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.)
- ☒ 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:
- ☒ 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
WATSON CLINIC LLP 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/1963

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)
WATSON CLINIC LLP

1430 LAKELAND HILLS BLVD, 4TH FLOOR
LAKELAND, FL 33805-3202

2b Employer Identification Number (EIN)
59-0704934

2c Plan Sponsor's telephone number
863-680-7000

2d Business code (see instructions)
621111

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	BENJAMIN ORTIZ
	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**	2942
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)**	2092
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2038
b	Retired or separated participants receiving benefits	**6b**	10
c	Other retired or separated participants entitled to future benefits	**6c**	974
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3022
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	3
f	Total. Add lines **6d** and **6e**.	**6f**	3025
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)**	2776
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)**	3025
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:

2A 2E 2F 2G 2J 2K 2R 2S 2T 3B

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
WATSON CLINIC LLP 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WATSON CLINIC LLP

D Employer Identification Number (EIN)
59-0704934

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

1 Coverage Information:

(a) Name of insurance carrier
LINCOLN BENEFIT LIFE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
47-0221457	65595	AP-8502	1	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	0
c	Premiums due but unpaid at the end of the year	6c	0
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity

(3) [ ] other (specify) ▶

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

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

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee

(3) [ ] guaranteed investment (4) [ ] other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)			
	▶				
	(6)Total additions			7c(6)	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan
WATSON CLINIC LLP 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WATSON CLINIC LLP

D Employer Identification Number (EIN)
59-0704934

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

ONEAMERICA RETIREMENT SERVICES LLC

46-5378846

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

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

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

ONEAMERICA RETIREMENT SERVICES LLC

46-5378846

(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 37 38 50 64 65	RECORDKEEPER	314367	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CPS INVESTMENT ADVISORS

205 EAST ORANGE STREET, STE 310
LAKELAND, FL 33801

(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 51	ADVISOR	104225	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AGW CAPITAL ADVISORS

511 W BAY ST, STE 310
TAMPA, FL 33606

(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 51	ADVISOR	88300	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ALLEN & CO OF FLORIDA

59-0913641

(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 51	ADVISOR	57341	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LARSON FINANCIAL GROUP

20-4773945

(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 51	ADVISOR	33391	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SCHWAB

2423 E LINCOLN DR
PHOENIX, AZ 85016

(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 51	ADVISOR	24690	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MERRILL LYNCH

13-2740599

(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 51	ADVISOR	23585	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ARETE WEALTH ADVISORS

3636 SOUTH GEYER STE 100
ST LOUIS, MO 63127

(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 51	ADVISOR	7561	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MONEY PROFESSIONALS

625 E ROMANA ST
PENSACOLA, FL 32502

(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 51	ADVISOR	6940	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

MATRIX TRUST COMPANY

75-3182674

(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?
19 21 25 62	TRUSTEE	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MATRIX TRUST COMPANY	19 21 25 62	0

(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.
ONEAMERICA RETIREMENT SERVICES LLC 46-5378846	ONEAMERICA HAD AN AGREEMENT WITH MATRIX TRUST COMPANY TO PAY ANNUAL $2000 TRUST AND CUSTODY FEE PLUS 1 BP ON ASSETS ANNUALIZED MONTHLY

(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
WATSON CLINIC LLP 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WATSON CLINIC LLP

D Employer Identification Number (EIN)
59-0704934

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: MORLEY FINANCIAL STABLE VALUE FUND

b Name of sponsor of entity listed in (a): UNION BOND & TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
93-6274329-001	C	14294383

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL CAP VALUE GG TRUST

b Name of sponsor of entity listed in (a): GREAT GRAY COLLECTIVE INVEST. TRUST

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
38-4126289-594	C	9117274

a Name of MTIA, CCT, PSA, or 103-12 IE: T ROWE PRICE US MID CAP VALUE EQ

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-6941663-001	C	16285730

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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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

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
WATSON CLINIC LLP 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WATSON CLINIC LLP

D Employer Identification Number (EIN)
59-0704934

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	982439	2433175
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	355748	581138
(2) Participant contributions	1b(2)		559982
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3096230	3797420
(2) U.S. Government securities	1c(2)	3905722	2400549
(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)	1952	0
(B) Common	1c(4)(B)	20111332	21222045
(5) Partnership/joint venture interests	1c(5)	1734	1990
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	3054449	3279673
(9) Value of interest in common/collective trusts	1c(9)	14811886	39697387
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	281321512	303296580
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	198464	201831
(15) Other	1c(15)	6896	-2878

		(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	327848364	377468892
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	327848364	377468892

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)	9920260	
(B) Participants	2a(1)(B)	11297759	
(C) Others (including rollovers)	2a(1)(C)	961583	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		22179602
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	257895	
(F) Other	2b(1)(F)	583	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		258478
(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)	16873014	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		16873014
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	6248	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	6177	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		71
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-229	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-229

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2153921
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		23761368
c Other income	2c		9456228
d Total income. Add all **income** amounts in column (b) and enter total	2d		74682453
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	24389118	
(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)		24389118
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	314367	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	357638	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	802	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		672807
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		25061925
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		49620528
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: CROWE LLP **(2)** EIN: 30-1506626

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		159
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
WATSON CLINIC LLP 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WATSON CLINIC LLP

D Employer Identification Number (EIN)
59-0704934

Part I Distributions

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

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

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

EIN(s): 75-3182674

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 |

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6	a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
	b	Enter the amount contributed by the employer to the plan for this plan year	6b	
	c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☐ No ☐ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ Increase ☐ Decrease ☐ Both ☐ No

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock? ..... ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

WATSON CLINIC LLP
401(k) PROFIT SHARING PLAN
Lakeland, Florida

FINANCIAL STATEMENTS
December 31, 2025 and 2024

WATSON CLINIC LLP
401(k) PROFIT SHARING PLAN
Lakeland, Florida

FINANCIAL STATEMENTS
December 31, 2025 and 2024

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INDEPENDENT AUDITOR'S REPORT

401(k) Profit-Sharing Plan Committee
Watson Clinic LLP 401(k) Profit Sharing Plan
Lakeland, Florida

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

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

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

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

Opinion

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

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

(Continued)

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

(Continued)

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2025 and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Crowe LLP

Crowe LLP

Oakbrook Terrace, Illinois
October 14, 2026

WATSON CLINIC LLP
401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	2025	2024
ASSETS		
Investments, at fair value (Note 3)	$ 370,614,924	$ 323,455,728
Cash	2,433,175	982,439
Receivables:		
Employer contributions	581,138	355,748
Participant contributions	559,982	-
Notes receivable from participants	3,279,673	3,054,449
Total receivables	4,420,793	3,410,197
Total assets	377,468,892	327,848,364
NET ASSETS AVAILABLE FOR BENEFITS	$ 377,468,892	$ 327,848,364

See accompanying notes to financial statements.

WATSON CLINIC LLP
401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2025

Additions to assets attributed to:	
Net appreciation in fair value of investments	$ 23,766,360
Dividends	26,684,391
Interest income on notes receivable from participants	256,600
Contributions	
Employer	10,555,328
Participants	12,278,977
Rollovers	868,572
Total contributions	23,702,877
Total additions	74,410,228
Deductions from assets attributed to:	
Distributions to participants	24,390,065
Interest expenses	1,295
Administrative expenses	398,340
Total deductions	24,789,700
Net increase	49,620,528
Net assets available for benefits	
Beginning of year	327,848,364
End of year	$ 377,468,892

See accompanying notes to financial statements.

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of the Watson Clinic LLP 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is an integrated defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan is a 401(k) Profit Sharing Plan. The Plan covers all employees and partners of Watson Clinic LLP (the "Clinic" or the "Employer") who meet the service requirement as determined by the Plan specifications.

Effective January 1, 2025, the Plan was amended and restated to incorporate the following changes:

- Replace the Plan's permitted disparity profit sharing formula with a comparability-based profit sharing formula, establishing a benefit level at a maximum of 12% for partners with a 4% Safe Harbor contribution for employees and employed physicians;
- Sunset the 401(k) match program;
- Eliminate the end-of-year employment status requirement to earn profit sharing benefits and fund profit sharing contributions concurrently with each payroll;
- Eliminate the 3-year cliff vesting schedule;
- Add eligibility upon hire for the profit sharing contribution; and
- Add the Secure Act 2.0 enhanced catch-up contribution feature for participants ages 60-63 to the Plan.

Contributions: The Plan allows each eligible employee and partner of the Clinic to elect to reduce compensation he or she is otherwise entitled to in return for the agreement of the Clinic to contribute the deferred amounts to the Plan. Eligible participants are automatically enrolled in the Plan upon hire date at a 2% deferral rate unless specified otherwise. Each year, participants may elect to contribute up to 100% of their annual pretax compensation, limited to a maximum as established by the Internal Revenue Service (the "IRS"). The Plan allows eligible participants to make Roth contributions in accordance with the IRS regulations. Participants may also contribute rollover amounts representing distributions from other qualified plans. In addition, participants who would have attained at least age 50 by the end of the year are eligible to make additional catch-up contributions to the Plan up to annual limits as established by the IRS. A permanent election must be made by first year partners to designate their current and future level of Keogh contribution within the Plan. For the 2025 plan year, the Plan is intended to qualify as a safe harbor 401(k) Plan and the employer shall make employer safe harbor nonelective contributions equal to 4% of compensation for non-highly compensated employees, highly compensated employees who are not partners, and physicians who are not partners. Contributions are subject to certain limitations.

Additional profit sharing amounts may be contributed at the option of the Clinic as determined annually. Such contributions are allocated to participants based upon a percentage of each participant's compensation above and below the social security integration level. During 2025, there was no discretionary profit sharing contribution made to the Plan.

