

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... 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: BROADWAY MEDICAL CLINIC, LLP 401(K) PROFIT SHARING PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/2005
2a Plan sponsor's name (employer, if for a single-employer plan): BROADWAY MEDICAL CLINIC, LLP
2b Employer Identification Number (EIN): 93-0399811
2c Plan Sponsor's telephone number: 503-331-7651
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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

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	150
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)	101
	6a(2)	86
	6b	4
	6c	27
	6d	117
	6e	0
	6f	117
	6g(1)	138
6g(2)	100	
6h	12	
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:
 2A 2E 2F 2G 2J 2K 2R 2T 3B 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 BROADWAY MEDICAL 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 BROADWAY MEDICAL CLINIC, LLP	D Employer Identification Number (EIN) 93-0399811	

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

CHARLES SCHWAB TRUST COMPANY

42-1558009

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

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

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

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

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

CREATIVE PLANNING, INC.

43-1270780

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 38	NONE	41486	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)

SPECTRUM PENSION CONSULTANTS, INC.

91-1035498

(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?
12 13 15 16 17 37 38 64	NONE	28930	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)

CONTINUITY WEALTH MANAGEMENT

93-1111946

(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	NONE	11367	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"/>

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)

FERGUSON WELLMAN CAPITAL MANAGEMENT

93-0646988

(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	NONE	10125	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)

(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 <input type="checkbox"/> No <input 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)

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input 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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>BROADWAY MEDICAL CLINIC, LLP 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BROADWAY MEDICAL CLINIC, LLP</u>	D Employer Identification Number (EIN) <u>93-0399811</u>

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MORLEY STABLE VALUE</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST COMPANY</u>		
c EIN-PN <u>93-0399811-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>98253</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LIFEPATH DYNAMIC RETIRE R</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY COLLECTIVE INVESTMENT TRUST</u>		
c EIN-PN <u>38-7289854-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1976308</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LIFEPATH DYNAMIC 2025 R6</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY COLLECTIVE INVESTMENT TRUST</u>		
c EIN-PN <u>38-7289855-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LIFEPATH DYNAMIC 2030 R6</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY COLLECTIVE INVESTMENT TRUST</u>		
c EIN-PN <u>38-7289856-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1079327</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LIFEPATH DYNAMIC 2035 R6</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY COLLECTIVE INVESTMENT TRUST</u>		
c EIN-PN <u>38-7289857-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2377252</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LIFEPATH DYNAMIC 2040 R6</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY COLLECTIVE INVESTMENT TRUST</u>		
c EIN-PN <u>38-7289858-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1674481</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LIFEPATH DYNAMIC 2045 R6</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY COLLECTIVE INVESTMENT TRUST</u>		
c EIN-PN <u>38-7289859-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>622296</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPAATH DYNAMIC 2050 R6

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

c EIN-PN 38-7289860-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 562790
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPAATH DYNAMIC 2055 R6

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

c EIN-PN 38-7289861-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 110084
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPAATH DYNAMIC 2060 R6

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

c EIN-PN 38-7289862-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18256
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPAATH DYNAMIC 2065 R6

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

c EIN-PN 38-7289863-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63977
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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)
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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)
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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)
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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)
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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)
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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)
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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
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a Plan name

b Name of plan sponsor	c EIN-PN
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a Plan name

b Name of plan sponsor	c EIN-PN
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a Plan name

b Name of plan sponsor	c EIN-PN
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a Plan name

b Name of plan sponsor	c EIN-PN
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a Plan name

b Name of plan sponsor	c EIN-PN
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a Plan name

b Name of plan sponsor	c EIN-PN
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a Plan name

b Name of plan sponsor	c EIN-PN
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a Plan name

b Name of plan sponsor	c EIN-PN
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a Plan name

b Name of plan sponsor	c EIN-PN
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a Plan name

b Name of plan sponsor	c EIN-PN
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a Plan name

b Name of plan sponsor	c EIN-PN
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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 BROADWAY MEDICAL 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 BROADWAY MEDICAL CLINIC, LLP	D Employer Identification Number (EIN) 93-0399811

