Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PROHEALTH HOME CARE INC 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2009

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)
PROHEALTH HOME CARE INC

2700 ZANKER RD STE 180
SAN JOSE, CA 95134-2140

2b Employer Identification Number (EIN)
42-1733324

2c Plan Sponsor's telephone number
510-205-9934

2d Business code (see instructions)
621498

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	EDWARD ROJAS
	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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	467
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)**	424
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	410
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	66
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	476
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	476
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)**	199
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)**	230
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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
PROHEALTH HOME CARE INC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PROHEALTH HOME CARE INC

D Employer Identification Number (EIN)
42-1733324

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

PAYCHEX SECURITIES CORPORATION
225 KENNETH DRIVE
ROCHESTER, NY 14623

16-1486352

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

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

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

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

401K GENERATION

237 S. WESTMONTE AVE
STE 30
ALTAMONTE SPRINGS, FL 32714

26-4477125

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMINISTRATOR	14315	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

FERMATA 401K, LLC

539 BROADWAY, SUITE A
SONOMA, CA 95476

93-3957830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	ADVISOR	10465	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

FERMATA 401K, LLC

539 BROADWAY, SUITE A
SONOMA, CA 95476

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	ADVISOR	17587	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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)

PAYCHEX, INC.

911 PANORAMA TRAIL S
ROCHESTER, NY 14625

16-1124166

(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	RECORDKEEPER	15620	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
PROHEALTH HOME CARE INC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PROHEALTH HOME CARE INC

D Employer Identification Number (EIN)
42-1733324

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: THE STANDARD STABLE ASSET II

b Name of sponsor of entity listed in (a): STANDARD INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
93-0242990-690	C	77881

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
PROHEALTH HOME CARE INC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PROHEALTH HOME CARE INC

D Employer Identification Number (EIN)
42-1733324

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)		
(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)	97416	142848
(9) Value of interest in common/collective trusts	1c(9)	79954	77881
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4643822	6315579
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	4821192	6536308
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	4821192	6536308

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)	0	
(B) Participants	2a(1)(B)	1057720	
(C) Others (including rollovers)	2a(1)(C)	144646	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1202366
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	8326	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		8326
(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)	303852	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		303852
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		563905
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2078449
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	271865	
(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)		271865
f Corrective distributions (see instructions)	2f		32746
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	29809	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	28053	
(6) Bank or trust company trustee/custodial fees	2i(6)	860	
(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)	0	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		58722
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		363333
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1715116
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: PETER HOLTZ CPA **(2)** EIN: 45-3950353

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		300000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**		X	

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
PROHEALTH HOME CARE INC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PROHEALTH HOME CARE INC

D Employer Identification Number (EIN)
42-1733324

Part I Distributions

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

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

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

EIN(s): 27-3169253

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 08 / 31 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704150A .

PROHEALTH HOME CARE 401(K) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2025

PETER HOLTZ CPA
160 N Grant Avenue, Manteca, CA
95336 Tel: 209-941-0189
https://peterholtzcpa.com

PROHEALTH HOME CARE 401(K) PLAN

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PETER HOLTZ CPA

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Manteca, CA 95336
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https://peterholtzcpa.com

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
PROHEALTH HOME CARE 401(K) PLAN
San Jose, California

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2025 Financial Statements

We have performed an audit of the financial statements of Prohealth Home Care 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 statement of net assets available for benefits as of December 31, 2025, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2025 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2025 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 audit 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 a certification from a qualified institution as of and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 10 to the financial statements, is complete and accurate.

Opinion on the 2025 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2025 Financial Statements section

- the amounts and disclosures in the accompanying 2025 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 2025 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 on the 2025 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2025 Financial Statements section of our report. We are required to be independent of Prohealth Home Care 401(K) 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 2025 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 Prohealth Home Care 401(K) Plan’s ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditor’s Responsibilities for the Audit of the 2025 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2025 Financial Statements 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 Prohealth Home Care 401(K) Plan's internal control. Accordingly, no such opinion is expressed.

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

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Prohealth Home Care 401(K) Plan's ability to continue as a going concern for a reasonable period of time.