Participant Accounts: Each participant's account is credited with the participant's contribution and an allocation of any Clinic contributions and plan earnings, and charged with his or her withdrawals and an allocation of administrative expenses. Allocations are based on participant contributions, earnings, or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Under the Plan, participants may direct the investment of their retirement account among the Plan's investment options. The choice of investment options allows participants to create a diversified portfolio based on their needs.

(Continued)

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Participants may also establish an *Individually Directed Account ("IDA")*, which allows them to choose from investments beyond the investment options that are available under the Plan. If participants establish an IDA, they may also retain the services of an investment manager to direct the investment of their account. Participants may change their investment options daily, subject to certain restrictions.

Vesting: Participants are immediately 100% vested in their contributions and Clinic contributions. Employer discretionary contribution accounts prior to January 1, 2025 are subject to a 3 year cliff vesting schedule. All participants become 100% vested upon attainment of normal retirement age, permanent disability or death.

Notes Receivable from Participants: Participants may borrow, from their Plan account balances, a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balances. Note terms range from 1 to 5 years or up to 15 years for the purchase of a primary residence. The notes are secured by the balance in the participant's account and bear interest at 1% above the prime interest rate at the time the note is made. Principal and interest are paid ratably through payroll deductions. Participants may request and receive up to a maximum of three loans with no more than one loan granted per calendar year.

Payment of Benefits: Benefits under the Plan are payable upon retirement, death, disability, or termination of employment. Benefits paid are equal to the balance in the participant's vested account at the date of the distribution. Participants may elect to receive the value of the vested interest in his or her account, either in a lump-sum distribution, as installments over a period not to exceed the life expectancy (determined at the time of distribution) of the participant or his or her spouse, or roll the total over into another retirement plan or IRA. The Plan also allows for in-service withdrawals after attainment of age 59½ and hardship withdrawals provided financial hardship, as defined by the Internal Revenue Code (the "Code"), is demonstrated.

Forfeitures: Participant forfeitures of Clinic profit sharing contributions are used to offset Clinic contributions to the Plan. There were no forfeited nonvested account balances available as of December 31, 2025 and 2024.

Administrative and Investment Management Expenses: Certain expenses of maintaining the Plan (i.e., legal costs, audit fees) are paid directly by the Clinic and are excluded from these financial statements. Plan recordkeeping and trustee fees are paid by the Plan and are reflected in the financial statements as administrative expenses. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment management fees are charged to the Plan as a reduction of investment return and included in the investment income (loss) reported by the Plan. Investment consulting fees are 50% borne by the Plan and 50% borne by the Clinic.

(Continued)

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Investment Limitations: Participants direct the investment of their account balances. However, the Plan limits the nature of investments that may be purchased with Plan assets. Qualified investments that may be made are subject to the following limitations:

- No bonds that are denominated in non-U.S. currency;
- No private placements (e.g., limited partnerships, closely held securities, etc.);
- No securities that are not publicly traded;
- No real estate, real property, or bonds secured by real estate;
- No securities that are not marketable on an established securities exchange;
- No investments in uncovered options, futures, commodities, or derivatives;
- No securities purchased on margin; and
- No short selling of securities.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The Plan's financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

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 and are expensed when they are incurred.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value. Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability.

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.

Payment of Benefits: Benefits are recorded when paid.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates that affect certain reported amounts and disclosures. Actual results may vary from these estimates.

Risks and Uncertainties: The Plan holds various investment securities. Investment securities are exposed to various risks such as interest rate, market, liquidity, credit and risks pertaining to global events. Due to the level of risk associated with certain investment securities and the sensitivity of certain fair value estimates to changes in valuation assumptions, it is at least reasonably possible that changes in the fair 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.

(Continued)

NOTE 3 - CERTIFIED INVESTMENTS AND NOTES RECEIVABLE FROM PARTICIPANTS

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2025 and 2024, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by Voya Institutional Trust Company as of and for the year ended December 31, 2025 and Matrix Trust Company as of December 31, 2024.

NOTE 4 - FAIR VALUE MEASUREMENTS

Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs when measuring fair value. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan’s own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

Money market mutual funds (Level 1) include all highly liquid investments with a maturity of three months or less when purchased and are valued based on quoted market prices obtained from nationally recognized securities exchanges. Publicly traded securities (Level 1) are valued based on the quoted market values obtained from nationally recognized securities exchanges at year end. Securities for which no quoted market values are available (Level 2 and Level 3) are valued by the trustee, using appraisals or other information. The Level 3 securities are comprised of the common stock of a privately held business.

(Continued)

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

Shares of mutual funds, common stock, preferred stock, exchange traded funds and other assets (Level 1) are valued at the net asset value of shares held by the Plan at year-end based on quoted market values obtained from nationally recognized securities exchanges. Corporate obligations (Level 2) are valued based on yields currently available or comparable securities of issuers with similar credit ratings. The values of the Plan's interests in partnerships are calculated based on the Plan's proportionate share of the fair value of the underlying investments based on quoted market prices (Level 1) obtained from nationally recognized securities exchanges. In such instances where quoted market prices are unavailable for the underlying investments, the fair value is determined in good faith based on the market value of similar investments (Level 2). The fair values of government securities (Level 2) are based upon current rates for similar instruments. Insurance contracts consist of life insurance policies and annuity contracts that are generally valued based on the cash surrender value as of financial statement dates (Level 2). The fair values of certificates of deposit are estimated to approximate the cost basis of the deposit account balances, based upon the liquidity of the accounts and the credit quality of issuers (Level 2). The Plan's investments in certificates of deposits may occasionally exceed federally insured balances.

The fair values of the Plan's interests in the stable value fund and common collective trusts are based upon the net asset value per unit (or its equivalent) as reported in the respective funds' audited financial statements or by the investment manager. Withdrawals from the stable value fund shall be made within 30 days after written notification has been received. There are no redemption restrictions on the other collective trusts.

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

Investments measured at fair value on a recurring basis are summarized below:

	Fair Value Measurements at December 31, 2025 Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Investments				
Common stocks - domestic	$ 18,318,228	$ -	$ 2,903,817	$ 21,222,045
Mutual funds and exchange traded funds	303,296,580	-	-	303,296,580
Puts and calls, warrants, others	(2,878)	-	-	(2,878)
Money market mutual funds	3,797,420	-	-	3,797,420
Partnerships	1,990	-	-	1,990
Insurance policies	-	201,831	-	201,831
Government and agency obligations	-	2,400,549	-	2,400,549
Collective Trust Funds*	-	-	-	39,697,387
	$ 325,411,340	$ 2,602,380	$ 2,903,817	$ 370,614,924

(Continued)

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

	Fair Value Measurements at December 31, 2024 Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Investments				
Common stocks - domestic	$ 17,855,082	$ -	$ 2,256,250	$ 20,111,332
Mutual funds and exchange traded funds	279,326,452	-	-	279,326,452
Puts and calls, warrants, others	6,896	-	-	6,896
Money market mutual funds	4,773,105	-	-	4,773,105
Partnerships	1,734	-	-	1,734
Preferred stocks	1,952	-	-	1,952
Insurance policies	-	198,464	-	198,464
Government and agency obligations	-	3,905,722	-	3,905,722
Certificates of Deposits	-	318,185	-	318,185
Collective Trust Fund – Stable Value*	-	-	-	14,811,886
	$ 301,965,221	$ 4,422,371	$ 2,256,250	$ 323,455,728

* Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in the statement of net assets available for benefits.

NOTE 5 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Clinic has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts and will be entitled to the amounts credited to their individual accounts, net of proportional adjustments to reflect all expenses, profits and losses through the date of termination.

NOTE 6 - PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer, and certain others. The Plan holds investments managed by various custodians of investment assets related to IDA accounts; therefore, transactions with these custodians qualify as party-in-interest transactions. The Plan's payment of trustee fees, recordkeeping fees and investment management fees also qualify as party-in-interest transactions. Notes receivable from participants also reflect party-in-interest transactions. Certain administrative functions are performed by employees of the Clinic. No such employee receives compensation from the Plan.

(Continued)

NOTE 7 - INCOME TAX STATUS

The Plan is qualified pursuant to the appropriate section of the Internal Revenue Code (IRC), and accordingly, the Plan's net investment income is exempt from income taxes. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service dated September 16, 2011. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. Although the Plan has been amended since receiving the determination letter, the Plan sponsor believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax-exempt. Accordingly, no provision for income taxes has been made in the accompanying financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) 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. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2022.

NOTE 8 - SUBSEQUENT EVENTS

Plan management has evaluated subsequent events for recognition and disclosure through October 14, 2026, which is the date the financial statements were available to be issued.

Effective January 1, 2026, the Plan was amended to add an auto-escalation feature to 401(k) deferrals to increase them 1% per year to a maximum of 4% of eligible compensation.

SUPPLEMENTAL SCHEDULES

WATSON CLINIC LLP
401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
Year Ended December 31, 2025

Name of Plan Sponsor: WATSON CLINIC LLP
Employer Identification Number: 59-0704934
Three-digit Plan Number: 001

Check here if Late Participant Loan Repayments are Included	**Total that Constitute Nonexempt Prohibited Transactions**			**Total Fully Corrected Under VFCP and PTE 2002-51**
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
				$ 159[1]

[1] Represents late remittances for plan year ended December 31, 2024, corrected in 2025.

