year.

Income Tax Status

The Plan has most recently adopted a Non-Standardized Pre Approved 403(b) Plan with a cash or deferral arrangement which received a favorable opinion letter from the Internal Revenue Service (IRS), which stated that the Plan and the related trust are in accordance with applicable sections of the Internal Revenue Code.

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

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

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Parties-in-Interest Transactions

Plan investments are managed by Ascensus Inc., as agent for Ascensus Trust Company. Ascensus Trust Company is the trustee/custodian as defined by the Plan. Ascensus Trust Company also performs substantially all Plan Administrator functions, as well as holds all Plan Investments. My Benefits, LLC and First Party Administrator, LLC performs certain administrative duties for the Plan. As such, Ascensus Trust Company, SalusCare, Inc. My Benefits, LLC. and First Party Administrator, LLC are considered a party-in-interest. Certain administrative functions are performed by employees of the Company (Plan sponsor). The Company and Company employees are considered a party-in-interest. No such employee receives compensation from the Plan.

Notes Receivable from Participants (Loans)

Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2025 and 2024, respectively as notes receivable are 100% collateralized. Delinquent notes receivable are recorded as distributions on the basis of the terms of the Plan document.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants and benefit payments are charged directly to the participant's account and are not included in administrative expense. Investment related expenses are included in net appreciation of fair value of investments.

Plan Termination

Although the Company has not expressed any intent to do so, the Company has the right to terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, the rights of all participants to benefits accrued are nonforfeitable and will be distributed in accordance with the provisions of the Plan.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results may differ from those estimates.

Benefit Payments

Benefits are recorded as deductions from net assets available for benefits when paid.

Subsequent Events

Subsequent events have been evaluated through September 28, 2026, which is the date the financial statements were available to be issued.

NOTE C - MARKET RISK

The Plan invests in various mutual fund-type investments. All of the Plan's investments are recorded at fair market value, in accordance with the reporting requirements governing the Plan, with net changes in value reflected as net appreciation (depreciation) in fair value of investments. The market value of these investments is primarily dependent upon the national and global economy and are subject to market factors and fluctuation, which may result in a loss of capital (principal).

NOTE D - INVESTMENTS

The following table represents the fair value of the Plan's investments maintained by the trustee/custodian at December 31:

		2025		2024	
	Ascensus (Custodian and Trustee)**				
	Mutual Funds:				
(1)	Virtus NFJ International Value A	$ 11,126		$ 15,895	
(1)	American Funds US Government Sec R6	-		7,966	
(1)	BlackRock Emerging Mkts Inv A	5,651		4,341	
(1)	BlackRock LifePath 2045 A	58,262		56,901	
(1)	BlackRock LifePath 2055 A	63,019		58,192	
(1)	BlackRock LifePath Dynamic Retire Inv	46,178		40,740	
(1)	Blackrock Liquidity T-Fund Premier	200,757		232,315	
(1)	BlackRock Global Allocation Inv A	32,305		29,400	
(1)	BNY Mellon Appreciation Y	190,647		196,955	
(1)	iShares S&P 500 Index Institutional	296,354		296,999	
(1)	Cambiar Opportunity Portf Instl	81,742		109,117	
(1)	Columbia Small Cap Growth A	59,825		66,588	
(1)	Nomura Emerging Markets A	113,184		83,135	
(1)	Dreyfus Opportunistic Midcap Value A	37,071		49,524	
(1)	GM Blackrock Liquidity T-Fund Premier	255,856		235,383	
(1)	GM Cambiar Opportunity Portf Instl	1,207,058	*	1,063,591	*
(1)	GM Columbia Small Cap Growth A	196,889		170,754	
(1)	GM Delaware Emerging Markets A	1,873,611	*	1,463,258	*
(1)	GM Dreyfus Opportunistic Midcap Value A	474,583		416,553	
(1)	GM Guggenheim Total Return Bond Fund Instl	3,441,215	*	3,113,156	*
(1)	GM Lord Abbett Growth Leaders R6	915,359	*	811,458	*
(1)	Guggenheim Total Return Bond Fund Inst	45,957		114,917	
(1)	Lord Abbett Growth Leaders R6	257,620		203,003	
(1)	Loomis Sayles Core Plus Bond N	1,395		20,698	
(1)	NYLI CBRE Real Estate A	47,047		37,228	
(1)	MFS Total Return A	5,367		9,520	
(1)	Morgan Stanley Institutional Gr Port I	100,079		33,240	
(1)	Nuveen Strategic Income A	20,035		23,177	
(1)	Invesco International Growth A	26,468		25,539	
(1)	PIMCO Real Return A	37,822		-	
(1)	Thornburg International Equity R4	-		2,092	
(1)	VanEck CM Commodity Index I	-		992	
(1)	GM ClearBridge Mid Cap IS	35,989		52,612	
(1)	iShares S&P 500 Index Instl	424,566		376,463	
(1)	ClearBridge Mid Cap IS	640,030	*	564,165	*
		11,203,067		9,985,867	
	Total Investments	$ 11,203,067		$ 9,985,867	