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	159875	92286
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	60330	39586
(2) Participant contributions	1b(2)	237500	224944
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	31754	33380
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	196315	95920
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	655687	768589
(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)		
(9) Value of interest in common/collective trusts	1c(9)	9876553	8583022
(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)	5724654	5928899
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	16942668	15766626
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	16942668	15766626

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)	165688	
(B) Participants.....	2a(1)(B)	490677	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		656365
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	2149	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)	15795	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		17944
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	8879	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	125779	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		134658
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	4074637	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	3542133	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		532504
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	123392	
(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)		56297
(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)		1138493
c Other income	2c		-3
d Total income. Add all income amounts in column (b) and enter total	2d		2659650

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3743784	
(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)		3743784
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)	28930	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	62978	
(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)		91908
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3835692

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1176042
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: VAN BEEK & CO

(2) EIN: 93-1328920

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	38940
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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.	OMB No. 1210-0110 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 <u>BROADWAY MEDICAL CLINIC, LLP 401(K) PROFIT SHARING 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>BROADWAY MEDICAL CLINIC, LLP</u>	D Employer Identification Number (EIN) <u>93-0399811</u>	

Part I	Distributions
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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): 42-1558009

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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702567A.

**BROADWAY MEDICAL CLINIC, LLP
401(k) PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES**

December 31, 2024 and 2023

(See Independent Auditor's Report)

Van Beek & Co., llc
CERTIFIED PUBLIC ACCOUNTANTS

**BROADWAY MEDICAL CLINIC, LLP
401(k) PROFIT SHARING PLAN**

INDEPENDENT AUDITOR'S REPORT

To the Plan Trustees
Broadway Medical Clinic, LLP
401(k) Profit Sharing Plan
Portland, Oregon

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

We have performed audits of the accompanying financial statements of Broadway Medical 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 assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in note 6 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

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

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

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

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the 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 at end of year), schedule of delinquent participant contributions, and schedule of reportable transactions 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental 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).

Van Beek & Co., LLC

Tigard, Oregon
October 3, 2025

BROADWAY MEDICAL CLINIC LLP 401(k) PROFIT SHARING PLAN
STATEMENT OF ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023
(See Independent Auditor's Report)

	<u>2024</u>	<u>2023</u>
Investments at fair value (note 7)	\$15,502,096	\$16,644,838
Contributions receivable:		
Participants	224,944	237,500
Employer safe harbor nonelective contributions	<u>39,586</u>	<u>60,330</u>
Total contributions receivable	<u>264,530</u>	<u>297,830</u>
Assets available for benefits	<u>\$15,766,626</u>	<u>\$16,942,668</u>

The accompanying notes are an integral
part of the financial statements.

BROADWAY MEDICAL CLINIC LLP 401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN ASSETS AVAILABLE FOR BENEFITS
for the years ended December 31, 2024 and 2023
(See Independent Auditor's Report)

	<u>2024</u>	<u>2023</u>
Increase in assets attributed to:		
Investment income:		
Interest and dividends	\$ 152,602	\$ 174,890
Net appreciation in fair value of investments	<u>1,850,683</u>	<u>4,090,909</u>
Total investment income	<u>2,003,285</u>	<u>4,265,799</u>
Contributions:		
Participant elective deferrals	490,677	552,243
Rollover contributions		12,882
Employer safe harbor nonelective contributions	<u>165,688</u>	<u>206,332</u>
Total contributions	<u>656,365</u>	<u>771,457</u>
Total increase in assets	<u>2,659,650</u>	<u>5,037,256</u>
Deductions from assets attributed to:		
Benefits paid to participants	3,743,784	3,221,189
Administrative expenses	<u>91,908</u>	<u>92,760</u>
Total deductions	<u>3,835,692</u>	<u>3,313,949</u>
Net increase (decrease) in assets	(1,176,042)	1,723,307
Assets available for benefits, beginning of year	<u>16,942,668</u>	<u>15,219,361</u>
Assets available for benefits, end of year	<u>\$15,766,626</u>	<u>\$16,942,668</u>

The accompanying notes are an integral
part of the financial statements.