(See Independent Auditor's Report)

WATSON CLINIC LLP
401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF THE YEAR)
Year Ended December 31, 2025

Name of Plan Sponsor: Watson Clinic, LLP
Employer Identification Number: 59-0704934
Three-Digit Plan Number: 001

(a)	(b) Identity of issuer, borrower lessor of similar party	(c) Description of Investment	^ (d) Cost	(e) Current Value
	Money Market Mutual Funds			
	Blackrock	BlackRock Liq Fds Cash Rv		$ 1,635,030
*	SEI Investments	City National Rochdale Government Money Market		183,371
*	Fidelity	Fidelity® Government Cash Reserves		123,852
*	JP Morgan	JPMorgan Liquid Asset Money Market		714,555
*	JP Morgan	JPMorgan US Government MMkt Investor		147,555
*	Schwab	Schwab Treasury Obl Money-Va		440,485
*	Schwab	Schwab Trsry Obl Mny-Ult		74,139
*	Schwab	Schwab US Treasury Money Fund Invs		204,827
*	Schwab	Schwab Value Advantage Money Fund Inv		31,735
*	JPmorgan US Govt Mmkt-Prem	JPmorgan US Govt Mmkt-Prem		7,114
*	Schwab Govt Money Fund-Pur	Schwab Govt Money Fund-Pur		234,757
				3,797,420
	Government and Agency Obligations			
	US Government	US Treasury Bill		1,347,751
	US Government	US Treasury Inflation Indexed Note		210,729
	US Government	US Treasury Note/Bond		827,038
	US Government	US Treasury Notes		7,038
	US Treasury When Issued Note/Bond	US Treasury When Issued Note/Bond		7,993
				2,400,549
	Common Stocks			
	3m Co	3m Co		49,469
	Abbvie Inc	Abbvie Inc		41,612
	Accenture PLC	Accenture PLC		199,884
	Adobe Inc	Adobe Inc		8,750
	Advanced Micro Devices	Advanced Micro Devices		242,429
	Aflac Inc	Aflac Inc		352,187
	Agnico-Eagle Mines Ltd F	Agnico-Eagle Mines Ltd F		17,462
	Air Products & Chemicals Inc	Air Products & Chemicals Inc		156,284
	Airbus Group SE	Airbus Group SE		2,330
	Alamos Gold Inc	Alamos Gold Inc		6,173
	Alibaba Group Holding-Sp ADR	Alibaba Group Holding-Sp ADR		35,033
	Alphabet Inc CL A	Alphabet Inc CL A		336,494
	Alphabet Inc CL C	Alphabet Inc CL C		427,099
	Alset Inc	Alset Inc		389
	Altius Minerals Corporation	Altius Minerals Corporation		1,846
	Altria Group Inc	Altria Group Inc		17,233
	Amazon Com Inc	Amazon Com Inc		965,751
	American Airlines Group Inc	American Airlines Group Inc		3,878
	American Express Co.	American Express Co.		60,291
	American Water Works Co Inc	American Water Works Co Inc		26,100
	Amgen Inc	Amgen Inc		145,653

* Denotes party-in-interest asset
^ Cost information not provided as assets are part of an individual account plan that participants and beneficiaries direct with respect to assets allocated to his or her account.

See Independent Auditor's Report.

WATSON CLINIC LLP
401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF THE YEAR)
Year Ended December 31, 2025

Name of Plan Sponsor: Watson Clinic, LLP
Employer Identification Number: 59-0704934
Three-Digit Plan Number: 001

(a)	(b) Identity of issuer, borrower lessor of similar party	(c) Description of Investment	^ (d) Cost	(e) Current Value
	Analog Devices Inc	Analog Devices Inc		$ 13,664
	Anheuser Busch Inbev	Anheuser Busch Inbev		9,606
	Apple Inc	Apple Inc		1,109,444
	Aris Mining Corp	Aris Mining Corp		3,863
	Arista Networks Inc	Arista Networks Inc		4,895
	Arm Holdings PLC	Arm Holdings PLC		765
	Armada Hoffler Properties In	Armada Hoffler Properties In		6,944
	Asml Holding Nv	Asml Holding Nv		33,166
	Astera Labs Inc	Astera Labs Inc		45,250
	AT&T Inc	AT&T Inc		153,406
	Automatic Data Processing	Automatic Data Processing		152,633
	B2Gold Corp	B2Gold Corp		28,846
	Bank Of America Corp	Bank Of America Corp		8,250
	Becton Dickinson & Co	Becton Dickinson & Co		13,770
	Berkshire Hathaway Inc Cl B	Berkshire Hathaway Inc Cl B		1,378,769
	BHP Limited	BHP Limited		1,096
	Bionano Genomics Inc (bngo 01/27/2	Bionano Genomics Inc (bngo 01/27/25)		29
	Blackberry Ltd	Blackberry Ltd		758
	Block Inc A (xyz 01/21/25)	Block Inc A (xyz 01/21/25)		2,148
	Boeing Company	Boeing Company		25,837
	Booking Holdings Inc	Booking Holdings Inc		102,392
	Bp Plc Spons Adr	Bp Plc Spons Adr		33,288
	Brixmor Property Group Inc	Brixmor Property Group Inc		31,931
	Broadcom Ltd	Broadcom Ltd		128,057
	Capital One Financial Corp Com	Capital One Financial Corp Com		94,435
	Carnival Corp.	Carnival Corp.		33,911
	Caterpillar Inc	Caterpillar Inc		4,583
	Charlottes Web Holdings Inc	Charlottes Web Holdings Inc		1,815
	Chevron Corp	Chevron Corp		116,440
	Chipotle Mexican Grill CL A	Chipotle Mexican Grill CL A		22,200
	Chubb Ltd	Chubb Ltd		226,699
	Cintas Corp	Cintas Corp		22,835
	Cisco Systems Inc	Cisco Systems Inc		31,770
	Citigroup Inc	Citigroup Inc		79,234
	Clorox Co.	Clorox Co.		17,233
	Coca Cola Consolidated Inc	Coca Cola Consolidated Inc		88,254
	Coca-Cola Company	Coca-Cola Company		26,959
	Coinbase Global Inc -Class A	Coinbase Global Inc -Class A		5,654
	Columbia Sportswear Company	Columbia Sportswear Company		858
	Comcast Corp Cl A	Comcast Corp Cl A		19,479
	Conagra Brands Inc	Conagra Brands Inc		6,463

* Denotes party-in-interest asset
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WATSON CLINIC LLP
401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF THE YEAR)
Year Ended December 31, 2025

Name of Plan Sponsor: Watson Clinic, LLP
Employer Identification Number: 59-0704934
Three-Digit Plan Number: 001

(a)	(b) Identity of issuer, borrower lessor of similar party	(c) Description of Investment	^ (d) Cost	(e) Current Value
	Conocophillips	Conocophillips		$ 64,493
	Costco Wholesale Corp-New	Costco Wholesale Corp-New		13,055
	Coursera Inc	Coursera Inc		736
	Crispr Therapeutics AG	Crispr Therapeutics AG		3,828
	Cummins Inc	Cummins Inc		11,073
	CVS Health Corp	CVS Health Corp		36,109
	Cytodyn Inc	Cytodyn Inc		63,769
	D Wave Quantum Inc	D Wave Quantum Inc		107,477
	Danaher Corp Del	Danaher Corp Del		8,012
	Deere & Co.	Deere & Co.		95,465
	Dell Technologies CL C	Dell Technologies CL C		62,940
	Devon Energy Corp New	Devon Energy Corp New		744
	Digital Turbine Inc	Digital Turbine Inc		150
	Disney Walt Co	Disney Walt Co		60,438
	Dow Inc	Dow Inc		3,507
	Duke Energy Corp	Duke Energy Corp		36,804
	Ebay Inc	Ebay Inc		17,420
	Empress Royalty Corp	Empress Royalty Corp		2,837
	Enphase Energy Inc	Enphase Energy Inc		1,314
	Equinox Gold Corp	Equinox Gold Corp		2,611
	Escalade Inc	Escalade Inc		13,299
	Exxon-Mobil Corporation	Exxon-Mobil Corporation		68,395
	Federal Realty Invt Tr	Federal Realty Invt Tr		12,838
	Fedex Corp	Fedex Corp		69,843
	First Majestic Silver Corp	First Majestic Silver Corp		133,547
	First Republic Bank/San Fran	First Republic Bank/San Fran		3
	Ford Motor Co New	Ford Motor Co New		30,785
	GE Healthcare Technologies Inc	GE Healthcare Technologies Inc		3,363
	GE Vernova Inc	GE Vernova Inc		20,261
	General Dynamics Corp	General Dynamics Corp		180,113
	General Electric Co	General Electric Co		38,504
	Gilead Sciences Inc	Gilead Sciences Inc		19,555
	Gladstone Land Corp	Gladstone Land Corp		745
	Gold Royalty Corp	Gold Royalty Corp		2,569
	Goldmining Inc	Goldmining Inc		1,288
	Grainger W W	Grainger W W		53,328
	Hecla Mng Co	Hecla Mng Co		19,190
	Hershey Co	Hershey Co		110,585
	Home Depot Incorporated	Home Depot Incorporated		203,019
	Honeywell International	Honeywell International		25,752
	Humana Inc.	Humana Inc.		13,888
	Illinois Tool Works Inc.	Illinois Tool Works Inc.		162,878

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WATSON CLINIC LLP
401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF THE YEAR)
Year Ended December 31, 2025

Name of Plan Sponsor: Watson Clinic, LLP
Employer Identification Number: 59-0704934
Three-Digit Plan Number: 001

