

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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
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1a Name of plan <u>LAKEVIEW CLINIC LTD, RETIREMENT SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
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) <u>LAKEVIEW CLINIC, LTD</u> <u>424 STATE HWY 5 WEST</u> <u>WACONIA, MN 55387</u>	1c Effective date of plan <u>02/01/1979</u> 2b Employer Identification Number (EIN) <u>41-1340895</u> 2c Plan Sponsor's telephone number <u>952-442-4461</u> 2d Business code (see instructions) <u>621111</u>

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.	07/09/2025	TRACY RHEINECK
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	232
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	191
	6a(2)	193
	6b	2
	6c	35
	6d	230
	6e	3
	6f	233
	6g(1)	210
6g(2)	233	
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 Characteristics Codes in the instructions:
 2E 2F 2G 2J 2R 2S 2T 3D

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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) **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) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 0
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan LAKEVIEW CLINIC LTD, RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LAKEVIEW CLINIC, LTD	D Employer Identification Number (EIN) 41-1340895	

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)..... 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)

COMPASS CAPITAL MANAGEMENT INC.

41-1611668

(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?
28 51	NONE	230574	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 36 37 38 50 64	NONE	21397	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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 HAS AN AGREEMENT WITH MATRIX TRUST COMPANY TO PAY \$1,500 ANNUAL TRUST AND CUSTODY FEE PLUS 1 BASIS POINT ON MARKET VALUE 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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan LAKEVIEW CLINIC LTD, RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 LAKEVIEW CLINIC, LTD	D Employer Identification Number (EIN) 41-1340895

Part I	Asset and Liability Statement
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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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	1405	9609
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1671242	2131301
(2) Participant contributions	1b(2)	104374	0
(3) Other	1b(3)	104900	129788
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	8372245	6991676
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	36628858	37188774
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	342704	291009
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	52568259	50289686
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	6372192	7428179

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	106166179	104460022
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	76530	73325
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	76530	73325
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	106089649	104386697

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)	2485990	
(B) Participants.....	2a(1)(B)	1634906	
(C) Others (including rollovers).....	2a(1)(C)	8395	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4129291
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)	229717	
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	24124	
(F) Other.....	2b(1)(F)	206177	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		460018
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	497862	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1924610	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2422472
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	17157086	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	16170127	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	3880384	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5443236
c Other income	2c		-6085
d Total income. Add all income amounts in column (b) and enter total	2d		17316275

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	18767256	
(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)		18767256
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)	21397	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	230574	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		251971
j Total expenses. Add all expense amounts in column (b) and enter total	2j		19019227

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1702952
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) 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) 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: **THE AMERICAN AUDITORS GROUP, LLC**

(2) EIN: **81-4229648**

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	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?		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?		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?		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.)	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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>LAKEVIEW CLINIC LTD, RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LAKEVIEW CLINIC, LTD</u>	D Employer Identification Number (EIN) <u>41-1340895</u>	

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 08 / 19 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704137A.

Audited Financial Statements with
Independent Auditor's Report and
Supplemental Schedules

Lakeview Clinic, Ltd.
Retirement Savings Plan

For the Years Ended
December 31, 2024 and 2023

The American Auditors Group, LLC
PO Box 48056
Spokane, Washington 99228

**Lakeview Clinic, Ltd.
Retirement Savings Plan**

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The American Auditors Group, LLC

PO Box 48056, Spokane, Washington 99228

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Lakeview Clinic, Ltd. Retirement Savings Plan

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

We have performed an audit of the financial statements of Lakeview Clinic, Ltd. Retirement Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Lakeview Clinic, Ltd. Retirement Savings 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 audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certification from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Lakeview Clinic, Ltd. Retirement Savings Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. 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 Lakeview Clinic, Ltd. Retirement Savings Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Lakeview Clinic, Ltd. Retirement Savings 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 Lakeview Clinic, Ltd. Retirement Savings Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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


Supplemental Schedules Required by ERISA

The supplemental schedule of assets held for investment purposes is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental 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 a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