BROADWAY MEDICAL CLINIC LLP 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
(See Independent Auditor's Report)

1. **DESCRIPTION OF THE PLAN:**

The following description of the Broadway Medical Clinic LLP 401(k) Profit Sharing Plan ("the Plan") provides only general information. Participants should refer to the Summary Plan Description and/or the Plan Adoption Agreement for a more comprehensive description of the Plan's provisions.

General:

The Plan is a defined contribution retirement plan covering all employees of Broadway Medical Clinic LLP (the "employer" and "plan sponsor") who have completed three months of service, are age twenty-one or older, and are not covered by a collective bargaining agreement. Employees are not eligible for employer safe harbor and discretionary matching contributions until they have completed one year of service. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* ("ERISA") and is administered by a Board of Trustees (the "plan trustees") appointed by the plan sponsor.

Contributions:

Participants:

Each participant may elect to contribute pre-tax or after-tax compensation (up to the lesser of 90% of compensation or the annual limit specified by the Internal Revenue Service) which the employer contributes to the Plan for the participant's account.

The annual limit specified by the Internal Revenue Service was \$23,000 and \$22,500 (\$30,500 and \$30,000 for participants age 50 or older) for the years ended December 31, 2024 and 2023, respectively. The annual limit applies to both types of elective contributions combined.

Rollover contributions - Participants may also contribute distributions from individual retirement accounts and other qualified retirement plans.

Employer:

Safe harbor nonelective contributions - the employer must make "safe harbor" contributions equal to 3% of each participant's eligible compensation. The employer made safe harbor contributions totaling \$165,688 and \$206,332 for the years ended December 31, 2024 and 2023, respectively.

Discretionary matching contributions – the employer may make matching contributions based on participant elective deferrals not to exceed 6% (was 4% until December 31, 2023) of each participant's eligible compensation. The employer made no discretionary matching contributions for either of the years ended December 31, 2024 or 2023.

BROADWAY MEDICAL CLINIC LLP 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS, Continued
(See Independent Auditor's Report)

1. **DESCRIPTION OF THE PLAN**, Continued:

Funding Policy:

Participant contributions and employer safe harbor contributions are generally funded within 15 days of each pay period. Discretionary matching and nonelective contributions (if any) are funded annually by the extended due date of the employer's income tax return.

Vesting:

Participants are 100% vested in their elective contributions, rollovers, employer safe harbor contributions and earnings thereon. Participants become 100% vested in their share of discretionary employer matching (and earnings thereon) over six years of continuous service. Participants also become 100% vested at normal retirement age (i.e. age 65) and upon death or permanent disability.

Participant Accounts:

Participant accounts are credited with elective contributions, rollover contributions, employer contributions, and allocations of investment income. Participant accounts are charged with allocations of investment losses and administrative expenses paid by the Plan.

Participants direct their account balances into various investment options offered by the Plan. The Plan currently offers 10 common collective trusts, 7 index funds, and an individual self-directed brokerage account upon request.

Payment of Benefits:

Normal retirement age under the Plan is 65. Upon termination of service due to death, a participant's designated beneficiary will receive a lump-sum distribution equal to the participant's account balance.

Upon termination of service due to other reasons (including retirement and disability), participants will receive a lump-sum distribution if their account balance is less than \$1,000. If the participant's account balance is more than \$1,000 but less than \$5,000 and the participant fails to elect a distribution or rollover option, the plan sponsor will distribute the account balance as a direct rollover to an individual retirement account designated by the plan sponsor. Participants with balances greater than \$5,000 can elect to remain in the plan until they reach age 73, at which time they must take "required minimum distributions" over their life expectancy.

Participants can elect to take in-service distributions from their accounts upon reaching age 59½.