(a)	(b) Identity of issuer, borrower lessor of similar party	(c) Description of Investment	^ (d) Cost	(e) Current Value
	Intel Corporation	Intel Corporation		$ 20,915
	Intl Business Machines Inc	Intl Business Machines Inc		99,604
	Johnson & Johnson	Johnson & Johnson		325,830
	Johnson Controls International PLC	Johnson Controls International PLC		37,123
	JPMorgan Chase & Co	JPMorgan Chase & Co		404,453
	Kenvue Inc	Kenvue Inc		31,062
	Kinder Morgan Inc	Kinder Morgan Inc		13,745
	Kinross Gold Corp	Kinross Gold Corp		23,936
	Kyndryl Holdings Inc	Kyndryl Holdings Inc		27
	L3Harris Technologies Inc	L3Harris Technologies Inc		21,845
	Lam Research Corp	Lam Research Corp		113,250
	Liberty Latin America Ltd CL A	Liberty Latin America Ltd CL A		37
	Lockheed Martin Corp	Lockheed Martin Corp		168,317
	Lowes Co Inc	Lowes Co Inc		62,353
	Lundin Mining Corp	Lundin Mining Corp		1,892
	Manulife Financial Corporation	Manulife Financial Corporation		3,628
	Mastercard Inc A	Mastercard Inc A		39,630
	Mcdonalds Corp	Mcdonalds Corp		235,370
	Medtronic PLC	Medtronic PLC		20,653
	Merck & Company Inc	Merck & Company Inc		190,100
	Meta Platforms Inc	Meta Platforms Inc		110,952
	Metalla Royalty & Streaming	Metalla Royalty & Streaming		2,513
	Micron Tech. Inc.	Micron Tech. Inc.		511
	Microsoft Corporation	Microsoft Corporation		471,763
	Moderna Inc	Moderna Inc		177
	Mondelez International Inc	Mondelez International Inc		26,432
*	Morgan Stanley	Morgan Stanley		56,051
	Netflix Inc	Netflix Inc		10,314
	Newmont Corp	Newmont Corp		35,547
	Nike Inc.	Nike Inc.		52,242
	Nordson Corp	Nordson Corp		43,325
	Northrop Grumman Corp	Northrop Grumman Corp		584,465
	Novagold Resources	Novagold Resources		55,454
	Nutrien Ltd	Nutrien Ltd		1,049
	Nvidia Corp	Nvidia Corp		1,036,306
	Occidental Petroleum Corp	Occidental Petroleum Corp		411
	Ondas Holdings Inc	Ondas Holdings Inc		59,536
	OptimizeRX Corp	OptimizeRX Corp		14,737
	Oracle Corp	Oracle Corp		63,570
	Orogen Royalties Inc	Orogen Royalties Inc		4,064
	Palantir Technologies Inc A	Palantir Technologies Inc A		153,221

* Denotes party-in-interest asset
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See Independent Auditor's Report.

WATSON CLINIC LLP
401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF THE YEAR)
Year Ended December 31, 2025

Name of Plan Sponsor: Watson Clinic, LLP
Employer Identification Number: 59-0704934
Three-Digit Plan Number: 001

(a)	(b) Identity of issuer, borrower lessor of similar party	(c) Description of Investment	^ (d) Cost	(e) Current Value
	Pan American Silver Cap	Pan American Silver Cap		$ 22,486
	Parker Hannifin Corp	Parker Hannifin Corp		40,266
	Paycom Software Inc	Paycom Software Inc		9,562
	Paypal Holdings Inc	Paypal Holdings Inc		186,115
	Pebblebrook Hotel Trust	Pebblebrook Hotel Trust		1,132
	Pedevco Corp	Pedevco Corp		636
	Pepsico Inc	Pepsico Inc		200,979
	Performance Shipping Inc	Performance Shipping Inc		60
	Pfizer Incorporated	Pfizer Incorporated		62,204
	Phillips 66	Phillips 66		17,620
	Plug Power Inc	Plug Power Inc		2,443
	Procter & Gamble Co	Procter & Gamble Co		237,382
	Publix Super Markets Inc (delisted 11	Publix Super Markets Inc (delisted 11/12/19)		2,903,806
	Qualcomm	Qualcomm		41,561
	Realty Income Corp	Realty Income Corp		5,637
	Rio Tinto PLC ADR	Rio Tinto PLC ADR		3,281
	Robinhood Markets Inc - A	Robinhood Markets Inc - A		103,487
	RTX Corp	RTX Corp		21,948
	Rua Gold Inc (nzau.f 1/06/25)	Rua Gold Inc (nzau.f 1/06/25)		1,140
	S&P Global Inc	S&P Global Inc		29,754
	Salesforce Inc	Salesforce Inc		12,582
	Seabridge Res Inc	Seabridge Res Inc		9,291
	Seritage Growth Prop- A Reit	Seritage Growth Prop- A Reit		247
	Sherwin Williams	Sherwin Williams		39,111
	Shopify Inc A	Shopify Inc A		32,194
	Silvercorp Metals Inc	Silvercorp Metals Inc		2,344
	Simon Ppty Group Inc	Simon Ppty Group Inc		131,561
	Snap On Inc	Snap On Inc		26,925
	SoFi Technologies Inc	SoFi Technologies Inc		10,315
	Solaris Resources Inc	Solaris Resources Inc		2,463
	Spo Global Inc	Spo Global Inc		69
	Starbucks Corp.	Starbucks Corp.		38,461
	Super Micro Computer Inc	Super Micro Computer Inc		6,732
	Target Corp	Target Corp		79,842
	Tesla Inc	Tesla Inc		753,731
	Texas Instruments Inc	Texas Instruments Inc		24,410
	Textron Inc	Textron Inc		10,915
	Thermo Fisher Scientific Inc	Thermo Fisher Scientific Inc		100,386
	Tilray Brands Inc	Tilray Brands Inc		90
	Torex Gold Resources Inc	Torex Gold Resources Inc		7,163
	Trade Desk Inc/The Class A	Trade Desk Inc/The Class A		23,307

* Denotes party-in-interest asset
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See Independent Auditor's Report.

Name of Plan Sponsor: Watson Clinic, LLP
Employer Identification Number: 59-0704934
Three-Digit Plan Number: 001

(a)	(b) Identity of issuer, borrower lessor of similar party	(c) Description of Investment	^ (d) Cost	(e) Current Value
	Truist Financial Corp	Truist Financial Corp		$ 32,329
	Turning Point Brands Inc	Turning Point Brands Inc		4,372
	United Parcel Service	United Parcel Service		36,807
	Unitedhealth Group Inc	Unitedhealth Group Inc		222,474
	Upstart Holdings Inc	Upstart Holdings Inc		1,880
	Uranium Energy Corp	Uranium Energy Corp		1,822
	Uranium Royalty Corp	Uranium Royalty Corp		1,455
	US Bancorp - Del	US Bancorp - Del		17,289
	UWM Holdings Corp	UWM Holdings Corp		810
	Veralto Corp	Veralto Corp		1,596
	Veritone Inc	Veritone Inc		5,933
	Verizon Communications	Verizon Communications		156,180
	Visa Inc Class A Shares	Visa Inc Class A Shares		205,486
	Vistra Corp	Vistra Corp		48,399
	Vox Royalty Corp	Vox Royalty Corp		2,043
	W&T Offshore Inc	W&T Offshore Inc		6,520
	Wabtec	Wabtec		1,494
	Walmart Inc	Walmart Inc		326,819
	Warner Bros Discovery Inc	Warner Bros Discovery Inc		3,603
	Wheaton Precious Metals Corp	Wheaton Precious Metals Corp		3,526
	Zim Integrated Shipping Serv	Zim Integrated Shipping Serv		1,217
	Angel Studios Inc	Angel Studios Inc		9,340
	Applovin Corp Class A	Applovin Corp Class A		14,150
	Archer Aviation Inc	Archer Aviation Inc		2,256
	Arcutis Biotherapeutics Inc	Arcutis Biotherapeutics Inc		6,069
	Axon Enterprise Inc	Axon Enterprise Inc		11,927
	Bed Bath & Beyond Inc	Bed Bath & Beyond Inc		115
	Bitmine Immersion Technologies	Bitmine Immersion Technologies		19,494
	C3.Ai Inc A	C3.Ai Inc A		4,044
	Constellation Brands Cl. A	Constellation Brands Cl. A		103,470
	Cormedix Inc	Cormedix Inc		26,447
	Credo Technology Group Holdi	Credo Technology Group Holdi		53,815
	Cybin Inc	Cybin Inc		6,749
	Dare Bioscience Inc	Dare Bioscience Inc		332
	Dave Inc	Dave Inc		41,846
	Deckers Outdoor Corp	Deckers Outdoor Corp		48,518
	Destiny Tech100 Inc	Destiny Tech100 Inc		1,623
	Duos Technologies Group Inc	Duos Technologies Group Inc		5,389
	Electrovaya Inc	Electrovaya Inc		8,477
	Elemental Royalties Corp	Elemental Royalties Corp		2,529

* Denotes party-in-interest asset
^ Cost information not provided as assets are part of an individual account plan that participants and beneficiaries direct with respect to assets allocated to his or her account.

