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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div><br><br><b>This Form is Open to Public Inspection</b> |
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| <b>Part I</b> | <b>Annual Report Identification Information</b> |
|---------------|---|

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

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

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

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

special extension (enter description)

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

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| <b>Part II</b> | <b>Basic Plan Information</b> —enter all requested information |
|----------------|--|

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| <b>1a</b> Name of plan<br><u>GASTROINTESTINAL ASSOCIATES, S.C. CASH BALANCE PLAN</u>  | <b>1b</b> Three-digit plan number (PN) ▶ <u>003</u>   |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>GASTROINTESTINAL ASSOCIATES, S.C.</u><br><br><u>411 WESTWOOD DRIVE</u><br><u>WAUSAU, WI 54401</u> | <b>1c</b> Effective date of plan<br><u>01/01/2022</u><br><br><b>2b</b> Employer Identification Number (EIN)<br><u>39-1735324</u><br><br><b>2c</b> Plan Sponsor's telephone number<br><u>715-847-2558</u><br><br><b>2d</b> Business code (see instructions)<br><u>621111</u> |

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

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

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/14/2025 | MELINDA R. WAYDE, MD   |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |     |
|   | <b>3c</b> Administrator's telephone number |     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |     |
|   | <b>4d</b> PN                               |     |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 129 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 125 |
|   | <b>6a(2)</b>                               | 121 |
|   | <b>6b</b>                                  | 0   |
|   | <b>6c</b>                                  | 9   |
|   | <b>6d</b>                                  | 130 |
|   | <b>6e</b>                                  | 0   |
|   | <b>6f</b>                                  | 130 |
|   | <b>6g(1)</b>                               |     |
| <b>6g(2)</b>  |  |     |
| <b>6h</b>   |  | 0   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   |     |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A 1C 3D

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

|   |   |
|---|---|
| <b>9a</b> Plan funding arrangement (check all that apply)               | <b>9b</b> 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)

|  |  |
|--|--|
| <b>a Pension Schedules</b>   | <b>b General Schedules</b>   |
| (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)  | (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)                 |
| (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)               |
| (3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                    | (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u> |
| (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____  | (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)          |
| (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)  | (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)               |
|  | (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)                  |

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

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**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.

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**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 \_\_\_\_\_

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| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>▶ File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|--|

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

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|   |   |            |
|---|---|------------|
| <b>A</b> Name of plan<br><u>GASTROINTESTINAL ASSOCIATES, S.C. CASH BALANCE PLAN</u>   | <b>B</b> Three-digit plan number (PN) ▶   | <u>003</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>GASTROINTESTINAL ASSOCIATES, S.C.</u>                      | <b>D</b> Employer Identification Number (EIN)<br><u>39-1735324</u>  |            |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |            |

**Part I Basic Information**

|   |                            |                           |                          |  |
|---|----------------------------|---------------------------|--------------------------|--|
| <b>1</b> Enter the valuation date:  | Month <u>01</u>            | Day <u>01</u>             | Year <u>2024</u>         |  |
| <b>2</b> Assets:  |                            |                           |                          |  |
| <b>a</b> Market value .....   | <b>2a</b>                  | <u>2341550</u>            |                          |  |
| <b>b</b> Actuarial value .....  | <b>2b</b>                  | <u>2341550</u>            |                          |  |
| <b>3</b> Funding target/participant count breakdown   | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |  |
| <b>a</b> For retired participants and beneficiaries receiving payment .....   | <u>0</u>                   | <u>0</u>                  | <u>0</u>                 |  |
| <b>b</b> For terminated vested participants .....   | <u>6</u>                   | <u>11024</u>              | <u>11024</u>             |  |
| <b>c</b> For active participants .....  | <u>137</u>                 | <u>1731110</u>            | <u>1788874</u>           |  |
| <b>d</b> Total .....  | <u>143</u>                 | <u>1742134</u>            | <u>1799898</u>           |  |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>   |                            |                           |                          |  |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....   | <b>4a</b>                  |                           |                          |  |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                           |                          |  |
| <b>5</b> Effective interest rate .....  | <b>5</b>                   | <u>5.23 %</u>             |                          |  |
| <b>6</b> Target normal cost   |                            |                           |                          |  |
| <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                  | <u>836348</u>             |                          |  |
| <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                  | <u>0</u>                  |                          |  |
| <b>c</b> Target normal cost .....   | <b>6c</b>                  | <u>836348</u>             |                          |  |

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|  |  |
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| <b>SIGN HERE</b><br><br>Signature of actuary<br><br><u>G. NEFF MCGHIE, III, MSPA</u><br>Type or print name of actuary<br><br><u>SIERRA PENSION SERVICES, INC.</u><br>Firm name<br><br><u>9744 S. VIRGINA ST., SUITE C</u><br><u>US RENO, NV 89511</u><br><br>Address of the firm | <u>02/10/2025</u><br>Date<br><br><u>23-05660</u><br>Most recent enrollment number<br><br><u>775-772-7036</u><br>Telephone number (including area code) |
|--|--|