Our audit 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 2025 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

To the Plan Administrator
PROHEALTH HOME CARE 401(K) PLAN
San Jose, California

Other Matters

2025 Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2025, is presented for the purpose 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 the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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



PETER HOLTZ CPA
Manteca, California, USA
October 13, 2026

PROHEALTH HOME CARE 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
Assets		
Investments, at fair value *(Note 3)*:		
Mutual funds	$ 6,315,574	$ 4,643,815
Common/collective trust *(measured at NAV)*	77,880	79,954
Total investments	6,393,454	4,723,769
Receivables:		
Notes receivable from participants	142,848	97,416
Participant contributions receivable	-	-
Total receivables	142,848	97,416
Total assets	6,536,302	4,821,185
Liabilities		
Excess contributions payable *(Note 9)*	18,896	-
Total liabilities	18,896	-
Net assets available for benefits	**$ 6,517,406**	**$ 4,821,185**

See Independent Auditor's Report and notes to financial statements.

PROHEALTH HOME CARE 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
Additions:		
Investment income:		
Net appreciation in fair value of investments	$ 562,775	$ 491,291
Dividends and capital gain distributions	303,852	165,486
Total investment income	866,627	656,777
Interest income on notes receivable from participants	9,118	7,293
Other income – fee revenue credits	357	-
Contributions:		
Participant	1,057,720	981,345
Rollover	144,646	-
Total contributions	1,202,366	981,345
Total additions	2,078,468	1,645,415
Deductions:		
Benefits paid to participants	273,724	445,144
Corrective distributions *(Note 9)*	51,642	-
Administrative expenses	56,881	45,899
Total deductions	382,247	491,043
Net increase in net assets available for benefits	**1,696,221**	**1,154,372**
Net assets available for benefits:		
Beginning of year	4,821,185	3,666,813
End of year	**$ 6,517,406**	**$ 4,821,185**

See Independent Auditor's Report and notes to financial statements.

PROHEALTH HOME CARE 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Prohealth Home Care 401(K) Plan ("the Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

a) General

The Plan is a participant-directed defined contribution plan sponsored by ProHealth Home Care, Inc. (the Company or Plan Sponsor), which also serves as plan administrator. The Plan covers employees of the Company who meet the eligibility requirements set forth in the Plan document. Mid Atlantic Trust Company serves as trustee and custodian of the Plan's assets, and a third-party administrator provides recordkeeping services. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

b) Contributions

Participants may elect to defer a percentage of eligible compensation, on a pre-tax and/or Roth basis, subject to limits under the Internal Revenue Code (IRC). For 2025, the elective deferral limit under IRC Section 402(g) was $23,500 (2024: $23,000). Participants age 50 or older may make catch-up contributions of up to $7,500 ($11,250 for participants ages 60 through 63 under the SECURE 2.0 Act). Participants may also roll over amounts from other qualified plans; rollover contributions totaled $144,646 in 2025. The Plan permits discretionary employer contributions; no employer contributions were made for 2025 or 2024. Participants direct the investment of their accounts into the investment options offered by the Plan.

c) Participant accounts

Each year participants may contribute a portion of their compensation not to exceed the maximum allowable IRC 402(g) limit of $23,500 for 2025. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also roll over amounts representing distributions from other qualified plans. The employer may make a discretionary match based on a percentage of each qualifying contributing participant's elective deferral.

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

NOTE 1 - DESCRIPTION OF PLAN *(cont.)*

d) Vesting

Participants are vested immediately in their elective deferrals and rollover contributions plus actual earnings thereon. Vesting in the Company's matching and profit-sharing contribution portions of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100 percent vested after six continuous years of credited service. Participants also become 100 percent vested upon death, disability, or attainment of normal retirement age.

e) Notes receivable from participants

Participants may borrow from their vested account balances up to a maximum equal to the lesser of $50,000 (reduced by the participant's highest outstanding loan balance during the preceding 12 months) or 50% of their vested account balance, as provided under IRC Section 72(p) and the Plan document. Loan terms range up to five years, or longer for the purchase of a primary residence. Loans are secured by the balance in the participant's account and bear interest at a fixed rate, established by the plan administrator at origination, that is commensurate with prevailing market rates. Principal and interest are repaid ratably through payroll deductions. Notes receivable from participants totaled $142,848 and $97,416 on December 31, 2025, and 2024, respectively. During 2025, new loans of $142,874 were issued, and participant loans in default totaling $25,073 (including accrued interest) were treated as deemed distributions and are included in benefits paid to participants.

f) Payment of benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or annual installments as outlined in the plan. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution. Vested account balances of $7,000 or less may be distributed without the participant's consent; balances over $1,000 for which no election is made are distributed as an automatic rollover to an individual retirement account.