WATSON CLINIC LLP
401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF THE YEAR)
Year Ended December 31, 2025

Name of Plan Sponsor: Watson Clinic, LLP
Employer Identification Number: 59-0704934
Three-Digit Plan Number: 001

(a)	(b) Identity of issuer, borrower lessor of similar party	(c) Description of Investment	^ (d) Cost	(e) Current Value
	Endeavour Silver Corp	Endeavour Silver Corp		$ 4,700
	Eton Pharmaceuticals Inc	Eton Pharmaceuticals Inc		23,488
	Fennec Pharmaceuticals Inc	Fennec Pharmaceuticals Inc		4,620
	Figure Technology Solut-Cl A	Figure Technology Solut-Cl A		19,685
	FuboTV Inc	FuboTV Inc		18,396
	Health In Tech Inc-Class A	Health In Tech Inc-Class A		5,152
	Hess Midstream Lp - Class A	Hess Midstream Lp - Class A		1,898
	Hive Digital Technologies LTD	Hive Digital Technologies LTD		14,288
	Hyperliquid Strategies Inc	Hyperliquid Strategies Inc		71
	Indoor Harvest Corp	Indoor Harvest Corp		11
	Intuitive Machines Inc	Intuitive Machines Inc		8,115
	IonQ Inc	IonQ Inc		143,584
	IREN Ltd	IREN Ltd		41,056
	Joby Aviation Inc	Joby Aviation Inc		6,600
	Lululemon Athletica Inc	Lululemon Athletica Inc		41,562
	Madrigal Pharmaceuticals Inc	Madrigal Pharmaceuticals Inc		29,117
	Marvell Technology Group Ltd	Marvell Technology Group Ltd		25,494
	McEwen Inc	McEwen Inc		4,109
	Mink Therapeutics Inc	Mink Therapeutics Inc		769
	Mobileye Global Inc A	Mobileye Global Inc A		34,452
	Moody's Corp	Moody's Corp		628
	MP Materials Corp	MP Materials Corp		15,813
	Mueller Inds Inc	Mueller Inds Inc		3,472
	Nebius Group NV	Nebius Group NV		8,371
	Novo-Nordisk As	Novo-Nordisk As		126,946
	Oklo Inc	Oklo Inc		7,176
	Palvella Therapeutics Inc	Palvella Therapeutics Inc		6,280
	Paymentus Holdings Inc-A	Paymentus Holdings Inc-A		4,107
	QuantumScape Corp	QuantumScape Corp		1,042
	Red Cat Holdings Inc	Red Cat Holdings Inc		11,102
	Reddit Inc CL A	Reddit Inc CL A		12,643
	Rigetti Computing Ins	Rigetti Computing Ins		69,817
	Rocket Lab Corp	Rocket Lab Corp		6,976
	Royal Gold Inc	Royal Gold Inc		2,445
	Sayona Mining Ltd	Sayona Mining Ltd		3,312

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WATSON CLINIC LLP
401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF THE YEAR)
Year Ended December 31, 2025

Name of Plan Sponsor: Watson Clinic, LLP
Employer Identification Number: 59-0704934
Three-Digit Plan Number: 001

(a)	(b) Identity of issuer, borrower lessor of similar party	(c) Description of Investment	^ (d) Cost	(e) Current Value
	Seagate Technology	Seagate Technology		$ 475
	Sentinelone Inc -Class A	Sentinelone Inc -Class A		30,000
	Skywater Technology Inc	Skywater Technology Inc		5,266
	SLB Ltd	SLB Ltd		32,853
	Snap Inc - A	Snap Inc - A		4,035
	Solstice Advanced Materials Inc	Solstice Advanced Materials Inc		1,555
	Southwest Airlines Company	Southwest Airlines Company		7,026
	Sprouts Farmers Markets Inc	Sprouts Farmers Markets Inc		7,967
	Strategy Inc	Strategy Inc		15,195
	Transportation & Logistics S	Transportation & Logistics S		13
	Travelers Cos Inc	Travelers Cos Inc		1,166
	Triple Flag Precious Meta	Triple Flag Precious Meta		1,063
	Union Pacific Corp.	Union Pacific Corp.		149,201
	United States Antimony Corp	United States Antimony Corp		5,020
	Vertiv Holdings Llc	Vertiv Holdings Llc		44,715
				21,222,045
	Partnerships			
	Icahn Enterprises LP	Icahn Enterprises LP		1,510
	MPLX LP	MPLX LP		480
				1,990
	Collective Trust Funds			
	Principal Global Investors Trust Co	Morley Stable Value Fund		14,294,384
	Franklin Small Cap Value GG Tr	Franklin Small Cap Value GG Tr		9,117,274
	T Rowe Price	T. Rowe Price U.S. Mid Cap Val		16,285,729
				39,697,387
	Mutual Funds and Exchange Traded Funds			
	abrdn Life Sciences Investors	abrdn Life Sciences Investors		102,845
	Allianzim US	Allianzim US Bf15 Uncap Sep		73,290
	American Century	American Century US Quality Growth ETF		102,266
	American Funds	American Funds American Balanced R6		58,661,675
	American Funds	American Funds Capital World Gr&Inc F1		4,553
	American Funds	American Funds New World F1		9,505,875
	American Funds	American Funds New World F2		47,977
	AMG Yacktman I	AMG Yacktman I		13,948
	Artisan International Value Advisor	Artisan International Value Advisor		130,932
	Avantis	Avantis Emerging Markets Eq		18,485
	Avantis	Avantis US Small Cap Value		324,733
	Baron	Baron Asset Retail		377,188
	Baron	Baron Growth Retail		15,370

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WATSON CLINIC LLP
401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF THE YEAR)
Year Ended December 31, 2025

Name of Plan Sponsor: Watson Clinic, LLP
Employer Identification Number: 59-0704934
Three-Digit Plan Number: 001

(a)	(b) Identity of issuer, borrower lessor of similar party	(c) Description of Investment	^ (d) Cost	(e) Current Value
	Bitwise	Bitwise 10 Crypto Index Fund		$ 646
	BlackRock	BlackRock Advantage Small Cap Core Inv A		16,713
	BlackRock	BlackRock Dyn Hi Inc Port-I		83,379
	BlackRock	BlackRock Equity Dividend Instl		22,012,424
	BlackRock	BlackRock Mid Cap Gr Iva		13,353
	BlackRock	BlackRock Strategic Income Opps Instl		418,328
	BondBloxx	BondBloxx BBG 1 Dur US Treas		153,410
	Buffalo	Buffalo Small Cap Growth Fund		41,986
	Calamos	Calamos Convertible & High Income		22,620
	Calamos	Calamos Evolving World Gr-I		46,639
	Calamos	Calamos Market Neutral Income I		81,025
	Cohen & Steers	Cohen & Steers Real Estate Securities I		6,768,197
	Davis Global Y	Davis Global Y		72,704
	DFA	DFA Inflation-Protected Securities I		76,925
	DFA	DFA International Value I		116,884
	DFA	DFA Two-Year Global Fixed-Income I		96,623
	DFA	DFA US Large Cap Value I		90,035
	DFA	DFA US Micro Cap I		15,371
	DFA	DFA US Small Cap Value I		18,992
	Diamond Hill	Diamond Hill Short Duration Securitized Bond Fund I		80,549
	Dimensional	Dimensional Inflation-Protec		20,653
	Dimensional	Dimensional International Co		273,521
	Direxion Daily Googl Bull 2X Shares	Direxion Daily Googl Bull 2X Shares		581
	Direxion Daily Msft Bull 2x Shares	Direxion Daily Msft Bull 2x Shares		788
	Dodge & Cox	Dodge & Cox Global Stock Cl I		67,748
	Dodge & Cox	Dodge & Cox International Stock Cl I		961
	Dodge & Cox	Dodge & Cox Stock Cl I		23,235
	Eaton Vance	Eaton Vance Atlanta Capital SMID-Cap I		93,539
	Europac Intl Dividend Inc-A	Europac Intl Dividend Inc-A		1,516
*	Fidelity Investments	Fidelity Advisor® Investment Gr Bd Z		443,127
*	Fidelity Investments	Fidelity Advisor® Total Bond Z		314,817
*	Fidelity Investments	Fidelity Health Care ETF		1,144
*	Fidelity Investments	Fidelity Total Bond ETF		160,403
*	Fidelity Investments	Fidelity Wise Origin Bitcoin		39,716
*	Fidelity Investments	Fidelity® Contrafund® K6		47,244,173
*	Fidelity Investments	Fidelity® Equity Dividend Income		371,797
*	Fidelity Investments	Fidelity® Floating Rate High Income		237,873
*	Fidelity Investments	Fidelity® Mid-Cap Stock		175,232
*	Fidelity Investments	Fidelity® Puritan®		651,278
*	Fidelity Investments	Fidelity® Select Consumer Staples Port		316,608
*	Fidelity Investments	Fidelity® Small Cap Discovery		50,352
	First Eagle Global I	First Eagle Global I		96,203

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WATSON CLINIC LLP
401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF THE YEAR)
Year Ended December 31, 2025

Name of Plan Sponsor: Watson Clinic, LLP
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Three-Digit Plan Number: 001

