

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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 style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">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>CANYON VIEW MEDICAL GROUP LC 401K & PSP</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</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>CANYON VIEW MEDICAL GROUP LC</u></p> <p><u>325 W CENTER STREET</u> <u>SPANISH FORK, UT 84660</u></p>	<p>1c Effective date of plan <u>01/01/1997</u></p> <p>2b Employer Identification Number (EIN) <u>84-1367175</u></p> <p>2c Plan Sponsor's telephone number <u>801-798-7301</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	AARON LOWE
	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	280
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)	188
	6a(2)	179
	6b	0
	6c	112
	6d	291
	6e	0
	6f	291
	6g(1)	268
6g(2)	290	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2A 2E 2F 2G 2J 2K 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 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 CANYON VIEW MEDICAL GROUP LC 401K & PSP</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>002</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 CANYON VIEW MEDICAL GROUP LC</p>	<p>D Employer Identification Number (EIN) 84-1367175</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
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(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
71-0294708	86231	860618	291	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	

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	1814559
5	Current value of plan's interest under this contract in separate accounts at year end.....	
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. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ STABLE VALUE OPTION	
b	Balance at the end of the previous year	7b 1814559
c	Additions: (1) Contributions deposited during the year	7c(1) 102323
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 56079
	(4) Transferred from separate account	7c(4) 1328485
	(5) Other (specify below)..... ▶ LOAN REPAYMENTS, POSITIVE VALUE ADJUSTMENTS, COLLATERAL INTEREST EARNED, TRANSFERS	7c(5) 2264
	(6) Total additions	7c(6) 1489151
d	Total of balance and additions (add lines 7b and 7c(6))	7d 3303710
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 96654
	(2) Administration charge made by carrier.....	7e(2) 26464
	(3) Transferred to separate account	7e(3)
	(4) Other (specify below)..... ▶ LOAN DISBURSEMENTS, NEGATIVE VALUE ADJUSTMENTS, TRANSFERS, FEES TO TPA	7e(4) 12084
(5) Total deductions	7e(5) 135202	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 3168508

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)	0
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)	0
	(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)	0
	(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 CANYON VIEW MEDICAL GROUP LC 401K & PSP	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 CANYON VIEW MEDICAL GROUP LC	D Employer Identification Number (EIN) 84-1367175	

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

VOYA RETIREMENT INSURANCE

71-0294708

(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)

TREK FINANCIAL LLC

82-3738447

(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?
99	SERVICE PROVIDER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	48076	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

TRUSTED BUSINESS ADVISOR GROUP

6720 N SCOTTSDALE RD
N/A
SCOTTSDALE, AZ 85253

68-0567456

(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?
99	INVESTMENT ADVISORY PLAN	22190	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"/>

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
TREK FINANCIAL LLC	99	48076

(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.
VOYA RETIREMENT INSURANCE 71-0294708	OTHER FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan CANYON VIEW MEDICAL GROUP LC 401K & PSP	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 CANYON VIEW MEDICAL GROUP LC	D Employer Identification Number (EIN) 84-1367175

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)	28505	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	118116	0
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	380000	0
(8) Participant loans	1c(8)	127826	148512
(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)	33855813	39116426
(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	34510260	39264938
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	34510260	39264938

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)	1210949	
(B) Participants.....	2a(1)(B)	1019729	
(C) Others (including rollovers).....	2a(1)(C)	262522	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2493200
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	11306	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		11306
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	693522	
(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)		
(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)		4409483
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		7607511

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2739833	
(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)		2739833
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		3820
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	72347	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	22190	
(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)	14643	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		109180
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2852833

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4754678
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: GILBERT & STEWART

(2) EIN: 87-0403149

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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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>CANYON VIEW MEDICAL GROUP LC 401K & PSP</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CANYON VIEW MEDICAL GROUP LC</u>	D Employer Identification Number (EIN) <u>84-1367175</u>	

Part I	Distributions
---------------	----------------------

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 71-0294708

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 Q702589A.

