

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>SAVINGS INCENTIVE AND PROFIT SHARING PLAN FOR EMPLOYEES OF DIGESTIVE DISEASE SPECIALISTS, INC.</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>003</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>DIGESTIVE DISEASE SPECIALISTS, INC.</u></p> <p><u>701 CEDAR LAKE BLVD., SUITE 301</u> <u>OKLAHOMA CITY, OK 73114</u></p>	<p>1c Effective date of plan <u>09/01/1980</u></p> <p>2b Employer Identification Number (EIN) <u>73-1121127</u></p> <p>2c Plan Sponsor's telephone number <u>405-370-7753</u></p> <p>2d Business code (see instructions) <u>621111</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	JEFF GRIFFIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	306
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)	186
	6a(2)	185
	6b	15
	6c	112
	6d	312
	6e	
	6f	312
	6g(1)	304
6g(2)	312	
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:
 2E 2F 2G 2H 2J 2R 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 checked="" type="checkbox"/> Insurance	(1) <input checked="" 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 1
- (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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan SAVINGS INCENTIVE AND PROFIT SHARING PLAN FOR EMPLOYEES OF DIGESTIVE DISEASE SPECIALISTS, INC.</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>003</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 DIGESTIVE DISEASE SPECIALISTS, INC.</p>	<p>D Employer Identification Number (EIN) 73-1121127</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
PENN MUTUAL ANNUITY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
23-0952300	67644	8941216	1	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

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

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

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <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 SAVINGS INCENTIVE AND PROFIT SHARING PLAN FOR EMPLOYEES OF DIGESTIVE DISEASE SPECIALISTS, INC.	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 DIGESTIVE DISEASE SPECIALISTS, INC.	D Employer Identification Number (EIN) 73-1121127	

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

FIDELITY FUNDS, INC

04-2035664

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

AMERICAN FUNDS
P.O. BOX 2280
NORFOLK, VA 23501-2280

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

JOHN HANCOCK INVESTMENTS MANAGEMENT
197 CLAREDON ST
BOSTON, MA 02116

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

J.P. MORGAN ASSET MANAGEMENT
277 PARK AVENUE
NEW YORK, NY 10012

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

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

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

MERRILL LYNCH

13-2740599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	34574	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

KESTRA

5707 SOUTHWEST PKWY BLDG 2 STE 400
AUSTIN, TX 78735

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	99448	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CHARLES SCHWAB

P.O. BOX 982600
EL PASO, TX 79998

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	10199	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" 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)

WELLS FARGO

333 MARKET STREET
SAN FRANCISCO, CA 94105

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	5746	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" 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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SAVINGS INCENTIVE AND PROFIT SHARING PLAN FOR EMPLOYEES OF DIGESTIVE DISEASE SPECIALISTS, INC.	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 DIGESTIVE DISEASE SPECIALISTS, INC.	D Employer Identification Number (EIN) 73-1121127

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	656668	644523
(2) Participant contributions	1b(2)	21150	0
(3) Other	1b(3)	4650	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	577877	891805
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	303624	407078
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	12097142	15017023
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	20187469	24758755

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	33848580	41719184
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		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	33848580	41719184

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)	1611415	
(B) Participants.....	2a(1)(B)	697912	
(C) Others (including rollovers).....	2a(1)(C)	476977	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2786304
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	34212	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	29365	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		63577
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	1172448	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	5339997	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		9362326

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1338555	
(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)		1338555
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	153167	
(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)		153167
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1491722

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7870604
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: **FINLEY & COOK, PLLC**

(2) EIN: **73-0604334**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

Savings Incentive and Profit Sharing Plan for Employees of Digestive Disease Specialists, Inc.

Financial Statements

December 31, 2024 and 2023
(With Independent Auditors' Report Thereon)

**SAVINGS INCENTIVE AND PROFIT SHARING PLAN FOR
EMPLOYEES OF DIGESTIVE DISEASE SPECIALISTS, INC.**

FINANCIAL STATEMENTS

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Note: All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	

INDEPENDENT AUDITORS' REPORT

Board of Directors, Plan Trustees, and Plan Administrator
Savings Incentive and Profit Sharing Plan for
Employees of Digestive Disease Specialists, Inc.

