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
- [X] 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
KPH HEALTHCARE SERVICES, INC. EMPLOYEE STOCK OWNERSHIP AND 401K PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1984

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)
KPH HEALTHCARE SERVICES, INC.

29 E MAIN ST
GOUVERNEUR, NY 13642-1401

2b Employer Identification Number (EIN)
15-0358720

2c Plan Sponsor's telephone number
315-287-1500

2d Business code (see instructions)
446110

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.	10/15/2026	CHRISTINA THOMPSON
	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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	4775
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)**	3886
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	3888
b	Retired or separated participants receiving benefits	**6b**	37
c	Other retired or separated participants entitled to future benefits	**6c**	912
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	4837
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	13
f	Total. Add lines **6d** and **6e**.	**6f**	4850
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)**	3493
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)**	3626
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	74
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 2H 2J 2K 2P 2Q 2S 2T 3H 3I

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
KPH HEALTHCARE SERVICES, INC. EMPLOYEE STOCK OWNERSHIP AND 401K PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
15-0358720

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

BENEFIT PLANS ADMIN SERVICES, INC.

16-1503696

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

BLACKROCK RUNDS, INC.

100 BELLEVUE PARKWAY
WILMINGTON, DE 19809

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

DODGE & COX INVESTMENTS

555 CALIFORNIZ ST
40TH FLOOR
SAN FRANCISCO, CA 94104

(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)

BENEFIT PLANS ADMIN SERVICES, INC.

6 RHOADS DRIVE
SUITE 7
UTICA, NY 13502-6374

16-1503696

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 37 60 99	NONE	421208	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

SHEPHERD KAPLAN LLC

122 SUMMER STREET
2ND FLOOR
BOSTON, MA 02110

83-0368447

(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	NONE	29998	Yes [ ] No [X]	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

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(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
KPH HEALTHCARE SERVICES, INC. EMPLOYEE STOCK OWNERSHIP AND 401K PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
KPH HEALTHCARE SERVICES, INC.

D Employer Identification Number (EIN)
15-0358720

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: CAPITIAL PRESERVATION INSTL

b Name of sponsor of entity listed in (a): FEDERATED INVESTORS, INC.

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)
22-2712853-001	C	8402857

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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a Plan name

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

a Plan name

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

a Plan name

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

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
KPH HEALTHCARE SERVICES, INC. EMPLOYEE STOCK OWNERSHIP AND 401K PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
15-0358720

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	63	654
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	9924465	17590250
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	3078724	3297908
(9) Value of interest in common/collective trusts	1c(9)	7425709	8402857
(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)	271628235	310089163
(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)	485675103	547406857
(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	777732299	886787689
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	67301475	98288675
1k Total liabilities (add all amounts in lines 1g through1j)	1k	67301475	98288675
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	710430824	788499014

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)	17590250	
(B) Participants	2a(1)(B)	13261654	
(C) Others (including rollovers)	2a(1)(C)	1741105	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		32593009
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	63	
(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)	242687	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		242750
(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)	14231756	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		14231756
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	61951327	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	61953905	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-2578
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	86375580	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		86375580

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		269375
(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)		31215768
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		164925660
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	82525211	
(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)		82525211
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		99771
h Interest expense	2h		3781282
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	421208	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	29998	
(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)		451206
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		86857470
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		78068190
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: DANNIBLE & MCKEE, LLP **(2)** EIN: 33-0996661

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
KPH HEALTHCARE SERVICES, INC. EMPLOYEE STOCK OWNERSHIP AND 401K PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
15-0358720

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): 16-1065416

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 ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

kph HEALTHCARE SERVICES, INC.

Employee Stock Ownership and 401(k) Plan

Financial Statements
and
Supplemental Schedule

December 31, 2025 and 2024

DANNIBLE & MCKEE, LLP
Certified Public Accountants and Consultants

DM Financial Plaza | 221 S. Warren St. | Syracuse, NY 1320
315.472.9127 | www.DMCPAS.com

DANNIBLE & MCKEE, LLP
Certified Public Accountants and Consultants
Financial Plaza, 221 S. Warren St., Syracuse, New York 13202-1628
(315) 472-9127 Fax (315) 472-0026

Independent Auditor's Report

September 18, 2026

To the Participants, Plan Administrator, and Trustees of the
KPH Healthcare Services, Inc. Employee Stock Ownership and 401(k) Plan

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

We have performed audits of the financial statements of the KPH Healthcare Services, Inc. Employee Stock Ownership and 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 statements of changes in net assets available for benefits 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 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 years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

GGi
INDEPENDENT MEMBER
Member of Geneva Group International, a worldwide alliance of independent professional firms.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the **Auditor's Responsibilities for the Audits of the Financial Statements** section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audits of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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

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

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

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

Other Matter - Supplemental Schedule Required by ERISA

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

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

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Dannible & McKee, LLP
Syracuse, New York

KPH Healthcare Services, Inc. Employee Stock Ownership and 401(k) Plan

Statements of Net Assets Available for Benefits

	December 31, 2025		
Assets	Allocated	Unallocated	Total
Investments (Notes 1, 2, 3, 4, 7 and 10):			
Common stock of KPH Healthcare Services, Inc. at fair value	$ 377,427,599	$ 169,979,258	$ 547,406,857
Registered investment companies at fair value	310,089,163	-	310,089,163
Common collective trusts at net asset value	8,402,857	-	8,402,857
Total investments	695,919,619	169,979,258	865,898,877
Receivables (Notes 1, 2, 3, 7 and 10):			
Notes receivable from participants	3,297,908	-	3,297,908
Contribution receivable from KPH Healthcare Services, Inc.	11,909,871	-	11,909,871
Total receivables	15,207,779	-	15,207,779
Non-interest bearing cash	654	-	654
Total assets	711,128,052	169,979,258	881,107,310
Liabilities			
Term loans payable to bank (Notes 1, 5, 6, 8 and 10)	-	92,608,296	92,608,296
Net assets available for benefits	$ 711,128,052	$ 77,370,962	$ 788,499,014

- Continued -

See accompanying notes and independent auditor's report.

