

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, 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
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
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: VIRGINIA PHYSICIANS FOR WOMEN, LTD. 401(K) PROFIT SHARING PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 03/01/1976
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code
2b Employer Identification Number (EIN): 54-1001246
2c Plan Sponsor's telephone number: 804-897-2100
2d Business code (see instructions): 621111

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	265
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)	219
	6a(2)	259
	6b	0
	6c	46
	6d	305
	6e	0
	6f	305
	6g(1)	241
	6g(2)	255
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:
2G 2J 2K 2T 2A 2E 2F 3D 2R

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules	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 type="checkbox"/> A (Insurance Information) – Number Attached <u>0</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 checked="" 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 _____

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 VIRGINIA PHYSICIANS FOR WOMEN, LTD. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 VIRGINIA PHYSICIANS FOR WOMEN, LTD.	D Employer Identification Number (EIN) 54-1001246	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	51903	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

SAGEVIEW ADVISORY GROUP LLC

33-0818667

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	33938	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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DODGE&COX INTL STK I - SS&C GIDS, 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LD ABT SH DRTN INC I - BNY MELLON 500 ROSS STREET PITTSBURGH, PA 53442	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PUTNAM STABLE VALUE ONE POST OFFICE SQUARE BOSTON, MA 02109	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PUTNAM STABLE VALUE ONE POST OFFICE SQUARE BOSTON, MA 02109	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WASATCH CORE GR INST - UMB FUND SE 39-1657495	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<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>VIRGINIA PHYSICIANS FOR WOMEN, LTD. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>VIRGINIA PHYSICIANS FOR WOMEN, LTD.</u>	D Employer Identification Number (EIN) <u>54-1001246</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: PUTN LG CP VAL TR IA

b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY

c EIN-PN <u>82-3639536-275</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1500077</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE

b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY

c EIN-PN <u>04-3159710-202</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>285063</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: MFS GROWTH EQUITY S

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

c EIN-PN <u>38-4126293-596</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4178865</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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 VIRGINIA PHYSICIANS FOR WOMEN, LTD. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 VIRGINIA PHYSICIANS FOR WOMEN, LTD.	D Employer Identification Number (EIN) 54-1001246

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
a Total noninterest-bearing cash	1a	0	2306
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1133022	1246298
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2925903	4864862
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	74121
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	284573	342371
(9) Value of interest in common/collective trusts	1c(9)	355857	5964005
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	37040801	37147525
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	41740156	49641488
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
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	41740156	49641488

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)	1948956	
(B) Participants.....	2a(1)(B)	1398086	
(C) Others (including rollovers).....	2a(1)(C)	9521	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3356563
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	201720	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	24842	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		226562
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	77	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1145685	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1145762
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	177	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(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)	0	
(B) Other.....	2b(5)(B)	536	
(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)	191341
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	4736981
c Other income	2c	0
d Total income. Add all income amounts in column (b) and enter total	2d	9657922

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1670749
(2) To insurance carriers for the provision of benefits	2e(2)	0
(3) Other	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	1670749
f Corrective distributions (see instructions)	2f	0
g Certain deemed distributions of participant loans (see instructions)	2g	0
h Interest expense	2h	0
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	0
(2) Contract administrator fees	2i(2)	0
(3) Recordkeeping fees	2i(3)	51903
(4) IQPA audit fees	2i(4)	0
(5) Investment advisory and investment management fees	2i(5)	33938
(6) Bank or trust company trustee/custodial fees	2i(6)	0
(7) Actuarial fees	2i(7)	0
(8) Legal fees	2i(8)	0
(9) Valuation/appraisal fees	2i(9)	0
(10) Other trustee fees and expenses	2i(10)	0
(11) Other expenses	2i(11)	0
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	85841
j Total expenses. Add all expense amounts in column (b) and enter total	2j	1756590

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	7901332
l Transfers of assets:		
(1) To this plan	2l(1)	0
(2) From this plan	2l(2)	0

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: WELLSCOLEMAN

(2) EIN: 54-0593442

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.		X	

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

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

A Name of plan <u>VIRGINIA PHYSICIANS FOR WOMEN, LTD. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>VIRGINIA PHYSICIANS FOR WOMEN, LTD.</u>	D Employer Identification Number (EIN) <u>54-1001246</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	
----------	--

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): 04-6568107

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 Q702438A.