The American Auditors Group, LLC
Spokane, Washington
June 24, 2025

FINANCIAL STATEMENTS

Lakeview Clinic, Ltd. Retirement Savings Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Cash	\$ 9,609	\$ 1,405
Investments, at fair value:		
Mutual funds	\$ 57,717,865	\$ 58,940,451
Common stock funds	37,188,774	36,628,858
US government security funds	6,991,676	8,372,245
Total investments at fair value	<u>101,898,315</u>	<u>103,941,554</u>
Receivables:		
Employer contributions	2,131,301	1,671,242
Participant contributions	-	104,374
Other receivables	129,788	104,900
Notes receivable from participants	291,009	342,704
Total receivables	<u>2,552,098</u>	<u>2,223,220</u>
Total assets	<u>104,460,022</u>	<u>106,166,179</u>
LIABILITIES		
Accrued and other liabilities	73,325	76,530
Total liabilities	<u>73,325</u>	<u>76,530</u>
NET ASSETS REFLECTING INVESTMENTS AT FAIR VALUE	104,386,697	106,089,649
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	-	-
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 104,386,697</u>	<u>\$ 106,089,649</u>

See accompanying notes and independent auditor's report

Lakeview Clinic, Ltd. Retirement Savings Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2024 and 2023

	2024	2023
ADDITIONS		
Investment income		
Interest and dividends	\$ 2,858,366	\$ 2,624,616
Net appreciation (depreciation) in fair value of mutual funds	10,310,579	13,995,415
Other investment income	(6,085)	84,156
Total investment income	13,162,860	16,704,187
Contributions		
Employer	2,485,990	2,021,242
Participants	1,634,906	1,375,874
Rollovers	8,395	195,888
Total contributions	4,129,291	3,593,004
Other additions		
Interest on notes receivable from participants	24,124	21,463
Total other additions	24,124	21,463
Total additions	17,316,275	20,318,654
DEDUCTIONS		
Benefits paid to participants	18,767,256	15,039,426
Deemed distributions	-	15,105
Administrative expenses	251,971	307,339
Total deductions	19,019,227	15,361,870
Net increase (decrease) in net assets available for benefits	(1,702,952)	4,956,784
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	106,089,649	101,132,865
End of year	\$ 104,386,697	\$ 106,089,649

See accompanying notes and independent auditor's report

Lakeview Clinic, Ltd. Retirement Savings Plan

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2023 and 2022

NOTE A: DESCRIPTION OF PLAN

The following description of Lakeview Clinic, Ltd. Retirement Savings 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 a defined contribution plan qualifying as a tax-exempt salary deferral arrangement as defined in Section 401(k) of the Internal Revenue Code. It covers all employees of Lakeview Clinic, Ltd. (the "Company") over the age of 21 who have completed one year of service. The plan also has an automatic enrollment feature for those participants who fail to make an election.

Plan Restatement and subsequent amendment - The Plan was restated effective July 1, 2022 in accordance with the Pension Protection Act of 2006. Since restatement, the plan was amended effective January 1, 2024 to add an escalation of 1% per year to the automatic contribution amount.

Contributions - Each year participants may contribute up to 85% of pretax annual compensation up to a maximum of \$23,000 (participants age 50 and over may contribute a maximum of \$30,500), as defined in the Plan and by the Internal Revenue Code. Participants may change their deferral amount at any time. The Plan also allows participants to make Roth contributions and rollovers to and from other qualified plans.

Non-elective contributions are made by the Company, allocated based on percentage of compensation. Participants must complete two years of service to be eligible.

Investment options - Upon entry into the Plan, participants may choose from any of the mutual funds open to participants. Because accounts are participant-directed, investments may be changed at any time. For those participants who enter the plan but do not make a selection, the Plan has arranged for a default investment choice in compliance with section 404(c).

Participant Accounts - After an account has been established, participants direct the investments of their account balances. Each participant's account is credited with any deferrals made as well as allocations of (a) the Company's matching contributions, (b) investment earnings, (c) allocations of expenses charged to the plan, and (d) allocations of expenses based on investment choices. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested balance.

Vesting - Participants are immediately vested in their voluntary contributions and rollovers plus actual earnings thereon. In addition, participants vest 100% in employer non-elective contributions upon entry into the plan.

Lakeview Clinic, Ltd. Retirement Savings Plan

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2023 and 2022

NOTE A: DESCRIPTION OF PLAN (CONTINUED)

Administrative Expenses - Fund management fees and certain other expenses incurred in the course of trading are reported in the Statement of Change in Net Assets Available for Benefits netted against plan earnings. In addition, irregular charges may be netted against investment earnings including load fees, trade commissions and early sale penalties.