If a participant has a "financial hardship" (as that term is defined by the Internal Revenue Service guidelines), the participant can withdraw from their participant account, including earnings thereon, up to the amount needed to satisfy the hardship, regardless of age. Financial hardship distributions are allowed only under the circumstance that the participant has obtained all other

BROADWAY MEDICAL CLINIC LLP 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS, Continued
(See Independent Auditor's Report)

1. **DESCRIPTION OF THE PLAN**, Continued:

Payment of Benefits, Continued:

currently available distributions under the plan and all other plans of deferred compensation, whether qualified or nonqualified, maintained by the Employer.

Participant Forfeitures:

Forfeitures from terminated participants' non-vested accounts can be used to make an additional discretionary nonelective contribution or discretionary matching contribution, reduce the safe harbor nonelective contribution or to pay plan expenses. \$46,939 and \$16,548 of forfeitures were used to reduce discretionary nonelective contributions receivable at December 31, 2024 and 2023, respectively. There were no unallocated forfeitures at either December 31, 2024 or 2023.

Tax Status:

In June 2020 the Internal Revenue Service informed the plan sponsor and the plan service provider that the Plan and related trust were designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has subsequently been amended; however, the plan trustees and the plan service provider believe the Plan is operating in compliance with applicable IRC requirements.

The Plan does not enter into transactions or take uncertain positions that would require adjustment to or disclosure in the financial statements under FASB ASC 740, *Income Taxes*.

2. **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**:

Basis of Accounting:

The Plan's financial statements are prepared on the accrual basis of accounting, except as follows:

- Interest and dividend income are recorded when received. Unrecorded interest and dividend income were not significant at either December 31, 2024 or 2023.
- Benefits paid to participants and fees paid for services are recorded when paid. Distributions requested and fees incurred but not yet paid were not significant at either December 31, 2024 or 2023.

Investments are reported at fair value. Fair value is the price that would be received in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on their trade date. The net appreciation (depreciation) in the fair value of plan investments includes gains and losses on investments sold during the year as well as those held at the end of the year.

BROADWAY MEDICAL CLINIC LLP 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS, Continued
(See Independent Auditor's Report)

2. **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**, Continued:

Subsequent Events:

Subsequent events that could affect the Plan's financial statements and related disclosures have been evaluated through October 3, 2025, the date the financial statements were available for distribution.

Use of Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan trustees, plan custodians and plan service provider to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

3. **PLAN TERMINATION:**

Although it has not expressed the intent to do so, the plan sponsor has the right to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their account balances.

4. **ADMINISTRATION OF PLAN ASSETS:**

The Plan's investments are held by Charles Schwab Bank ("Charles Schwab", the plan custodian) and are managed by the plan trustees. Administrative functions are performed by a third party plan service provider, as well as certain officers of the plan sponsor (who are also plan trustees). While these officers receive no compensation from the Plan, they participate in the Plan and are entitled to plan benefits.

Certain administrative expenses (e.g., administrative and investment advisory fees) are paid by the Plan, whereas other expenses (e.g., audited financial statements) are paid directly by the plan sponsor. Administrative expenses paid by the Plan are allocated proportionately based on each participant's account balance at the end of each quarter; however, certain expenses (e.g., distribution fees) are charged directly to the participant's account.

All administrative expenses paid by the Plan are reported as administrative expenses on the accompanying statement of changes in assets available for benefits. Certain investments expenses paid through revenue sharing and similar agreements are included in net appreciation in fair values of investments.

5. **RISKS AND UNCERTAINTIES:**

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

BROADWAY MEDICAL CLINIC LLP 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS, Continued
(See Independent Auditor's Report)

5. **RISKS AND UNCERTAINTIES**, Continued:

The Plan is designed to comply with Section 404(c) of ERISA with respect to investment account balances directed by the participants. If the Plan complies with those requirements, the plan sponsor and plan trustees are relieved of legal liability for losses resulting from participant investment decisions.