Virginia Physicians for Women, Ltd.
401(k) Profit-Sharing Plan
Financial Statements and
Supplemental Information
December 31, 2024



WELLSCOLEMAN

5004 Monument Avenue • Richmond, VA 23230

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INDEPENDENT AUDITOR'S REPORT

To the Plan Sponsor and Participants
Virginia Physicians for Women, Ltd.
401(k) Profit-Sharing Plan
Richmond, Virginia

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

We have performed audits of the accompanying financial statements of Virginia Physicians for Women, Ltd. 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 statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Virginia Physicians for Women, Ltd. 401(k) Profit-Sharing Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

-Continued-

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of Virginia Physicians for Women, Ltd. 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 Virginia Physicians for Women, Ltd. 401(k) Profit-Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audits of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

-Continued-

- 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 Virginia Physicians for Women, Ltd. 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 Virginia Physicians for Women, Ltd. 401(k) Profit-Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter

The supplemental schedule of assets held at end of year as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is 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 schedule 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).

A handwritten signature in black ink that reads "Wells Coleman". The signature is written in a cursive, slightly slanted style.

October 8, 2025

**VIRGINIA PHYSICIANS FOR WOMEN, LTD.
401(k) PROFIT-SHARING PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Participant-directed investments, at fair value	<u>\$ 48,050,513</u>	<u>\$ 40,322,561</u>
Cash (noninterest-bearing)	<u>2,306</u>	<u>-</u>
Receivables		
Employer contributions	1,246,298	1,133,022
Notes receivable from participants	<u>342,371</u>	<u>284,573</u>
	<u>1,588,669</u>	<u>1,417,595</u>
Total Assets	49,641,488	41,740,156
Liabilities	<u>-</u>	<u>-</u>
Net Assets Available for Benefits	<u>\$ 49,641,488</u>	<u>\$ 41,740,156</u>

See accompanying notes to financial statements.

**VIRGINIA PHYSICIANS FOR WOMEN, LTD.
401(k) PROFIT-SHARING PLAN**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the year ended December 31, 2024

Additions	
Investment Income	
Net appreciation in fair market value and realized gain on sale of investments	\$ 4,929,035
Dividends and interest	<u>1,347,482</u>
Total investment income	<u>6,276,517</u>
Interest Income on Notes Receivable from Participants	<u>24,842</u>
Contributions	
Participants	1,398,086
Employer	1,948,956
Rollovers	<u>9,521</u>
Total contributions	<u>3,356,563</u>
Total additions	<u>9,657,922</u>
Deductions	
Distributions to participants	1,646,478
Deemed distributions to participants	24,271
Administrative expenses	<u>85,841</u>
Total deductions	<u>1,756,590</u>
Increase in net assets available for benefits	7,901,332
Net Assets Available for Benefits, beginning of year	<u>41,740,156</u>
Net Assets Available for Benefits, end of year	<u>\$ 49,641,488</u>

See accompanying notes to financial statements.

**VIRGINIA PHYSICIANS FOR WOMEN, LTD.
401(k) PROFIT-SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024

1. Plan Description

The following brief description of the Virginia Physicians for Women, Ltd. 401(k) Profit-Sharing Plan ("Plan") is provided for general information purposes only. Participants should refer to the Plan documents for more complete information.

General: The Plan is a defined-contribution, safe harbor 401(k) plan covering non-excluded employees of Virginia Physicians for Women, Ltd. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective Date: March 1, 1976

Anniversary Date: December 31

Entry Dates: January 1, April 1, July 1, and October 1

Valuation Date: December 31

Eligibility: All new employees will become eligible to participate in the Plan on the entry date following the date for which employees are age 21 and have three months of service.

Compensation: Compensation is defined as salary or wages, including any overtime, commissions, or bonuses, but excluding contributions by the employer to the Plan and benefits paid under the Plan.

Normal Retirement Date: The Plan defines the normal retirement date as the anniversary date coinciding with or next following the date of the participant's 65th birthday or fifth anniversary of joining the Plan, if later.

Early Retirement Date: The early retirement date is defined as the anniversary date coinciding with or next following the date of the participant's 55th birthday and having completed seven years of service.

Disability Retirement Date: Disability retirement shall be upon total permanent disability under the federal Social Security Act.

Retirement Benefits: At the applicable retirement date, each participant shall be entitled to receive his vested interest in his Trust account.

Participant Contributions: Participants may elect to defer a percentage of pretax compensation as defined by the Plan and up to 100% of any bonuses received during the year, subject to Internal Revenue Code limits. However, total deferrals in any taxable year may not exceed the dollar limit set by law. A participant may make catch-up contributions if he has attained age 50 by the end of the calendar year. Participants are 100% vested in all elective deferrals made to the Plan and any investment earnings on these deferrals.

**VIRGINIA PHYSICIANS FOR WOMEN, LTD.
401(k) PROFIT-SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024

1. Plan Description - Continued

Employer Contributions: The Plan qualifies as a safe harbor 401(k) plan. A safe harbor matching contribution equal to 100% of the participant's salary deferrals that do not exceed 4% of compensation will be made by the Company. This safe harbor matching contribution is fully vested and is referred to as an Enhanced Matching Contribution. In addition, the Company may contribute additional matching contributions and discretionary profit-sharing contributions. The additional matching contribution is equal to a uniform percentage of the participant's salary deferrals and will be determined each year.