The plan also allows for in-service distributions upon attainment of age 59 ½ due to financial hardship and disability, as defined in the plan document.

g) Forfeited accounts

On December 31, 2025, there were no forfeited nonvested accounts recorded. These accounts will be used to pay administrative expenses and reduce employer contributions, or be allocated to remaining participants.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

a) Basis of accounting

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

b) Use of estimates

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

c) Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodian.

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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

d) Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses when incurred. No allowance for credit losses has been recorded as of December 31, 2025, or 2024. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the outstanding loan balance is reduced and a benefit payment is recorded.

e) Payment of benefits

Benefits are recorded when paid.

f) Corrective Distributions

Contributions received from participants in excess of IRC limitations or nondiscrimination test limits are recognized as a liability (excess contributions payable) and refunded to participants by the applicable deadline. Corrective distributions of $51,642 for 2025 consist of $32,746 paid in 2025 to refund excess contributions for the 2024 plan year and $18,896 of excess contributions and allocable earnings for the 2025 plan year, which are recorded as excess contributions payable at December 31, 2025 (see Note 9).

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(cont.)*

g) Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements.

Fees related to the administration of notes receivable from participants, including loan origination and annual maintenance fees, and fees for processing distributions are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

h) Subsequent events

The Plan has evaluated subsequent events through October 13, 2026, the date the financial statements were available to be issued.

NOTE 3 - FAIR VALUE MEASUREMENTS

ASC 820, Fair Value Measurement, establishes a fair value hierarchy that gives the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1) and th e lowest priority to unobservable inputs (Level 3). Level 2 inputs are observable inputs other than Level 1 prices.

Mutual funds: Valued at the daily closing price reported by the fund. Mutual funds held by the Plan are open-end funds registered with the Securities and Exchange Commission that are required to publish their daily NAV and to transact at that price; they are deemed to be actively traded (Level 1).

Common/collective trust: Valued at the NAV of units held by the Plan, as reported by the fund's trustee, as a practical expedient. In accordance with ASC 820-10, investments measured at NAV are not classified in the fair value hierarchy; the amounts are presented to permit reconciliation to the Statements of Net Assets Available for Benefits.

NOTE 3 - FAIR VALUE MEASUREMENTS *(cont.)*

The methods described above may produce a fair value that may not be indicative of net realizable value or reflective of future fair values. There were no changes in valuation methodologies used at December 31, 2025 and 2024.

Investments at fair value as of December 31, 2025	Level 1	Level 2	Level 3	Total
Mutual funds	$ 6,315,574	-	-	$ 6,315,574
Total assets in the fair value hierarchy	$ 6,315,574	-	-	$ 6,315,574
Investments measured at net asset value (a)				$ 77,880
Investments at fair value				$ 6,393,454

Investments at fair value as of December 31, 2024	Level 1	Level 2	Level 3	Total
Mutual funds	$ 4,643,815	-	-	$ 4,643,815
Total assets in the fair value hierarchy	$ 4,643,815	-	-	$ 4,643,815
Investments measured at net asset value (a)				$ 79,954
Investments at fair value				$ 4,723,769

(a) In accordance with ASC 820-10, investments measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy.

Investments Measured at NAV

December 31	2025	2024	Redemption frequency	Redemption notice
The Standard Stable Asset Fund II (common/collective trust) (b)	$ 77,880	$ 79,954	Daily	12 months (plan-level)

(b) The fund seeks to preserve principal and provide a stable rate of return through investments in fully benefit-responsive contracts and fixed income securities. There are no unfunded commitments. Participant-directed redemptions may be made daily; plan-level withdrawals require 12 months' advance written notice.

NOTE 4 - TAX STATUS

The Plan has adopted a pre-approved plan document for which the pre-approved plan provider received a favorable opinion letter from the Internal Revenue Service (IRS), stating that the form of the plan is qualified under Section 401(a) of the IRC and that the related trust is tax-exempt. The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 5 - 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 Plan termination, participants would become 100 percent vested in their employer contributions.