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b> |  | (a) Carryover balance | (b) Prefunding balance |
|--|--|-----------------------|------------------------|
| <b>7</b>   | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....  | 0                     | 0                      |
| <b>8</b>   | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....   | 0                     | 0                      |
| <b>9</b>   | Amount remaining (line 7 minus line 8) .....   | 0                     | 0                      |
| <b>10</b>  | Interest on line 9 using prior year's actual return of <u>13.36</u> % .....  | 0                     | 0                      |
| <b>11</b>  | Prior year's excess contributions to be added to prefunding balance:   |                       |                        |
|  | <b>a</b> Present value of excess contributions (line 38a from prior year) .....  |                       | 443617                 |
|  | <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.37</u> % ..... |                       | 23822                  |
|  | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....   |                       | 0                      |
|  | <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....  |                       | 467439                 |
|  | <b>d</b> Portion of (c) to be added to prefunding balance .....  |                       | 0                      |
| <b>12</b>  | Other reductions in balances due to elections or deemed elections .....  | 0                     | 0                      |
| <b>13</b>  | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....   | 0                     | 0                      |

| <b>Part III Funding Percentages</b> |  |           |          |
|-------------------------------------|--|-----------|----------|
| <b>14</b>                           | Funding target attainment percentage .....   | <b>14</b> | 130.09 % |
| <b>15</b>                           | Adjusted funding target attainment percentage .....  | <b>15</b> | 130.09 % |
| <b>16</b>                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 126.37 % |
| <b>17</b>                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....  | <b>17</b> | %        |

| <b>Part IV Contributions and Liquidity Shortfalls</b> |                                | <b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b> |                       |                                |                              |              |   |
|---|--------------------------------|--|-----------------------|--------------------------------|------------------------------|--------------|---|
| (a) Date (MM-DD-YYYY)                                 | (b) Amount paid by employer(s) | (c) Amount paid by employees   | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |              |   |
| 04/15/2024  | 223487                         | 0  |                       |                                |                              |              |   |
| 07/11/2024  | 402862                         | 0  |                       |                                |                              |              |   |
| 10/11/2024  | 208799                         | 0  |                       |                                |                              |              |   |
| 12/30/2024  | 236621                         | 0  |                       |                                |                              |              |   |
|   |                                |  |                       |                                |                              |              |   |
|   |                                |  |                       |                                |                              |              |   |
|   |                                |  | <b>Totals ▶</b>       | <b>18(b)</b>                   | 1071769                      | <b>18(c)</b> | 0 |

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| <b>19</b>  | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |   |
|  | <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                       | <b>19a</b> 0  |
|  | <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....   | <b>19b</b> 0  |
|  | <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....    | <b>19c</b> 1038097  |
| <b>20</b>  | Quarterly contributions and liquidity shortfalls:  |   |
|  | <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|  | <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....    | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
|  | <b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:                            |   |
| Liquidity shortfall as of end of quarter of this plan year |  |   |
| (1) 1st  | (2) 2nd  | (3) 3rd   |
|  |  |   |
|  |  | (4) 4th   |

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| <b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b> |   |  |                                     |   |
| <b>21</b> Discount rate:  |   |  |                                     |   |
| <b>a</b> Segment rates:   | 1st segment:<br>4.75 %                                    | 2nd segment:<br>4.96 %                         | 3rd segment:<br>5.59 %              | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                      |   |  |                                     | <b>21b</b> 0  |
| <b>22</b> Weighted average retirement age .....                                   |   |  |                                     | <b>22</b> 64  |
| <b>23</b> Mortality table(s) (see instructions)                                   | <input checked="" type="checkbox"/> Prescribed - combined | <input type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute |   |

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| <b>Part VI Miscellaneous Items</b>  |  |  |  |   |
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |  |   |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                      |  |  |  |   |
| <b>26</b> Demographic and benefit information   |  |  |  |   |
| <b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....   |  |  |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...  |  |  |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....   |  |  |  | <b>27</b>   |

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| <b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>   |  |  |  |             |
| <b>28</b> Unpaid minimum required contributions for all prior years .....   |  |  |  | <b>28</b> 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... |  |  |  | <b>29</b> 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....                                    |  |  |  | <b>30</b> 0 |

|  |                     |                    |               |                   |
|--|---------------------|--------------------|---------------|-------------------|
| <b>Part VIII Minimum Required Contribution For Current Year</b>  |                     |                    |               |                   |
| <b>31</b> Target normal cost and excess assets (see instructions):   |                     |                    |               |                   |
| <b>a</b> Target normal cost (line 6c) .....  |                     |                    |               | <b>31a</b> 836348 |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....   |                     |                    |               | <b>31b</b> 541652 |
| <b>32</b> Amortization installments:   | Outstanding Balance |                    | Installment   |                   |
| <b>a</b> Net shortfall amortization installment .....  | 0                   |                    | 0             |                   |
| <b>b</b> Waiver amortization installment.....  | 0                   |                    | 0             |                   |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... |                     |                    |               | <b>33</b>         |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....  |                     |                    |               | <b>34</b> 294696  |
|  | Carryover balance   | Prefunding balance | Total balance |                   |
| <b>35</b> Balances elected for use to offset funding requirement .....   | 0                   | 0                  | 0             |                   |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....  |                     |                    |               | <b>36</b> 294696  |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....  |                     |                    |               | <b>37</b> 1038097 |
| <b>38</b> Present value of excess contributions for current year (see instructions)  |                     |                    |               |                   |
| <b>a</b> Total (excess, if any, of line 37 over line 36)   |                     |                    |               | <b>38a</b> 743401 |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....   |                     |                    |               | <b>38b</b> 0      |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....  |                     |                    |               | <b>39</b> 0       |
| <b>40</b> Unpaid minimum required contributions for all years .....  |                     |                    |               | <b>40</b> 0       |

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| <b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>   |  |  |  |  |
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 |  |  |  |  |