Participant Accounts: Each participant's account is credited with the participant's contribution, allocations of the Company's matching contributions, and discretionary profit-sharing and Plan earnings, and are charged with an allocation of administrative expenses paid by the Plan. Allocations are based on participant earnings or account balances as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Death Benefits: If a participant dies before his normal retirement date, his designated beneficiary vests 100% in the participant's account.

Vesting: Employer contributions which are not safe harbor contributions shall vest in accordance with a participant's years of continuous service with the employer as follows:

Less than 2 years	0%
2 years of service	20%
3 years of service	40%
4 years of service	60%
5 years of service	80%
6 or more years of service	100%

Forfeitures: Forfeitures will be added to any employer discretionary contributions. However, any forfeitures attributable to additional matching contributions will be used to reduce any additional matching contributions. Forfeited nonvested accounts totaled \$19,275 as of December 31, 2024. During 2024, the Plan sponsor used \$45,099 to reduce employer contributions.

Investment Options: Upon enrollment in the Plan, a participant may direct up to 100% of employee and employer contributions in any of the available investment funds offered.

Notes Receivable from Participants: Participants may borrow from their benefit accounts a minimum of \$1,000. The maximum loan amount is determined by the lesser of \$50,000 reduced by the excess, if any, of the participant's highest outstanding balance of loans from the Plan during the one-year period ending on the day before the date of the new loan over the current outstanding balances of loans or 50% of the vested account balance. A participant may have up to two outstanding loans at any one time. The notes are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest are paid ratably through bi-monthly payroll deductions.

**VIRGINIA PHYSICIANS FOR WOMEN, LTD.
401(k) PROFIT-SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024

1. Plan Description - Continued

Payment of Benefits: Upon termination of service or attainment of retirement age, each participant shall be entitled to receive his vested interest in his accrued benefits account. Participants will receive their accrued benefits as an annuity unless this form of payment is waived. If the participant waives the annuity election, payment will be made as a single lump-sum payment in cash or in property. Annuity payments will be made in installments over a period of not more than his assumed life expectancy, or the purchase of a different form of annuity. Participants with a vested interest of \$5,000 or less will automatically receive a lump-sum distribution. Participants may elect to receive the distribution or to roll over the distribution to another retirement plan such as an individual retirement account (IRA). However, if the amount of the distribution is more than \$1,000 and no election is made, then the distribution will automatically be rolled over into an IRA.

2. Summary of Significant Accounting Policies

Basis of Accounting: The Plan prepares its financial statements on the accrual basis whereby revenue is recognized when earned and expenses are recognized when incurred.

Investment Valuation and Income Recognition: The Plan's investments are stated at fair value using generally accepted accounting principles and applicable laws. Fair value is the price that would be received to sell an asset at the measurement date. See Note 4 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.

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. Interest income is recorded on the accrual basis. Related fees are charged to the participant and are expensed when they are incurred.

Contributions: Employer contributions are accrued based upon the salaries of Plan participants. Employee contributions are recorded when payroll deductions are made from participating employees.

Operating Expenses: The Plan's operating expenses are paid by either the Plan or the Company, as provided by the Plan document. The expenses paid using the Plan's assets will generally be allocated among the accounts of participants in the Plan. These expenses will be allocated either proportionately based on the value of the account balance or as an equal dollar amount based on the number of participants in the Plan.

Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

**VIRGINIA PHYSICIANS FOR WOMEN, LTD.
401(k) PROFIT-SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024

2. Summary of Significant Accounting Policies - Continued

Payment of Benefits: Benefits are recorded when paid.

Hardship Distributions: Hardship distributions are permitted from a participant's pre-tax elective deferrals, employer matching contributions, employer profit-sharing contributions, and transfer accounts. The minimum amount of hardship withdrawals is \$500 and distributions may only be made from amounts which are fully vested.

Evaluation of Subsequent Events: Management has evaluated subsequent events through October 8, 2025, which is the date the financial statements were available to be issued.

3. Information Certified by Plan Trustee (Unaudited)

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2024 and 2023, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity Management Trust Company (FMTC) (the trustee of the Plan). The information certified includes total investments of \$48,050,513 and related investment income of \$6,276,517 for the year ended December 31, 2024.

4. Fair Value Measurements (Unaudited)

Financial Accounting Standards Board Accounting Standards Codification ("FASB ASC") 820-10, "*Fair Value Measurements and Disclosures*," establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 or 2 inputs are not available.