**CANYON VIEW MEDICAL GROUP 401(K)
PROFIT SHARING PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

**CANYON VIEW MEDICAL GROUP 401(K)
PROFIT SHARING PLAN
INDEX
DECEMBER 31, 2024 AND 2023**

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GILBERT & STEWART

CERTIFIED PUBLIC ACCOUNTANTS
A PROFESSIONAL CORPORATION
ESTABLISHED 1974

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JAMES E. STEWART, CPA

INDEPENDENT AUDITOR'S REPORT

October 10, 2025

To: Canyon View Medical Group 401(k) Profit Sharing Plan and Participants

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

We have performed an audit of the financial statements of Canyon View Medical Group 401(k) Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2024 and 2023 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan 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 .

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

Opinion on the Financial Statements

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

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

Basis for Opinion on the Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Canyon View Medical Group 401(k) Profit Sharing Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Canyon View Medical Group 401(k) Profit Sharing Plan's ability to continue as a going concern for one year after the date that the financial statements are 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 of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Canyon View Medical Group 401(k) Profit Sharing 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 Canyon View Medical Group 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters

2024 Supplemental Schedules Required by ERISA

The supplemental schedules of the Schedule of Assets Held for Investment Purposes as of December 31, 2024, 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 by⁹ 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).

Gilbert & Stewart

Gilbert & Stewart
Certified Public Accountants

CANYON VIEW MEDICAL GROUP 401(K) PROFIT SHARING
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023

	2024	2023
ASSETS		
Participant Directed		
Pooled accounts(at fair value)	\$ 39,116,426	\$ 33,855,813
Nonparticipant Directed		
Partnership Interest (at fair value)	-	118,116
Total Nonparticipant Directed	-	118,116
Receivables:		
Employer's Contributions	-	28,505
Participant Note Receivables	148,512	127,826
Note Receivable	-	380,000
Total Assets	39,264,938	34,510,260
LIABILITIES		
Net Assets Available for Benefits	\$ 39,264,938	\$ 34,510,260

See accompanying notes.

CANYON VIEW MEDICAL GROUP 401(K) PROFIT SHARING
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2024

ADDITIONS TO NET ASSETS

Additions to net assets attributed to:

Investment Income:

Net Appreciation (Depreciation) in Fair Value
of Investments (See note D)

\$ 4,409,483

Dividends

693,522

Total Investment Income (Loss)

5,103,005

Interest income on notes receivable from participants

11,306

Contributions:

Employee

1,019,729

Employer

1,210,949

Rollover

262,522

Total Contributions

2,493,200

Total Additions to Net Assets

7,607,511

DEDUCTIONS FROM NET ASSETS

Deductions from Net Assets Attributed to:

Benefits Paid to Participants

2,739,833

Corrective Distributions

3,820

Administrative Expenses

109,180

Total Deductions from Net Assets

2,852,833

Net Increase (Decrease)

4,754,678

Beginning Net Assets Available for Benefits

34,510,260

Ending Net Assets Available for Benefits

\$ 39,264,938

See accompanying notes.

CANYON VIEW MEDICAL GROUP 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2024 AND 2023

NOTE A – DESCRIPTION OF PLAN

The following description of the Canyon View Medical Group (Company) 401(K) Profit Sharing Plan (Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General. The Plan is a defined contribution plan covering all employees of the Company who are age twenty one (21) or older and includes a service requirement for one year of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions. In 2024, participants may contribute up to \$23,000 of their pretax annual compensation, as defined in the Plan. Participants who have attained age 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. Participants direct the investment of their contributions into various investment options offered by the Plan. For each plan year, the Employer will contribute to the Plan an amount of matching contributions determined by the Employer at its discretion. The Employer may choose not to make matching contributions for a particular plan year. The matching contributions will be allocated based upon the amount of the participant's elective deferrals for the plan year which do not exceed a set percentage of compensation. This permits the Employer to contribute a discretionary amount for a plan year which the Employer will designate as qualified non-elective contributions. The Company matches 100% of the first 3% of employee's contributions, plus 50% of contributions up to the next 2% of contributions.

Participant Accounts. Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting. Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after six years of credited service.

Notes Receivable from Participants. Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their non-forfeitable account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at a fixed rate based on other financial institution's base rate. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits. On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

**CANYON VIEW MEDICAL GROUP 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2024 AND 2023**

NOTE A – DESCRIPTION OF PLAN (CONTINUED)

Forfeitures: Below is the summary of the forfeiture account as of December 31, 2024 and 2023.