6. **INFORMATION PREPARED AND CERTIFIED BY THE PLAN CUSTODIAN:**

The plan trustees have elected the method of compliance permitted by ERISA section 103(a)(c)(3) pursuant to 29 CFR 2520.103-8 of the Department of Labor's *Rules and Regulations for Reporting and Disclosure under ERISA*. As such, the information with respect to investments and investment valuation held by Charles Schwab at December 31, 2024 and 2023 and investment income and other transactions during the years then ended, has not been audited. Information contained in the accompanying financial statements and supplemental schedules which has been certified by Charles Schwab includes investments at fair value and investment income, but excludes contributions receivable.

7. **FAIR VALUE MEASUREMENTS:**

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

Level 3:

Inputs to the valuation methodology are unobservable but are significant to the fair value measurement.

An asset's fair value measurement level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. Valuation techniques must maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

BROADWAY MEDICAL CLINIC LLP 401(k) PROFIT SHARING PLAN
 NOTES TO FINANCIAL STATEMENTS, Continued
 (See Independent Auditor's Report)

7. **FAIR VALUE MEASUREMENTS**, Continued:

There have been no changes in the methodologies used at December 31, 2024 and 2023.

Mutual Funds: Valued by Charles Schwab based on unadjusted quoted prices in active markets at the end of the year (Level 1). The Plan's investments in mutual funds totaled \$4,274,861 and \$3,514,001 at December 31, 2024 and 2023, respectively.

Common Collective Trust Accounts: Valued by Charles Schwab based on quoted market prices of the underlying assets in active markets, adjusted for applicable investment management and administrative fees (Level 2). The Plan's investments in common collective investment trust accounts totaled \$8,583,022 and \$9,876,553 at December 31, 2024 and 2023, respectively.

Self-Directed Brokerage Account: Composed primarily of cash, common stock, options, exchanged-traded funds, and mutual funds valued by Charles Schwab based on unadjusted quoted prices in active markets the end of the year (Level 1). The Plan's investments in the self-directed brokerage account totaled \$2,644,213 and \$3,254,284 at December 31, 2024 and 2023, respectively.

The methods described above could produce fair value calculations that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan custodians and plan trustees believe the 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.

8. **"PARTY-IN-INTEREST" TRANSACTIONS:**

Various third parties provide administrative, investment advisory and custodial services to the Plan. Transactions with these entities are considered "party-in-interest" transactions under the provisions of ERISA. Following is a summary of amounts paid directly to parties-in-interest during the years ended December 31:

	<u>2024</u>	<u>2023</u>
Sloy, Dahl & Host, LLC (investment advisor)		\$ 52,375
Ferguson Wellman Capital Management (investment advisor)	\$ 10,125	9,286
Strategic Research & Management (investment advisor)		9,417
Spectrum Pension (service provider)	28,930	21,682
Continuity Wealth Management (investment advisor)	11,367	
Creative Planning, Inc (investment advisor)	<u>41,486</u>	
	<u>\$ 91,908</u>	<u>\$ 92,760</u>

Certain expenses incurred by the Plan are included in net appreciation (depreciation) in fair value of investments, as they are paid indirectly through revenue sharing agreements, rather than a direct payment.

SUPPLEMENTAL SCHEDULES

BROADWAY MEDICAL CLINIC LLP 401(k) PROFIT SHARING PLAN

EIN: 93-0399811 PLAN: 001

December 31, 2024

(See Independent Auditor's Report)