Level 1 Inputs

Level 1 inputs are based on quoted prices in active markets for identical assets that the Plan has the ability to access at year-end. Level 1 investments include mutual funds. Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Level 2 Inputs

The Plan currently has no assets that would be considered Level 2 inputs.

**VIRGINIA PHYSICIANS FOR WOMEN, LTD.
401(k) PROFIT-SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024

4. Fair Value Measurements (Unaudited) - Continued

Level 3 Inputs

The Plan currently has no assets that would be considered Level 3 inputs.

The Plan's investments are reported at fair value in the statements of net assets available for benefits.

Input Levels by Investment Category:

	<u>Fair Value Measurements at Reporting Date Using Quoted Prices in</u>			
	<u>Fair Value</u>	<u>Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
<u>December 31, 2024</u>				
Interest-Bearing Cash	\$ 4,864,862	\$ 4,864,862	\$ -	\$ -
Registered Investment Companies	<u>37,221,646</u>	<u>37,221,646</u>	<u>-</u>	<u>-</u>
Subtotal	<u>42,086,508</u>	<u>42,086,508</u>	<u>-</u>	<u>-</u>
Investments measured at Net Asset Value	<u>5,964,005</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total	<u>\$ 48,050,513</u>	<u>\$ 42,086,508</u>	<u>\$ -</u>	<u>\$ -</u>
<u>December 31, 2023</u>				
Interest-Bearing Cash	\$ 2,925,903	\$ 2,925,903	\$ -	\$ -
Registered Investment Companies	<u>37,040,801</u>	<u>37,040,801</u>	<u>-</u>	<u>-</u>
Subtotal	<u>39,966,704</u>	<u>39,966,704</u>	<u>-</u>	<u>-</u>
Investments measured at Net Asset Value	<u>355,857</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total	<u>\$ 40,322,561</u>	<u>\$ 39,966,704</u>	<u>\$ -</u>	<u>\$ -</u>

**VIRGINIA PHYSICIANS FOR WOMEN, LTD.
401(k) PROFIT-SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024

4. Fair Value Measurements (Unaudited) - Continued

Investments Measured Using Net Asset Value per Share Practical Expedient: The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2024 and 2023, respectively. There are no participant redemption restrictions for these investments. The redemption notice period is applicable only to the Plan.

	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
<u>December 31, 2024</u>				
Putnam Stable Value	\$ 285,064	N/A	Daily	N/A
Putnam Large Cap Value Trust IA	1,500,076	N/A	Daily	N/A
MFS Growth Equity S	<u>4,178,865</u>	N/A	Daily	N/A
	<u>\$ 5,964,005</u>			
<u>December 31, 2023</u>				
Putnam Stable Value	<u>\$ 355,857</u>	N/A	Daily	N/A

5. Plan Termination

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

6. Plan Qualification

The Plan obtained its latest determination letter in March 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan sponsor believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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 not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**VIRGINIA PHYSICIANS FOR WOMEN, LTD.
401(k) PROFIT-SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024

7. Parties-in-Interest

During the year ended December 31, 2024, the Plan held shares of mutual funds managed by FMTC, the Plan's trustee. Therefore, transactions with FMTC qualify as party-in-interest transactions. Fees paid to FMTC by the Plan totaled \$51,903 for the year ended December 31, 2024.

SageView Advisory Group manages Plan investments. SageView is a service provider of the Plan, therefore, transactions qualify as party-in-interest transactions. Fees paid by the Plan totaled \$33,938 for the year ended December 31, 2024.

WellsColeman performs the audit for the Plan. WellsColeman is a service provider of the Plan; therefore, transactions are party-in-interest transactions. Fees paid to the firm for the year ended December 31, 2024, were paid by the Plan sponsor.