	2024	2023
Beginning Balance	\$ 27,038	\$ 6,956
Forfeitures	11,881	28,584
Used as Contributions or Fees	(14,143)	(8,830)
Gain(Losses) in Account	1,581	328
Ending Balance	<u>\$ 26,357</u>	<u>\$ 27,038</u>

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note C for 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 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.

Administrative Expenses

Except for loan origination fees associated with notes receivable from participants, all administrative expenses of maintaining the plan are paid by the company.

CANYON VIEW MEDICAL GROUP 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2024 AND 2023

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the plan document.

Subsequent Events

The Plan has evaluated subsequent events through October 10, 2025 the date the financial statements were available to be issued.

NOTE C – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides the 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 under FASB ASC 820 are described as follows:

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

Level 2 – Inputs to the valuation methodology include

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the assets or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

CANYON VIEW MEDICAL GROUP 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2024 AND 2023

NOTE C – FAIR VALUE MEASUREMENTS (CONTINUED)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Mutual, Stable Value, and Collective Trust Funds: Valued at the net asset value (NAV) of shares held by the plan at year-end.

Life Insurance Policy: Valued at the cash value of the policy held at year-end.

Partnership Interest: Valued at the cost of the purchased interest held at year-end.

Money Market and Fixed Income Fund: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer.

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

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2024 and 2023.

		Fair Value Measurements at the End of the Reporting Period Using:		
		Quoted Prices		
		in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2024	Fair Value			
Participant Directed				
Mutual Funds	\$ 24,661,304	\$ 24,661,304	\$ -	\$ -
Money Market Fund	30,931	30,931	-	-
Fixed Income Funds	3,168,509	3,168,509	-	-
^Collective Trust Funds	11,305,682	-	-	-
Total Assets at Fair Value	\$ 39,166,426	\$ 27,860,744	\$ -	\$ -

**CANYON VIEW MEDICAL GROUP 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2024 AND 2023**

NOTE C – FAIR VALUE MEASUREMENTS (CONTINUED)

		<u>Fair Value Measurements at the End of the</u>			
		<u>Quoted Prices</u>		<u>Significant</u>	<u>Significant</u>
		<u>in Active</u>	<u>Markets for</u>	<u>Other</u>	<u>Unobservable</u>
		<u>Identical</u>	<u>Assets</u>	<u>Observable</u>	<u>Inputs</u>
<u>December 31, 2023</u>	<u>Fair Value</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>	
<u>Participant Directed</u>					
Mutual Funds	\$ 21,704,881	\$ 21,704,881	\$ -	\$ -	
Money Market Fund	31,392	31,392	-	-	
Fixed Income Funds	1,814,559	1,814,559	-	-	
^Collective Trust Funds	10,304,981	-	-	-	
<u>Nonparticipant Directed</u>					
Partnership Interest	118,116	-	-	118,116	
Total Assets at Fair Value	<u>\$ 33,973,929</u>	<u>\$ 23,550,832</u>	<u>\$ -</u>	<u>\$ 118,116</u>	

^In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the items presented in the statement of net assets available for benefits.

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net appreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

The following table sets forth a summary of changes in the fair value of the plan's level 3 assets for the year ended December 31, 2024 and 2023.

	<u>Level 3 Assets Year Ended December 31,</u>	
	<u>2024</u>	<u>2023</u>
	<u>Partnership</u>	<u>Partnership</u>
	<u>Interest</u>	<u>Interest</u>
Balance, beginning of year	\$ 118,116	\$ 111,479
Realized gains/(losses)	-	6,637
Distributions	(118,116)	-
Ending balance	<u>\$ -</u>	<u>\$ 118,116</u>

**CANYON VIEW MEDICAL GROUP 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2024 AND 2023**

NOTE D – INVESTMENTS

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the following investment information was certified by Voya Retirement Insurance and Annuity Company the Custodian that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate. The Plan’s independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules:

- a. Total investments as shown in the accompanying statements of net assets available for benefits of \$39,166,426 as of December 31, 2024, and \$33,855,813 as of December 31, 2023.
- b. Net investment earnings as shown in the accompanying statement of changes in net assets available for benefits of \$5,103,005 for the year ended December 31, 2024.
- c. All investment-related information in the accompanying supplemental Schedule H, Line 4i-Schedule of Assets (Held at End of Year) as of December 31, 2024.