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| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>GASTROINTESTINAL ASSOCIATES, S.C. CASH BALANCE PLAN</b>                       | <b>B</b> Three-digit plan number (PN) ▶                            | <b>003</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>GASTROINTESTINAL ASSOCIATES, S.C.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>39-1735324</b> |            |

**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

|                |  |
|----------------|--|
| <b>AVANTIS</b> | <b>360 EAST 2ND STREET<br/>LOS ANGELES, CA 90012</b> |
|----------------|--|

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

|                                  |                   |
|----------------------------------|-------------------|
| <b>DIMENSIONAL FUND ADVISORS</b> | <b>30-0447847</b> |
|----------------------------------|-------------------|

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

|                               |                   |
|-------------------------------|-------------------|
| <b>DODGE &amp; COX INCOME</b> | <b>94-1441976</b> |
|-------------------------------|-------------------|

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

|                             |                   |
|-----------------------------|-------------------|
| <b>FIDELITY INVESTMENTS</b> | <b>04-2647786</b> |
|-----------------------------|-------------------|

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

MID ATLANTIC TRUST COMPANY

27-3169253

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

VANGUARD

23-1945930

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

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

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

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

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

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

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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)

CREATIVE PLANNING, LLC

84-4519624

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 27 28 31<br>50 51      | INVESTMENT<br>ADVISOR   | 5496   | 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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
|                        |   |  | Yes <input type="checkbox"/> No <input type="checkbox"/>   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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.

|  |   |  |
|--|---|--|
| <b>(a)</b> Enter service provider name as it appears on line 2             | <b>(b)</b> Service Codes<br>(see instructions)  | <b>(c)</b> Enter amount of indirect compensation |
|  |   |  |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |  |
|  |   |  |
| <b>(a)</b> Enter service provider name as it appears on line 2             | <b>(b)</b> Service Codes<br>(see instructions)  | <b>(c)</b> Enter amount of indirect compensation |
|  |   |  |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |  |
|  |   |  |
| <b>(a)</b> Enter service provider name as it appears on line 2             | <b>(b)</b> Service Codes<br>(see instructions)  | <b>(c)</b> Enter amount of indirect compensation |
|  |   |  |
| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> 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.

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

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

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

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

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

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> 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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|   |  |
|---|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>  |  |
| <b>A</b> Name of plan<br><b>GASTROINTESTINAL ASSOCIATES, S.C. CASH BALANCE PLAN</b>                       | <b>B</b> Three-digit plan number (PN) ▶ <b>003</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>GASTROINTESTINAL ASSOCIATES, S.C.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>39-1735324</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---|-----------------|-----------------------|-----------------|
| <b>Assets</b>   |                 |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....   | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....   | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions .....  | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....  | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:   |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....   | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....  | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....   | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....  | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....   | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....  | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 2341550               | 3558218         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....  | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....  | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 2341550               | 3558218         |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....   | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....  | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 2341550               | 3558218         |

**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.

| <b>Income</b>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> | 1071769    |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions.....   | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1071769   |
| <b>b Earnings on investments:</b>  |                 |            |           |
| <b>(1) Interest:</b>   |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 0         |
| <b>(2) Dividends:</b>  |                 |            |           |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 93766      |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 93766     |
| <b>(3)</b> Rents.....  | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |            |           |
| <b>(A)</b> Real estate.....  | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 69499     |
| <b>c</b> Other income .....   | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....         | <b>2d</b>     |            | 1235034   |

**Expenses**

|  |               |       |       |
|--|---------------|-------|-------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |               |       |       |
| (1) Directly to participants or beneficiaries, including direct rollovers.....             | <b>2e(1)</b>  | 12870 |       |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b>  |       |       |
| (3) Other.....   | <b>2e(3)</b>  |       |       |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b>  |       | 12870 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>     |       |       |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>     |       |       |
| <b>h</b> Interest expense.....   | <b>2h</b>     |       |       |
| <b>i</b> Administrative expenses:  |               |       |       |
| (1) Salaries and allowances .....  | <b>2i(1)</b>  |       |       |
| (2) Contract administrator fees .....  | <b>2i(2)</b>  |       |       |
| (3) Recordkeeping fees .....   | <b>2i(3)</b>  |       |       |
| (4) IQPA audit fees .....  | <b>2i(4)</b>  |       |       |
| (5) Investment advisory and investment management fees .....                               | <b>2i(5)</b>  | 5496  |       |
| (6) Bank or trust company trustee/custodial fees .....                                     | <b>2i(6)</b>  |       |       |
| (7) Actuarial fees .....   | <b>2i(7)</b>  |       |       |
| (8) Legal fees .....   | <b>2i(8)</b>  |       |       |
| (9) Valuation/appraisal fees .....   | <b>2i(9)</b>  |       |       |
| (10) Other trustee fees and expenses .....   | <b>2i(10)</b> |       |       |
| (11) Other expenses.....   | <b>2i(11)</b> |       |       |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....       | <b>2i(12)</b> |       | 5496  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>     |       | 18366 |

**Net Income and Reconciliation**

|   |              |  |         |
|---|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 1216668 |
| <b>l</b> Transfers of assets:   |              |  |         |
| (1) To this plan.....   | <b>2l(1)</b> |  |         |
| (2) From this plan .....  | <b>2l(2)</b> |  |         |

**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: **HAWKINS ASH CPAS, LLP**

(2) EIN: **39-0912608**

**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  |
|--|-----|----|---------|
| <b>a</b> 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>b</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  |         |
| <b>c</b> 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  |         |
| <b>d</b> 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  |         |
| <b>e</b> Was this plan covered by a fidelity bond?   | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |     | X  |         |
| <b>g</b> 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  |         |
| <b>h</b> 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  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | X   |    |         |
| <b>j</b> 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  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   |     | X  |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  |     |    |         |

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 536632.