All of the party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

8. Risks and Uncertainties

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

SUPPLEMENTAL INFORMATION

**VIRGINIA PHYSICIANS FOR WOMEN, LTD.
401(k) PROFIT-SHARING PLAN
EIN 54-1001246, PLAN 002**

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR

December 31, 2024

<u>(a)</u>	<u>(b)</u> Identity of Issuer, Borrowers, Lessor, or Similar Party	<u>(c)</u> Description of Investment, or Number of Shares or Options	<u>(e)</u> Current Value
	<u>Interest-Bearing Cash</u>		
*	Fidelity Cash Reserves	BrokerageLink	\$ 3,568,415
*	Fidelity Investments	Treasury Fund	<u>1,296,447</u>
			<u>4,864,862</u>
	<u>Corporate Stock</u>		
	BrokerageLink	Common Stock	<u>74,121</u>
			<u>74,121</u>
	<u>Non-Interest Bearing Cash</u>		
	BrokerageLink	Cash	<u>2,306</u>
			<u>2,306</u>
	<u>Common/Collective Trusts</u>		
	Putnam	Stable Value	285,063
		LG CP Val TR IA	1,500,077
	MFS	Growth Equity S	<u>4,178,865</u>
			<u>5,964,005</u>
	<u>Registered Investment Companies</u>		
	BlackRock	LifePath Index 2030 K	763,470
		LifePath Index 2035 K	1,805,844
		LifePath Index 2040 K	5,703,459
		LifePath Index 2045 K	3,694,428
		LifePath Index 2050 K	3,467,494
		LifePath Index 2055 K	1,483,901
		LifePath Index 2060 K	693,797
		LifePath Index Retirement K	2,046,454
	BrokerageLink	Unit	5,328,922
	Fidelity Advisor	Emerging Markets Z	139,223
	Carillon Eagle	Mid Cap Growth R6	1,745,570
	Dodge & Cox	International Stock	289,315
*	Fidelity Investments	Fidelity Advisor Int Growth I	808,256
		500 Index Adv	3,542,803
		Global ex U.S. Index Fund	691,924
		Extended Market Index Fund	471,223
	Lord Abbett	Short Duration Income I	257,824

- Continued -

**VIRGINIA PHYSICIANS FOR WOMEN, LTD.
401(k) PROFIT-SHARING PLAN
EIN 54-1001246, PLAN 002**

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR - CONTINUED

December 31, 2024

<u>(a)</u>	<u>(b)</u> Identity of Issuer, Borrowers, Lessor, or Similar Party	<u>(c)</u> Description of Investment, or Number of Shares or Options	<u>(e)</u> Current Value
	<u>Registered Investment Companies - Continued</u>		
	Prudential Financial	Global Total Return R6	163,946
		Total Return Bond R6	1,299,167
	Pimco	PIM RAE US Small I	781,928
	Victory	Sycamore Established Value	1,187,145
	Wasatch	Core Growth Inst	781,432
			<u>37,147,525</u>
	<u>Participant Loans</u>		
*	Participant Loans	Participant loans, at interest rates ranging from 4.25% to 9.50%, with maturities of 1 - 10 years	<u>342,371</u>
	Total Investments		<u>\$ 48,395,190</u>

Note: An asterisk (*) in column (a) denotes an entity known to be a party-in-interest to the Plan. Column (d) is not presented since cost of investments is not required for participant-directed investments.

Virginia Physicians for Women, Ltd.
401(k) Profit-Sharing Plan
Financial Statements and
Supplemental Information
December 31, 2024



WELLSCOLEMAN

5004 Monument Avenue • Richmond, VA 23230

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INDEPENDENT AUDITOR'S REPORT

To the Plan Sponsor and Participants
Virginia Physicians for Women, Ltd.
401(k) Profit-Sharing Plan
Richmond, Virginia

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

We have performed audits of the accompanying financial statements of Virginia Physicians for Women, Ltd. 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 statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Virginia Physicians for Women, Ltd. 401(k) Profit-Sharing Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

-Continued-

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of Virginia Physicians for Women, Ltd. 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 Virginia Physicians for Women, Ltd. 401(k) Profit-Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audits of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Virginia Physicians for Women, Ltd. 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 Virginia Physicians for Women, Ltd. 401(k) Profit-Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter

The supplemental schedule of assets held at end of year as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is 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 schedule 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).

A handwritten signature in black ink that reads "Wells Coleman". The signature is written in a cursive, slightly slanted style.

October 8, 2025

**VIRGINIA PHYSICIANS FOR WOMEN, LTD.
401(k) PROFIT-SHARING PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Participant-directed investments, at fair value	<u>\$ 48,050,513</u>	<u>\$ 40,322,561</u>
Cash (noninterest-bearing)	<u>2,306</u>	<u>-</u>
Receivables		
Employer contributions	1,246,298	1,133,022
Notes receivable from participants	<u>342,371</u>	<u>284,573</u>
	<u>1,588,669</u>	<u>1,417,595</u>
Total Assets	49,641,488	41,740,156
Liabilities	<u>-</u>	<u>-</u>
Net Assets Available for Benefits	<u>\$ 49,641,488</u>	<u>\$ 41,740,156</u>

See accompanying notes to financial statements.

**VIRGINIA PHYSICIANS FOR WOMEN, LTD.
401(k) PROFIT-SHARING PLAN**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the year ended December 31, 2024

Additions	
Investment Income	
Net appreciation in fair market value and realized gain on sale of investments	\$ 4,929,035
Dividends and interest	<u>1,347,482</u>
Total investment income	<u>6,276,517</u>
Interest Income on Notes Receivable from Participants	<u>24,842</u>
Contributions	
Participants	1,398,086
Employer	1,948,956
Rollovers	<u>9,521</u>
Total contributions	<u>3,356,563</u>
Total additions	<u>9,657,922</u>
Deductions	
Distributions to participants	1,646,478
Deemed distributions to participants	24,271
Administrative expenses	<u>85,841</u>
Total deductions	<u>1,756,590</u>
Increase in net assets available for benefits	7,901,332
Net Assets Available for Benefits, beginning of year	<u>41,740,156</u>
Net Assets Available for Benefits, end of year	<u>\$ 49,641,488</u>

See accompanying notes to financial statements.