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) Identity of issuer, 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
*	Blackrock Lifepath Dynamic Retire R6	Common Collective Trust	\$	1,976,308
*	Blackrock Lifepath Dynamic 2035 R6	Common Collective Trust		2,377,252
*	Blackrock Lifepath Dynamic 2040 R6	Common Collective Trust		1,674,481
*	Blackrock Lifepath Dynamic 2030 R6	Common Collective Trust		1,079,327
*	Blackrock Lifepath Dynamic 2045 R6	Common Collective Trust		622,296
*	Blackrock Lifepath Dynamic 2050 R6	Common Collective Trust		562,790
*	Blackrock Lifepath Dynamic 2055 R6	Common Collective Trust		110,083
*	Morley Stable Value Fund Net 25	Common Collective Trust		98,253
*	Blackrock Lifepath Dynamic 2065 R6	Common Collective Trust		63,976
*	Blackrock Lifepath Dynamic 2060 R6	Common Collective Trust		18,256
	Microsoft Corp	Common Stock		166,953
	Apple Inc	Common Stock		46,328
	Alphabet Inc.	Common Stock		59,629
	Parker Hannifin Corp	Common Stock		19,717
	Visa Inc Cl A	Common Stock		23,703
	Fortive Corporation	Common Stock		19,500
	J P Morgan Chase & Co	Common Stock		25,170
	Thermo Fisher Scientific Corp Com	Common Stock		14,046
	Wal-Mart Stores Inc	Common Stock		23,039
	Broadcom Limited	Common Stock		25,502
	T J X Cos Inc	Common Stock		15,705
	Palo Alto Networks	Common Stock		14,556
	Procter & Gamble	Common Stock		13,412
	Crowdstrike Hldgs In	Common Stock		15,397
	Unitedhealth Group Inc	Common Stock		15,682
	Entergy Corp	Common Stock		15,922
	Autonation Inc	Common Stock		11,889
	Home Depot Inc	Common Stock		11,670
	Philip Morris Intl Inc	Common Stock		13,238
	Amazon Com Inc	Common Stock		29,618
	Motorola Solutions Inc	Common Stock		13,867
	Veralto Corp	Common Stock		11,713
	Wells Fargo	Common Stock		7,375
	T-Mobile	Common Stock		13,244
	American Elec PWR Inc.	Common Stock		6,456
	Merck & Co.	Common Stock		9,948
	State Street Corp	Common Stock		20,612
	Service Now Inc.	Common Stock		12,721

* Party-in-interest

** Cost information has been omitted under ERISA regulations as all investments are participant directed.

BROADWAY MEDICAL CLINIC LLP 401(k) PROFIT SHARING PLAN

EIN: 93-0399811 PLAN: 001

December 31, 2024

(See Independent Auditor's Report)

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year), Continued:

(a)	(b) Identity of issuer, 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
	Stryker Corp	Common Stock		14,402
	Abbvie Inc	Common Stock		13,328
	Chevron Corporation	Common Stock		15,932
	American Intl Group	Common Stock		8,736
	Avalonbay Cmnty Inc	Common Stock		8,799
	Brown & Brown Inc	Common Stock		10,202
	Trexton	Common Stock		9,179
	Monster Beverage Cor	Common Stock		5,782
	Cencora Inc	Common Stock		5,617
	HSBC Bank USA, Nt Va	Corporate Bond 7/20/26 \$100,000		95,920
	Ishares Core US Aggregate Bond ETF	Exchange-Traded Fund		356,495
	Dimensional GBL Ex U	Exchange-Traded Fund		52,581
	Dimensional US Core	Exchange-Traded Fund		308,864
	Dimensional US Small Cap EFT	Exchange-Traded Fund		196,253
	Dimensional Intern C	Exchange-Traded Fund		144,103
	Ishares MSCI ACWI EX US ETF	Exchange-Traded Fund		107,450
	Capital Group Intrntl Foc Eqy ETF	Exchange-Traded Fund		89,442
	Vgrd Ftse All Wrld Ex Us Sml CTF	Exchange-Traded Fund		72,859
	Schwab US Large CAP ETP	Exchange-Traded Fund		10,779
	Capital Group Growth ETF	Exchange-Traded Fund		9,144
	Strive US Energy Et	Exchange-Traded Fund		13,635
*	Schwab Value Advantage Money Fund	Interest-Bearing Cash		33,380
	Vanguard Total Bond Mkt Idx Adm	Mutual Fund		2
	Vanguard Developed Markets Inx Adm	Mutual Fund		2
	Hartford Equity INCM FD CI R5	Mutual Fund		90
	Keeley Small CAP Dividend Value 1	Mutual Fund		91
	Fidelity 500 Index Fd	Mutual Fund		2,468,131
	Fidelity Intl Index Fd	Mutual Fund		635,445
	Fidelity US Bond Index Fd	Mutual Fund		580,142
	Fidelity Small Cap Index	Mutual Fund		435,226
	Vanguard Emerging Mkts Stock Idx Adm	Mutual Fund		155,732
*	Schwab US Large Cap Growth Index Fd	Mutual Fund		173,682
	JPMorgan US Small Co CI L	Mutual Fund		40,358
	Variant Alt Incm Fd Inst	Mutual Fund		29,999
	Versus Cap Rl Assts Fd Llc	Mutual Fund		27,672
	Versus Cap Mltimgr Re Inc Fd Inst	Mutual Fund		20,722
	Cash	Non-Interest Bearing Cash		92,286
			\$	<u>15,502,096</u>