Fees charged for investment supervision, management services and administrative record keeping are paid directly by the Plan and recorded as deductions to net assets available for benefits. Certain transaction fees, such as insurance transfer fees and those related to participant loans and distributions, are paid directly by participants as incurred.

Some expenses for administering the plan are paid by the Company. The Plan does not compensate Company or its employees for these services.

Notes Receivable from Participants - Participants may receive advances from deferrals and rollovers into the plan to be repaid in level installments each pay period via payroll deduction. The minimum amount that may be advanced is \$1,000 secured by the participant's account balance. One loan per participant may be outstanding at any given time. Loans are due in full in the event of termination of employment, and unpaid loans may be re-characterized as deemed distributions in accordance with regulations. Participants should refer to the Plan's loan policy for more complete information.

The Plan has set the standard interest rate for participant loans at 1.00% above the prime rate. In 2024, advances were charged an interest rate of 9.00 to 9.50%; advances made in 2023 were charged 8.50 to 9.50%.

Payment of Benefits - Hardship distributions may be made to participants and their beneficiaries from deferral contributions. The minimum amount that may be advanced is \$1,000. In-service distributions may be made at any time after age 59 ½ from fully vested balances. The plan allows early retirement at age 55 for participants who have completed 6 years of service. Participants are entitled to full distribution of vested balances after reaching the normal retirement age of 65.

Participants may elect to receive lump-sum or partial distributions as well as substantially equal payments. In the event of involuntary termination, a cash payment will be made or a peer-to-peer rollover into a qualified IRA account for amounts between \$1,000 and \$5,000. The plan's force-out policy is set at \$7,000. Amounts over \$5,000 require the consent of the participant.

Forfeited Accounts - Forfeitures occur when a participant separates from service before becoming 100% vested in discretionary contributions made by the Company. The Plan allows forfeited contributions to be used to reduce administrative fees or as a supplement to future employer contributions.

As of December 31, 2024 and 2023, forfeited non-vested accounts totaled \$365,512 and \$361,548, respectively. In 2024 and 2023, no forfeitures were allocated to administrative fees, and \$21,781 and \$0 were used to offset employer contributions, respectively.

Plan Termination - Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions and there would be a complete distribution of the assets to the participants.

Lakeview Clinic, Ltd. Retirement Savings Plan

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2023 and 2022

NOTE B: SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting - The financial statements of the Plan are prepared in conformity with accounting principles generally accepted in the United States of America as applied to employee benefit plans.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires those charged with the governance and administration of the plan to make estimates and assumptions that affect the reported amounts of assets and liabilities, the reported amounts of additions and deductions, and disclosure of conditions during the reporting period. Actual results may differ from those estimates.

Cash - Cash presented in the financial statements includes only noninterest-bearing accounts. All other cash and cash equivalents are included in investments and stated at fair value.

Investment Valuation - Investments are stated at fair value. Quoted market prices are used to value investments. Other valuation methods are used only where no readily available market data is available. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. For a detailed explanation of fair value measurements, see Note D.

Contributions Receivable - Contributions receivable consist of deposits made after year-end for deferral and matching contributions. When material, all other types of receivables, such as payments receivable for participant loans, are disclosed separately.

Notes Receivable from Participants - Notes receivable from participants are measured at amortized cost, which represents the unpaid principal balance plus the accrued but unpaid interest.

Benefits Payable - Benefits are recorded in the period in which they are paid.

Excess Contributions - Contributions in excess of annual limitations are refunded when discovered. Those excess contributions paid after year-end are recorded as a liability as of the financial statement date and as a reduction to participant contributions.

Income Recognition - Interest income is recorded on the accrual basis of accounting. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in the fair value of investments is the unrealized gain or loss on disposition of investments held at year-end. Realized gains and losses are recorded at the time of sale and are reported separately on the statement of changes in net assets.

Administrative Expenses - Expenses paid by the Plan are recorded as accrued or incurred.

Lakeview Clinic, Ltd. Retirement Savings Plan

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2023 and 2022

NOTE C: INFORMATION CERTIFIED BY THE PLAN CUSTODIAN

The Plan administrator has elected the method of compliance permitted by 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. Accordingly, Matrix Trust Company, the custodian of the Plan, has certified the completeness and accuracy of all investments held by them as of and for the years ended December 31, 2024 and 2023.

Because this information is presented in conformity with the cash basis of accounting, there may be variances between amounts certified and those presented in the financial statements.