**VIRGINIA PHYSICIANS FOR WOMEN, LTD.
401(k) PROFIT-SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024

1. Plan Description

The following brief description of the Virginia Physicians for Women, Ltd. 401(k) Profit-Sharing Plan ("Plan") is provided for general information purposes only. Participants should refer to the Plan documents for more complete information.

General: The Plan is a defined-contribution, safe harbor 401(k) plan covering non-excluded employees of Virginia Physicians for Women, Ltd. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective Date: March 1, 1976

Anniversary Date: December 31

Entry Dates: January 1, April 1, July 1, and October 1

Valuation Date: December 31

Eligibility: All new employees will become eligible to participate in the Plan on the entry date following the date for which employees are age 21 and have three months of service.

Compensation: Compensation is defined as salary or wages, including any overtime, commissions, or bonuses, but excluding contributions by the employer to the Plan and benefits paid under the Plan.

Normal Retirement Date: The Plan defines the normal retirement date as the anniversary date coinciding with or next following the date of the participant's 65th birthday or fifth anniversary of joining the Plan, if later.

Early Retirement Date: The early retirement date is defined as the anniversary date coinciding with or next following the date of the participant's 55th birthday and having completed seven years of service.

Disability Retirement Date: Disability retirement shall be upon total permanent disability under the federal Social Security Act.

Retirement Benefits: At the applicable retirement date, each participant shall be entitled to receive his vested interest in his Trust account.

Participant Contributions: Participants may elect to defer a percentage of pretax compensation as defined by the Plan and up to 100% of any bonuses received during the year, subject to Internal Revenue Code limits. However, total deferrals in any taxable year may not exceed the dollar limit set by law. A participant may make catch-up contributions if he has attained age 50 by the end of the calendar year. Participants are 100% vested in all elective deferrals made to the Plan and any investment earnings on these deferrals.

**VIRGINIA PHYSICIANS FOR WOMEN, LTD.
401(k) PROFIT-SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024

1. Plan Description - Continued

Employer Contributions: The Plan qualifies as a safe harbor 401(k) plan. A safe harbor matching contribution equal to 100% of the participant's salary deferrals that do not exceed 4% of compensation will be made by the Company. This safe harbor matching contribution is fully vested and is referred to as an Enhanced Matching Contribution. In addition, the Company may contribute additional matching contributions and discretionary profit-sharing contributions. The additional matching contribution is equal to a uniform percentage of the participant's salary deferrals and will be determined each year.

Participant Accounts: Each participant's account is credited with the participant's contribution, allocations of the Company's matching contributions, and discretionary profit-sharing and Plan earnings, and are charged with an allocation of administrative expenses paid by the Plan. Allocations are based on participant earnings or account balances as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Death Benefits: If a participant dies before his normal retirement date, his designated beneficiary vests 100% in the participant's account.

Vesting: Employer contributions which are not safe harbor contributions shall vest in accordance with a participant's years of continuous service with the employer as follows:

Less than 2 years	0%
2 years of service	20%
3 years of service	40%
4 years of service	60%
5 years of service	80%
6 or more years of service	100%

Forfeitures: Forfeitures will be added to any employer discretionary contributions. However, any forfeitures attributable to additional matching contributions will be used to reduce any additional matching contributions. Forfeited nonvested accounts totaled \$19,275 as of December 31, 2024. During 2024, the Plan sponsor used \$45,099 to reduce employer contributions.

Investment Options: Upon enrollment in the Plan, a participant may direct up to 100% of employee and employer contributions in any of the available investment funds offered.

Notes Receivable from Participants: Participants may borrow from their benefit accounts a minimum of \$1,000. The maximum loan amount is determined by the lesser of \$50,000 reduced by the excess, if any, of the participant's highest outstanding balance of loans from the Plan during the one-year period ending on the day before the date of the new loan over the current outstanding balances of loans or 50% of the vested account balance. A participant may have up to two outstanding loans at any one time. The notes are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest are paid ratably through bi-monthly payroll deductions.