Opinion

We have audited the accompanying financial statements of the Savings Incentive and Profit Sharing Plan for Employees of Digestive Disease Specialist, Inc. (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for plan benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for plan benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for plan benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States. Our responsibilities under those standards are further described in the Auditors' 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 audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States, 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.

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.

(Continued)

INDEPENDENT AUDITORS' REPORT, CONTINUED

Auditors' Responsibilities for the Audit of the Financial Statements

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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

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

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.

(Continued)

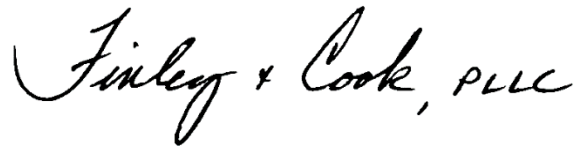
INDEPENDENT AUDITORS' REPORT, CONTINUED

Supplemental Schedule Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, line 4i—Schedule of Assets (Held at End of Year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in cursive script that reads "Finley & Cook, PLLC".

Shawnee, Oklahoma
October 10, 2025

**SAVINGS INCENTIVE AND PROFIT SHARING PLAN FOR
EMPLOYEES OF DIGESTIVE DISEASE SPECIALISTS, INC.**

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

<i>December 31,</i>	<i>2024</i>	<i>2023</i>
Assets		
Investments, at fair value	\$ 40,667,583	32,862,488
Receivables:		
Profit sharing contributions	644,523	649,172
Employer's contributions	-	7,496
Participants' contributions	-	21,150
Loan payments in transit	-	4,650
Notes receivable from participants	407,078	303,624
Total receivables	<u>1,051,601</u>	<u>986,092</u>
 Total assets	 <u>41,719,184</u>	 <u>33,848,580</u>
Liabilities	<u>-</u>	<u>-</u>
 Net assets available for plan benefits	 <u>\$ 41,719,184</u>	 <u>33,848,580</u>

See Independent Auditors' Report.
See accompanying notes to financial statements.

**SAVINGS INCENTIVE AND PROFIT SHARING PLAN FOR
EMPLOYEES OF DIGESTIVE DISEASE SPECIALISTS, INC.**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

Year Ended December 31, 2024

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$	5,339,998
Interest and dividends		<u>1,206,659</u>
Total investment income		<u>6,546,657</u>

Contributions:

Profit sharing		1,262,196
Employer's		349,219
Participants'		697,912
Rollovers		<u>476,977</u>
Total contributions		<u>2,786,304</u>

Interest income on notes receivable from participants 29,365

Total additions 9,362,326

Deductions in net assets attributed to:

Benefits paid to participants		1,338,555
Administrative expenses		<u>153,167</u>
Total deductions		<u>1,491,722</u>

Net increase in net assets available for plan benefits 7,870,604

Net assets available for plan benefits:

Beginning of year		<u>33,848,580</u>
End of year	\$	<u><u>41,719,184</u></u>

See Independent Auditors' Report.
See accompanying notes to financial statements.

**SAVINGS INCENTIVE AND PROFIT SHARING PLAN FOR
EMPLOYEES OF DIGESTIVE DISEASE SPECIALISTS, INC.**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

(1) DESCRIPTION OF THE PLAN

The following description of the Savings Incentive and Profit Sharing Plan for Employees of Digestive Disease Specialists, Inc. (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General and Eligibility

The Plan is a defined contribution plan covering substantially all eligible employees of Digestive Disease Specialists, Inc. (the "Company"), except collective bargaining employees and nonresident aliens, who have 500 hours of service within the 6-month time period following the employee's employment date and are age 18 or older. Eligible employees may begin participating in the Plan on the first day of the month following the satisfaction of their eligibility requirements. The Plan was amended and restated effective July 1, 2022. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Employees having met the preceding requirements and who are still employed on the last day of the plan year-end could also be eligible to participate in the Company's profit sharing plan.