(a)	(b) Identity of issuer, borrower lessor of similar party	(c) Description of Investment	^ (d) Cost	(e) Current Value
	First Trust Exchange Traded Fund VI	First Trust Exchange Traded Fund VI Rlsing Div Achievers ETF		$ 85,934
	First Trust Exchange-Traded	First Trust Exchange-Traded		81,648
	First Trust Index Global Nat	First Trust Index Global Nat		47,728
	First Trust Institutional Pr	First Trust Institutional Pr		206,271
	First Trust Smid Cap Rising	First Trust Smid Cap Rising		190,259
	First Trust Water Index ETF	First Trust Water Index ETF		1,101
	Franklin Mutual Shares Z	Franklin Mutual Shares Z		159,059
	Franklin Small Cap Value - Adv	Franklin Small Cap Value - Adv		165,657
	FT Vest Rising Dividend Achi	FT Vest Rising Dividend Achi		28,864
	Global X Robotics & Artifici	Global X Robotics & Artifici		1,127
	Global X US Infrastructure	Global X US Infrastructure		573
	Global X Us Preferred ETF	Global X Us Preferred ETF		46,463
	Grayscale Bitcoin Mini Trust ETF	Grayscale Bitcoin Mini Trust ETF		3,408
	Grayscale Bitcoin Trust ETF	Grayscale Bitcoin Trust ETF		24,951
	Grayscale Ethereum Mini Trust ETF	Grayscale Ethereum Mini Trust ETF		34,991
	Harbor International Institutional	Harbor International Institutional		200,773
	Harbor Small Cap Growth-Reth	Harbor Small Cap Growth-Reth		8,820,850
	Invesco	Invesco Ftse Rafi Us 1000 Et		58,935
	Invesco	Invesco Nasdaq 100 Etf		226,363
	Invesco	Invesco Qqq Trust Series 1		3,419,965
	Invesco	Invesco S&P Mid Cap 400 Rev		69,932
	Invesco	Invesco S&P Smallcap Quality		3,746
	iShares	iShares 0-3 Month Treasury B		255,533
	iShares	iShares 1-3 Year Treasury Bond		16,316
	iShares	Ishares Bitcoin Trust ETF		87,732
	iShares	iShares Core Dividend Growth		126,761
	iShares	iShares Core MSCI EAFE ETF		268
	iShares	Ishares Ethereum Trust ETF		22
	iShares	iShares Expanded Tech Sector ETF		387
	iShares	iShares Gold Trust		20,293
	iShares	Ishares Gold Trust Micro		81,681
	iShares	iShares Morningstar Growth ETF		177,908
	iShares	iShares MSCI Brazil ETF		3,177
	iShares	iShares MSCI EAFE Value ETF		21,637
	iShares	Ishares MSCI USA Quality Fac		77,263
	iShares	iShares Preferred & Income Securities ETF		78,254
	iShares	iShares Russell 2000 ETF		18,462
	iShares	iShares Russell 3000 ETF		21,277
	iShares	iShares Russell Top 200 Growth		831
	iShares	iShares S&P Mid-Cap 400 Growth		54,139
	iShares	iShares Semiconductor ETF		1,218
	iShares	iShares SILVER TRUST iShares		595,885
	iShares	iShares TIPS Bond ETF		6,595

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WATSON CLINIC LLP
401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF THE YEAR)
Year Ended December 31, 2025

Name of Plan Sponsor: Watson Clinic, LLP
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(a)	(b) Identity of issuer, borrower lessor of similar party	(c) Description of Investment	^ (d) Cost	(e) Current Value
	iShares	iShares Trust iShares 1-5 year Investment Grade Corp Bond ETF		$ 148,698
	iShares	iShares USTechnology ETF		2,000
	Janus Henderson	Janus Henderson Enterprise I		49,263
	Janus Henderson	Janus Henderson Global Technology & Innovation T		36,782
*	JP Morgan	JP Morgan US Equity Fund A		16,644
*	JP Morgan	JPM Nasdaq Equity Premium		5,580
*	JP Morgan	Jpmorgan Active Bond ETF		179,999
	Loomis Sayles Strategic Income Y	Loomis Sayles Strategic Income Y		82,906
	Lord Abbett Core Plus Bnd-I	Lord Abbett Core Plus Bnd-I		435,834
	Lrd Abbtt Shrt Dur Hi Yld-I	Lrd Abbtt Shrt Dur Hi Yld-I		489,889
	Macquarie Floating Rate Instl	Macquarie Floating Rate Instl		67,207
	Mairs & Power Growth Inv	Mairs & Power Growth Inv		13,471
	MassMutual Mid Cap Growth I	MassMutual Mid Cap Growth I		7,749,759
	Mfs Mid Cap Growth Fund-I	Mfs Mid Cap Growth Fund-I		63,813
	Neos Nasdaq-100 High Inc ETF	Neos Nasdaq-100 High Inc ETF		3,888
	Neos Russell 2000 High Inc	Neos Russell 2000 High Inc		3,526
	Neos S&P 500 High Income ETF	Neos S&P 500 High Income ETF		3,225
	Oakmark International Investor	Oakmark International Investor		16,615
	Oakmark Investor	Oakmark Investor		18,152
	Oakmark Select Investor	Oakmark Select Investor		11,212
	Pacer Us Cash Cows 100 Etf	Pacer Us Cash Cows 100 Etf		82,674
	Pacer US Small Cap Cash Cows ETF	Pacer US Small Cap Cash Cows ETF		36,117
	PIMCO	Pimco Active Bond ETF		15,548
	PIMCO	Pimco All Asset Fund-Institutional		178,098
	PIMCO	PIMCO Income A		179,459
	PIMCO	PIMCO Income I2		284,663
	PIMCO	Pimco Multi Sector Bond Act		125,850
	PIMCO	PIMCO Total Return Instl		19,940,177
	PRIMECAP Odyssey Growth	PRIMECAP Odyssey Growth		25,307
	Proshares	Proshares Short Dow30		29,363
	Proshares	Proshares Ultra Russell 2000		799
	Proshares	Proshares Ultra S&P 500		58
	Proshares	Proshares Ultra Semiconductor		473
	Proshares	Proshares Ultrapro QQQ		211
	Roundhi S&P 500 0Dte Ccs ETF	Roundhi S&P 500 0Dte Ccs ETF		5,037
*	Schwab Funds	Schwab 1000 Inv		141,105
*	Schwab Funds	Schwab Fundamental International Equity ETF		105,565
*	Schwab Funds	Schwab Total Stock Market Index		95,549
*	Schwab Funds	Schwab U.S. Large-Cap Growth		931
*	Schwab Funds	Schwab US Dvd Equity ETF		137,295
*	Schwab Funds	Schwab US Large Cap Growth Index		3,097
*	Schwab Funds	Schwab US TIPS ETF		49,711

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Year Ended December 31, 2025

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(a)	(b) Identity of issuer, borrower lessor of similar party	(c) Description of Investment	^ (d) Cost	(e) Current Value
*	Schwab Funds	Schwab® S&P 500 Index		$ 500,934
	Shelton Nasdaq-100 Index Inv	Shelton Nasdaq-100 Index Inv		32,643
	Simplify Volatility Premium	Simplify Volatility Premium		3,957
	SP Funds S&P Sharia Industry	SP Funds S&P Sharia Industry		11,899
	SPDR	SPDR GOLD TRUST GOLD SHS		61,428
	SPDR	SPDR Portfolio S&P 500 ETF		262,159
	SPDR	SPDR S&P 500 ETF Trust		72,409
	Spectrum	Spectrum Moderate Growth Allocation Fund		16,211
	Sprott Copper Miners ETF	Sprott Copper Miners ETF		1,426
	Sprott Fds Tr Uranium Miners	Sprott Fds Tr Uranium Miners		1,331
	Sprott Gold Miners ETF	Sprott Gold Miners ETF		40,037
	Strategy Shares Gold Enhanced Yiel	Strategy Shares Gold Enhanced Yield ETF		8,738
	T Rowe Price	T Rowe Price Spectrum International Equity		107,288
	T Rowe Price	T Rowe Price US Equity Research Fund		37,545
	T Rowe Price	T. Rowe Price Blue Chip Growth		38,145
	T Rowe Price	T. Rowe Price Capital Appreciation		166,966
	T Rowe Price	T. Rowe Price Dividend Growth		332,219
	T Rowe Price	T. Rowe Price Health Sciences		55,957
	TCW Emerging Markets Income I	TCW Emerging Markets Income I		85,826
	Touchstone	Touchstone Large Cap Focused Fund Class A		34,938
	Vaneck Gold Miners Etf	Vaneck Gold Miners Etf		237,583
	Vaneck Morningstar Wide Moat	Vaneck Morningstar Wide Moat		140,324
	Vaneck Semiconductor Etf	Vaneck Semiconductor Etf		153,192
	Vanguard	Vanguard 500 Index Admiral		4,811,246
	Vanguard	Vanguard Consumer Discretionary ETF		56,724
	Vanguard	Vanguard Dividend Apprec ETF		76,846
	Vanguard	Vanguard Dividend Appreciation Index Adm		70,399
	Vanguard	Vanguard Equity-Income Inv		806,571
	Vanguard	Vanguard FTSE All-World Ex-US		30,676
	Vanguard	Vanguard FTSE Developed Markets ETF		92,808
	Vanguard	Vanguard FTSE Emerging Market		48,377
	Vanguard	Vanguard Growth ETF		483,356
	Vanguard	Vanguard Growth Index Admiral		64,820
	Vanguard	Vanguard Health Care ETF		50,501
	Vanguard	Vanguard Health Care Inv		338,526
	Vanguard	Vanguard High Dividend Yield		94,013
	Vanguard	Vanguard High Dividend Yield Index Fund Admiral Shares		223,535
	Vanguard	Vanguard High-Yield Corporate Adm		1,172,655
	Vanguard	Vanguard Index Tr Ext Market ETF		84,168
	Vanguard	Vanguard Inflation-Protected Secs Inv		429,670
	Vanguard	Vanguard Info Tech ETF		47,252

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WATSON CLINIC LLP
401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF THE YEAR)
Year Ended December 31, 2025