**GASTROINTESTINAL ASSOCIATES, S.C.  
CASH BALANCE PLAN**

**FINANCIAL STATEMENTS  
WITH INDEPENDENT AUDITORS'  
REPORT**

**DECEMBER 31, 2024 AND 2023**

# GASTROINTESTINAL ASSOCIATES, S.C. CASH BALANCE PLAN

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## **INDEPENDENT AUDITORS' REPORT**

To the Plan Committee of  
Gastrointestinal Associates, S.C. Cash Balance Plan  
Wausau, Wisconsin

### **Opinion**

We have audited the financial statements of Gastrointestinal Associates, S.C. Cash Balance Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of December 31, 2023, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the plan's net assets available for benefits as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended and its accumulated plan benefits as of December 31, 2023, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

### **Basis of Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Gastrointestinal Associates, S.C. Cash Balance Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Gastrointestinal Associates, S.C. Cash Balance Plan's ability to continue as a going concern for one year after the date that the financial statements are issued, or when applicable, one year after the date that 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.

### **Auditors' Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

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

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

### **Supplemental Schedule Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) 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 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 GAAS.

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

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

*Hankins Ash CPAs, LLP*

Green Bay, Wisconsin  
October 7, 2025

**GASTROINTESTINAL ASSOCIATES, S.C.**

**CASH BALANCE PLAN**

**FINANCIAL STATEMENTS**

**GASTROINTESTINAL ASSOCIATES, S.C. CASH BALANCE PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

|  | DECEMBER 31,        |                     |
|--|---------------------|---------------------|
| <b>ASSETS</b>                            | 2024                | 2023                |
| Investments at fair value                | \$ 3,558,218        | \$ 2,341,550        |
| TOTAL ASSETS                             | 3,558,218           | 2,341,550           |
| <b>LIABILITIES</b>                       | -                   | -                   |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <b>\$ 3,558,218</b> | <b>\$ 2,341,550</b> |

The accompanying notes are an integral part of these statements

**GASTROINTESTINAL ASSOCIATES, S.C. CASH BALANCE PLAN**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

|  | YEAR ENDED<br>DECEMBER 31, |              |
|--|----------------------------|--------------|
|  | 2024                       | 2023         |
| <b>ADDITIONS TO NET ASSETS ATTRIBUTED TO:</b>    |                            |              |
| Investment income:                               |                            |              |
| Net appreciation in fair value of investments    | \$ 69,499                  | \$ 147,199   |
| Interest and dividends                           | 93,766                     | 54,565       |
| Employer contributions                           | 1,071,769                  | 986,787      |
| TOTAL ADDITIONS                                  | 1,235,034                  | 1,188,551    |
| <b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:</b> |                            |              |
| Benefits paid to participants                    | 12,870                     | 871          |
| Administrative expenses                          | 5,496                      | 2,561        |
| TOTAL DEDUCTIONS                                 | 18,366                     | 3,432        |
| NET INCREASE                                     | 1,216,668                  | 1,185,119    |
| <b>NET ASSETS AVAILABLE FOR BENEFITS:</b>        |                            |              |
| BEGINNING OF YEAR                                | 2,341,550                  | 1,156,431    |
| END OF YEAR                                      | \$ 3,558,218               | \$ 2,341,550 |

The accompanying notes are an integral part of these statements.

**GASTROINTESTINAL ASSOCIATES, S.C. CASH BALANCE PLAN**  
**STATEMENT OF ACCUMULATED PLAN BENEFITS**  
**DECEMBER 31, 2023**

|   |                                |
|---|--------------------------------|
| Actuarial present value of accumulated plan benefits                  |                                |
| Vested benefits:  |                                |
| Active participants   | \$ 2,007,024                   |
| Other participants  | <u>13,423</u>                  |
| TOTAL VESTED BENEFITS   | 2,020,447                      |
| Nonvested benefits  | <u>76,368</u>                  |
| <br>  |                                |
| <b>TOTAL ACTUARIAL PRESENT VALUE OF<br/>ACCUMULATED PLAN BENEFITS</b> | <br><b><u>\$ 2,096,815</u></b> |

The accompanying notes are an integral part of these statements

**GASTROINTESTINAL ASSOCIATES, S.C. CASH BALANCE PLAN**  
**STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS**  
**YEAR ENDED DECEMBER 31, 2023**

|   |                     |
|---|---------------------|
| <b>ACTUARIAL PRESENT VALUE OF ACCUMULATED BENEFITS AT BEGINNING OF YEAR</b> | \$ 1,079,801        |
| Increase (decrease) during the year attributable to:                        |                     |
| Interest due to decrease in discount period                                 | 43,181              |
| Benefits accumulated  | 980,511             |
| Benefits paid to participants   | (871)               |
| Benefits forfeited  | <u>(5,807)</u>      |
| <b>ACTUARIAL PRESENT VALUE OF ACCUMULATED BENEFITS AT END OF YEAR</b>       | <u>\$ 2,096,815</u> |

The accompanying notes are an integral part of these statements.