The following information was included in this certification:

	<u>2024</u>	<u>2023</u>
Total plan investments	\$ 102,037,712	\$ 104,047,860
Participant loans	<u>291,009</u>	<u>342,704</u>
Total value	\$ <u>102,328,761</u>	\$ <u>104,390,564</u>

Also included in the certified information were the investment results for the year ended December 31, 2024, including plan earnings of \$12,931,135, contributions of \$2,717,523 and a net decrease in plan assets for the year of \$2,061,843.

Lakeview Clinic, Ltd. Retirement Savings Plan

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2023 and 2022

NOTE D: FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying Statements of Net Assets Available for Benefits. The methods used to measure fair value may produce an amount not indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables disclose, by level, the fair value hierarchy of the Plan's assets as of December 31, 2024 and 2023:

Fair Value Measurements at Reporting Date Using				
	Fair Value	Quoted Prices in Active Markets for Identical (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>December 31, 2024</u>				
Mutual funds	\$ 57,717,865	\$ 57,717,865		
Stock funds	37,188,774	37,188,774		
US gov sec funds	<u>6,991,676</u>	<u>0</u>	<u>6,991,676</u>	<u>0</u>
Total	<u>\$ 101,898,315</u>	<u>\$ 94,906,639</u>	<u>\$ 6,991,676</u>	<u>\$ 0</u>
<u>December 31, 2023</u>				
Mutual funds	\$ 58,940,451	\$ 58,940,451		
Common stock	36,628,858	36,628,858		
US Government sec	<u>8,372,245</u>	<u>0</u>	<u>8,372,245</u>	<u>0</u>
Total	<u>\$ 103,941,554</u>	<u>\$ 95,569,309</u>	<u>\$ 8,372,245</u>	<u>\$ 0</u>

FASB ASC 820, Fair Value Measurement and Disclosures, establishes the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes inputs to valuation techniques and gives highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

See accompanying independent auditor's report

Lakeview Clinic, Ltd. Retirement Savings Plan

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2023 and 2022

NOTE E: OPERATING PAYABLES

As of December 31, 2024 and 2023, \$73,325 and \$76,530, respectively, were due to service organizations for services provided to the plan. The nature of these expenses is described below in Note F.

NOTE F: PARTIES-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Employer and certain other entities and individuals.

Plan investments include shares of registered investment company funds managed by Matrix Trust Company and its affiliates. Transactions with these entities qualify as exempt party-in-interest transactions.

The Plan has engaged Compass Capital Management as a financial advisor. Fees incurred by the Plan for investment management services are included in administrative expenses and totaled \$230,574 and \$283,047 in 2024 and 2023, respectively.

The Plan has engaged OneAmerica as a record keeper. Fees paid for administration and record keeping totaled \$21,397 and \$24,292 in 2024 and 2023, respectively.

The Company provides certain accounting, recordkeeping, and administrative services to the Plan for which it receives no compensation.

NOTE G: RISKS AND UNCERTAINTIES

The Plan's investments are held primarily in mutual funds. Mutual funds are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in value will occur in the near term and that such changes could materially affect participant account balances and the amounts reported in the statement of net assets available for benefits.

NOTE H: INCOME TAXES

The Plan is qualified with the Internal Revenue Service (IRS) as a tax-exempt plan and as a qualified employee benefit plan under ERISA. The Plan obtained a determination letter in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has since been amended. The Plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore believes that the Plan was qualified and related trust was tax-exempt as of the financial statement dates.

During the years ended December 31, 2024 and 2023, the Plan recognized no income-tax related interest or penalties. Management has reviewed the Plan's tax positions and determined there were no uncertain tax positions as of December 31, 2024 and 2023. The Plan is no longer subject to U.S. federal, state, and local, or non-US income tax examinations by tax authorities for years prior to 2021.

Lakeview Clinic, Ltd. Retirement Savings Plan

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2023 and 2022

NOTE I: UNITIZED INVESTMENTS

Unitized investments held by the plan consist of a unitized trust that holds individual investment assets. Since the trust owns the individual assets and they are held in the name of the Plan, they are presented within the fair value hierarchy in their respective categories.

The unit value of the unitized trust is calculated daily based on the observable net asset values (NAV) of the underlying investments. The NAV practical expedient being used is based on the fair value of the underlying investments, less any existing liabilities, divided by the number of units outstanding.