Name of Plan Sponsor: Watson Clinic, LLP
Employer Identification Number: 59-0704934
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	Vanguard	Vanguard Institutional Index I		$ 61,602,770
	Vanguard	Vanguard Int High Dvd Yld In		49,101
	Vanguard	Vanguard Intermediate Term C		401,581
	Vanguard	Vanguard Intermediate Term Treasury ETF		344,118
	Vanguard	Vanguard Intl Dvd Ap Idx-Adv		502,966
	Vanguard	Vanguard Large Cap ETF		33,551
	Vanguard	Vanguard Mid - Cap Growth Index		32,453
	Vanguard	Vanguard Mid Cap Index Admiral		54,018
	Vanguard	Vanguard Mid-Cap ETF		364,603
	Vanguard	Vanguard Real Estate ETF		49,294
	Vanguard	Vanguard Real Estate Index Admiral		63,654
	Vanguard	Vanguard S&P 500 ETF		1,671,561
	Vanguard	Vanguard S&P 500 Growth Etf		105,812
	Vanguard	Vanguard S/T Corp Bond Etf		63,784
	Vanguard	Vanguard Short Term Treasury ETF		630,990
	Vanguard	Vanguard Short-Term Tips		103,866
	Vanguard	Vanguard Small- Cap ETF		215,270
	Vanguard	Vanguard Small -Cap Gr ETF		72,204
	Vanguard	Vanguard Small Cap Value ETF		426,220
	Vanguard	Vanguard Total Bond Market		3,911,611
	Vanguard	Vanguard Total Intl Stock Et		777,140
	Vanguard	Vanguard Total Stock Market ETF		1,920,326
	Vanguard	Vanguard Total Stock Mkt Idx Adm		673,715
	Vanguard	Vanguard Value ETF		831,219
	Vanguard	Vanguard Wellesley® Income Inv		53,798
	Vanguard	Vanguard Wellington™ Inv		18,522
	WisdomTree	WisdomTree U.S. Quality Dividend Growth Fund		101,414
	Yieldmax Googl Option Income	Yieldmax Googl Option Income		2,517
	Yieldmax Mgnf 7 Fu Op In ETF	Yieldmax Mgnf 7 Fu Op In ETF		2,053
	Yieldmax Mstr Option Is ETF	Yieldmax Mstr Option Is ETF		474
	Yieldmax Universe Fo In ETF	Yieldmax Universe Fo In ETF		1,776
	2X Bitcoin Strategy ETF	2X Bitcoin Strategy ETF		41,610
	2X Ether ETF	2X Ether ETF		9,682
	2X Long Vix Futures ETF	2X Long Vix Futures ETF		143,555
	Adams Diversified Equity Fund	Adams Diversified Equity Fund		1,353
	Alerian MLP ETF	Alerian MLP ETF		3,009
	American Funds EUPAC Fund - Cl	American Funds EUPAC Fund - Cl		15,949,824
	American Funds Eupac Fund F3	American Funds Eupac Fund F3		178,367
	Amplify Bitcoin Max Inc ETF	Amplify Bitcoin Max Inc ETF		1,504
	Amplify Cwp Grw & Inc ETF	Amplify Cwp Grw & Inc ETF		987
	Amplify CWP International Enhanced	Amplify CWP International Enhanced Dividend Income ETF		1,534

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(a)	(b) Identity of issuer, borrower lessor of similar party	(c) Description of Investment	^ (d) Cost	(e) Current Value
	Aqr Diversifying Strat-I	Aqr Diversifying Strat-I		$ 6,015
	Axonic Alternative Inc	Axonic Alternative Inc		31,074
	Brandes International Small Cap Equi	Brandes International Small Cap Equity I		116,359
	Cap Group Global Eq	Cap Group Global Eq		130,252
	Clockwise US Core Equity ETF	Clockwise US Core Equity ETF		1,166
	Dan Wedbush AI Rev ETF	Dan Wedbush AI Rev ETF		1,422
	Dimensional US High Profi ETF	Dimensional US High Profi ETF		16,467
	Direxion D Amd Bull 2X Shrs	Direxion D Amd Bull 2X Shrs		766
	Direxion Daily Aerospace & D	Direxion Daily Aerospace & D		319
	Direxion Daily Semi Bull 3X	Direxion Daily Semi Bull 3X		210
	Direxion Dly Nflx Bull 2X Sh	Direxion Dly Nflx Bull 2X Sh		705
	Drx Dly Amzn Bull 2X Shares	Drx Dly Amzn Bull 2X Shares		1,782
	First Trust Smith Unconstrained Bon	First Trust Smith Unconstrained Bond ETF		4,380
	First Trust Smith Opportunistic Fixed	First Trust Smith Opportunistic Fixed Income ETF		66,480
	Fndstrt Grnny Shots US Lrg	Fndstrt Grnny Shots US Lrg		941
	Franklin Income Focus ETF	Franklin Income Focus ETF		57,987
	Franklin Templeton Etf Tr Us Mid Cp I	Franklin Templeton Etf Tr Us Mid Cp Mltfct		48,890
	FT UT12037VSTNSDFMC	FT UT12037VSTNSDFMC		167,430
	FT UT12038VEENS25FC	FT UT12038VEENS25FC		155,586
	FT UT12090VESMS9FC	FT UT12090VESMS9FC		159,794
	FT UT12172VESLA82FC	FT UT12172VESLA82FC		63,755
	FT Vest Gold Strategy Target	FT Vest Gold Strategy Target		925
	FT Vest Smid Rising Dividend	FT Vest Smid Rising Dividend		10,129
	FT Vest Technology Dividend	FT Vest Technology Dividend		888
	Ft-Preferred Secur & Inc Etf	Ft-Preferred Secur & Inc Etf		351,245
	Global X Uranium Etf	Global X Uranium Etf		983
	Goldman Sachs Nasdaq 100 Premiur	Goldman Sachs Nasdaq 100 Premium Income ETF		2,168
	Goldman Sachs S&P 500 Premium Ir	Goldman Sachs S&P 500 Premium Income ETF		3,538
	Granitesh 2Xlng Meta Etf-Usd	Granitesh 2Xlng Meta Etf-Usd		585
	Graniteshares 1.25 Long Tsla	Graniteshares 1.25 Long Tsla		75
	iMGP DBi Managed Futures Strategy	iMGP DBi Managed Futures Strategy ETF		1,754
	Invesco Aerospace & Defense	Invesco Aerospace & Defense		2,663
	Invesco Cef Income Composite	Invesco Cef Income Composite		54,809
	Ipath Series B S&P 500 VIX Short Tei	Ipath Series B S&P 500 VIX Short Term Futures ETF		1,324
	iShares Core S&P 500 ETF	iShares Core S&P 500 ETF		205,482
	Ishares Emerging Markets Equity Fac	Ishares Emerging Markets Equity Factor ETF		55,652

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(a)	(b) Identity of issuer, borrower lessor of similar party	(c) Description of Investment	^ (d) Cost	(e) Current Value
	Ishares International Small Cap Factc	Ishares International Small Cap Factor ETF		$ 42,807
	Ishares MSCI International Q	Ishares MSCI International Q		75,311
	iShares U.S. Aerospace & Defen	iShares U.S. Aerospace & Defen		10,735
	iShares U.S. Home Construction	iShares U.S. Home Construction		1,445
	JPMorgan Ultra-Short Income	JPMorgan Ultra-Short Income		75,102
	Kurv Gold Enh Income ETF	Kurv Gold Enh Income ETF		244
	Kurv Tech Titans Select ETF	Kurv Tech Titans Select ETF		1,123
	Kurv Yld Prem Str Googl ETF	Kurv Yld Prem Str Googl ETF		468
	Microsectors Fang Index 2X L	Microsectors Fang Index 2X L		583
	Neos Bitcoin High Income ETF	Neos Bitcoin High Income ETF		2,333
	Neos Real Est Hgh Inc ETF	Neos Real Est Hgh Inc ETF		2,381
	Nestyeld Dyn Inc ETF Usd Inc	Nestyeld Dyn Inc ETF Usd Inc		210
	Neuberger Energy Infrastruct	Neuberger Energy Infrastruct		1,709
	Nicholas Crypto Income ETF	Nicholas Crypto Income ETF		613
	Pgim Act Aggrg Bond ETF	Pgim Act Aggrg Bond ETF		179,593
	PIMCO Income Instl	PIMCO Income Instl		224,819
	Proshares Ndx High Incom ETF	Proshares Ndx High Incom ETF		1,334
	Proshares S&P 500 Dividends Aristoc	Proshares S&P 500 Dividends Aristocrats ETF		29,487
	Proshares S&P High Incom ETF	Proshares S&P High Incom ETF		1,141
	Proshares Ultra Financials	Proshares Ultra Financials		734
	Proshares Ultra Vix St Future	Proshares Ultra Vix St Future		72,579
	Pzena Emerging Markets Value Instl	Pzena Emerging Markets Value Instl		115,016
	Rodh S&P 500 Tar 20 M Di ETF	Rodh S&P 500 Tar 20 M Di ETF		5,606
	Rondhill Mgni Svn Cvr Cl ETF	Rondhill Mgni Svn Cvr Cl ETF		5,012
	Roundhill Amd Weeklypay ETF	Roundhill Amd Weeklypay ETF		1,161
	Roundhill Amzn Weeklypay ETF	Roundhill Amzn Weeklypay ETF		1,991
	Roundhill Avgo Weeklypay ETF	Roundhill Avgo Weeklypay ETF		1,810
	Roundhill Brkb Weeklypay ETF	Roundhill Brkb Weeklypay ETF		1,651
	Roundhill Cost Weeklypay ETF	Roundhill Cost Weeklypay ETF		1,148
	Roundhill Googl Weklypay Etf	Roundhill Googl Weklypay Etf		212
	Roundhill Hood Weeklypay ETF	Roundhill Hood Weeklypay ETF		1,805
	Roundhill Magnificent Seven	Roundhill Magnificent Seven		528
	Roundhill Meta Weeklypay Etf	Roundhill Meta Weeklypay Etf		1,540
	Roundhill Nflx Weeklypay ETF	Roundhill Nflx Weeklypay ETF		747
	Roundhill Pltr Weeklypay ETF	Roundhill Pltr Weeklypay ETF		1,195
	Roundhill Weeklypay Univ ETF	Roundhill Weeklypay Univ ETF		13,981

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See Independent Auditor's Report.