NOTE 6 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term, and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

NOTE 7 - RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Plan assets are held by Mid Atlantic Trust Company, the trustee and custodian of the Plan. The trustee, the recordkeeper and the Plan Sponsor are parties in interest as defined by ERISA. Fees paid by the Plan to service providers for administrative services totaled $56,881 for 2025, and the Plan received fee revenue credits of $357 from investment providers. Notes receivable from participants ($142,848 at December 31, 2025) also qualifies as party-in-interest transactions. These transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits and the net increase in net assets per the financial statements to the Form 5500:

	2025	2024
Net assets available for benefits per the financial statements	$ 6,517,406	$ 4,821,185
Recordkeeper-to-trustee valuation difference	6	7
Excess contributions payable at December 31, 2025	18,896	-
Net assets available for benefits per the Form 5500	**$ 6,536,308**	**$ 4,821,192**

	2025
Net increase in net assets per the financial statements	$ 1,696,221
Change in excess contributions payable	18,896
Valuation difference	(1)
Net income per the Form 5500	**$ 1,715,116**

The excess contributions payable represents 2025 refunds of excess contributions that were accrued as a liability in the financial statements at December 31, 2025 but will be reported on the Form 5500 when paid. The remaining differences are due to rounding in the Form 5500 (reported in whole dollars from recordkeeper data) versus trustee-basis amounts in the financial statements.

NOTE 9 - EXCESS CONTRIBUTIONS / COMPLIANCE

The Plan is subject to the actual deferral percentage (ADP) nondiscrimination test under Section 401(k)(3) of the Internal Revenue Code (IRC). The test limits the elective deferrals of highly compensated employees (HCEs) relative to those of non-highly compensated employees.

The Plan did not satisfy the ADP test for the 2024 plan year. To correct the failure, the Plan refunded excess contributions of $32,746 to six HCEs on February 24, 2025. These refunds are included in corrective distributions in the 2025 statement of changes in net assets available for benefits.

The Plan also did not satisfy the ADP test for the 2025 plan year. Excess contributions totaled $22,270. Of that amount, $5,813 attributable to two HCEs eligible for catch-up contributions was recharacterized as catch-up contributions and remains in the Plan. The remaining excess contributions of $16,457, together with allocable earnings of $2,439, are refundable to six HCEs. Accordingly, excess contributions payable of $18,896 is recorded as a liability in the statement of net assets available for benefits at December 31, 2025, and is included in corrective distributions in the 2025 statement of changes in net assets available for benefits.

Plan management intends to distribute the excess contributions and allocable earnings to the affected participants by December 31, 2026, and believes the Plan will continue to maintain its tax-qualified status.

NOTE 10 - INFORMATION CERTIFIED BY A QUALIFIED INSTITUTION

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2025 and 2024, and net appreciation (depreciation) in fair value of investments and dividends for the year ended December 31, 2025, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Mid Atlantic Trust Company (the qualified institution of the Plan).

PROHEALTH HOME CARE 401(K) PLAN
SUPPLEMENTARY INFORMATION

SCHEDULE I - Schedule H, Line 4i - Schedule of Assets (Held at End of Year) EIN: 94-2745899
For the Plan Year Beginning January 01, 2025 and Ending December 31, 2025 PLAN 001

(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
	Fred Alger Management	Mutual fund - Alger Capital Appreciation Institutional Fund Class I	**	$ 123,192
	American Century Investments	Mutual fund - American Century Mid Cap Value Fund R6 Class	**	36,752
	American Century Investments	Mutual fund - American Century Heritage Fund R6 Class	**	28,162
	Fidelity Investments	Mutual fund - Fidelity Advisor Small Cap Fund - Class Z	**	73,315
	Franklin Templeton	Mutual fund - Franklin Small Cap Value Fund Class R6	**	50,356
	MFS Investment Management	Mutual fund - MFS Value Fund Class R6	**	3,130
	Vanguard	Mutual fund - Vanguard Small Cap Index Fund Admiral Shares	**	70,288
	Vanguard	Mutual fund - Vanguard Mid-Cap Index Fund Admiral Shares	**	93,875
	Vanguard	Mutual fund - Vanguard 500 Index Fund Admiral Shares	**	980,520
	Victory Capital	Mutual fund - Victory Diversified Stock Fund Class I	**	70,401
	New York Life Investments	Mutual fund - NYLI Epoch International Choice Class I	**	11,031
	Vanguard	Mutual fund - Vanguard Developed Markets Index Fund Admiral Shares	**	52,018
	Virtus Investment Partners	Mutual fund - Virtus SGA International Growth Fund Class I	**	8,530
	PIMCO	Mutual fund - PIMCO Total Return Fund Class I-2	**	34,447
*	Standard Insurance Company	Common/collective trust - The Standard Stable Asset Fund II	**	77,880
	T. Rowe Price	Mutual fund - T. Rowe Price Retirement Balanced Fund Class I	**	20,432
	T. Rowe Price	Mutual fund - T. Rowe Price Target 2065 Fund I Class	**	17,155
	T. Rowe Price	Mutual fund - T. Rowe Price Target 2060 Fund I Class	**	138,635
	T. Rowe Price	Mutual fund - T. Rowe Price Target 2055 Fund I Class	**	398,418
	T. Rowe Price	Mutual fund - T. Rowe Price Target 2050 Fund I Class	**	991,006
	T. Rowe Price	Mutual fund - T. Rowe Price Target 2045 Fund I Class	**	1,006,312
	T. Rowe Price	Mutual fund - T. Rowe Price Target 2040 Fund I Class	**	1,136,865
	T. Rowe Price	Mutual fund - T. Rowe Price Target 2035 Fund I Class	**	558,793
	T. Rowe Price	Mutual fund - T. Rowe Price Target 2030 Fund I Class	**	86,234
	T. Rowe Price	Mutual fund - T. Rowe Price Target 2025 Fund I Class	**	188,643
	T. Rowe Price	Mutual fund - T. Rowe Price Target 2020 Fund I Class	**	123,116
	T. Rowe Price	Mutual fund - T. Rowe Price Target 2015 Fund I Class	**	4,845
	T. Rowe Price	Mutual fund - T. Rowe Price Target 2010 Fund I Class	**	7,545
	T. Rowe Price	Mutual fund - T. Rowe Price Target 2005 Fund I Class	**	1,557
	Total investments			**$ 6,393,454**
*	Participant loans			142,848
	Total assets held for investment purposes			**$ 6,536,303**