* Party-in-interest

** Cost information has been omitted under ERISA regulations as all investments are participant directed.

BROADWAY MEDICAL CLINIC LLP 401(k) PROFIT SHARING PLAN

EIN: 93-0399811 PLAN: 001

December 31, 2024

(See Independent Auditor's Report)

Form 5500, Schedule H, Part IV, Line 4a – Schedule of Delinquent Participant Contributions:

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Are late participant loan repayments included?	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	
No	- 0 -	\$38,940	- 0 -	- 0 -

BROADWAY MEDICAL CLINIC LLP 401(k) PROFIT SHARING PLAN
 EIN: 93-0399811 PLAN: 001
 December 31, 2024
 (See Independent Auditor's Report)

Form 5500, Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions:

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<u>Individual Transactions in Excess of 5% of Plan Assets:</u>								
Charles Schwab	137,327.1 units of Blackrock Lifepath Dynamic Retire R6		\$ 1,517,464			\$ 1,372,512	\$ 1,517,464	\$ 144,952
<u>Aggregate Transactions in Excess of 5% of Plan Assets:</u>								
Charles Schwab	190,696.32 units of Blackrock Lifepath Dynamic Retire R6		\$ 2,131,445			\$ 1,906,250	\$ 2,131,445	\$ 225,195

BROADWAY MEDICAL CLINIC LLP 401(k) PROFIT SHARING PLAN

EIN: 93-0399811 PLAN: 001

December 31, 2024

(See Independent Auditor's Report)

Form 5500, Schedule H, Part IV, Line 4a – Schedule of Delinquent Participant Contributions:

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Are late participant loan repayments included?	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	
No	- 0 -	\$38,940	- 0 -	- 0 -

BROADWAY MEDICAL CLINIC LLP 401(k) PROFIT SHARING PLAN

EIN: 93-0399811 PLAN: 001

December 31, 2024

(See Independent Auditor's Report)

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b) Identity of issuer, 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
*	Blackrock Lifepath Dynamic Retire R6	Common Collective Trust	\$	1,976,308
*	Blackrock Lifepath Dynamic 2035 R6	Common Collective Trust		2,377,252
*	Blackrock Lifepath Dynamic 2040 R6	Common Collective Trust		1,674,481
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*	Blackrock Lifepath Dynamic 2055 R6	Common Collective Trust		110,083
*	Morley Stable Value Fund Net 25	Common Collective Trust		98,253
*	Blackrock Lifepath Dynamic 2065 R6	Common Collective Trust		63,976
*	Blackrock Lifepath Dynamic 2060 R6	Common Collective Trust		18,256
	Microsoft Corp	Common Stock		166,953
	Apple Inc	Common Stock		46,328
	Alphabet Inc.	Common Stock		59,629
	Parker Hannifin Corp	Common Stock		19,717
	Visa Inc Cl A	Common Stock		23,703
	Fortive Corporation	Common Stock		19,500
	J P Morgan Chase & Co	Common Stock		25,170
	Thermo Fisher Scientific Corp Com	Common Stock		14,046
	Wal-Mart Stores Inc	Common Stock		23,039
	Broadcom Limited	Common Stock		25,502
	T J X Cos Inc	Common Stock		15,705
	Palo Alto Networks	Common Stock		14,556
	Procter & Gamble	Common Stock		13,412
	Crowdstrike Hldgs In	Common Stock		15,397
	Unitedhealth Group Inc	Common Stock		15,682
	Entergy Corp	Common Stock		15,922
	Autonation Inc	Common Stock		11,889
	Home Depot Inc	Common Stock		11,670
	Philip Morris Intl Inc	Common Stock		13,238
	Amazon Com Inc	Common Stock		29,618
	Motorola Solutions Inc	Common Stock		13,867
	Veralto Corp	Common Stock		11,713
	Wells Fargo	Common Stock		7,375
	T-Mobile	Common Stock		13,244
	American Elec PWR Inc.	Common Stock		6,456
	Merck & Co.	Common Stock		9,948
	State Street Corp	Common Stock		20,612
	Service Now Inc.	Common Stock		12,721