**GASTROINTESTINAL ASSOCIATES, S.C. CASH BALANCE PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 1 - Description of the Plan**

The following description of the Gastrointestinal Associates, S.C. Cash Balance Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

**General** - The Plan is a cash balance noncontributory defined benefit plan effective January 1, 2022, covering all employees of Gastrointestinal Associates, S.C. (the "Company"), who have met the eligibility requirements to participate in the Plan. Eligible employees of the Company become participants on the nearest January 1 or July 1 following the date they meet the eligibility requirements of age 21, a year of service and 1,000 hours of service as defined by the Plan. The plan is subject to the provision of the Employee Retirement Income Security Act of 1974 (ERISA). Information about the Plan agreement, the vesting and benefit provisions, and the Pension Benefit Guaranty Corporation's (PBGC) benefit guarantee is contained in the *Summary Plan Description*.

Participants are credited with a hypothetical employer contribution principal credit on the last day of each plan year that they complete a year of service. The amount of the principal credit is dependent on their assigned grouping method approved each year by the Company, ranging from 0% to 75% of a participant's compensation. The principal credit will be applied to the accumulation account balances as of the beginning of the Plan year. In addition, eligible employees are credited with a hypothetical employer contribution interest credit on the last day of each Plan year. The amount of the interest credit is generally determined by multiplying the interest credit rate to the amount of the participant's hypothetical account. The interest credit rate is set at a fixed rate of 4.0%. Benefit and contributions are limited to amounts prescribed by the Internal Revenue Code (IRC).

**Vesting** - Participants become fully vested in the Plan after three years of service. Prior to completion of three years of service, no vesting occurs.

**Participant Loans** – Participant loans are not allowed in this Plan.

**Payments of Benefits** – Upon retirement, death, disability or termination of service, participants with an account balance exceeding \$5,000 may elect to receive the value of his or her vested account balance in a lump-sum distribution, a series of substantially equal periodic installments not to exceed the participant's life expectancy, or partial withdrawals, as described in the Plan's provisions. Participant accounts with a vested account balance that does not exceed \$5,000 are paid in a lump sum as soon as feasible. For participants with an account balance that exceeds \$5,000, the participant's consent must be obtained before a distribution may be made. In-service distributions are also available, subject to certain limitations.

**Administrative Expenses** - All administrative expenses may be paid out of the Plan unless paid by the Company. During 2024 and 2023, both the Plan and the Company paid expenses.

## GASTROINTESTINAL ASSOCIATES, S.C. CASH BALANCE PLAN

### NOTES TO FINANCIAL STATEMENTS - Continued

DECEMBER 31, 2024 AND 2023

#### **NOTE 2 - Summary of Significant Accounting Policies**

A summary of significant accounting policies applied in the preparation of the accompanying financial statements and supplemental schedule is as follows:

**Basis of Accounting and Presentation** - The financial statements of the Plan are prepared using the accrual method of accounting and are presented in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) as codified by the Financial Accounting Standards Board.

**Investment Valuation and Income Recognition** - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for further 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.

**Contributions** – Contributions from the Company are recorded in the year in which the employee compensation has been earned.

**Use of Estimates** – The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

**Actuarial Present Value of Accumulated Plan Benefits** – Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions for services employees have rendered at the valuation date. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by the Plan's enrolled actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated benefits.

**GASTROINTESTINAL ASSOCIATES, S.C. CASH BALANCE PLAN**  
NOTES TO FINANCIAL STATEMENTS - Continued  
DECEMBER 31, 2024 AND 2023

**NOTE 2 - Summary of Significant Accounting Policies - Continued**

The following were the significant actuarial assumptions used in the valuation for the year ended December 31, 2023:

Valuation Date: January 1, 2024

Interest Rates per annum, compounded annually:  
(use the rate for each participant based upon the date of payment being valued)

|   | 95% of<br>25-Year Averages<br>(Minimum Funding) | 24-Month<br>Averages<br>(Maximum) | Spot<br>Rates<br>(PBGC) |
|---|---|-----------------------------------|-------------------------|
| First 5 years after valuation date      | 4.75%   | 4.37%                             | 5.01%                   |
| Next 15 years                           | 4.96%   | 4.96%                             | 5.13%                   |
| More than 20 years after valuation date | 5.59%   | 4.95%                             | 5.15%                   |

First column, based on 25-year averages, is used to determine AFTAP and minimum contributions. Second column, based on 24-month averages, is used to determine maximum deductible contributions. Third column, based on spot interest rates, is used to determine PBGC standard target liabilities.

Retirement Age: 62 years with 5 years of service  
Mortality Table: G94 – 1994 Group Annuity Reserving Proj 2002 Scale AA  
Actuarial Funding Method: As prescribed by IRC Section 430  
Accumulation Rate: 4.00% per annum compounded annually for current and all future years.  
This rate and 94 GAR mortality table are used to convert balances to annuities.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

**Payment of Benefits** - Benefits are recorded when paid.

**Subsequent Events** - The Plan has evaluated subsequent events through October 7, 2025, the date which the financial statements were available to be issued.

**NOTE 3 - Funding Policy**

The Company's funding policy is to make voluntary contributions to the Plan to fund pension costs accrued as determined by the Plan's actuary. Contributions must meet funding requirements in order to prevent the account from having a funding deficiency and are limited by the maximum amount deductible in accordance with the IRC. For the Plan years ended December 31, 2024 and 2023, the Company made contributions totaling \$1,071,769 and \$986,787, respectively. Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions and terminate the Plan at any time.