* Represents a party-in-interest to the Plan, as defined by ERISA.

** Cost information is not required for participant-directed investments and, therefore, is not included.

PROHEALTH HOME CARE 401(K) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2025

PETER HOLTZ CPA
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https://peterholtzcpa.com

PROHEALTH HOME CARE 401(K) PLAN

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PETER HOLTZ CPA

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Manteca, CA 95336
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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
PROHEALTH HOME CARE 401(K) PLAN
San Jose, California

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2025 Financial Statements

We have performed an audit of the financial statements of Prohealth Home Care 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 statement of net assets available for benefits as of December 31, 2025, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2025 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2025 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 audit 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 a certification from a qualified institution as of and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 10 to the financial statements, is complete and accurate.

Opinion on the 2025 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2025 Financial Statements section

- the amounts and disclosures in the accompanying 2025 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 2025 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 on the 2025 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2025 Financial Statements section of our report. We are required to be independent of Prohealth Home Care 401(K) 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 2025 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 Prohealth Home Care 401(K) Plan’s ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditor’s Responsibilities for the Audit of the 2025 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2025 Financial Statements 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 Prohealth Home Care 401(K) Plan's internal control. Accordingly, no such opinion is expressed.

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

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Prohealth Home Care 401(K) Plan's ability to continue as a going concern for a reasonable period of time.

Our audit 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 2025 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

To the Plan Administrator
PROHEALTH HOME CARE 401(K) PLAN
San Jose, California

Other Matters

2025 Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2025, is presented for the purpose 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 the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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



PETER HOLTZ CPA
Manteca, California, USA
October 13, 2026

PROHEALTH HOME CARE 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
Assets		
Investments, at fair value *(Note 3)*:		
Mutual funds	$ 6,315,574	$ 4,643,815
Common/collective trust *(measured at NAV)*	77,880	79,954
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Receivables:		
Notes receivable from participants	142,848	97,416
Participant contributions receivable	-	-
Total receivables	142,848	97,416
Total assets	6,536,302	4,821,185
Liabilities		
Excess contributions payable *(Note 9)*	18,896	-
Total liabilities	18,896	-
Net assets available for benefits	**$ 6,517,406**	**$ 4,821,185**

See Independent Auditor's Report and notes to financial statements.

PROHEALTH HOME CARE 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
Additions:		
Investment income:		
Net appreciation in fair value of investments	$ 562,775	$ 491,291
Dividends and capital gain distributions	303,852	165,486
Total investment income	866,627	656,777
Interest income on notes receivable from participants	9,118	7,293
Other income – fee revenue credits	357	-
Contributions:		
Participant	1,057,720	981,345
Rollover	144,646	-
Total contributions	1,202,366	981,345
Total additions	2,078,468	1,645,415
Deductions:		
Benefits paid to participants	273,724	445,144
Corrective distributions *(Note 9)*	51,642	-
Administrative expenses	56,881	45,899
Total deductions	382,247	491,043
Net increase in net assets available for benefits	**1,696,221**	**1,154,372**
Net assets available for benefits:		
Beginning of year	4,821,185	3,666,813
End of year	**$ 6,517,406**	**$ 4,821,185**

See Independent Auditor's Report and notes to financial statements.