NOTE E – NET ASSET VALUE PER SHARE

The Plan’s investments in the funds below are stated at net asset value or its equivalent, which is the practical expedient for estimating the fair value of those investments. The following table summarizes the Plan’s investments measured at fair value based on NAV as of December 31, 2024 and 2023.

2024				
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Investments:				
Mutual Funds	\$ 24,661,304	\$ -	Daily	Daily
Collective Trust Funds	11,305,682	-	Daily	Daily
Total	\$ 35,966,986	\$ -		
2023				
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Investments:				
Mutual Funds	\$ 21,704,881	\$ -	Daily	Daily
Collective Trust Funds	10,304,981	-	Daily	Daily
Total	\$ 32,009,862	\$ -		

CANYON VIEW MEDICAL GROUP 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2024 AND 2023

NOTE F – INVESTMENT CONTRACTS WITH INSURANCE COMPANIES

The Plan entered into a tradition fully benefit-responsive guaranteed investment contract (GIC) with Voya Retirement Insurance and Annuity Company. Voya maintains the contributions in a general account, which credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The GIC issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 0%. Such interest rates are reviewed on a quarterly basis for resetting. The GIC does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

Because the GIC is fully benefit-responsive, contract value is the relevant measure for the GIC, as this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value as reported to the Plan by Minnesota Life represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The contract value of the investment contract at December 31, 2024 and 2023 was \$3,168,509 and \$1,814,559, respectively.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (included complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transactions exemptions under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that would limit the ability of the Plan to transact at contract value with the participants.

The Plan currently does not offer any of the identified "competing options" to the GIC, as defined in the contract, and therefore, participants may transfer their investment balance out of the GIC at any time. However, transfers back into the GIC are only allowed after 90 days have elapsed since the last transfer out the GIC.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines (2) a breach of material obligation under the contract, (3) a material misrepresentation, or (4) a material amendment to the agreement without the consent of the issuer.

**CANYON VIEW MEDICAL GROUP 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2024 AND 2023**

NOTE G – PLAN TERMINATION

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

NOTE H - NONPARTICIPANT-DIRECTED INVESTMENTS

The profit sharing portion of the Plan has been entirely managed by the Plan Trustee. Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments as of December 31, 2024 and 2023 is as follows:

	December 31,	
	2024	2023
Net Assets:		
Life Insurance	\$ -	\$ -
Partnership Interest	-	118,116
	\$ -	\$ 118,116
	Year Ended	
	December 31	
	2023	
Changes in Net Assets:		
Distribution	\$ (118,116)	
Net appreciation	-	
	\$ (118,116)	

NOTE I – RELATED PARTY TRANSACTIONS

The Plan’s nonparticipant directed life insurance assets are investments in the Plan Sponsor. These transactions qualify as party-in-interest transactions. The value of life insurance was \$0 and \$303,938 for the years ended December 31, 2024 and 2023, respectively.

The Plan’s nonparticipant directed investment in a partnership interest is an investment in the Plan Sponsor. The value of partnership interest was \$0 and \$118,116 for the years ended December 31, 2024 and 2023, respectively.

Some Plan third-party administrative expenses have been paid by the Plan sponsor voluntarily. This practice could be terminated by the Plan sponsor at its option. The Plan sponsor also provides accounting and other administrative services to the Plan without charge, the value of which has not been determined.

CANYON VIEW MEDICAL GROUP 401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENT
DECEMBER 31, 2024 AND 2023

NOTE J – 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 (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe the plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America 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 be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