There are no unfunded commitments or redemption notice periods for any of the funds. Because accounts are participant-directed, there are no unusual limitations on the execution of transactions.

NOTE J: RECONCILIATION OF THE FINANCIAL STATEMENTS TO FORM 5500

Certain amounts in the financial statements have been presented in classifications that differ from those reported with form 5500. Changes in classification are the result of applying accounting principles generally accepted in the United States to amounts that are essentially cash basis.

NOTE K: SUBSEQUENT EVENTS AND DATE OF MANAGEMENT'S REVIEW

Management has evaluated subsequent events through June 24, 2025, the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

Lakeview Clinic, Ltd. Retirement Savings Plan

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2024

Schedule H, line 4i – Schedule of Assets (Held at End of Year)

Employer Identification Number 41-1340895

Plan Number 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of investment	Cost	Current value
*	Matrix Trust	Balanced fund	**	\$ 17,716,342
*	Matrix Trust	Bond fund	**	8,723,819
*	Matrix Trust	Money market fund	**	6,250,126
*	Matrix Trust	Core stock fund	**	25,837,484
*	Matrix Trust	Foreign stock fund	**	5,909,264
*	Matrix Trust	S&P 500 Index fund	**	28,910,207
*	Matrix Trust	Small company fund	**	8,680,861
				<u>\$ 102,028,103</u>
*	Participant loans	Qualified advances to participants at interest rates of 4.25 to 9.50%, with terms of 1 to 5 years, and maturity dates between 2025 and 2029, secured by participant accounts	0	291,009
				<u>\$ 102,319,112</u>

Notes: (*) indicates party-in-interest.

(**) Cost information has not been recorded since all investments are participant directed.