Contributions

Each year, participants may contribute pre-tax or Roth deferral contributions up to the maximum amount allowed by law. Participants who have attained the age of 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

The Company may make employer matching contributions and discretionary nonelective profit sharing contributions under the Plan's provisions. For the years ended December 31, 2024 and 2023, the Company's employer matching contribution was fixed at 100% of the participant's eligible contribution up to 3% of the participant's compensation. In addition, for the years ended December 31, 2024 and 2023, the Company made discretionary profit sharing contributions of 7% and 6.13%, respectively, of each qualifying participant's compensation. Contributions are subject to certain limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of the Company's contribution, profit sharing contribution, plan earnings, plan expenses, and forfeitures of terminated participants' nonvested accounts. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. Allocations are based on participant earnings or account balances, as defined.

Investment Options

Participants may direct their contributions and the Company's contributions among various investment options offered by the Plan. The Plan currently offers various mutual and money market funds as investment options for participants. The Plan allows participants to establish self-directed accounts.

See Independent Auditors' Report.

**SAVINGS INCENTIVE AND PROFIT SHARING PLAN FOR
EMPLOYEES OF DIGESTIVE DISEASE SPECIALISTS, INC.**

NOTES TO FINANCIAL STATEMENTS, CONTINUED

(1) DESCRIPTION OF THE PLAN, CONTINUED

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon.

Vesting in the Company's contributions, plus actual earnings thereon, is based on years of continuous service. Participants vest in employer matching and discretionary nonelective profit sharing contributions 20% per year of service and become 100% vested in these contributions after 6 years of credited service. Additionally, in the event of death or disability, participants become fully vested in the Company's contributions.

Notes Receivable from Participants

Participants may borrow against their account balance a minimum of \$1,000 or up to a maximum of \$50,000 or 50% of their vested balance, whichever is less. No more than 2 loans may be outstanding at a time. The loans are secured by the balance in the participant's account, and interest rates are commensurate with local prevailing rates as determined by the plan administrator. Principal and interest are paid through payroll deduction and credited to the participant's account. Upon termination, retirement, or death, the participant (or beneficiary, as applicable) has the option to pay off the outstanding loan balances. If the participant or beneficiary elects to not pay off the loan, the outstanding loan balance is converted to a distribution.

Payment of Benefits

Upon termination of service due to death, disability, or retirement, a participant (or beneficiary, as applicable) may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account, installments, or purchase an annuity contract. Additionally, participants who have attained age 60 are eligible to take in-service distributions on sources of funds in which participant is 100% vested. Participants terminating with less than \$1,000 in their account shall receive a lump-sum distribution of their vested account balance. As of December 31, 2024 and 2023, there was \$7,376,789 and \$4,540,446, respectively, of deferred vested benefits unpaid to participants who left the Plan.

As of December 31, 2024 and 2023, there were no unpaid vested benefits to participants that had requested withdrawal of his/her account.

Plan Termination

Although the Company has not expressed any intent to do so, the Company has the right under the Plan agreement to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

See Independent Auditors' Report.

**SAVINGS INCENTIVE AND PROFIT SHARING PLAN FOR
EMPLOYEES OF DIGESTIVE DISEASE SPECIALISTS, INC.**

NOTES TO FINANCIAL STATEMENTS, CONTINUED

(1) DESCRIPTION OF THE PLAN, CONTINUED

Forfeitures

Forfeitures arise from employer contributions to participants that terminated employment prior to becoming fully vested in such contributions. Forfeited accounts are to be applied to reduce the employer matching contributions for the year; and, to the extent that there are any forfeitures remaining such excess shall be allocated to the participants in the same manner as employer profit sharing contributions are allocated. Forfeited nonvested accounts totaled \$54,000 and \$55,000 during 2024 and 2023, respectively. As of both December 31, 2024 and 2023, there were no unallocated forfeitures in the Plan.

Administrative Costs

Significant costs related to third-party administrator fees and auditing fees have been absorbed by the Company for the years ended December 31, 2024 and 2023. The Company does not expect to be reimbursed from the Plan. Costs related to the self-directed accounts are charged directly to that participant's account.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates in the Preparation of Financial Statements

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2024 and 2023, no allowance for credit losses had been recorded.

If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the plan document.

See Independent Auditors' Report.