CANYON VIEW MEDICAL GROUP 401(K) PROFIT SHARING PLAN
 EIN 84-1367175 PLAN # 002
 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,	Current Value		
*	Voya Retirement Insurance and Annuity Company	American Funds New World R6	**	\$ 172,205
*	Voya Retirement Insurance and Annuity Company	BlkRck US Debt Index Fund R	**	54,658
*	Voya Retirement Insurance and Annuity Company	Core Bond Fund R1	**	29,074
*	Voya Retirement Insurance and Annuity Company	DFA Infl-Prot Sec Port Ins	**	100,044
*	Voya Retirement Insurance and Annuity Company	DFA Real Estate Secs Port Ins	**	3,403
*	Voya Retirement Insurance and Annuity Company	Dlwr Small Cap Core Fund R6	**	20,629
*	Voya Retirement Insurance and Annuity Company	Fidelity 500 Index Fund	**	2,701,221
*	Voya Retirement Insurance and Annuity Company	Fidelity Intl Index Fnd	**	1,288,779
*	Voya Retirement Insurance and Annuity Company	Fidelity Lg Term Treasury Bond Ld Fd	**	103,356
*	Voya Retirement Insurance and Annuity Company	Fidelity St Term Treasury Bond Ld Fd	**	265,674
*	Voya Retirement Insurance and Annuity Company	Fidelity Lg C Val Ind Fd	**	256,981
*	Voya Retirement Insurance and Annuity Company	Fidelity Sm Cp Ind Fd	**	337,179
*	Voya Retirement Insurance and Annuity Company	Fidelity Intm Trs Bd Fd	**	258,245
*	Voya Retirement Insurance and Annuity Company	First Eagle Gold Fund R6	**	125,922
*	Voya Retirement Insurance and Annuity Company	JPMorgan Equity Income Fund R6	**	1,237,847
*	Voya Retirement Insurance and Annuity Company	JPMorgan Government Bd Fnd R6	**	112,681
*	Voya Retirement Insurance and Annuity Company	JPMorgan Intl Equity Fnd R6	**	337,157
*	Voya Retirement Insurance and Annuity Company	JPMorgan Large Cap Growth Fnd R6	**	803,776
*	Voya Retirement Insurance and Annuity Company	MFS Core Equity Fund R6	**	1,102,628
*	Voya Retirement Insurance and Annuity Company	MyCompass Ind Agg 2035 Fd R	**	1,495,464
*	Voya Retirement Insurance and Annuity Company	MyCompass Ind Agg 2045 Fd R	**	287,328
*	Voya Retirement Insurance and Annuity Company	MyCompass Ind Agg 2055 Fd R	**	418,695
*	Voya Retirement Insurance and Annuity Company	MyCompass Ind Cns 2035 F R	**	80,968
*	Voya Retirement Insurance and Annuity Company	MyCompass Ind Cns 2045 F R	**	11,661
*	Voya Retirement Insurance and Annuity Company	MyCompass Ind Cns 2055 F R	**	77,618
*	Voya Retirement Insurance and Annuity Company	MyCompass Ind Cns Ret Fd R	**	1,000,770
*	Voya Retirement Insurance and Annuity Company	MyCompass Ind Mod 2035 Fd R	**	645,765
*	Voya Retirement Insurance and Annuity Company	MyCompass Ind Mod 2045 Fd R	**	3,736,626
*	Voya Retirement Insurance and Annuity Company	MyCompass Ind Mod 2055 Fd R	**	380,960
*	Voya Retirement Insurance and Annuity Company	MyCompass Ind Agg 2065 Fd R	**	221,204
*	Voya Retirement Insurance and Annuity Company	MyCompass Ind CNS 2065 Fd R	**	45,996
*	Voya Retirement Insurance and Annuity Company	MyCompass Ind Mod 2065 Fd R	**	83,495
*	Voya Retirement Insurance and Annuity Company	MyCompass Ind Mod Ret Fd R	**	2,352,723
*	Voya Retirement Insurance and Annuity Company	MyCompass Ind Aggressive Ret Fd R	**	382,677
*	Voya Retirement Insurance and Annuity Company	PGIM Global Total Return Fd R6	**	718,948
*	Voya Retirement Insurance and Annuity Company	PGIM High Yield Fund R6	**	549,977
*	Voya Retirement Insurance and Annuity Company	PIMCO Income Fund Inst	**	30,162
*	Voya Retirement Insurance and Annuity Company	TIAA-CREF LgCp Grw Indx Fd Ins	**	2,233,857
*	Voya Retirement Insurance and Annuity Company	Vangrd Cnsmr Dsert Ind Fd Adm	**	1,004,607
*	Voya Retirement Insurance and Annuity Company	Vangrd Cnsmr Stpl Indx Fd Adm	**	580,891
*	Voya Retirement Insurance and Annuity Company	Vangrd Comm Srv Ind Fnd Adm	**	876,869
*	Voya Retirement Insurance and Annuity Company	Vangrd Em Mkts Stk Ind Fd Adm	**	243,554
*	Voya Retirement Insurance and Annuity Company	Vangrd Energy Index Fund Adm	**	471,065
*	Voya Retirement Insurance and Annuity Company	Vangrd Financials Index Fd Adm	**	1,292,252
*	Voya Retirement Insurance and Annuity Company	Vangrd Health Care Ind Fd Adm	**	1,087,013
*	Voya Retirement Insurance and Annuity Company	Vangrd Industrials Indx Fd Adm	**	527,790
*	Voya Retirement Insurance and Annuity Company	Vangrd Info Tech Indx Fd Adm	**	3,589,313
*	Voya Retirement Insurance and Annuity Company	Vangrd Materials Index Fd Adm	**	200,907
*	Voya Retirement Insurance and Annuity Company	Vangrd Mid-Cap Index Fund Adm	**	728,177
*	Voya Retirement Insurance and Annuity Company	Vangrd Strategic Eqty Fnd Inv	**	331,566
*	Voya Retirement Insurance and Annuity Company	Vangrd Utilities Ind Fnd Adm	**	159,202
*	Voya Retirement Insurance and Annuity Company	Vanguard Real Estate Indx Adm	**	292,538
*	Voya Retirement Insurance and Annuity Company	Voya Fixed Account	**	3,168,509
*	Voya Retirement Insurance and Annuity Company	Voya Gv Mny Mkt F A	**	30,931
*	Voya Retirement Insurance and Annuity Company	Voya Intermediate Bond Fund R6	**	465,149
	Plan Assets Total			39,116,426
*	Participant Loans	Interest Rate 4.25% - 9.50%		148,512
	Grand Total			\$ 39,264,938