PROHEALTH HOME CARE 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Prohealth Home Care 401(K) Plan ("the Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

a) General

The Plan is a participant-directed defined contribution plan sponsored by ProHealth Home Care, Inc. (the Company or Plan Sponsor), which also serves as plan administrator. The Plan covers employees of the Company who meet the eligibility requirements set forth in the Plan document. Mid Atlantic Trust Company serves as trustee and custodian of the Plan's assets, and a third-party administrator provides recordkeeping services. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

b) Contributions

Participants may elect to defer a percentage of eligible compensation, on a pre-tax and/or Roth basis, subject to limits under the Internal Revenue Code (IRC). For 2025, the elective deferral limit under IRC Section 402(g) was $23,500 (2024: $23,000). Participants age 50 or older may make catch-up contributions of up to $7,500 ($11,250 for participants ages 60 through 63 under the SECURE 2.0 Act). Participants may also roll over amounts from other qualified plans; rollover contributions totaled $144,646 in 2025. The Plan permits discretionary employer contributions; no employer contributions were made for 2025 or 2024. Participants direct the investment of their accounts into the investment options offered by the Plan.

c) Participant accounts

Each year participants may contribute a portion of their compensation not to exceed the maximum allowable IRC 402(g) limit of $23,500 for 2025. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also roll over amounts representing distributions from other qualified plans. The employer may make a discretionary match based on a percentage of each qualifying contributing participant's elective deferral.

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

NOTE 1 - DESCRIPTION OF PLAN *(cont.)*

d) Vesting

Participants are vested immediately in their elective deferrals and rollover contributions plus actual earnings thereon. Vesting in the Company's matching and profit-sharing contribution portions of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100 percent vested after six continuous years of credited service. Participants also become 100 percent vested upon death, disability, or attainment of normal retirement age.

e) Notes receivable from participants

Participants may borrow from their vested account balances up to a maximum equal to the lesser of $50,000 (reduced by the participant's highest outstanding loan balance during the preceding 12 months) or 50% of their vested account balance, as provided under IRC Section 72(p) and the Plan document. Loan terms range up to five years, or longer for the purchase of a primary residence. Loans are secured by the balance in the participant's account and bear interest at a fixed rate, established by the plan administrator at origination, that is commensurate with prevailing market rates. Principal and interest are repaid ratably through payroll deductions. Notes receivable from participants totaled $142,848 and $97,416 on December 31, 2025, and 2024, respectively. During 2025, new loans of $142,874 were issued, and participant loans in default totaling $25,073 (including accrued interest) were treated as deemed distributions and are included in benefits paid to participants.

f) Payment of benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or annual installments as outlined in the plan. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution. Vested account balances of $7,000 or less may be distributed without the participant's consent; balances over $1,000 for which no election is made are distributed as an automatic rollover to an individual retirement account.

The plan also allows for in-service distributions upon attainment of age 59 ½ due to financial hardship and disability, as defined in the plan document.

g) Forfeited accounts

On December 31, 2025, there were no forfeited nonvested accounts recorded. These accounts will be used to pay administrative expenses and reduce employer contributions, or be allocated to remaining participants.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

a) Basis of accounting

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

b) Use of estimates

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

c) Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodian.

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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

d) Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses when incurred. No allowance for credit losses has been recorded as of December 31, 2025, or 2024. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the outstanding loan balance is reduced and a benefit payment is recorded.

e) Payment of benefits

Benefits are recorded when paid.

f) Corrective Distributions

Contributions received from participants in excess of IRC limitations or nondiscrimination test limits are recognized as a liability (excess contributions payable) and refunded to participants by the applicable deadline. Corrective distributions of $51,642 for 2025 consist of $32,746 paid in 2025 to refund excess contributions for the 2024 plan year and $18,896 of excess contributions and allocable earnings for the 2025 plan year, which are recorded as excess contributions payable at December 31, 2025 (see Note 9).

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES *(cont.)*

g) Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements.

Fees related to the administration of notes receivable from participants, including loan origination and annual maintenance fees, and fees for processing distributions are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

h) Subsequent events

The Plan has evaluated subsequent events through October 13, 2026, the date the financial statements were available to be issued.

NOTE 3 - FAIR VALUE MEASUREMENTS

ASC 820, Fair Value Measurement, establishes a fair value hierarchy that gives the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1) and th e lowest priority to unobservable inputs (Level 3). Level 2 inputs are observable inputs other than Level 1 prices.