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

** Ascensus is considered a Party-in-Interest

(1) Investment held by Ascensus

NOTE D - INVESTMENTS, CONTINUED

Information Certified by Trustee

The Plan administrator has received certification from the trustee/custodian as to all data appearing in the financial statements (including data regarding investments appearing in Note D, which has been reconciled to such certification) except the following:

- Determination of amounts contributed
- Tax status
- Plan description

NOTE E - FAIR VALUE MEASUREMENTS

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

		Fair Value Measurements Using:			
	Fair Value	Level not Assigned*	Quoted Prices in Active Markets for Identical Assets Level (1)	Observable Inputs Other Than Quoted Prices Level (2)	Significant Unobservable Inputs Level (3)
2025					
Mutual Funds	$ 11,203,067	$ -	$ 11,203,067	$ -	$ -
Contributions Receivable	-	-	-	-	-
Notes Receivable	310,857	-	-	-	310,857
TOTAL ASSETS	$ 11,513,924	$ -	$ 11,203,067	$ -	$ 310,857
2024					
Mutual Funds	$ 9,985,867	$ -	$ 9,985,867	$ -	$ -
Contributions Receivable	-	-	-	-	-
Notes Receivable	232,296	-	-	-	232,296
TOTAL ASSETS	$ 10,218,163	$ -	$ 9,985,867	$ -	$ 232,296

* Considered valued at fair value due to its short term nature.

NOTE E - FAIR VALUE MEASUREMENTS, CONTINUED

Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820-10 established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level (1) inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level (2) inputs consist of observable inputs other than quoted prices in active markets for identical assets. Level (3) inputs consist of unobservable inputs and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level (1) inputs because they generally provide the most reliable evidence of fair value.

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

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

Level (1) Fair Value Measurements

The fair value of mutual funds is based on quoted fair values of the shares held by the Plan at the close of the business day at year end and are considered Level 1 inputs.

Gains and losses (realized and unrealized) from mutual funds included in changes in net assets available for plan benefits for the years ended December 31, 2025 and 2024, are reported in investment earnings.

Level (2) Fair Value Measurements

The Plan held no Level 2 inputs as of December 31, 2025 or 2024.

NOTE E - FAIR VALUE MEASUREMENTS, CONTINUED

Level (3) Fair Value Measurements

The fair value of participant loans (notes receivable) are equal to the outstanding balance of the loans because the loans are secured by each respective participants' account balance. The following table provides further details of the Level (3) fair value measurements.

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

Notes receivable from participants consisted of the following activity for the years ended December 31:

	2025	2024
Beginning Balance	$ 232,296	$ 241,151
New Loans	221,539	146,973
Deemed Distributions *	(18,459)	(30,656)
Principal Repayments	(124,519)	(125,172)
TOTAL LEVEL (3) INPUTS	$ 310,857	$ 232,296

* Excludes related fees

NOTE F - NOTES RECEIVABLE

Notes receivable (participant loans) consist of notes receivables from Plan participants of $310,857 and $232,296 as of December 31, 2025 and 2024, respectively. The notes carry interest rates ranging from 4.25% to 9.50% at December 31, 2025. These notes receivables are managed and are in the custody of the trustee/custodian. Interest earned on notes receivable is recognized as a separate item on the Statements of Changes in Net Assets Available for Plan Benefits. Notes receivable balances are reflected at their outstanding balance (amortized cost) at year end. Loans not repaid at the date of employee termination are recorded as distributions.

NOTE G - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the financial statements to the Form 5500 at December 31:

	2025	2024
Net assets, beginning of year, January 1, per the financial statements	$ 10,218,163	$ 9,192,575
Net assets, beginning of year, January 1, per Form 5500	$ 10,218,163	$ 9,192,575
Net assets, end of year, December 31, per the financial statements	$ 11,513,924	$ 10,218,163
Net assets, end of year, December 31, per Form 5500	$ 11,513,924	$ 10,218,163

The following is a reconciliation of the financial statements to the Form 5500 for the year ended December 31:

	2025	2024
Net increase (decrease) in Net Assets per financial statements	$ 1,295,761	$ 1,025,588
Net increase (decrease) in Net Assets per Form 5500	$ 1,295,761	$ 1,025,588

NOTE H - SUBSEQUENT EVENT

Effective April 1, 2026, the employer match maximum was increased from 3% to 5%.