Note * A party in interest, as defined by the Employee Retirement Income Security Act of 1974, as amended.
 ***Nonparticipant directed investments

CANYON VIEW MEDICAL GROUP 401(K) PROFIT SHARING PLAN
 EIN 84-1367175 PLAN # 002
 SCHEDULE H. LINE 4i--SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 DECEMBER 31, 2024

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*	Voya Retirement Insurance and Annuity Company	Core Bond Fund R1	**	29,074
*	Voya Retirement Insurance and Annuity Company	DFA Infl-Prot Sec Port Ins	**	100,044
*	Voya Retirement Insurance and Annuity Company	DFA Real Estate Secs Port Ins	**	3,403
*	Voya Retirement Insurance and Annuity Company	Dlwr Small Cap Core Fund R6	**	20,629
*	Voya Retirement Insurance and Annuity Company	Fidelity 500 Index Fund	**	2,701,221
*	Voya Retirement Insurance and Annuity Company	Fidelity Intl Index Fnd	**	1,288,779
*	Voya Retirement Insurance and Annuity Company	Fidelity Lg Term Treasury Bond Ld Fd	**	103,356
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*	Voya Retirement Insurance and Annuity Company	Fidelity Lg C Val Ind Fd	**	256,981
*	Voya Retirement Insurance and Annuity Company	Fidelity Sm Cp Ind Fd	**	337,179
*	Voya Retirement Insurance and Annuity Company	Fidelity Intm Trs Bd Fd	**	258,245
*	Voya Retirement Insurance and Annuity Company	First Eagle Gold Fund R6	**	125,922
*	Voya Retirement Insurance and Annuity Company	JPMorgan Equity Income Fund R6	**	1,237,847
*	Voya Retirement Insurance and Annuity Company	JPMorgan Government Bd Fnd R6	**	112,681
*	Voya Retirement Insurance and Annuity Company	JPMorgan Intl Equity Fnd R6	**	337,157
*	Voya Retirement Insurance and Annuity Company	JPMorgan Large Cap Growth Fnd R6	**	803,776
*	Voya Retirement Insurance and Annuity Company	MFS Core Equity Fund R6	**	1,102,628
*	Voya Retirement Insurance and Annuity Company	MyCompass Ind Agg 2035 Fd R	**	1,495,464
*	Voya Retirement Insurance and Annuity Company	MyCompass Ind Agg 2045 Fd R	**	287,328
*	Voya Retirement Insurance and Annuity Company	MyCompass Ind Agg 2055 Fd R	**	418,695
*	Voya Retirement Insurance and Annuity Company	MyCompass Ind Cns 2035 F R	**	80,968
*	Voya Retirement Insurance and Annuity Company	MyCompass Ind Cns 2045 F R	**	11,661
*	Voya Retirement Insurance and Annuity Company	MyCompass Ind Cns 2055 F R	**	77,618
*	Voya Retirement Insurance and Annuity Company	MyCompass Ind Cns Ret Fd R	**	1,000,770
*	Voya Retirement Insurance and Annuity Company	MyCompass Ind Mod 2035 Fd R	**	645,765
*	Voya Retirement Insurance and Annuity Company	MyCompass Ind Mod 2045 Fd R	**	3,736,626