See independent auditor's report

(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
ABILENE TX TAXALBE 2.406% DUE 02-15-26	MUNICIPAL BONDS	**	195,734
ARKANSAS ST TAXABLE SER A 2.500% DUE 07/01/32	MUNICIPAL BONDS	**	426,290
ARLINGTON TEX TAXABLE GO PENSION BDS TAXABLE 1.546% DTD 08/15/2020 DUE 08/15/2030 CALLABLE	MUNICIPAL BONDS	**	169,870
BALTIMORE CNTY MD GO BDS TAXABLE 2.318% DTD 08/03/2016 DUE 07/01/2025 CALLABLE	MUNICIPAL BONDS	**	49,445
BEXAR CNTY TX TAXABLE SER B 5.000% DUE 06-15-29	MUNICIPAL BONDS	**	101,777
BROKEN AARON OK TAXABLE SER C 2.550% DUE 08-01-28	MUNICIPAL BONDS	**	93,375
BUNCOMBE CNTY NC TAXABLE 6.000% DUE 06-01-30	MUNICIPAL BONDS	**	106,213
BUNCOMBE CNTY NC TAXABLE 6.000% DUE 06-01-31	MUNICIPAL BONDS	**	106,677
CALIFORNIA ST TAXABLE VARIOUS PURP GO TAXABLE 3.50% DTD 04/25/2018 DUE 04/01/2028 NON-CALLABLE	MUNICIPAL BONDS	**	194,122
CALIFORNIA ST TAXABLE VAR PURP GO BDS TAXABLE 3.05% DTD 04/04/2019 DUE 04/01/2029 NON-CALLABLE	MUNICIPAL BONDS	**	141,268
CALIFORNIA ST TAXABLE VAR PURP GO CONS TAXABLE 2.50% DTD 10/24/2019 DUE 10/01/2029 NON-CALLABLE	MUNICIPAL BONDS	**	182,262
CEDAR RAPIDS IA TAXABLE SERIES B 6.000% DUE 06-01-26	MUNICIPAL BONDS	**	71,508
CLOVIS CALIF UNI SCH DIST TAXABLE GO BDS TAXABLE 2.603% DTD 11/26/2019 DUE 08/01/2027 NON-CALLABLE	MUNICIPAL BONDS	**	95,617
COLUMBUS OHIO TAXABLE GO VARIOUS PURP 2017C TAXABLE 2.68% DTD 10/25/2017 DUE 04/01/2027	MUNICIPAL BONDS	**	192,882
DESCHUTES & JEFFERSON CNTYS OR REF 1.525% DUE 05-15-30	MUNICIPAL BONDS	**	127,017
FOOTHILL DE ANZA CALIF CMNTY C GO BDS E TAXABLE 2.696% DTD 10/19/2016 DUE 08/01/2029 CALLABLE	MUNICIPAL BONDS	**	185,020
FREDERICK MD GO TAXABLE REF BDS A TAXABLE 2.60% DTD 03/29/2016 DUE 03/01/2026 NON-CALLABLE	MUNICIPAL BONDS	**	343,182
FRISCO TX TAXABLE 7.000% DUE 02-15-28	MUNICIPAL BONDS	**	107,186
FRISCO TX TAXABLE SERIES B 5.000% DUE 02-15-32	MUNICIPAL BONDS	**	287,062
GREEN BAY WIS MET SWR DIST TAXABLE GO REF BDS TAXABLE 2.00% DTD 05/27/2020 DUE 05/01/2030	MUNICIPAL BONDS	**	70,142
HAMPTON TWP PA SCH DIST TAXABLE-REF-SER E 1.800% DUE 08-15-31	MUNICIPAL BONDS	**	164,978
HIDALGO CNTY TX TAXABLE SER C 3.744% DUE 8-15-27	MUNICIPAL BONDS	**	117,853
HOMEWOOD AL TAXABLE WARRANTS SER B 2.000% DUE 9-1-31	MUNICIPAL BONDS	**	83,959
HUNTSVILLE AL TAXABLE WARRANTS SER B 5.000% DUE 03-01-30	MUNICIPAL BONDS	**	101,998
IOWA LAKES IA CMNTY CLG NEW JO TAXABLE 5050% DUE 6-1-30	MUNICIPAL BONDS	**	101,012
JANESVILLE WI TAXABLE PROM NOTES SER B 6.000% DUE 02-01-27	MUNICIPAL BONDS	**	103,076
KENOSHA CNTY WIS TAXABLE GO REF BDS 2020A TAXABLE 2.00% DTD 05/07/2020 DUE 03/01/2027 NON-CALLABLE	MUNICIPAL BONDS	**	94,716
LANCASTER CNTY NEB SCH DIST NO TAXABLE GO REF BDS TAXABLE 2.00% DTD 12/03/2020 DUE 01/15/2029	MUNICIPAL BONDS	**	90,651
LANSING KS TAXABLE SER C 5.000% DUE 09-01-26	MUNICIPAL BONDS	**	100,854
MADISON WIS AREA TECHNICAL COL TAXABLE GO REF BDS TAXABLE 2.00% DTD 10/06/2020 DUE 03/01/2028	MUNICIPAL BONDS	**	92,870
MANCHESTER NH TAXABLE SER B 4.750% DUE 07-01-34	MUNICIPAL BONDS	**	194,414
MC ALLEN TEX COMBI TAX AND ASSMT REV TAXABLE 2.691% DTD 05/15/2016 DUE 02/15/2026 NON-CALLABLE	MUNICIPAL BONDS	**	98,282