KPH Healthcare Services, Inc. Employee Stock Ownership and 401(k) Plan

Statements of Net Assets Available for Benefits

(- Continued -)

	December 31, 2024		
Assets	Allocated	Unallocated	Total
Investments (Notes 1, 2, 3, 4, 7 and 10):			
Common stock of KPH Healthcare Services, Inc. at fair value	$ 360,576,120	$ 125,098,983	$ 485,675,103
Registered investment companies at fair value	271,628,235	-	271,628,235
Common collective trusts at net asset value	7,425,709	-	7,425,709
Total investments	639,630,064	125,098,983	764,729,047
Receivables (Notes 1, 2, 3, 7 and 10):			
Notes receivable from participants	3,078,724	-	3,078,724
Contribution receivable from KPH Healthcare Services, Inc.	6,243,624	-	6,243,624
Total receivables	9,322,348	-	9,322,348
Non-interest bearing cash	63	-	63
Total assets	648,952,475	125,098,983	774,051,458
Liabilities			
Term loan payable to bank (Notes 1, 5, 6, 8 and 10)	-	63,620,634	63,620,634
Net assets available for benefits	$ 648,952,475	$ 61,478,349	$ 710,430,824

See accompanying notes and independent auditor's report.

KPH Healthcare Services, Inc. Employee Stock Ownership and 401(k) Plan

Statements of Changes in Net Assets Available for Benefits

	Year ended December 31, 2025		
	Allocated	Unallocated	Total
Additions:-			
Investment income (Notes 1, 2, 3, 4, 7 and 10):			
Net appreciation in fair value in KPH Healthcare Services, Inc. common stock	$ 57,151,191	$ 29,224,389	$ 86,375,580
Net appreciation in other investments	45,714,384	-	45,714,384
Total investment income	102,865,575	29,224,389	132,089,964
Interest received on notes receivable from participants (Notes 1, 2 and 3)	242,687	-	242,687
Contributions (Notes 1 and 10):			
Employer contributions	11,909,871	5,680,379	17,590,250
Employee 401(k) contributions	13,261,654	-	13,261,654
Employee rollover contributions	1,741,105	-	1,741,105
Allocation of 15,717 shares of KPH Healthcare Services, Inc. common stock, at fair value	15,230,873	-	15,230,873
	42,143,503	5,680,379	47,823,882
Total additions	145,251,765	34,904,768	180,156,533
Deductions (Notes 1, 2, 5, 6, 8, 9 and 10):			
Distributions to plan participants	82,624,982	-	82,624,982
Allocation of 15,717 shares of KPH Healthcare Services, Inc. common stock, at fair value	-	15,230,873	15,230,873
Interest expense	-	3,781,282	3,781,282
Administrative expenses	451,206	-	451,206
Total deductions	83,076,188	19,012,155	102,088,343
Net increase	62,175,577	15,892,613	78,068,190
Net assets available for benefits:			
Beginning of year	648,952,475	61,478,349	710,430,824
End of year	$ 711,128,052	$ 77,370,962	$ 788,499,014

- Continued -

See accompanying notes and independent auditor's report.

KPH Healthcare Services, Inc. Employee Stock Ownership and 401(k) Plan

Statements of Changes in Net Assets Available for Benefits

(- Continued -)

	Year ended December 31, 2024		
	Allocated	Unallocated	Total
Additions:-			
Investment income (Notes 1, 2, 3, 4, 7 and 10):			
Net appreciation in fair value in KPH Healthcare Services, Inc. common stock	$ 15,385,648	$ 6,071,838	$ 21,457,486
Net appreciation in other investments	34,420,776	-	34,420,776
Total investment income	49,806,424	6,071,838	55,878,262
Interest received on notes receivable from participants (Notes 1, 2 and 3)	212,071	-	212,071
Contributions (Notes 1 and 10):			
Employer contributions	6,243,624	3,680,841	9,924,465
Employee 401(k) contributions	12,565,262	-	12,565,262
Employee rollover contributions	2,136,494	-	2,136,494
Allocation of 15,104 shares of KPH Healthcare Services, Inc. common stock, at fair value	12,327,281	-	12,327,281
	33,272,661	3,680,841	36,953,502
Total additions	83,291,156	9,752,679	93,043,835
Deductions (Notes 1, 2, 5, 6, 8, 9 and 10):			
Distributions to plan participants	64,335,439	-	64,335,439
Allocation of 15,104 shares of KPH Healthcare Services, Inc. common stock, at fair value	-	12,327,281	12,327,281
Interest expense	-	2,092,444	2,092,444
Administrative expenses	436,160	-	436,160
Total deductions	64,771,599	14,419,725	79,191,324
Net increase (decrease)	18,519,557	(4,667,046)	13,852,511
Net assets available for benefits:			
Beginning of year	630,432,918	66,145,395	696,578,313
End of year	$ 648,952,475	$ 61,478,349	$ 710,430,824

See accompanying notes and independent auditor's report.