Mutual funds: Valued at the daily closing price reported by the fund. Mutual funds held by the Plan are open-end funds registered with the Securities and Exchange Commission that are required to publish their daily NAV and to transact at that price; they are deemed to be actively traded (Level 1).

Common/collective trust: Valued at the NAV of units held by the Plan, as reported by the fund's trustee, as a practical expedient. In accordance with ASC 820-10, investments measured at NAV are not classified in the fair value hierarchy; the amounts are presented to permit reconciliation to the Statements of Net Assets Available for Benefits.

NOTE 3 - FAIR VALUE MEASUREMENTS *(cont.)*

The methods described above may produce a fair value that may not be indicative of net realizable value or reflective of future fair values. There were no changes in valuation methodologies used at December 31, 2025 and 2024.

Investments at fair value as of December 31, 2025	Level 1	Level 2	Level 3	Total
Mutual funds	$ 6,315,574	-	-	$ 6,315,574
Total assets in the fair value hierarchy	$ 6,315,574	-	-	$ 6,315,574
Investments measured at net asset value (a)				$ 77,880
Investments at fair value				$ 6,393,454

Investments at fair value as of December 31, 2024	Level 1	Level 2	Level 3	Total
Mutual funds	$ 4,643,815	-	-	$ 4,643,815
Total assets in the fair value hierarchy	$ 4,643,815	-	-	$ 4,643,815
Investments measured at net asset value (a)				$ 79,954
Investments at fair value				$ 4,723,769

(a) In accordance with ASC 820-10, investments measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy.

Investments Measured at NAV

December 31	2025	2024	Redemption frequency	Redemption notice
The Standard Stable Asset Fund II (common/collective trust) (b)	$ 77,880	$ 79,954	Daily	12 months (plan-level)

(b) The fund seeks to preserve principal and provide a stable rate of return through investments in fully benefit-responsive contracts and fixed income securities. There are no unfunded commitments. Participant-directed redemptions may be made daily; plan-level withdrawals require 12 months' advance written notice.

NOTE 4 - TAX STATUS

The Plan has adopted a pre-approved plan document for which the pre-approved plan provider received a favorable opinion letter from the Internal Revenue Service (IRS), stating that the form of the plan is qualified under Section 401(a) of the IRC and that the related trust is tax-exempt. The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 5 - 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 Plan termination, participants would become 100 percent vested in their employer contributions.

NOTE 6 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term, and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

NOTE 7 - RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Plan assets are held by Mid Atlantic Trust Company, the trustee and custodian of the Plan. The trustee, the recordkeeper and the Plan Sponsor are parties in interest as defined by ERISA. Fees paid by the Plan to service providers for administrative services totaled $56,881 for 2025, and the Plan received fee revenue credits of $357 from investment providers. Notes receivable from participants ($142,848 at December 31, 2025) also qualifies as party-in-interest transactions. These transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits and the net increase in net assets per the financial statements to the Form 5500:

	2025	2024
Net assets available for benefits per the financial statements	$ 6,517,406	$ 4,821,185
Recordkeeper-to-trustee valuation difference	6	7
Excess contributions payable at December 31, 2025	18,896	-
Net assets available for benefits per the Form 5500	**$ 6,536,308**	**$ 4,821,192**

	2025
Net increase in net assets per the financial statements	$ 1,696,221
Change in excess contributions payable	18,896
Valuation difference	(1)
Net income per the Form 5500	**$ 1,715,116**

The excess contributions payable represents 2025 refunds of excess contributions that were accrued as a liability in the financial statements at December 31, 2025 but will be reported on the Form 5500 when paid. The remaining differences are due to rounding in the Form 5500 (reported in whole dollars from recordkeeper data) versus trustee-basis amounts in the financial statements.

NOTE 9 - EXCESS CONTRIBUTIONS / COMPLIANCE

The Plan is subject to the actual deferral percentage (ADP) nondiscrimination test under Section 401(k)(3) of the Internal Revenue Code (IRC). The test limits the elective deferrals of highly compensated employees (HCEs) relative to those of non-highly compensated employees.

The Plan did not satisfy the ADP test for the 2024 plan year. To correct the failure, the Plan refunded excess contributions of $32,746 to six HCEs on February 24, 2025. These refunds are included in corrective distributions in the 2025 statement of changes in net assets available for benefits.