**SAVINGS INCENTIVE AND PROFIT SHARING PLAN FOR
EMPLOYEES OF DIGESTIVE DISEASE SPECIALISTS, INC.**

NOTES TO FINANCIAL STATEMENTS, CONTINUED

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Shares of registered investment companies and the money market fund, including self-directed brokerage accounts in mutual funds, are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Shares of common stock in self-directed brokerage accounts are valued at the closing price reported on the active market on which the individual securities are traded. Investments from self-directed brokerage accounts in nonmarketable limited partnerships and variable annuities, which are not considered to be alternative investments, are carried at cost, which management believes does not significantly differ from fair value. Due to the short-term nature of the money market accounts, including those in self-directed brokerage accounts, fair value approximates the respective account balances. See Note 4 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/depreciation includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.

Payment of Benefits

Benefits are recorded when paid. There were no requested and unpaid benefits as of year-end.

Risks and Uncertainties

Plan participants may invest in various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect participants' account balances and the amounts reported in the statements of net assets available for plan benefits.

Date of Management's Review of Subsequent Events

Management has evaluated subsequent events through October 10, 2025, the date which the financial statements were available to be issued, and determined that no subsequent events have occurred that require adjustment to or disclosure in the financial statements.

See Independent Auditors' Report.

**SAVINGS INCENTIVE AND PROFIT SHARING PLAN FOR
EMPLOYEES OF DIGESTIVE DISEASE SPECIALISTS, INC.**

NOTES TO FINANCIAL STATEMENTS, CONTINUED

(3) INVESTMENTS

The Plan's investments at fair value consisted of the following at December 31:

	<u>2024</u>	<u>2023</u>
Money market fund	\$ 891,805	577,877
Registered investment companies	15,017,023	12,097,142
Self-directed brokerage accounts	<u>24,758,755</u>	<u>20,187,469</u>
	<u>\$ 40,667,583</u>	<u>32,862,488</u>

During 2024, the Plan's investments, including gains and losses on investments bought and sold, as well as held, during the year appreciated in value by \$5,339,998.

(4) FAIR VALUE MEASUREMENTS

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. In estimating fair value, the Plan utilizes valuation techniques that are consistent with the market approach, the income approach, and/or the cost approach. Such valuation techniques are consistently applied. Inputs to valuation techniques include the assumptions that market participants would use in pricing an asset or liability. Fair values may not represent actual values of assets and liabilities that could have been realized on the measurement date or that will be realized in the future. The use of different market assumptions and/or estimation methodologies may have a material effect on the estimated fair value amounts.

Accounting Standards Codification Topic 820, "Fair Value Measurement," establishes a fair value hierarchy for valuation inputs that gives the highest priority to quoted prices in active markets for identical assets or liabilities and the lowest priority to unobservable inputs. The fair value hierarchy is as follows:

- Level 1 inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets.
- Level 2 inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset and liability, either directly or indirectly, for substantially the full term of the asset or liability.
- Level 3 inputs consist of unobservable inputs which are used when observable inputs are unavailable and reflect an entity's own assumptions about the assumptions that market participants would use in pricing the assets or liabilities.

See Independent Auditors' Report.

**SAVINGS INCENTIVE AND PROFIT SHARING PLAN FOR
EMPLOYEES OF DIGESTIVE DISEASE SPECIALISTS, INC.**

NOTES TO FINANCIAL STATEMENTS, CONTINUED

(4) FAIR VALUE MEASUREMENTS, CONTINUED

The Plan uses appropriate valuation methods based on the available inputs to measure the fair value of its assets and liabilities.

The following is a description of the valuation methodologies used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for plan benefits, as well as the general classification of such assets pursuant to the valuation hierarchy.

Registered Investment Companies and Money Market Fund

Shares of registered investment companies and the money market fund, including self-directed brokerage accounts in mutual funds, are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end.

Common Stock

Shares of common stock in self-directed brokerage accounts are valued at the closing price reported on the active market on which the individual securities are traded.

Nonmarketable Limited Partnerships and Variable Annuities

Investments from self-directed brokerage accounts in nonmarketable limited partnerships and variable annuities, which are not considered to be alternative investments, are carried at cost, which management believes does not significantly differ from fair value.

See Independent Auditors' Report.