KPH Healthcare Services, Inc. Employee Stock Ownership and 401(k) Plan

Notes to Financial Statements

Note 1 - Description of plan

KPH Healthcare Services, Inc. (the "Company") Employee Stock Ownership and 401(k) Plan (the "Plan") is an employee stock ownership plan as defined by Section 4975(e)(7) of the Internal Revenue Code. The Plan includes a 401(k)-provision allowing employee elective contributions.

The Plan was effective January 1, 1984, and is subject to the provisions outlined in the original plan document and all subsequent amendments to that document. It is also subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The following brief description provides only general information. Additional information about the Plan is contained in the pamphlet, "KPH Healthcare Services, Inc. Employee Stock Ownership and 401(k) Plan Summary Plan Description." Copies of this pamphlet are available from the Trustees of the Plan.

In April 2008, the plan sponsor repurchased essentially all of its outstanding common stock and the Plan became the sole shareholder of KPH Healthcare Services, Inc. stock. In order to finance this purchase, the Plan entered into a $39,741,219 term loan agreement with the Company that was used to purchase 441,569 shares of common stock (see Note 5).

In May 2024, the Plan entered into an ESOP Loan and Pledge agreement with the Company to purchase 70,000 shares in exchange for a term loan of $54,607,000. The term note payable bears interest at 5.0% and is repaid with accrued principal and interest starting on December 31, 2024 through May 31, 2064, (see Note 5). In relation to this transaction, the Company adopted a Price Protection Policy to mitigate the impact of the transactions on the value of the shares of company stock allocated or allocable to the accounts of certain ESOP participants as of May 17, 2024, (see Note 6).

In July 2025, the Plan entered into an ESOP Loan and Pledge agreement with the Company to purchase 37,844 shares in exchange for a term loan of $30,886,759. The term note payable bears interest at 4.90% and is repaid with accrued principal and interest starting on December 31, 2025 through December 31, 2065, (see Note 5).

As the Plan makes payments of principal and interest towards its term loans, an appropriate percentage of this stock is allocated to eligible employee accounts in accordance with applicable regulations under the Internal Revenue Code.

The term loans payable to the Company are collateralized by the unallocated shares of common stock and are guaranteed by the Company. The lender has no rights against shares once they are allocated under the Plan. Accordingly, the financial statements of the Plan present separately, the assets, liabilities, and changes therein pertaining to (a) the accounts of employees with vested rights in allocated stock; and (b) stock not yet allocated to the employees.

Voting rights - Each participant is entitled to exercise voting rights attributable to the shares allocated to their account and is notified by the Trustee prior to the time that such rights are to be exercised. The Trustee is not permitted to vote any allocated share for which instructions have not been given by a participant. The Trustee is required; however, to vote any unallocated shares on behalf of the collective best interests of plan participants and beneficiaries.

Plan amendments - Effective January 1, 2025, and effective every two years thereafter, the Plan amended the re-enrollment feature where participants under the initial automatic enrollment amount, including those who have opted out of contributing, will be re-enrolled at the automatic enrollment amount.

Plan provision - In a prior year, the Plan implemented a provision of the SECURE 2.0 Act, extending the age for required minimum distributions to seventy-three. Written amendments to the Plan to reflect operational changes required under the SECURE 2.0 Act will be adopted at a later date in accordance with applicable laws and Internal Revenue Service guidance.

Eligibility - The Plan has separate entry dates for elective employee contributions and employer contributions. Employees are eligible to make elective contributions beginning on their date of hire, provided they are twenty-one years of age. For employer contributions, the Plan covers all employees of the Company who have completed one year of service of at least 1,000 hours and attained age twenty-one. Eligible employees begin participating in employer contributions to the Plan as of the first day of the quarter following eligibility. In the event an employee elects not to enroll in the Plan before this date, they are automatically set up to begin making elective contributions; see contributions below.

Contributions - Once a participant is eligible for the Plan, they are automatically enrolled in the Plan with an initial deferral rate of 4% of their annual compensation, which is increased automatically by 1% each year, up to a maximum of 10%, unless the participant elects a different percentage or expressly elects not to participate in the Plan. The Plan includes a 401(k) provision, which allows participants to contribute up to 97% of their annual compensation on a pre-tax or post-tax basis to the Plan. Annual participant contributions are limited to amounts as specified in the Internal Revenue Code. Participants who have attained age fifty before the end of the plan year are eligible to make catch-up contributions. Participants are allowed to make rollover contributions to the Plan. Participants direct the investment of contributions into various investment options offered by the Plan.

The Company is obligated to make contributions to the Plan, which when aggregated with the Plan's dividends and interest earnings, equal the amount necessary to enable the Plan to make its regularly scheduled payments of principal and interest due on its term loans (see Note 5). The Plan also requires a Safe Harbor employer contribution, which can be used to satisfy principal and interest payments. The Company may also make discretionary profit sharing and matching contributions to the Plan, which are determined annually by the Board of Directors of the Company. The Company made Safe Harbor and additional discretionary profit-sharing contributions of $17,590,250 and $9,924,465 for the years ended December 31, 2025 and 2024,

respectively. There were no discretionary matching contributions for the years ended December 31, 2025 and 2024.