SUPPLEMENTARY SCHEDULES

SALUSCARE 403(b) PLAN
EIN 59-1287693
PLAN NUMBER: 003
SCHEDULE 1
FORM 5500, SCHEDULE H, PART IV, LINE 4i -SCHEDULE OF ASSETS HELD AT THE END OF PLAN YEAR (MODIFIED CASH BASIS)
December 31, 2025

IDENTITY OF ISSUER		DESCRIPTION	CURRENT YEAR COST (3)	CURRENT VALUE (2)	
Mutual Funds:					
Ascensus	(1)	Virtus NFJ International Value A	$ -	$ 11,126	
Ascensus	(1)	American Funds US Government Sec R6	-	-	
Ascensus	(1)	BlackRock Emerging Mkts Inv A	-	5,651	
Ascensus	(1)	BlackRock LifePath 2045 A	-	58,262	
Ascensus	(1)	BlackRock LifePath 2055 A	-	63,019	
Ascensus	(1)	BlackRock LifePath Dynamic Retire Inv	-	46,178	
Ascensus	(1)	Blackrock Liquidity T-Fund Premier	-	200,757	
Ascensus	(1)	BlackRock Global Allocation Inv A	-	32,305	
Ascensus	(1)	BNY Mellon Appreciation Y	-	190,647	
Ascensus	(1)	iShares S&P 500 Index Institutional	-	296,354	
Ascensus	(1)	Cambiar Opportunity Portf Instl	-	81,742	
Ascensus	(1)	Columbia Small Cap Growth A	-	59,825	
Ascensus	(1)	Nomura Emerging Markets A	-	113,184	
Ascensus	(1)	Dreyfus Opportunistic Midcap Value A	-	37,071	
Ascensus	(1)	GM Blackrock Liquidity T-Fund Premier	-	255,856	
Ascensus	(1)	GM Cambiar Opportunity Portf Instl	-	1,207,058	*
Ascensus	(1)	GM Columbia Small Cap Growth A	-	196,889	
Ascensus	(1)	GM Delaware Emerging Markets A	-	1,873,611	*
Ascensus	(1)	GM Dreyfus Opportunistic Midcap Value A	-	474,583	
Ascensus	(1)	GM Guggenheim Total Return Bond Fund Instl	-	3,441,215	*
Ascensus	(1)	GM Lord Abbett Growth Leaders R6	-	915,359	*
Ascensus	(1)	Guggenheim Total Return Bond Fund Inst	-	45,957	
Ascensus	(1)	Lord Abbett Growth Leaders R6	-	257,620	
Ascensus	(1)	Loomis Sayles Core Plus Bond N	-	1,395	
Ascensus	(1)	NYLI CBRE Real Estate A	-	47,047	
Ascensus	(1)	MFS Total Return A	-	5,367	
Ascensus	(1)	Morgan Stanley Institutional Gr Port I	-	100,079	
Ascensus	(1)	Nuveen Strategic Income A	-	20,035	
Ascensus	(1)	Invesco International Growth A	-	26,468	
Ascensus	(1)	PIMCO Real Return A	-	37,822	
Ascensus	(1)	GM ClearBridge Mid Cap IS	-	35,989	
Ascensus	(1)	iShares S&P 500 Index Instl	-	424,566	
Ascensus	(1)	ClearBridge Mid Cap IS	-	640,030	*
				11,203,067	
Participant Loans	(1)	Interest rates ranging from 4.25% to 9.50%	-	310,857	
			$ -	$ 11,513,924	

(1) Held by Ascensus in contract number 219718 and considered to be a party-in-interest.
(2) Stated at fair value.
* Investment equal to or greater than 5% of net assets available for Plan benefits (fair value) at the end of the Plan year.
(3) This column is blank as all investments are participant directed.