**SAVINGS INCENTIVE AND PROFIT SHARING PLAN FOR
EMPLOYEES OF DIGESTIVE DISEASE SPECIALISTS, INC.**

NOTES TO FINANCIAL STATEMENTS, CONTINUED

(4) FAIR VALUE MEASUREMENTS, CONTINUED

The fair values of financial instruments measured on a recurring basis at December 31 were as follows:

	Assets Measured at <u>Fair Value</u>	Fair Value Measurements at Reporting Date Using		
		Quoted Prices in Active Markets for Identical Assets <u>(Level 1)</u>	Significant Other Observable Inputs <u>(Level 2)</u>	Significant Unobservable Inputs <u>(Level 3)</u>
<u>2024</u>				
Money market fund	\$ 891,805	891,805	-	-
Registered investment companies	15,017,023	15,017,023	-	-
Self-directed brokerage accounts	<u>24,758,755</u>	<u>22,864,559</u>	<u>643,425</u>	<u>1,250,771</u>
	<u>\$ 40,667,583</u>	<u>38,773,387</u>	<u>643,425</u>	<u>1,250,771</u>
<u>2023</u>				
Money market account	\$ 577,877	-	577,877	-
Registered investment companies	12,097,142	12,097,142	-	-
Self-directed brokerage accounts	<u>20,187,469</u>	<u>18,021,377</u>	<u>1,090,652</u>	<u>1,075,440</u>
	<u>\$ 32,862,488</u>	<u>30,118,519</u>	<u>1,668,529</u>	<u>1,075,440</u>

The Plan had no assets measured at fair value on a recurring basis that were transferred into or out of Level 3 for the years ended December 31, 2024 or 2023. The Plan had no purchases, sales, or issues of Level 3 assets for the years ended December 31, 2024 or 2023.

See Independent Auditors' Report.

**SAVINGS INCENTIVE AND PROFIT SHARING PLAN FOR
EMPLOYEES OF DIGESTIVE DISEASE SPECIALISTS, INC.**

NOTES TO FINANCIAL STATEMENTS, CONTINUED

(5) TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated June 30, 2020, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (the "Code"). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code. Therefore, the plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of the date of the financial statements.

Accounting principles generally accepted in the United States require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024 and 2023, there were no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the Plan's financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax period in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2021.

(6) TRANSACTIONS WITH PARTIES-IN-INTEREST

Certain officers and employees of the Company perform administrative services for the Plan. No officers or employees of the Company receive compensation from the Plan for the administrative services. The Company does not expect to be reimbursed by the Plan for the administrative services provided.

Certain plan investments are managed by an investment group affiliated with the Plan's third-party administrator. While reported separately as expenses for financial reporting purposes, fees incurred by the Plan for the investment management services are included in the participant's net appreciation in fair value of the investments. Fees paid to the Plan's third-party administrator were approximately \$3,200 and \$2,195 for 2024 and 2023, respectively, and investment fees totaled approximately \$149,967 and \$109,618 for 2024 and 2023, respectively.

(7) SUBSEQUENT EVENT

Subsequent to year-end, the Company determined that a partial plan termination occurred as a result of a significant reduction in workforce during February 2025. The reduction in force effected eighty-four employees. In accordance with the Internal Revenue Code, all effected participants as of the date of the partial plan termination became 100% vested in their account balances. The Company has notified the participants of their fully vested status. Management is currently evaluating the impact of the partial plan termination; however, the financial statements as of December 31, 2024, have not been adjusted as a result of this event.

See Independent Auditors' Report.

SAVINGS INCENTIVE AND PROFIT SHARING PLAN FOR
EMPLOYEES OF DIGESTIVE DISEASE SPECIALISTS, INC.