Participant accounts - Each participant's account is credited with the participant's elective deferral contribution, the Company's contributions and plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant compensation or account balances, as defined by the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants can access their account information via the Benefit Plan Administrative Services, Inc. website where they have the ability to change their elective deferrals and investment options as well as apply for participant notes receivable and request distributions.

Vesting - Participants are always 100% vested in their elective salary deferral and the Company's Safe Harbor employer contributions. Participants are not vested in discretionary employer profit sharing contributions until completion of three years of service, at which time they become fully vested.

Forfeitures - When a participant is terminated, any amounts in the participant's account in which the participant is not vested are forfeited. Forfeitures may be used to pay administrative expenses or reduce employer contributions. Forfeited non-vested accounts totaled $223,000 and $270,784 as of December 31, 2025 and 2024, respectively. In March 2026, the Company used $230,741 of available forfeitures to fund the 2025 employer contribution, of which $223,000 was available as of December 31, 2025, and the remaining $7,741 was made available in 2026. In March 2025, the Company used $303,919 of available forfeitures to fund the 2024 employer contribution, of which of which $270,784 was available as of December 31, 2024, and the remaining $33,135 was made available in 2025.

Put option - Under the Federal Income Tax Regulations, employer stock that is held by the Plan and its participants and is not readily tradable on an established market, or is subject to trading limitations, must include a put option. The put option is a right to demand that the Company buy any shares of its stock distributed to participants for which there is no market. The put price is representative of the current appraised value of the stock. The purpose of the put option is to ensure that participants have the ability to ultimately obtain cash for the value of employer stock held.

Diversification - Diversification is offered to participants close to retirement so that they may have the opportunity to receive a distribution or move part of the value of their investment in company stock into investments, which are more diversified. Participants who are at least age fifty-five with at least ten years of participation in the Plan may elect to diversify a portion of their account. Diversification is offered to each eligible participant over a six-year period. In each of the first four years, a participant may diversify up to 25% of the number shares allocated to their account, less any shares previously diversified. In the fifth year, the percentage changes to 50%. Participants who elect to diversify will receive a cash distribution. The election to diversify is made subsequent to year end based upon the shares of employer stock in the participant's account at year end.

Investment options - Upon enrollment in the Plan, a participant may direct their contributions in any various investment options available. Participants can change their investment allocation on a daily basis through online access, as discussed above. Company discretionary and matching contributions are invested by the Custodian to the extent possible and deemed advisable by the Trustee, in the Company's stock.

Allocation of profit-sharing contributions and earnings - Profit sharing contributions are allocated to active participant accounts in proportion to participant compensation. Earnings on plan assets are allocated to participant accounts in proportion to the participant's account value.

Payment of benefits - Upon termination of employment, a participant will receive their vested account balance in a lump sum payment. Any shares of KPH Healthcare Services, Inc. stock held in a participant's account are immediately redeemed by the plan sponsor.

Notes receivable from participants - Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The notes are collateralized by the balance in the participant's account and bear interest at the prime rate (6.75% as of December 31, 2025). Interest rates on the outstanding notes range from 3.25% to 8.50%. The notes receivable and interest thereon shall be repaid over a period not to exceed five years unless the note is used to acquire a personal residence. The plan administrator will consider a note in default if any scheduled payment remains unpaid beyond the last day of the calendar quarter following the calendar quarter in which the participant missed the scheduled payment. Any notes that are in default as defined by the plan document are reported as either deemed distributions or benefit payments.

Deemed distributions - Deemed distributions represent the amount of unpaid principal on notes for participants who are actively participating in the Plan and have not continued to make payments on outstanding notes as required under the program. Deemed distributions amounted to $99,771 and $281,630 for the years ended December 31, 2025 and 2024, respectively, and are included in distributions to plan participants in the accompanying statements of changes in net assets available for benefits.

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. In the event of termination of the Plan, all participants will become fully vested and their remaining account balances will be paid out to them.

Note 2 - Summary of significant accounting policies

Method of accounting - The Plan maintains its accounting records and financial statements on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires plan management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of plan income and expenses during the reporting period. Actual results could differ from those estimates.

Allocations - The financial statements of the Plan present separately the assets and liabilities and changes therein pertaining to (a) the accounts of employees with rights in allocated stock ("allocated"); and (b) stock not yet allocated to employees ("unallocated"), including shares that are committed to be released. Shares are released from collateral and become allocated generally in the period in which debt service is actually paid.

Risks and uncertainties - The Plan invests in various investment securities and the Company's common stock. These are exposed to various risks, such as interest rate, market, and credit risks, as well as valuation assumptions based on earnings, cash flows, and other such techniques for the Company's common stock. Market risks include domestic and global events which could impact the value of investment securities, such as economic concerns. Due to the level of risk associated with the investment in the Company's common stock and other various investment securities, as well as uncertainties inherent in estimates and assumptions, it is at least reasonably possible that changes in the value of the Company's common stock and other various investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of changes in net assets available for benefits.