* Party-in-interest

** Cost information has been omitted under ERISA regulations as all investments are participant directed.

BROADWAY MEDICAL CLINIC LLP 401(k) PROFIT SHARING PLAN

EIN: 93-0399811 PLAN: 001

December 31, 2024

(See Independent Auditor's Report)

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year), Continued:

(a)	(b) Identity of issuer, 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
	Stryker Corp	Common Stock		14,402
	Abbvie Inc	Common Stock		13,328
	Chevron Corporation	Common Stock		15,932
	American Intl Group	Common Stock		8,736
	Avalonbay Cmnty Inc	Common Stock		8,799
	Brown & Brown Inc	Common Stock		10,202
	Trexton	Common Stock		9,179
	Monster Beverage Cor	Common Stock		5,782
	Cencora Inc	Common Stock		5,617
	HSBC Bank USA, Nt Va	Corporate Bond 7/20/26 \$100,000		95,920
	Ishares Core US Aggregate Bond ETF	Exchange-Traded Fund		356,495
	Dimensional GBL Ex U	Exchange-Traded Fund		52,581
	Dimensional US Core	Exchange-Traded Fund		308,864
	Dimensional US Small Cap EFT	Exchange-Traded Fund		196,253
	Dimensional Intern C	Exchange-Traded Fund		144,103
	Ishares MSCI ACWI EX US ETF	Exchange-Traded Fund		107,450
	Capital Group Intrntl Foc Eqy ETF	Exchange-Traded Fund		89,442
	Vgrd Ftse All Wrld Ex Us Sml CTF	Exchange-Traded Fund		72,859
	Schwab US Large CAP ETP	Exchange-Traded Fund		10,779
	Capital Group Growth ETF	Exchange-Traded Fund		9,144
	Strive US Energy Et	Exchange-Traded Fund		13,635
*	Schwab Value Advantage Money Fund	Interest-Bearing Cash		33,380
	Vanguard Total Bond Mkt Idx Adm	Mutual Fund		2
	Vanguard Developed Markets Inx Adm	Mutual Fund		2
	Hartford Equity INCM FD CI R5	Mutual Fund		90
	Keeley Small CAP Dividend Value 1	Mutual Fund		91
	Fidelity 500 Index Fd	Mutual Fund		2,468,131
	Fidelity Intl Index Fd	Mutual Fund		635,445
	Fidelity US Bond Index Fd	Mutual Fund		580,142
	Fidelity Small Cap Index	Mutual Fund		435,226
	Vanguard Emerging Mkts Stock Idx Adm	Mutual Fund		155,732
*	Schwab US Large Cap Growth Index Fd	Mutual Fund		173,682
	JPMorgan US Small Co Cl L	Mutual Fund		40,358
	Variant Alt Incm Fd Inst	Mutual Fund		29,999
	Versus Cap Rl Assts Fd Llc	Mutual Fund		27,672
	Versus Cap Mltimgr Re Inc Fd Inst	Mutual Fund		20,722
	Cash	Non-Interest Bearing Cash		92,286
			\$	<u>15,502,096</u>

* Party-in-interest

** Cost information has been omitted under ERISA regulations as all investments are participant directed.