SALUSCARE 403(b) PLAN
EIN 59-1287693
PLAN NUMBER: 003
SCHEDULE 1
FORM 5500, SCHEDULE H, PART IV, LINE 4i -SCHEDULE OF ASSETS HELD AT THE END OF PLAN YEAR (MODIFIED CASH BASIS)
December 31, 2024

IDENTITY OF ISSUER		DESCRIPTION	CURRENT YEAR COST (3)	CURRENT VALUE (2)	
Mutual Funds:					
Ascensus	(1)	Virtus NFJ International Value A	$ -	$ 15,895	
Ascensus	(1)	American Funds US Government Sec R6	-	7,966	
Ascensus	(1)	BlackRock Emerging Mkts Inv A	-	4,341	
Ascensus	(1)	BlackRock LifePath 2045 A	-	56,901	
Ascensus	(1)	BlackRock LifePath 2055 A	-	58,192	
Ascensus	(1)	BlackRock LifePath Dynamic Retire Inv	-	40,740	
Ascensus	(1)	Blackrock Liquidity T-Fund Premier	-	232,315	
Ascensus	(1)	BlackRock Global Allocation Inv A	-	29,400	
Ascensus	(1)	BNY Mellon Appreciation Y	-	196,955	
Ascensus	(1)	iShares S&P 500 Index Institutional	-	296,999	
Ascensus	(1)	Cambiar Opportunity Portf Instl	-	109,117	
Ascensus	(1)	Columbia Small Cap Growth A	-	66,588	
Ascensus	(1)	Nomura Emerging Markets A	-	83,135	
Ascensus	(1)	Dreyfus Opportunistic Midcap Value A	-	49,524	
Ascensus	(1)	GM Blackrock Liquidity T-Fund Premier	-	235,383	
Ascensus	(1)	GM Cambiar Opportunity Portf Instl	-	1,063,591	*
Ascensus	(1)	GM Columbia Small Cap Growth A	-	170,754	
Ascensus	(1)	GM Delaware Emerging Markets A	-	1,463,258	*
Ascensus	(1)	GM Dreyfus Opportunistic Midcap Value A	-	416,553	
Ascensus	(1)	GM Guggenheim Total Return Bond Fund Instl	-	3,113,156	*
Ascensus	(1)	GM Lord Abbett Growth Leaders R6	-	811,458	*
Ascensus	(1)	Guggenheim Total Return Bond Fund Inst	-	114,917	
Ascensus	(1)	Lord Abbett Growth Leaders R6	-	203,003	
Ascensus	(1)	Loomis Sayles Core Plus Bond N	-	20,698	
Ascensus	(1)	NYLI CBRE Real Estate A	-	37,228	
Ascensus	(1)	MFS Total Return A	-	9,520	
Ascensus	(1)	Morgan Stanley Institutional Gr Port I	-	33,240	
Ascensus	(1)	Nuveen Strategic Income A	-	23,177	
Ascensus	(1)	Oppenheimer International Growth A	-	25,539	
Ascensus	(1)	Invesco International Equity R4	-	2,092	
Ascensus	(1)	VanEck CM Commodity Index I	-	992	
Ascensus	(1)	GM ClearBridge Mid Cap IS	-	52,612	
Ascensus	(1)	iShares S&P 500 Index Instl	-	376,463	
Ascensus	(1)	ClearBridge Mid Cap IS	-	564,165	*
				9,985,867	
Participant Loans	(1)	Interest rates ranging from 4.25% to 9.50%	-	232,296	
			$ -	$ 10,218,163	

(1) Held by Ascensus in contract number 219718 and considered to be a party-in-interest.
(2) Stated at fair value.
* Investment equal to or greater than 5% of net assets available for Plan benefits (fair value) at the end of the Plan year.
(3) This column is blank as all investments are participant directed.

SALUSCARE 403(b) PLAN
EIN: 59-1287693
PLAN NUMBER 003
SCHEDULE 3
FORM 5500, PART IV, SCHEDULE H, line (4)(j)-REPORTABLE TRANSACTIONS
For the year ended December 31, 2025

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSETS	NUMBER OF PURCHASES	NUMBER OF SALES	TOTAL DOLLAR VALUE OF PURCHASES	TOTAL DOLLAR VALUE OF SALES	DATE

NONE NOTED

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

SALUSCARE 403(b) PLAN
EIN: 59-1287693
PLAN NUMBER 003
SCHEDULE 4
FORM 5500, PART IV, SCHEDULE H, line (4)(j)-REPORTABLE TRANSACTIONS
For the year ended December 31, 2024

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSETS	NUMBER OF PURCHASES	NUMBER OF SALES	TOTAL DOLLAR VALUE OF PURCHASES	TOTAL DOLLAR VALUE OF SALES	DATE

NONE NOTED

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