MIDLAND TX TAXABLE SER A 3.701% DUE 03-01-32	MUNICIPAL BONDS	**	93,136
MILWAUKEE CNTY WI TXBL-REF-PROM NTS-SER A 2.000% DUE 12-01-28	MUNICIPAL BONDS	**	181,552
MISSISSIPPI ST TAXABLE GO BDS 2015 G TAXABLE 3.159% DTD 12/08/2015 DUE 11/01/2025 CALLABLE	MUNICIPAL BONDS	**	198,292
NORTH ST PAUL MINN TAXABLE GO TAX INCREMENT 2020 A TAXABLE 3.00% DTD 06/17/2020 DUE 02/01/2030	MUNICIPAL BONDS	**	91,708
OKLAHOMA CITY OKLA FOR ISSUES GO TAX BDS TAXABLE 3.00% DTD 03/01/2016 DUE 03/01/2025 NON-CALLABLE	MUNICIPAL BONDS	**	99,778
OKLAHOMA CITY OKLA FOR ISSUES GO LTD TAX BDS TAXABLE 3.00% DTD 03/01/2016 DUE 03/01/2026 NON-CALLABLE	MUNICIPAL BONDS	**	196,984
OXFORD MICH CMNTY SCHS TAXABLE GO UNLTD TAX REF TAXABLE 2.00% DTD 06/16/2020 DUE 11/01/2030	MUNICIPAL BONDS	**	85,744
ROANOKE VA TAXABLE GO PUB IMPT REF 3.000% DUE 04-01-31	MUNICIPAL BONDS	**	136,469
ROCKVILLE MD TAXABLE GO REF BDS 2020C TAXABLE 1.00% DTD 10/06/2020 DUE 06/01/2027 NON-CALLABLE	MUNICIPAL BONDS	**	92,286
SAN DIEGO CA CMNTY CLG DIST TAXABLE REF 2.113% DUE 08/01/2031	MUNICIPAL BONDS	**	341,428
SANTA CLARITA CALIF CMNTY COLL TAXABLE GO REF BDS TAXABLE 2.632% DTD 12/12/2019 DUE 08/01/2028	MUNICIPAL BONDS	**	94,021
SHASTA TEHAMA TRINITY CA TAXABLE ELECTION OF 2016 SER D	MUNICIPAL BONDS	**	224,928
SHASTA TEHAMA TRINITY CA TAXABLE ELECTION OF 2016 SER D	MUNICIPAL BONDS	**	139,150
TANEY CNTY MO REORG SCH TAXABLE SER B 6.000% DUE 03-01-33	MUNICIPAL BONDS	**	15,768
THURSTON CNTY WASH SCH DIST NO TAXABLE UNLTD TAX GO REF TAXABLE 0.55% DTD 10/15/2020 DUE 12/01/2025	MUNICIPAL BONDS	**	96,665
THURSTON CNTY WASH SCH DIST NO TAXABLE UNLTD TAX GO REF TAXABLE 1.20% DTD 10/15/2020 DUE 12/01/2030	MUNICIPAL BONDS	**	81,693
TUALATIN VALLEY ORE FIRE & RES TAXABLE GO REF BDS TAXABLE 1.86% DTD 05/06/2020 DUE 06/01/2030	MUNICIPAL BONDS	**	86,846
VISALIA CA UNIF SCH DIST TAXABLE REF 3.000% DUE 08/01/2027	MUNICIPAL BONDS	**	96,339
WACO TX TAXABLE CTFS OBLI SER B	MUNICIPAL BONDS	**	236,602
WEBSTER MASS GO ST QUALIFIED SCH BDS A TAXABLE 3.00% DTD 04/11/2019 DUE 03/01/2026 NON-CALLABLE	MUNICIPAL BONDS	**	49,240
WESTCHESTER CNTY N Y GO TAXABLE BDS 2017 B TAXABLE 2.70% DTD 12/14/2017 DUE 07/01/2025 NON-CALLABLE	MUNICIPAL BONDS	**	198,238
FEDERAL HOME LOAN NOTE 4.750% DUE 03-10-34	GOVERNMENT BONDS	**	99,694
FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS 5.13% DTD 01/09/2006 DUE 09/09/2026 NON-CALLABLE	GOVERNMENT BONDS	**	101,491
FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS 5.25% DTD 12/28/2007 DUE 12/28/2027 NON-CALLABLE	GOVERNMENT BONDS	**	102,462
FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS 2.84% DTD 08/01/2012 DUE 08/01/2029 NON-CALLABLE	GOVERNMENT BONDS	**	187,084
FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS 2.63% DTD 08/03/2012 DUE 08/03/2026 NON-CALLABLE	GOVERNMENT BONDS	**	97,434
FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS 2.53% DTD 11/23/2012 DUE 11/23/2027 NON-CALLABLE	GOVERNMENT BONDS	**	237,975
FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS 2.57% DTD 12/24/2012 DUE 12/24/2026 NON-CALLABLE	GOVERNMENT BONDS	**	145,171
FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS 3.47% DTD 06/03/2023 DUE 06/03/2033 NON-CALLABLE	GOVERNMENT BONDS	**	773,916