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

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value	
Money market account				
Fidelity Investments	Fidelity Govt Money Mkt Daily	\$ N/A	891,805	
Subtotal of money market account			N/A	891,805
Registered investment companies				
Capital Group	American Funds Balanced	N/A	1,510,739	
Capital Group	American Funds Retirement F2	N/A	42,586	
Capital Group	American Funds Target Retirement 2025	N/A	367,808	
Capital Group	American Funds Target Retirement 2030	N/A	471,437	
Capital Group	American Funds Target Retirement 2035	N/A	1,143,910	
Capital Group	American Funds Target Retirement 2040	N/A	1,311,966	
Capital Group	American Funds Target Retirement 2050	N/A	430,205	
BlackRock	BlackRock Mid-Cap Growth Equity Int'l	N/A	-	
Fidelity Investments	Fidelity 500 Index Premium Class	N/A	2,493,683	
Fidelity Investments	Fidelity Advisor International Cap App I	N/A	-	
Fidelity Investments	Fidelity Blue Chip Growth	N/A	3,369,604	
Fidelity Investments	Fidelity ContraFund	N/A	1,512,231	
John Hancock Investments	John Hancock Small Intermediate Bond	N/A	535,932	
JP Morgan Asset Management	JP Morgan Small Cap Growth	N/A	653,279	
T. Rowe Price	T. Rowe Price Mid Cap Growth	N/A	891,623	
Fidelity Investments	Fidelity Adv Int'l Cap Appr Z	N/A	244,044	
Thornburg	Thornburg Limited Term Income	N/A	37,976	
Subtotal of registered investment companies			N/A	15,017,023
Self-directed brokerage accounts				
Self-directed brokerage accounts	Money market accounts, mutual funds, common stock, variable annuities, and nonmarketable limited partnerships	N/A	24,758,755	
Subtotal of self-directed brokerage accounts			N/A	24,758,755

(Continued)

See Independent Auditors' Report.

**SAVINGS INCENTIVE AND PROFIT SHARING PLAN FOR
EMPLOYEES OF DIGESTIVE DISEASE SPECIALISTS, INC.**

Form 5500, Schedule H, Line 4i—
Schedule of Assets (Held at End of Year), Continued

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
Notes receivable from participants				
*	Notes receivable from participants	Notes receivable from participants, with interest rates ranging from 4.25%– 9.50% and maturities ranging from 4–10 years, secured by the participants' vested balances.	-	407,078
Subtotal of notes receivable from participants			-	407,078

TOTAL

\$ - 41,074,661

N/A—Participant-directed

*—Indicates a party-in-interest

See Independent Auditors' Report.

SAVINGS INCENTIVE AND PROFIT SHARING PLAN FOR
EMPLOYEES OF DIGESTIVE DISEASE SPECIALISTS, INC.

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

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value	
Money market account				
Fidelity Investments	Fidelity Govt Money Mkt Daily	\$ N/A	891,805	
Subtotal of money market account			N/A	891,805
Registered investment companies				
Capital Group	American Funds Balanced	N/A	1,510,739	
Capital Group	American Funds Retirement F2	N/A	42,586	
Capital Group	American Funds Target Retirement 2025	N/A	367,808	
Capital Group	American Funds Target Retirement 2030	N/A	471,437	
Capital Group	American Funds Target Retirement 2035	N/A	1,143,910	
Capital Group	American Funds Target Retirement 2040	N/A	1,311,966	
Capital Group	American Funds Target Retirement 2050	N/A	430,205	
BlackRock	BlackRock Mid-Cap Growth Equity Int'l	N/A	-	
Fidelity Investments	Fidelity 500 Index Premium Class	N/A	2,493,683	
Fidelity Investments	Fidelity Advisor International Cap App I	N/A	-	
Fidelity Investments	Fidelity Blue Chip Growth	N/A	3,369,604	
Fidelity Investments	Fidelity ContraFund	N/A	1,512,231	
John Hancock Investments	John Hancock Small Intermediate Bond	N/A	535,932	
JP Morgan Asset Management	JP Morgan Small Cap Growth	N/A	653,279	
T. Rowe Price	T. Rowe Price Mid Cap Growth	N/A	891,623	
Fidelity Investments	Fidelity Adv Int'l Cap Appr Z	N/A	244,044	
Thornburg	Thornburg Limited Term Income	N/A	37,976	
Subtotal of registered investment companies			N/A	15,017,023
Self-directed brokerage accounts				
Self-directed brokerage accounts	Money market accounts, mutual funds, common stock, variable annuities, and nonmarketable limited partnerships	N/A	24,758,755	
Subtotal of self-directed brokerage accounts			N/A	24,758,755

(Continued)

See Independent Auditors' Report.