**GASTROINTESTINAL ASSOCIATES, S.C. CASH BALANCE PLAN**  
NOTES TO FINANCIAL STATEMENTS - Continued  
DECEMBER 31, 2024 AND 2023

**NOTE 4 - Concentrations**

The Plan's investments that represented 10 percent or more of the Plan's net assets available for benefits as of December 31, 2024 and 2023 are as follows:

|   | DECEMBER 31, |            |
|---|--------------|------------|
|   | 2024         | 2023       |
| DFA Investment Grade Portfolio Institutional Class Shares | \$ 465,440   | \$ 301,332 |
| Dodge & Cox Income Fund Class X                           | 714,353      | 466,206    |
| Fidelity 500 Index  | *            | 234,484    |
| Vanguard Intermediate-Term Bond Index Fund Admiral Shares | 718,087      | 462,984    |

\*Investment is less than 10 percent of the Plan's net assets

None of these investments of the Plan are participant directed.

**NOTE 5 - Fair Value Measurements**

The Plan has determined the fair value of certain assets in accordance with the provisions of U.S. GAAP, which provides a framework for measuring fair value under generally accepted accounting principles.

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under U.S. GAAP are described as follows:

---

|                |   |
|----------------|---|
| <b>Level 1</b> | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. |
|----------------|---|

---

|                |  |
|----------------|--|
| <b>Level 2</b> | Inputs to the valuation methodology include: <ul style="list-style-type: none"> <li>• quoted prices for similar assets or liabilities in markets;</li> <li>• quoted prices for identical or similar assets or liabilities in inactive markets;</li> <li>• inputs other than quoted prices that are observable for the asset or liability;</li> <li>• inputs that are derived principally from or corroborated by observable market data by correlation or other means.</li> </ul> <p>If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.</p> |
|----------------|--|

---

**GASTROINTESTINAL ASSOCIATES, S.C. CASH BALANCE PLAN**  
NOTES TO FINANCIAL STATEMENTS - Continued  
DECEMBER 31, 2024 AND 2023

**NOTE 5 - Fair Value Measurements - Continued**

**Level 3**

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

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

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

- Mutual funds: 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.

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

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

|                                  | DECEMBER 31,<br>2024 | QUOTED PRICES<br>IN ACTIVE<br>MARKETS FOR<br>IDENTICAL<br>ASSETS<br>(LEVEL 1) | SIGNIFICANT<br>OTHER<br>OBSERVABLE<br>INPUTS<br>(LEVEL 2) | SIGNIFICANT<br>UNOBSERVABLE<br>INPUTS<br>(LEVEL 3) |
|----------------------------------|----------------------|---|---|--|
| Mutual Funds                     | \$ 3,558,218         | \$ 3,558,218  | \$ -  | \$ -   |
| <b>INVESTMENTS AT FAIR VALUE</b> | <b>\$ 3,558,218</b>  | <b>\$ 3,558,218</b>   | <b>\$ -</b>   | <b>\$ -</b>  |
|                                  | DECEMBER 31,<br>2023 | QUOTED PRICES<br>IN ACTIVE<br>MARKETS FOR<br>IDENTICAL<br>ASSETS<br>(LEVEL 1) | SIGNIFICANT<br>OTHER<br>OBSERVABLE<br>INPUTS<br>(LEVEL 2) | SIGNIFICANT<br>UNOBSERVABLE<br>INPUTS<br>(LEVEL 3) |
| Mutual Funds                     | \$ 2,341,550         | \$ 2,341,550  | \$ -  | \$ -   |
| <b>INVESTMENTS AT FAIR VALUE</b> | <b>\$ 2,341,550</b>  | <b>\$ 2,341,550</b>   | <b>\$ -</b>   | <b>\$ -</b>  |

## **GASTROINTESTINAL ASSOCIATES, S.C. CASH BALANCE PLAN**

### **NOTES TO FINANCIAL STATEMENTS - Continued**

**DECEMBER 31, 2024 AND 2023**

#### **NOTE 6 - Tax Status**

The Company became a participating employer in the Wipfli LLP Volume Submitter Defined Benefit Prototype Plan and Trust effective January 1, 2022, and is relying on its opinion letter dated January 1, 1997. The Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (the "IRC"). The Plan has been amended since receiving the opinion letter. The Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

#### **NOTE 7 - Transactions With Parties-in-Interest**

Fees for professional services rendered to the Plan may be paid for by the Company at its discretion. Those activities are deemed party-in-interest transactions. These transactions are not, however, considered prohibited transactions under 29 CFR 408(b) of the ERISA regulations.

#### **NOTE 8 - Amounts Owed to Participants Withdrawing from the Plan**

There were no amounts owed to participants who had elected to withdraw from the Plan, but had not been paid as of December 31, 2024 and 2023.

#### **NOTE 9 - Plan Termination**

In the event of plan termination (full or partial), the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- 1) The portion of accrued benefits which are derived from participant contributions made to the Plan, if any.
- 2) Equally among:
  - a. Retired participants and their beneficiaries to whom payment commenced at least 3 years prior to the date of termination; and
  - b. Participants who could have retired and received payment of their benefit at least 3 years prior to the date of termination.
- 3) All benefits guaranteed and insured by the Pension Benefit Guaranty Corporation.
- 4) Provide benefits to participants who have reached their normal retirement date but have not retired on the date of termination without reference to the order in which they will have reached their normal retirement date.
- 5) All other vested accrued benefits not insured by the Pension Benefit Guaranty Corporation.
- 6) All other accrued benefits provided under the Plan.