WATSON CLINIC LLP
401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF THE YEAR)
Year Ended December 31, 2025

Name of Plan Sponsor: Watson Clinic, LLP
Employer Identification Number: 59-0704934
Three-Digit Plan Number: 001

(a)	(b) Identity of issuer, borrower lessor of similar party	(c) Description of Investment	^ (d) Cost	(e) Current Value
	Rydex Otc Inv	Rydex Otc Inv		$ 13,858
	Saba Closed End Funds ETF	Saba Closed End Funds ETF		2,051
	Schwab International Dividend Equity	Schwab International Dividend Equity		64,804
	Schwab Small Cap Index	Schwab Small Cap Index		282,951
	Simplify Barrier Income ETF	Simplify Barrier Income ETF		2,276
	Simplify Enhanced Income ETF	Simplify Enhanced Income ETF		1,428
	Simplify Target 15 Distr ETF	Simplify Target 15 Distr ETF		2,055
	SPDR Gold MiniShares Trust	SPDR Gold MiniShares Trust		2,220
	Ss Re Es Se Sc Sp Pr Inc Etf	Ss Re Es Se Sc Sp Pr Inc Etf		47
	St Str Cons Discr Sel Sc-Usd	St Str Cons Discr Sel Sc-Usd		37,116
	Sta Str Uti Sel Sec Spdr-Usd	Sta Str Uti Sel Sec Spdr-Usd		52,935
	State Street Communication S	State Street Communication S		32,990
	State Street Consumer Staple	State Street Consumer Staple		25,083
	State Street Energy Select S	State Street Energy Select S		27,187
	State Street Financial Selec	State Street Financial Selec		34,274
	State Street Health Care Sel	State Street Health Care Sel		43,105
	State Street Industrial Sele	State Street Industrial Sele		32,533
	State Street Materials Selec	State Street Materials Selec		23,292
	State Street Real Estate Sel	State Street Real Estate Sel		27,010
	State Street SPDR Portfolio Ag	State Street SPDR Portfolio Ag		79,799
	State Street SPDR Portfolio Lo	State Street SPDR Portfolio Lo		63,263
	State Street SPDR Portfolio S&	State Street SPDR Portfolio S&		209,904
	State Street SPDR Portfolio Sh	State Street SPDR Portfolio Sh		14,677
	State Street SPDR S&P Biotech	State Street SPDR S&P Biotech		41,646
	State Street SPDR S&P Metals &	State Street SPDR S&P Metals &		518
	State Street Technology Sele	State Street Technology Sele		107,818
	Stkd 100% Bitcoin & 100% Gold ETF	Stkd 100% Bitcoin & 100% Gold ETF		652
	Stone Ridge Divers Alt I	Stone Ridge Divers Alt I		29,327
	Tappalpha In 100 Gr & Di ETF	Tappalpha In 100 Gr & Di ETF		1,668
	Transamerica Asset Allocation Mod I	Transamerica Asset Allocation Mod I		63,656
	Vanguard US Momentum Factor	Vanguard US Momentum Factor		2,295
	Virtus Reaves Utilities ETF	Virtus Reaves Utilities ETF		1,895
	Yieldmax Amazn Option Income	Yieldmax Amazn Option Income		1,381
	Yieldmax Bitcoin Option Str	Yieldmax Bitcoin Option Str		709
	Yieldmax Innovation Option I	Yieldmax Innovation Option I		2,289
	Yieldmax Mstr Short Ois ETF	Yieldmax Mstr Short Ois ETF		40
	Yieldmax Target 12 Sc Oi ETF	Yieldmax Target 12 Sc Oi ETF		1,249

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Name of Plan Sponsor: Watson Clinic, LLP
Employer Identification Number: 59-0704934
Three-Digit Plan Number: 001

(a)	(b) Identity of issuer, borrower lessor of similar party	(c) Description of Investment	^ (d) Cost	(e) Current Value
	Yieldmax Tsm Opt Inc Strat	Yieldmax Tsm Opt Inc Strat		$ 995
	Yieldmax Ultra Option Inc	Yieldmax Ultra Option Inc		1,157
	Yld Max Hood Opt In Stra ETF	Yld Max Hood Opt In Stra ETF		1,897
	Yldmax Gold Min Op In St ETF	Yldmax Gold Min Op In St ETF		3,364
	Yldmx Ai & T Prt Optn In ETF	Yldmx Ai & T Prt Optn In ETF		2,968
	Yldmx Smicon Po Optn Inc ETF	Yldmx Smicon Po Optn Inc ETF		3,948
				303,296,580
	Insurance Policy			
	Lincoln Life Benefit	Lincoln Life Annuity Cont#F0007713		201,831
				201,831
	Puts and calls, warrants, others			
	Realty Income Corp	Realty Income Corp @55 1/16/26		(166)
	Advanced Micro Devices	Advanced Micro Devices @190 1/16/26		(114)
	Bed Bath & Beyond Inc	Bed Bath & Beyond Inc		1
	Bitmine Immersion Technologies	Bitmine Immersion Technologies @41 1/16/26		(13)
	Broadcom Ltd	Broadcom Ltd @340 1/16/26		(778)
	Chipotle Mexican Grill - Cl A	Chipotle Mexican Grill - Cl A @37 1/02/26		(86)
	Chipotle Mexican Grill - Cl A	Chipotle Mexican Grill - Cl A @65.3 12/18/26		(134)
	Chipotle Mexican Grill - Cl A	Chipotle Mexican Grill - Cl A @65.4 12/18/26		(67)
	Chipotle Mexican Grill - Cl A	Chipotle Mexican Grill - Cl A @69 12/18/26		(56)
	Coinbase Global Inc -Class A	Coinbase Global Inc -Class A @320 2/20/26		(9,439)
	Deckers Outdoor Corp	Deckers Outdoor Corp @125 9/18/26		(2,957)
	Deckers Outdoor Corp	Deckers Outdoor Corp @85 9/18/26		(1,909)
	Iris Energy Ltd	Iris Energy Ltd @40.5 1/02/26		(282)
	Iris Energy Ltd	Iris Energy Ltd @46 1/16/26		(56)
	iShares SILVER TRUST iShares	iShares SILVER TRUST iShares @65 1/16/26		(407)
	Lululemon Athletica Inc	Lululemon Athletica Inc @145 1/02/26		1
	Lululemon Athletica Inc	Lululemon Athletica Inc @150 1/02/26		(2)
	Lululemon Athletica Inc	Lululemon Athletica Inc @230 1/09/26		(15)
	Lululemon Athletica Inc	Lululemon Athletica Inc @240 6/18/26		(1,574)
	Lululemon Athletica Inc	Lululemon Athletica Inc @90 1/21/28		13,029
	Meta Platforms Inc	Meta Platforms Inc @615 1/16/26		(164)
	Meta Platforms Inc	Meta Platforms Inc @630 2/20/26		(1,977)
	Meta Platforms Inc	Meta Platforms Inc @680 3/20/26		(4,924)
	Microsoft Corporation	Microsoft Corporation @465 1/09/26		(81)

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WATSON CLINIC LLP
401(k) PROFIT SHARING PLAN
SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF THE YEAR)
Year Ended December 31, 2025

Name of Plan Sponsor: Watson Clinic, LLP
Employer Identification Number: 59-0704934
Three-Digit Plan Number: 001

(a)	(b) Identity of issuer, borrower lessor of similar party	(c) Description of Investment	^ (d) Cost	(e) Current Value
	Microstrategy Inc Class A	Microstrategy Inc Class A @200 1/16/26		$ (55)
	Nebius Group NV	Nebius Group NV @110 1/16/26		(30)
	Nvidia Corp	Nvidia Corp @175 1/16/26		(318)
	Nvidia Corp	Nvidia Corp @185 1/02/26		(223)
	Nvidia Corp	Nvidia Corp @195 1/16/26		(856)
	Nvidia Corp	Nvidia Corp @200 1/16/26		436
	Palantir Technologies Inc A	Palantir Technologies Inc A @170 1/16/26		(294)
	Paypal Holdings Inc	Paypal Holdings Inc @62 1/02/26		(2)
	Pebblebrook Hotel Trust	Pebblebrook Hotel Trust @12.5 1/16/26		(45)
	Robinhood Markets Inc - A	Robinhood Markets Inc - A @125 1/09/26		(172)
	Robinhood Markets Inc - A	Robinhood Markets Inc - A @125 3/20/26		(1,899)
	S&P Dow Jones Index S&P 500	S&P Dow Jones Index S&P 500 @5150 12/17/27		18,318
	Sprouts Farmers Markets Inc	Sprouts Farmers Markets Inc @125 9/18/26		(183)
	Sprouts Farmers Markets Inc	Sprouts Farmers Markets Inc @65 1/16/26		8
	Sprouts Farmers Markets Inc	Sprouts Farmers Markets Inc @70 1/16/26		(35)
	Sprouts Farmers Markets Inc	Sprouts Farmers Markets Inc @70 9/18/26		(621)
	Sprouts Farmers Markets Inc	Sprouts Farmers Markets Inc @75 1/16/26		(65)
	Tesla Inc	Tesla Inc @385 1/16/26		(117)
	Trade Desk Inc/The Class A	Trade Desk Inc/The Class A @40 5/15/26		(2,113)
	Trade Desk Inc/The Class A	Trade Desk Inc/The Class A @62.5 9/18/26		(807)
	Unitedhealth Group Inc	Unitedhealth Group Inc @330 2/20/26		(1,635)
				(2,878)
*	**Participant Loans**	Various interest rates ranging from 4.25% to 9.50%, with maturities through October 2040		3,279,673
				$ 373,894,597

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See Independent Auditor's Report.

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

SPONSOR: WATSON CLINIC LLP 401(K) PROFIT SHARING PLAN
EIN: 59-0704934
PLAN NUMBER: 001
NAME: WATSON CLINIC LLP
FRANKLIN & HACHIGAN LLP PROFIT SHARING PLAN

(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

See Schedule of Assets Held for Investment as per Audited Financial Statements