**VIRGINIA PHYSICIANS FOR WOMEN, LTD.
401(k) PROFIT-SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024

1. Plan Description - Continued

Payment of Benefits: Upon termination of service or attainment of retirement age, each participant shall be entitled to receive his vested interest in his accrued benefits account. Participants will receive their accrued benefits as an annuity unless this form of payment is waived. If the participant waives the annuity election, payment will be made as a single lump-sum payment in cash or in property. Annuity payments will be made in installments over a period of not more than his assumed life expectancy, or the purchase of a different form of annuity. Participants with a vested interest of \$5,000 or less will automatically receive a lump-sum distribution. Participants may elect to receive the distribution or to roll over the distribution to another retirement plan such as an individual retirement account (IRA). However, if the amount of the distribution is more than \$1,000 and no election is made, then the distribution will automatically be rolled over into an IRA.

2. Summary of Significant Accounting Policies

Basis of Accounting: The Plan prepares its financial statements on the accrual basis whereby revenue is recognized when earned and expenses are recognized when incurred.

Investment Valuation and Income Recognition: The Plan's investments are stated at fair value using generally accepted accounting principles and applicable laws. Fair value is the price that would be received to sell an asset at the measurement date. See Note 4 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.

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. Interest income is recorded on the accrual basis. Related fees are charged to the participant and are expensed when they are incurred.

Contributions: Employer contributions are accrued based upon the salaries of Plan participants. Employee contributions are recorded when payroll deductions are made from participating employees.

Operating Expenses: The Plan's operating expenses are paid by either the Plan or the Company, as provided by the Plan document. The expenses paid using the Plan's assets will generally be allocated among the accounts of participants in the Plan. These expenses will be allocated either proportionately based on the value of the account balance or as an equal dollar amount based on the number of participants in the Plan.

Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

**VIRGINIA PHYSICIANS FOR WOMEN, LTD.
401(k) PROFIT-SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024

2. Summary of Significant Accounting Policies - Continued

Payment of Benefits: Benefits are recorded when paid.

Hardship Distributions: Hardship distributions are permitted from a participant's pre-tax elective deferrals, employer matching contributions, employer profit-sharing contributions, and transfer accounts. The minimum amount of hardship withdrawals is \$500 and distributions may only be made from amounts which are fully vested.

Evaluation of Subsequent Events: Management has evaluated subsequent events through October 8, 2025, which is the date the financial statements were available to be issued.

3. Information Certified by Plan Trustee (Unaudited)

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2024 and 2023, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity Management Trust Company (FMTC) (the trustee of the Plan). The information certified includes total investments of \$48,050,513 and related investment income of \$6,276,517 for the year ended December 31, 2024.

4. Fair Value Measurements (Unaudited)

Financial Accounting Standards Board Accounting Standards Codification ("FASB ASC") 820-10, "*Fair Value Measurements and Disclosures*," establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 or 2 inputs are not available.

Level 1 Inputs

Level 1 inputs are based on quoted prices in active markets for identical assets that the Plan has the ability to access at year-end. Level 1 investments include mutual funds. Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Level 2 Inputs

The Plan currently has no assets that would be considered Level 2 inputs.

**VIRGINIA PHYSICIANS FOR WOMEN, LTD.
401(k) PROFIT-SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024

4. Fair Value Measurements (Unaudited) - Continued

Level 3 Inputs

The Plan currently has no assets that would be considered Level 3 inputs.

The Plan's investments are reported at fair value in the statements of net assets available for benefits.

Input Levels by Investment Category:

	<u>Fair Value Measurements at Reporting Date Using Quoted Prices in</u>			
	<u>Fair Value</u>	<u>Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
<u>December 31, 2024</u>				
Interest-Bearing Cash	\$ 4,864,862	\$ 4,864,862	\$ -	\$ -
Registered Investment Companies	<u>37,221,646</u>	<u>37,221,646</u>	<u>-</u>	<u>-</u>
Subtotal	<u>42,086,508</u>	<u>42,086,508</u>	<u>-</u>	<u>-</u>
Investments measured at Net Asset Value	<u>5,964,005</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total	<u>\$ 48,050,513</u>	<u>\$ 42,086,508</u>	<u>\$ -</u>	<u>\$ -</u>
<u>December 31, 2023</u>				
Interest-Bearing Cash	\$ 2,925,903	\$ 2,925,903	\$ -	\$ -
Registered Investment Companies	<u>37,040,801</u>	<u>37,040,801</u>	<u>-</u>	<u>-</u>
Subtotal	<u>39,966,704</u>	<u>39,966,704</u>	<u>-</u>	<u>-</u>
Investments measured at Net Asset Value	<u>355,857</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total	<u>\$ 40,322,561</u>	<u>\$ 39,966,704</u>	<u>\$ -</u>	<u>\$ -</u>

**VIRGINIA PHYSICIANS FOR WOMEN, LTD.
401(k) PROFIT-SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024

4. Fair Value Measurements (Unaudited) - Continued

Investments Measured Using Net Asset Value per Share Practical Expedient: The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2024 and 2023, respectively. There are no participant redemption restrictions for these investments. The redemption notice period is applicable only to the Plan.