## **GASTROINTESTINAL ASSOCIATES, S.C. CASH BALANCE PLAN**

### **NOTES TO FINANCIAL STATEMENTS - Continued**

**DECEMBER 31, 2024 AND 2023**

#### **NOTE 9 - Plan Termination - Continued**

Certain benefits under the Plan are insured by the PBGC if the Plan is terminated. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pension benefits. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory limitation, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2024 and 2023, the maximum monthly guarantee, which is adjusted periodically, was \$7,108 per month and \$6,750 per month, respectively. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination, whichever occurs later. For younger annuitants or those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Benefit improvements attributable to Plan amendments occurring within five years prior to termination may not be fully guaranteed even though total benefit entitlements fall below the aforementioned ceilings. For example, none of the improvements provided by a particular amendment would be guaranteed if the Plan were to terminate within one year after that amendment. After one year, the PBGC would guarantee 20 percent of any benefit improvements that resulted in benefits below the ceiling, with an additional 20 percent guaranteed for each additional year the Plan continued. If the amount of the benefit increase below the ceiling is also less than \$100, \$20 of the increase (rather than 20%) becomes guaranteed by the PBGC each year following the effective date of the amendment. After five years, only the primary ceiling would be applicable.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

#### **NOTE 10 - 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.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**GASTROINTESTINAL ASSOCIATES, S.C.  
CASH BALANCE PLAN**

**SUPPLEMENTAL SCHEDULE**

**GASTROINTESTINAL ASSOCIATES, S.C. CASH BALANCE PLAN**  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
PLAN #003  
39-1735324  
DECEMBER 31, 2024

| (a) | (b)<br>IDENTITY OF ISSUE,<br>BORROWER, LESSOR,<br>OR SIMILAR PARTY | (c)<br>DESCRIPTION OF INVESTMENT INCLUDING<br>MATURITY DATE, RATE OF INTEREST,<br>COLLATERAL, PAR OR MATURITY VALUE | (d)<br>COST | (e)<br>CURRENT<br>VALUE    |
|-----|--|---|-------------|----------------------------|
|     | Avantis Emerging Markets Equity Institutional                      | Mutual Fund   | \$ 105,730  | \$ 107,102                 |
|     | Avantis International Small Cap Value Institutional                | Mutual Fund   | 71,694      | 72,519                     |
|     | Avantis U.S. Equity Institutional                                  | Mutual Fund   | 62,123      | 70,236                     |
|     | Avantis U.S. Small Cap Value Institutional                         | Mutual Fund   | 66,407      | 68,405                     |
|     | DFA Inflation-Protected Securities Portfolio Institutional Class   | Mutual Fund   | 251,890     | 249,893                    |
|     | DFA International Core Equity Portfolio Institutional Class        | Mutual Fund   | 71,817      | 71,205                     |
|     | DFA Investment Grade Portfolio Institutional Class Shares          | Mutual Fund   | 473,529     | 465,440                    |
|     | Dodge & Cox Income Fund Class X                                    | Mutual Fund   | 725,543     | 714,353                    |
|     | Fidelity 500 Index   | Mutual Fund   | 304,586     | 355,318                    |
|     | Vanguard Developed Markets Index Fund Admiral Shares               | Mutual Fund   | 179,981     | 176,961                    |
|     | Vanguard Emerging Markets Stock Index Fund Admiral Shares          | Mutual Fund   | 103,012     | 107,288                    |
|     | Vanguard Intermediate-Term Bond Index Fund Admiral Shares          | Mutual Fund   | 730,449     | 718,087                    |
|     | Vanguard Mid-Cap Index Fund Admiral Shares                         | Mutual Fund   | 157,578     | 173,846                    |
|     | Vanguard Real Estate Index Fund Admiral Shares                     | Mutual Fund   | 170,198     | 172,752                    |
|     | Vanguard Small Cap Index Fund Admiral Shares                       | Mutual Fund   | 31,615      | 34,813                     |
|     | <b>TOTAL</b>   |   |             | <b><u>\$ 3,558,218</u></b> |



# Schedule SB, Part V

## Statement of Actuarial Assumptions/Methods

### Gastrointestinal Associates, S.C. Cash Balance Plan

39-1735324 / 003

For the plan year 01/01/2024 through 12/31/2024

**Valuation Date:** 01/01/2024

**Funding Method:** As prescribed in IRC Section 430  
 Age - Eligibility age at last birthday and other ages at last birthday  
 New participants are included in current year's valuation

Retrospective Compensation - Current compensation

Form of Payment - Assumed form of payment for funding is lump sum which is the Hypothetical Account Balance. Funding Target for lump sum is the current Hypothetical Account Balance projected to the assumed retirement date using the Interest Credit Rate discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality

| Interest Rates - | Segment rates for the Valuation Date as permitted under IRC 430(h)(2)(C) | Segment rates as of September 30, 2023 As permitted under IRC 430(h)(2)(C)(iv)(II) - ARP |
|------------------|--|--|
|                  | Segment #      Year      Rate %  | Segment #      Year      Rate %  |
|                  | Segment 1      0 - 5      4.37   | Segment 1      0 - 5      4.75   |
|                  | Segment 2      6 - 20      4.96  | Segment 2      6 - 20      4.96  |
|                  | Segment 3      > 20      4.95  | Segment 3      > 20      5.59  |

Pre-Retirement - Mortality Table - None  
 Improvement Scale - None  
 Early Retirement Table - None  
 Turnover Table - None  
 Disability Table - None  
 Salary Scale - None  
 Interest Credit Rate - Current Yr - 4%    Projected Yrs - 4%  
 Expense Load - None  
 Ancillary Ben Load - None

Post-Retirement - Mortality Table - 24C - 2024 Combined  
 Improvement Scale - None  
 Cost of Living - None