*	Voya Retirement Insurance and Annuity Company	MyCompass Ind Mod 2055 Fd R	**	380,960
*	Voya Retirement Insurance and Annuity Company	MyCompass Ind Agg 2065 Fd R	**	221,204
*	Voya Retirement Insurance and Annuity Company	MyCompass Ind CNS 2065 Fd R	**	45,996
*	Voya Retirement Insurance and Annuity Company	MyCompass Ind Mod 2065 Fd R	**	83,495
*	Voya Retirement Insurance and Annuity Company	MyCompass Ind Mod Ret Fd R	**	2,352,723
*	Voya Retirement Insurance and Annuity Company	MyCompass Ind Aggressive Ret Fd R	**	382,677
*	Voya Retirement Insurance and Annuity Company	PGIM Global Total Return Fd R6	**	718,948
*	Voya Retirement Insurance and Annuity Company	PGIM High Yield Fund R6	**	549,977
*	Voya Retirement Insurance and Annuity Company	PIMCO Income Fund Inst	**	30,162
*	Voya Retirement Insurance and Annuity Company	TIAA-CREF LgCp Grw Indx Fd Ins	**	2,233,857
*	Voya Retirement Insurance and Annuity Company	Vangrd Cnsmr Dsert Ind Fd Adm	**	1,004,607
*	Voya Retirement Insurance and Annuity Company	Vangrd Cnsmr Stpl Indx Fd Adm	**	580,891
*	Voya Retirement Insurance and Annuity Company	Vangrd Comm Srv Ind Fnd Adm	**	876,869
*	Voya Retirement Insurance and Annuity Company	Vangrd Em Mkts Stk Ind Fd Adm	**	243,554
*	Voya Retirement Insurance and Annuity Company	Vangrd Energy Index Fund Adm	**	471,065
*	Voya Retirement Insurance and Annuity Company	Vangrd Financials Index Fd Adm	**	1,292,252
*	Voya Retirement Insurance and Annuity Company	Vangrd Health Care Ind Fd Adm	**	1,087,013
*	Voya Retirement Insurance and Annuity Company	Vangrd Industrials Indx Fd Adm	**	527,790
*	Voya Retirement Insurance and Annuity Company	Vangrd Info Tech Indx Fd Adm	**	3,589,313
*	Voya Retirement Insurance and Annuity Company	Vangrd Materials Index Fd Adm	**	200,907
*	Voya Retirement Insurance and Annuity Company	Vangrd Mid-Cap Index Fund Adm	**	728,177
*	Voya Retirement Insurance and Annuity Company	Vangrd Strategic Eqty Fnd Inv	**	331,566
*	Voya Retirement Insurance and Annuity Company	Vangrd Utilities Ind Fnd Adm	**	159,202
*	Voya Retirement Insurance and Annuity Company	Vanguard Real Estate Indx Adm	**	292,538
*	Voya Retirement Insurance and Annuity Company	Voya Fixed Account	**	3,168,509
*	Voya Retirement Insurance and Annuity Company	Voya Gv Mny Mkt F A	**	30,931
*	Voya Retirement Insurance and Annuity Company	Voya Intermediate Bond Fund R6	**	465,149
	Plan Assets Total			<u>39,116,426</u>
*	Participant Loans	Interest Rate 4.25% - 9.50%		<u>148,512</u>
	Grand Total			<u>\$ 39,264,938</u>

Note * A party in interest, as defined by the Employee Retirement Income Security Act of 1974, as amended.
 ***Nonparticipant directed investments