**SAVINGS INCENTIVE AND PROFIT SHARING PLAN FOR
EMPLOYEES OF DIGESTIVE DISEASE SPECIALISTS, INC.**

Form 5500, Schedule H, Line 4i—
Schedule of Assets (Held at End of Year), Continued

December 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
Notes receivable from participants				
*	Notes receivable from participants	Notes receivable from participants, with interest rates ranging from 4.25%– 9.50% and maturities ranging from 4–10 years, secured by the participants' vested balances.	-	407,078
Subtotal of notes receivable from participants			-	407,078

TOTAL

\$ - 41,074,661

N/A—Participant-directed

*—Indicates a party-in-interest

See Independent Auditors' Report.

Form 5500 Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0069 <hr/> 2024 <hr/> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning _____ and ending _____	
A This return/report is for: <input type="checkbox"/> a multiple-employer plan	<input type="checkbox"/> a multiple-employer plan (filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is: <input checked="" type="checkbox"/> a single-employer plan	<input type="checkbox"/> a DFE (specify) _____
<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report
<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here ▶ <input type="checkbox"/>	
D Check box if filing under: <input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program
<input type="checkbox"/> special extension (enter description)	
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ <input type="checkbox"/>	

Part II Basic Plan Information - enter all requested information							
1a Name of plan SAVINGS INCENTIVE AND PROFIT SHARING PLAN FOR EMPLOYEES OF DIGESTIVE DISEASE SPECIALISTS, INC.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">1b Three-digit plan number (PN) ▶</td> <td style="width:30%; text-align: center;">003</td> </tr> <tr> <td>1c Effective date of plan</td> <td style="text-align: center;">09/01/1980</td> </tr> </table>	1b Three-digit plan number (PN) ▶	003	1c Effective date of plan	09/01/1980		
1b Three-digit plan number (PN) ▶	003						
1c Effective date of plan	09/01/1980						
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) DIGESTIVE DISEASE SPECIALISTS, INC. 701 CEDAR LAKE BLVD., SUITE 301 OKLAHOMA CITY, OK 73114	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">2b Employer Identification Number (EIN)</td> <td style="width:30%; text-align: center;">73-1121127</td> </tr> <tr> <td>2c Plan Sponsor's telephone number</td> <td style="text-align: center;">405-370-7753</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td style="text-align: center;">621111</td> </tr> </table>	2b Employer Identification Number (EIN)	73-1121127	2c Plan Sponsor's telephone number	405-370-7753	2d Business code (see instructions)	621111
2b Employer Identification Number (EIN)	73-1121127						
2c Plan Sponsor's telephone number	405-370-7753						
2d Business code (see instructions)	621111						

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

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

SIGN HERE		10/13/2025	JEFF GRIFFIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 73-1121127
	3c Administrator's telephone number 405-370-7753

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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">5</td> <td style="text-align: right;">306</td> </tr> </table>	5	306
5	306		
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6a(1)</td> <td style="text-align: right;">186</td> </tr> </table>	6a(1)	186
6a(1)	186		
a(2) Total number of active participants at the end of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6a(2)</td> <td style="text-align: right;">185</td> </tr> </table>	6a(2)	185
6a(2)	185		
b Retired or separated participants receiving benefits	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6b</td> <td style="text-align: right;">15</td> </tr> </table>	6b	15
6b	15		
c Other retired or separated participants entitled to future benefits.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6c</td> <td style="text-align: right;">112</td> </tr> </table>	6c	112
6c	112		
d Subtotal. Add lines 6a(2), 6b, and 6c.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6d</td> <td style="text-align: right;">312</td> </tr> </table>	6d	312
6d	312		
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6e</td> <td style="text-align: right;">0</td> </tr> </table>	6e	0
6e	0		
f Total. Add lines 6d and 6e.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6f</td> <td style="text-align: right;">312</td> </tr> </table>	6f	312
6f	312		
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6g(1)</td> <td style="text-align: right;">304</td> </tr> </table>	6g(1)	304
6g(1)	304		
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6g(2)</td> <td style="text-align: right;">312</td> </tr> </table>	6g(2)	312
6g(2)	312		
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6h</td> <td style="text-align: right;">12</td> </tr> </table>	6h	12
6h	12		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;">7</td> <td></td> </tr> </table>	7	
7			

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2E 2F 2G 2H 2J 2R 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 checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	(1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (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) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u>1</u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 _____