Investment valuation and income recognition - Investments are stated at fair value (see Note 7) with the exception of common collective trusts, which are valued at the net asset value (NAV) as a practical expedient as reported by the sponsor of the fund; see below. All fair values have been determined and certified by Hand Benefits & Trust Company, the Custodian of the Plan for participant directed investments, and GreatBanc Trust Company, the Trustee for the non-participant directed investments (see Note 3). 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 in investments consists of the realized gains or losses and the unrealized gains or losses on those investments, including interest and dividends on those investments.

The Plan invests in a common collective trust, the Federated Hermes Capital Preservation Trust Fund, which is a stable value fund. The fair value of participation units held in the stable value fund is based on the NAV, which serves as a practical expedient to estimate its fair value. The NAV as reported by the manager of the common collective trust and as supported by the unit prices of actual purchase and sale transactions occurring as of or close to the financial statement date. This practical expedient is not used when it is determined to be probable that the trust will sell the investment for an amount different from the reported NAV. This common collective trust holds guaranteed investment contracts (traditional GICs), separate account guaranteed investment contracts (separate account GICs) and synthetic guaranteed investment contracts (synthetic GICs). Participants may purchase units of the trust daily based on the established unit

value of $10.00. Participants may redeem units of the trust for the purpose of funding a benefit payment, making a participant note receivable, honoring an employee directed transfer of the employee's interest in the Plan to another investment election that is a noncompeting investment, or paying trustee fees. Participants may make withdrawals from the trust for other purposes generally only upon twelve month advance written notice to the Trustee. There are no unfunded commitments to this common collective trust as of December 31, 2025 and 2024. Investments measured at NAV per share used as a practical expedient are not required to be classified in the fair value hierarchy.

Notes receivable from participants - Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Management individually reviews all notes receivable balances that exceed forty-five days from the date of the most recent payment and based on the assessment of credit worthiness, estimates the portion, if any, of the balance that will not be collected. Currently, there is no valuation allowance recorded; however, management will record an allowance, if and when potentially uncollectable participant notes receivable become material. If a participant defaults on a note receivable and distribution from the participant account has been made during the plan year because the participant has left the Plan, the defaulted note receivable will be reported as benefits paid to participants on the statements of changes in net assets available for benefits and deducted from the receivable balance.

Payment of benefits - Benefits are recorded when paid.

Economic dependency and concentration of credit risk - A significant portion of the Plan's assets are investments in the common stock of KPH Healthcare Services, Inc. or receivables from KPH Healthcare Services, Inc. Accordingly, the Plan is dependent upon the financial condition of KPH Healthcare Services, Inc.

Administrative costs - Administrative costs, including maintaining participant accounts, legal and accounting costs are the obligation of the Plan; however, the plan sponsor has paid or has reimbursed the Plan for such expenses. Costs of managing the investments are paid directly out of the Plan's assets (see Note 8).

Subsequent events - Effective January 1, 2026, the Plan amended the auto enrollment increase maximum to 15% of compensation. On August 31, 2026, the Plan entered into an ESOP Loan and Pledge agreement with the Company to purchase 67,147 shares in exchange for a note payable of $62,007,569. The note payable will bear interest at 4.92% and be repaid with principal and interest payments starting on December 31, 2026. Management has evaluated subsequent events through September 18, 2026, the date that the financial statements were available for issue.

Note 3 - Information certified by the Custodian of the Plan

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Certain information related to investments, notes receivable from participants, noninterest-bearing cash and term loan payable to bank disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held as of December 31, 2025 and 2024, and net appreciation in fair value of investments and interest income on notes receivable from participants for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate for both participant and non-participant directed investments.

Hand Benefits & Trust Company, the Custodian of the Plan for participant directed investments, has certified as complete and accurate the following participant directed net assets:

	December 31,	
	2025	2024
Investments, at fair value:		
Registered investment companies at fair value	$ 310,089,163	$ 271,628,235
Common collective trusts at net asset value	8,402,857	7,425,709
Total investments, at fair value	318,492,020	279,053,944
Receivables:		
Notes receivable from participants	3,297,908	3,078,724
Total participant directed net assets	$ 321,789,928	$ 282,132,668

Hand Benefits & Trust Company, the Custodian of the Plan for participant directed investments, has certified as complete and accurate the following significant components of the changes in the net assets relating to the participant directed net assets:

	Year ended December 31,	
	2025	2024
Net appreciation in investments	$ 45,714,384	$ 34,420,776
Interest on notes receivable from participants	242,687	212,071
	$ 45,957,071	$ 34,632,847

GreatBanc Trust Company, the Trustee for the non-participant directed investments, has certified as complete and accurate the following non-participant directed net assets and liabilities:

	December 31,	
Assets	2025	2024
Investments, at fair value:		
Common stock of KPH Healthcare Services, Inc. at fair value	$ 547,406,857	$ 485,675,103
Noninterest-bearing cash	654	63
Total investments, at fair value	547,407,511	485,675,166
Liabilities		
Term loans payable to bank	92,608,296	63,620,634
Total participant directed net assets	$ 454,799,215	$ 422,054,532

GreatBanc Trust Company, the Trustee for the non-participant directed investments, has certified as complete and accurate the following significant components of the changes in the net assets relating to the non-participant directed net assets:

	Year ended December 31, 2025		
	Allocated	Unallocated	Total
Net appreciation of fair value in KPH Healthcare Services, Inc. common stock	$ 57,151,191	$ 29,224,389	$ 86,375,580
Allocation of 15,717 shares of KPH Healthcare Services, Inc. common stock, at fair value	15,230,873	-	15,230,873
Allocation of 15,717 shares of KPH Healthcare Services, Inc. common stock, at fair value	-	(15,230,873)	(15,230,873)
	$ 72,382,064	$ 13,993,516	$ 86,375,580

	Year ended December 31, 2024		
	Allocated	Unallocated	Total
Net appreciation of fair value in KPH Healthcare Services, Inc. common stock	$ 15,385,648	$ 6,071,838	$ 21,457,486
Allocation of 15,104 shares of KPH Healthcare Services, Inc. common stock, at fair value	12,327,281	-	12,327,281
Allocation of 15,104 shares of KPH Healthcare Services, Inc. common stock, at fair value	-	(12,327,281)	(12,327,281)
	$ 27,712,929	$ (6,255,443)	$ 21,457,486

Furthermore, the Plan's independent accountants did not perform auditing procedures with respect to the above information except to compare such information to the related information included in the financial statements and ERISA-required supplemental schedule.

Note 4 - Common stock of KPH Healthcare Services, Inc.

The cost and fair value of KPH Healthcare Services, Inc. common stock held by the Plan is as follows:

	December 31, 2025		
	Allocated	Unallocated	Total
Number of shares	389,472	175,405	564,877
Cost	$ 88,711,580	$ 91,574,484	$ 180,286,064
Fair value	$ 377,427,599	$ 169,979,258	$ 547,406,857

	December 31, 2024		
	Allocated	Unallocated	Total
Number of shares	441,796	153,278	595,074
Cost	$ 82,561,686	$ 62,101,927	$ 144,663,613
Fair value	$ 360,576,120	$ 125,098,983	$ 485,675,103

KPH Healthcare Services, Inc. stock is the only non-participant directed investment, as the entire amount of employer contributions are invested in KPH Healthcare Services, Inc. stock (see Note 3).

Note 5 - Term loans payable

Term loans payable consisted of the following:

	December 31, 2025	December 31, 2024
Term loan payable to KPH Healthcare Services, Inc. dated April 2008, repayable in monthly installments of $110,392, plus interest at 5%, through December 2031, loan can be prepaid without penalty; secured by unallocated shares of 70,727 and 84,299 as of December 31, 2025 and 2024, respectively (see Note 6)	$ 7,952,623	$ 9,277,327
Term loan payable to KPH Healthcare Services, Inc. dated May 2024, repayable in annual installments of $3,182,396, including interest at 5%, through May 2064, loan can be prepaid without penalty; secured by unallocated shares of 67,228 and 68,979 as of December 31, 2025 and 2024, respectively (see Note 6)	53,878,077	54,343,307
Term loan payable to KPH Healthcare Services, Inc. dated July 2025, repayable in annual installments of $1,775,443, including interest at 4.90%, through December 2065, loan can be prepaid without penalty; secured by unallocated shares of 37,450 as of December 31, 2025 (see Note 6)	30,777,596	-
	$ 92,608,296	$ 63,620,634

Future maturities subsequent to 2025 are as follows:

2026	$ 2,080,536
2027	2,118,060
2028	2,157,448
2029	2,198,792
2030	2,258,049
2031 and thereafter	81,795,411
	$ 92,608,296

The Plan held 175,405 and 153,278 shares of unallocated common stock as of December 31, 2025 and 2024, respectively. The Plan released 15,717 and 15,104 shares for allocation based on the principal and interest payments made on the above term loans payable for the years ended December 31, 2025 and 2024, respectively.

Note 6 - Price Protection Policy

As part of the Plan's purchase of shares from the Company in May 2024 as discussed in Notes 1 and 5, the Company adopted a Price Protection Policy to mitigate the impact of the transaction on the value of the shares of company stock allocated or allocable to the accounts of certain ESOP participants as of May 17, 2024, (the "Protected Shares"). The mitigation policy will apply in connection with (a) "Protected Conversion" - the conversion of company stock accounts in the ESOP Trust during the 2025 and 2026 plan years ("the Protection Period") or (b) a "Protected Distribution" - distributions taken from the ESOP Trust during the Protection Period (1) on account of the participant's retirement from the Company following attainment of early or normal retirement ages, (2) following the participant's attainment of normal retirement age, (3) on account of the participant's death or disability, (4) which qualifies as a "required minimum distribution" as described in the Internal Revenue Code and the Plan, or (5) as the result of a diversification election under the terms of the Plan. The Policy will result in a bonus paid from the Company to each affected participant as a result of a Protected Conversion or a Protected Distribution (the "Price Protection Payment").

The Plan guarantees a Price Protection Payment to applicable participants equal to the difference between (1) the value per share of the company stock determined for purposes of operating the ESOP as of the end of the plan year immediately preceding the date of the Protected Conversion of Protected Distribution, adjusted, solely for the purposes of making this calculation, by excluding from the number of shares of company stock actually outstanding at the time the 70,000 shares of company stock purchased by the ESOP Trust *minus* (2) the value per share of the company stock determined for purposes of operating the ESOP as of the end of the plan year immediately preceding the date of the Protected Conversion of Protected Distribution. The Price Protection Payment shall not exceed $780.10 per share. There were no Price Protection Payments paid for the years ended December 31, 2025 and 2024.