The Plan also did not satisfy the ADP test for the 2025 plan year. Excess contributions totaled $22,270. Of that amount, $5,813 attributable to two HCEs eligible for catch-up contributions was recharacterized as catch-up contributions and remains in the Plan. The remaining excess contributions of $16,457, together with allocable earnings of $2,439, are refundable to six HCEs. Accordingly, excess contributions payable of $18,896 is recorded as a liability in the statement of net assets available for benefits at December 31, 2025, and is included in corrective distributions in the 2025 statement of changes in net assets available for benefits.

Plan management intends to distribute the excess contributions and allocable earnings to the affected participants by December 31, 2026, and believes the Plan will continue to maintain its tax-qualified status.

NOTE 10 - INFORMATION CERTIFIED BY A QUALIFIED INSTITUTION

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2025 and 2024, and net appreciation (depreciation) in fair value of investments and dividends for the year ended December 31, 2025, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Mid Atlantic Trust Company (the qualified institution of the Plan).

PROHEALTH HOME CARE 401(K) PLAN
SUPPLEMENTARY INFORMATION

SCHEDULE I - Schedule H, Line 4i - Schedule of Assets (Held at End of Year) EIN: 94-2745899
For the Plan Year Beginning January 01, 2025 and Ending December 31, 2025 PLAN 001

(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
	Fred Alger Management	Mutual fund - Alger Capital Appreciation Institutional Fund Class I	**	$ 123,192
	American Century Investments	Mutual fund - American Century Mid Cap Value Fund R6 Class	**	36,752
	American Century Investments	Mutual fund - American Century Heritage Fund R6 Class	**	28,162
	Fidelity Investments	Mutual fund - Fidelity Advisor Small Cap Fund - Class Z	**	73,315
	Franklin Templeton	Mutual fund - Franklin Small Cap Value Fund Class R6	**	50,356
	MFS Investment Management	Mutual fund - MFS Value Fund Class R6	**	3,130
	Vanguard	Mutual fund - Vanguard Small Cap Index Fund Admiral Shares	**	70,288
	Vanguard	Mutual fund - Vanguard Mid-Cap Index Fund Admiral Shares	**	93,875
	Vanguard	Mutual fund - Vanguard 500 Index Fund Admiral Shares	**	980,520
	Victory Capital	Mutual fund - Victory Diversified Stock Fund Class I	**	70,401
	New York Life Investments	Mutual fund - NYLI Epoch International Choice Class I	**	11,031
	Vanguard	Mutual fund - Vanguard Developed Markets Index Fund Admiral Shares	**	52,018
	Virtus Investment Partners	Mutual fund - Virtus SGA International Growth Fund Class I	**	8,530
	PIMCO	Mutual fund - PIMCO Total Return Fund Class I-2	**	34,447
*	Standard Insurance Company	Common/collective trust - The Standard Stable Asset Fund II	**	77,880
	T. Rowe Price	Mutual fund - T. Rowe Price Retirement Balanced Fund Class I	**	20,432
	T. Rowe Price	Mutual fund - T. Rowe Price Target 2065 Fund I Class	**	17,155
	T. Rowe Price	Mutual fund - T. Rowe Price Target 2060 Fund I Class	**	138,635
	T. Rowe Price	Mutual fund - T. Rowe Price Target 2055 Fund I Class	**	398,418
	T. Rowe Price	Mutual fund - T. Rowe Price Target 2050 Fund I Class	**	991,006
	T. Rowe Price	Mutual fund - T. Rowe Price Target 2045 Fund I Class	**	1,006,312
	T. Rowe Price	Mutual fund - T. Rowe Price Target 2040 Fund I Class	**	1,136,865
	T. Rowe Price	Mutual fund - T. Rowe Price Target 2035 Fund I Class	**	558,793
	T. Rowe Price	Mutual fund - T. Rowe Price Target 2030 Fund I Class	**	86,234
	T. Rowe Price	Mutual fund - T. Rowe Price Target 2025 Fund I Class	**	188,643
	T. Rowe Price	Mutual fund - T. Rowe Price Target 2020 Fund I Class	**	123,116
	T. Rowe Price	Mutual fund - T. Rowe Price Target 2015 Fund I Class	**	4,845
	T. Rowe Price	Mutual fund - T. Rowe Price Target 2010 Fund I Class	**	7,545
	T. Rowe Price	Mutual fund - T. Rowe Price Target 2005 Fund I Class	**	1,557
	Total investments			**$ 6,393,454**
*	Participant loans			142,848
	Total assets held for investment purposes			**$ 6,536,303**

* Represents a party-in-interest to the Plan, as defined by ERISA.

** Cost information is not required for participant-directed investments and, therefore, is not included.