	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
<u>December 31, 2024</u>				
Putnam Stable Value	\$ 285,064	N/A	Daily	N/A
Putnam Large Cap Value Trust IA	1,500,076	N/A	Daily	N/A
MFS Growth Equity S	<u>4,178,865</u>	N/A	Daily	N/A
	<u>\$ 5,964,005</u>			
<u>December 31, 2023</u>				
Putnam Stable Value	<u>\$ 355,857</u>	N/A	Daily	N/A

5. Plan Termination

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

6. Plan Qualification

The Plan obtained its latest determination letter in March 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan sponsor believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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 not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**VIRGINIA PHYSICIANS FOR WOMEN, LTD.
401(k) PROFIT-SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024

7. Parties-in-Interest

During the year ended December 31, 2024, the Plan held shares of mutual funds managed by FMTC, the Plan's trustee. Therefore, transactions with FMTC qualify as party-in-interest transactions. Fees paid to FMTC by the Plan totaled \$51,903 for the year ended December 31, 2024.

SageView Advisory Group manages Plan investments. SageView is a service provider of the Plan, therefore, transactions qualify as party-in-interest transactions. Fees paid by the Plan totaled \$33,938 for the year ended December 31, 2024.

WellsColeman performs the audit for the Plan. WellsColeman is a service provider of the Plan; therefore, transactions are party-in-interest transactions. Fees paid to the firm for the year ended December 31, 2024, were paid by the Plan sponsor.

All of the party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

8. Risks and Uncertainties

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

SUPPLEMENTAL INFORMATION

**VIRGINIA PHYSICIANS FOR WOMEN, LTD.
401(k) PROFIT-SHARING PLAN
EIN 54-1001246, PLAN 002**

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR

December 31, 2024

<u>(a)</u>	<u>(b)</u> Identity of Issuer, Borrowers, Lessor, or Similar Party	<u>(c)</u> Description of Investment, or Number of Shares or Options	<u>(e)</u> Current Value
	<u>Interest-Bearing Cash</u>		
*	Fidelity Cash Reserves	BrokerageLink	\$ 3,568,415
*	Fidelity Investments	Treasury Fund	1,296,447
			<u>4,864,862</u>
	<u>Corporate Stock</u>		
	BrokerageLink	Common Stock	74,121
			<u>74,121</u>
	<u>Non-Interest Bearing Cash</u>		
	BrokerageLink	Cash	2,306
			<u>2,306</u>
	<u>Common/Collective Trusts</u>		
	Putnam	Stable Value	285,063
		LG CP Val TR IA	1,500,077
	MFS	Growth Equity S	4,178,865
			<u>5,964,005</u>
	<u>Registered Investment Companies</u>		
	BlackRock	LifePath Index 2030 K	763,470
		LifePath Index 2035 K	1,805,844
		LifePath Index 2040 K	5,703,459
		LifePath Index 2045 K	3,694,428
		LifePath Index 2050 K	3,467,494
		LifePath Index 2055 K	1,483,901
		LifePath Index 2060 K	693,797
		LifePath Index Retirement K	2,046,454
	BrokerageLink	Unit	5,328,922
	Fidelity Advisor	Emerging Markets Z	139,223
	Carillon Eagle	Mid Cap Growth R6	1,745,570
	Dodge & Cox	International Stock	289,315
*	Fidelity Investments	Fidelity Advisor Int Growth I	808,256
		500 Index Adv	3,542,803
		Global ex U.S. Index Fund	691,924
		Extended Market Index Fund	471,223
	Lord Abbett	Short Duration Income I	257,824

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**VIRGINIA PHYSICIANS FOR WOMEN, LTD.
401(k) PROFIT-SHARING PLAN
EIN 54-1001246, PLAN 002**

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR - CONTINUED

December 31, 2024

<u>(a)</u>	<u>(b)</u> Identity of Issuer, Borrowers, Lessor, or Similar Party	<u>(c)</u> Description of Investment, or Number of Shares or Options	<u>(e)</u> Current Value
	<u>Registered Investment Companies - Continued</u>		
	Prudential Financial	Global Total Return R6	163,946
		Total Return Bond R6	1,299,167
	Pimco	PIM RAE US Small I	781,928
	Victory	Sycamore Established Value	1,187,145
	Wasatch	Core Growth Inst	781,432
			<u>37,147,525</u>
	<u>Participant Loans</u>		
*	Participant Loans	Participant loans, at interest rates ranging from 4.25% to 9.50%, with maturities of 1 - 10 years	<u>342,371</u>
	Total Investments		<u>\$ 48,395,190</u>

Note: An asterisk (*) in column (a) denotes an entity known to be a party-in-interest to the Plan. Column (d) is not presented since cost of investments is not required for participant-directed investments.