Note 7 - Fair value measurement

The Financial Accounting Standards Board (FASB) has published authoritative guidance on fair value measurements, which establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under the authoritative guidance 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; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

The following is a description of the valuation methodology used for assets measured at fair value, which have been determined and certified by the Custodian.

Registered Investment Companies (i.e., Mutual Funds) - Valued at the daily closing price reported on the active market on which the individual security is traded (Level 1).

KPH Healthcare Services, Inc. Common Stock - Valued at estimated fair value determined by an independent appraisal based on using externally developed models that consider unobserved market inputs (Level 3).

The preceding method 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 method is 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. There have been no changes to valuation methodology used as of December 31, 2025 and 2024.

The following table sets forth by Level within the fair value hierarchy, the Plan's assets at fair value:

	December 31, 2025			
	Level 1	Level 2	Level 3	Total
Common stock of KPH Healthcare Services, Inc.	$ -	$ -	$ 547,406,857	$ 547,406,857
Registered investment companies	310,089,163	-	-	310,089,163
	$ 310,089,163	$ -	$ 547,406,857	$ 857,496,020

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Common stock of KPH Healthcare Services, Inc.	$ -	$ -	$ 485,675,103	$ 485,675,103
Registered investment companies	271,628,235	-	-	271,628,235
	$ 271,628,235	$ -	$ 485,675,103	$ 757,303,338

The following table sets forth a summary of transfers, purchases and issuances of the common stock of the plan sponsor, the Plan's Level 3 assets:

	Year ended December 31,	
	2025	2024
Purchases	$ 6,243,630	$ 5,013,700
New term loan	30,886,759	54,607,000
Issuances	(61,774,211)	(64,859,589)
Transfers in	-	-
Transfers out	-	-

Note 8 - Related party and party-in-interest transactions

The Plan invests in KPH Healthcare Services, Inc. common stock and has indebtedness guaranteed by KPH Healthcare Services, Inc. These are related party and party-in-interest transactions. The Plan invests participant directed investments that are managed by Hand Benefits & Trust Company, the Custodian of the Plan for participant directed investments. Fees paid for these services qualify as party-in-interest transactions and are included in the net appreciation in other investments on the accompanying statements of changes in net assets available for benefits.

The Plan pays for certain expenses related to plan operations and investment advisory to various service providers, which are party-in-interest transactions under ERISA and are included in administrative expenses on the accompanying statements of changes in net assets available for benefits, as follows: the Plan contracts with the Benefit Plans Administrative Services, Inc. to provide recordkeeping, third-party administrative services and investment advisory services. Fees paid for these services amounted to $421,208 and $406,164 for the years ended December 31, 2025 and 2024, respectively. The Plan contracts with Shepherd Kaplan, LLC to provide investment management services. Fees paid for these services amounted to $29,998 and $29,996 for the years ended December 31, 2025 and 2024, respectively.

Note 9 - Income tax status

The Internal Revenue Service has ruled that the Plan, as amended, qualifies under Section 401(a) of the Internal Revenue Code (IRC) and is therefore not subject to tax under present income tax laws. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan has been amended since receiving the determination letter; however, the plan administrator and the plan trustees believe that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC. Accordingly, the Plan has been accounted for as a tax-exempt plan.

In accordance with FASB guidance related to income taxes and tax-exempt entities, the Plan has reviewed its operations for uncertain tax positions and believes there are no significant exposures. The Plan will include penalties and interest on income tax liabilities in administrative expenses if such amounts arise. The Plan did not incur any penalties and interest for the years ended December 31, 2025 or 2024. The Plan is no longer subject to regulatory examinations by tax authorities for the closed years before 2022.

Note 10 - Reconciliation of the financial statements to Form 5500

Contributions receivable and the loan payable on Form 5500 are both greater than amounts presented in the accompanying statements of net assets available for benefits by $5,680,379 and $3,680,841 as of December 31, 2025 and 2024, respectively. These amounts represent additional contributions towards loan payments that have been recorded as received and the loan paid in the financial statements but reported when received on Form 5500 by the Plan in the subsequent year. Furthermore, Form 5500 has certain investments balances, cost basis for KPH Healthcare Services, Inc. common stock, income and expense items that differ from amounts shown on the accompanying financial statements and supplemental schedule. These differences relate to classification and rounding only and have no effect on the net assets available for benefits as of December 31, 2025 and 2024, nor changes in net assets available for benefits for the years then ended.

Supplemental Schedule

KPH Healthcare Services, Inc. Employee Stock Ownership and 401(k) Plan

EIN #15-0358720

Plan #003

Schedule of Assets (Held at End of Year)

(Required Disclosure of Schedule H, Line 4i on Form 5500)