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 DATE December 31, 2024

SPONSOR: Lakeview Clinic, LTD.
 EIN: 41-1340895
 PLAN NUMBER: 001
 NAME: Lakeview Clinic, LTD. Retirement Savings 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
FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS 2.37% DTD 04/01/2015 DUE 04/01/2025 NON-CALLABLE	GOVERNMENT BONDS	**	298,356
FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS 2.875% DTD 01/18/2018 DUE 01/18/2028 NON-CALLABLE	GOVERNMENT BONDS	**	191,572
FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS 3.20% DTD 09/05/2018 DUE 09/05/2028 NON-CALLABLE	GOVERNMENT BONDS	**	239,995
FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS 2.80% DTD 04/09/2019 DUE 04/09/2029 NON-CALLABLE	GOVERNMENT BONDS	**	93,693
FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS 1.810% DTD 12/01/2011 DUE 12/01/2031 NON-CALLABLE	GOVERNMENT BONDS	**	166,486
FEDERAL FARM CR BKS CONS SYSTEMWIDE BDS 4.750% DUE 3/01/2034 NON-CALLABLE	GOVERNMENT BONDS	**	1,252,576
US TREASURY NOTE 2.75% DTD 02/15/2018 DUE 02/15/2028	GOVERNMENT BONDS	**	362,959
US TREASURY NOTE 2.625% DTD 02/15/2019 DUE 02/15/2029	GOVERNMENT BONDS	**	308,640
US TREASURY NOTE 2.00% DTD 02/15/2015 DUE 02/15/2025	GOVERNMENT BONDS	**	478,622
US TREASURY NOTE 1.625% DTD 02/16/2016 DUE 46068	GOVERNMENT BONDS	**	97,170
US TREASURY NOTE 2.25% DTD 02/15/2017 DUE 02/15/2027	GOVERNMENT BONDS	**	172,793
US TREASURY NOTE 1.50% DTD 02/15/2020 DUE 02/15/2030	GOVERNMENT BONDS	**	390,938
US TREASURY NOTE 1.125% DTD 02/16/2021 DUE 02/15/2031	GOVERNMENT BONDS	**	313,782
US TREASURY NOTE 1.875% DTD 02/15/2022 DUE 02/15/2032	GOVERNMENT BONDS	**	446,070
US TREASURY NOTE 3.5% DTD 02/15/2023 DUE 02/15/2033	GOVERNMENT BONDS	**	232,715
US TREASURY NOTE 4.625% DUE 0/28/25			200,082
			-
BRANDES INTERNATIONAL EQUITY FUND CLASS I	MUTUAL FUND	**	2,986,674
DELAWARE SMALL CAP VALUE INSTL	MUTUAL FUND	**	4,370,374
FIMM TREASURY ONLY PORTFOLIO	MUTUAL FUND	**	6,250,126
FIRST AM GOV OBLIG Z	MUTUAL FUND	**	517,783
VANGUARD INTERNATIONAL GROWTH INV	MUTUAL FUND	**	31,845,819
WASATCH SMALL CAP GROWTH INVESTOR	MUTUAL FUND	**	4,318,910
			-
ACCENTURE PLC CLASS A ORDINARY SHARES	STOCK	**	1,532,749
AUTOMATIC DATA PROCESSING COM	STOCK	**	1,629,921
ALPHABET INC CL A	STOCK	**	1,638,048
CHURCH & DWIGHT	STOCK	**	1,546,253
CHECK POINT SOFTWARE TECH COM	STOCK	**	1,510,030
DANAHER CORP DEL	STOCK	**	1,329,324
EXPEDITORS INTL WASH	STOCK	**	1,316,834
FASTENAL CO	STOCK	**	1,339,971
FEDEX CORP COM	STOCK	**	1,577,136
FISERV INC	STOCK	**	1,596,730
ALPHABET INC CAP STK CL A	STOCK	**	1,608,671
INTERCONTINENTAL EXCHANGE, INC. COM	STOCK	**	1,458,808
ILLINOIS TOOL WORKS INC.	STOCK	**	1,440,981
JOHNSON & JOHNSON	STOCK	**	1,350,028
LINDE PLC	STOCK	**	1,344,349
MERCK & COMPANY INC	STOCK	**	1,384,861
MICROSOFT CORPORATION	STOCK	**	1,500,540
MOTOROLA SOLUTIONS INC	STOCK	**	1,613,183
QUALCOMM	STOCK	**	1,391,336
ROPER TECHNOLOGIES INC	STOCK	**	1,403,075
SHERWIN WILLIAMS	STOCK	**	1,380,796
STRYKER CORPORATION	STOCK	**	1,513,290
THERMO FISHER SCIENTIFIC INC	STOCK	**	1,449,881
VISA INC CLASS A SHARES	STOCK	**	1,608,011
WALMART INC	STOCK	**	1,723,968
LOANS TO VARIOUS PARTICIPANTS	INTEREST RATE RANGE: 4.25% - 9.50%	**	291,009

** COST OMMITED FOR PARTICIPANT DIRECTED ACCOUNTS