December 31, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
		Employer Securities		
*	KPH Healthcare Services, Inc.	Common Stock - 564,877 shares	$ 180,286,064	$ 547,406,857
		Common Collective Trusts		
	Federated Hermes	Capital Preservation R6P - 840,286 shares	**	8,402,857
		Registered Investment Companies		
	Vanguard	Wellington - 592,833 shares	**	45,760,743
	Vanguard	Target Ret 2050 - 458,546 shares	**	27,182,614
	Vanguard	Inst'l Index I - 44,519 shares	**	24,578,133
	Loomis Sayles	Growth Fund N - 731,797 shares	**	24,420,049
	Vanguard	Mid Cap Index Inst'l - 262,376 shares	**	20,827,424
	American Funds	Washington Mutual Investors Fund - 282,593 shares	**	18,436,364
	Vanguard	Target Ret 2040 - 352,853 shares	**	17,624,993
	Vanguard	Small Cap Index Inst'l - 118,849 shares	**	14,687,350
	Vanguard	Target Ret 2030 - 336,037 shares	**	14,224,450
	Vanguard	Target Ret 2045 - 403,226 shares	**	14,008,088
	Vanguard	Target Ret 2055 - 192,021 shares	**	12,704,121
	Blackrock	Advantage INT'L INST - 521,911 shares	**	11,972,628
	Vanguard	Target Ret 2020 - 407,080 shares	**	11,174,345
	Vanguard	Target Ret 2035 - 399,446 shares	**	10,936,844
	Vanguard	Target Ret 2060 - 144,434 shares	**	8,807,594
	Dodge & Cox	Income X - 608,283 shares	**	7,822,513
	Vanguard	Target Ret 2025 - 356,313 shares	**	7,108,447
	Vanguard	Target Ret Income - 382,334 shares	**	5,302,974
	Baillie Gifford	Emg Markets Equity - 131,164 shares	**	3,479,780
	Vanguard	Target Ret 2065 - 77,283 shares	**	3,093,637
	Vanguard	Treasury Money Market - 2,497,325 shares	**	2,497,325
	Blackrock	Infl Protected Bd I - 142,405 shares	**	1,396,990
	Cohen & Steers	Inst Realty - 22,389 shares	**	1,072,410
	Vanguard	Target Ret 2070 - 30,463 shares	**	969,347
		Participant Loans		
*	Participants	Participant loans due at various dates and interest rates ranging from 3.25% - 8.50%	**	3,297,908
				$ 869,196,785

* Party-in-interest as defined by ERISA.

** Cost omitted for participant directed investments.

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

Name of Employer:

► **KPH Healthcare Services, Inc.**

Employer Identification Number:► **15-0358720**
For plan year (beginning/ending):► **1/1/20254 -12/31/2025** Plan number:► **003**

(a)	**(b)** Identity of issue, borrower, lessor, or similar party	**(c)** Description of investment including maturity date, rate of interest, collateral, par or maturity value	**(d)** Cost	**(e)** Current value
	Employer Securities			
X	KPH HEALTHCARE SVCS INC Common Stock	564,878.5504 Sh	136,678,432.23	547,406,856.84
	Common Collective Trusts			
	FED HERMES CAP PRES R6P	840,285.69 Sh		8,402,856.90
	Registered Inv Co			
	AMERICAN FUNDS WASH MTUAL R6	282592.954 sh		18,436,364.31
	BAILLIE GIFFORD EMG MKTS EQTY	131163.9536 sh		3,479,779.69
	BLACKROCK ADVANTAGE INT'L INST	521910.5705 sh		11,972,628.49
	BLACKROCK INFL PROTECTED BD I	142404.7073 sh		1,396,990.18
	COHEN & STEERS INST REALTY SHS	22388.5129 sh		1,072,409.78
	DODGE & COX INCOME FUND	608282.5342 sh		7,822,513.38
	LOOMIS SAYLES GROWTH FUND	731796.5077 sh		24,420,049.45
	VANGUARD INST'L INDEX I	44518.9922 sh		24,578,133.14
	VANGUARD MID-CAP INDEX INST'L	262376.2161 sh		20,827,424.04
	VANGUARD SMALL-CAP INDEX INSTL	118848.9224 sh		14,687,349.82
	VANGUARD TARGET RETIREM'T 2020	407079.9496 sh		11,174,344.60
	VANGUARD TARGET RETIREM'T 2025	356313.1463 sh		7,108,447.26
	VANGUARD TARGET RETIREM'T 2030	336037.0798 sh		14,224,449.60
	VANGUARD TARGET RETIREM'T 2035	399446.4442 sh		10,936,843.64
	VANGUARD TARGET RETIREM'T 2040	352852.7226 sh		17,624,993.48
	VANGUARD TARGET RETIREM'T 2045	403226.4817 sh		14,008,087.97
	VANGUARD TARGET RETIREM'T 2050	458546.1231 sh		27,182,614.18
	VANGUARD TARGET RETIREM'T 2055	192021.1692 sh		12,704,120.55
	VANGUARD TARGET RETIREM'T 2060	144434.1444 sh		8,807,594.13
	VANGUARD TARGET RETIREM'T 2065	77282.9636 sh		3,093,637.03
	VANGUARD TARGET RETIREM'T 2070	30463.4465 sh		969,346.86
	VANGUARD TGT RETIREM'T INCOME	382334.0924 sh		5,302,973.85
	VANGUARD TREASURY MONEY MARKET	2497325.48 sh		2,497,325.48
	VANGUARD WELLINGTON ADMIRAL	592832.5168 sh		45,760,715.00
	GOLDMAN SACHS FIN SQ GOVT FD INSTL	654.05 Sh		654.05
	Participant Loans			
	MYPLANLOAN TRADITIONAL	Participant loans due at various dates and		3,231,252.74
	EMPLOYEE LOANS	interest rates from 3.25% to 8.50%		66,655.65