**Asset Valuation Method:** Fair market value of assets adjusted for contributions under IRC 430(g)(4)

**Discrimination Test Assumptions:**

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

**410(b)/401(a)(4) Testing:**

Pre-Retirement - Interest - 8.5%                      CB Projection Rate - 4%

Post-Retirement - Interest - 8.5%  
 Mortality Table - U84 - 1984 Unisex

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Testing Service - Separate benefiting service for DC and for DB for Accrued-to-Date Method

Normal Form for MVAR - Joint with 50% Survivor Benefits

**Schedule SB, Part V**  
**Statement of Actuarial Assumptions/Methods**

**Gastrointestinal Associates, S.C. Cash Balance Plan**

39-1735324 / 003

For the plan year 01/01/2024 through 12/31/2024

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**401(a)(26) Testing:**

Compensation - Use current compensation to calculate the benefit accrual rate for 401(a)(26)

Testing Age - Normal retirement age or attained age, if older

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|  |  |  |            |
|--|--|--|------------|
| <b>A</b> Name of plan<br><b>Gastrointestinal Associates, S.C. Cash Balance Plan</b>                                  |  | <b>B</b> Three-digit plan number (PN) ▶                            | <b>003</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><b>Gastrointestinal Associates, S.C.</b> |  | <b>D</b> Employer Identification Number (EIN)<br><b>39-1735324</b> |            |

**E** Type of plan:  Single  Multiple-A  Multiple-B **F** Prior year plan size:  100 or fewer  101-500  More than 500

**Part I Basic Information**

|   |                            |                           |                          |
|---|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>   |                            |                           |                          |
| <b>2</b> Assets:  |                            |                           |                          |
| <b>a</b> Market value .....   | <b>2a</b>                  | <b>2,341,550</b>          |                          |
| <b>b</b> Actuarial value .....  | <b>2b</b>                  | <b>2,341,550</b>          |                          |
| <b>3</b> Funding target/participant count breakdown:  | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment ....  | <b>0</b>                   | <b>0</b>                  | <b>0</b>                 |
| <b>b</b> For terminated vested participants .....   | <b>6</b>                   | <b>11,024</b>             | <b>11,024</b>            |
| <b>c</b> For active participants .....  | <b>137</b>                 | <b>1,731,110</b>          | <b>1,788,874</b>         |
| <b>d</b> Total .....  | <b>143</b>                 | <b>1,742,134</b>          | <b>1,799,898</b>         |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....   | <input type="checkbox"/>   |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....   | <b>4a</b>                  |                           |                          |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....  | <b>5</b>                   | <b>5.23 %</b>             |                          |
| <b>6</b> Target normal cost   |                            |                           |                          |
| <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                  | <b>836,348</b>            |                          |
| <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                  | <b>0</b>                  |                          |
| <b>c</b> Target normal cost .....   | <b>6c</b>                  | <b>836,348</b>            |                          |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN  
HERE**

*G. Neff McGhie, III*

Signature of actuary

**G. Neff McGhie, III, MSPA**

Type or print name of actuary

**Sierra Pension Services, Inc.**

Firm name

**9744 S. Virginia St., Suite C**

**US Reno**

**NV 89511**

Address of the firm

**02/10/2025**

Date

**23-05660**

Most recent enrollment number

**(775) 772-7036**

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b> |  | (a) Carryover balance | (b) Prefunding balance |
|--|--|-----------------------|------------------------|
| <b>7</b>   | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....  | 0                     | 0                      |
| <b>8</b>   | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....   | 0                     | 0                      |
| <b>9</b>   | Amount remaining (line 7 minus line 8) .....   | 0                     | 0                      |
| <b>10</b>  | Interest on line 9 using prior year's actual return of <u>13.36</u> % .....  | 0                     | 0                      |
| <b>11</b>  | Prior year's excess contributions to be added to prefunding balance:   |                       |                        |
| <b>a</b>   | Present value of excess contributions (line 38a from prior year) .....   |                       | 443,617                |
| <b>b(1)</b>  | Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.37</u> % ... |                       | 23,822                 |
| <b>b(2)</b>  | Interest on line 38b from prior year Schedule SB, using prior year's actual return .....   |                       | 0                      |
| <b>c</b>   | Total available at beginning of current plan year to add to prefunding balance   |                       | 467,439                |
| <b>d</b>   | Portion of (c) to be added to prefunding balance .....   |                       | 0                      |
| <b>12</b>  | Other reductions in balances due to elections or deemed elections .....  | 0                     | 0                      |
| <b>13</b>  | Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) ....  | 0                     | 0                      |

| <b>Part III Funding Percentages</b> |  |           |          |
|-------------------------------------|--|-----------|----------|
| <b>14</b>                           | Funding target attainment percentage .....   | <b>14</b> | 130.09 % |
| <b>15</b>                           | Adjusted funding target attainment percentage .....  | <b>15</b> | 130.09 % |
| <b>16</b>                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 126.37 % |
| <b>17</b>                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....  | <b>17</b> | %        |

| <b>Part IV Contributions and Liquidity Shortfalls</b>                                    |                                   |                                 |                          |                                   |                                 |   |  |
|--|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|---|--|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |   |  |
| (a) Date<br>(MM-DD-YYYY)   | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |   |  |
| 04/15/2024   | 223,487                           | 0                               | 07/11/2024               | 402,862                           | 0                               |   |  |
| 10/11/2024   | 208,799                           | 0                               | 12/30/2024               | 236,621                           | 0                               |   |  |
|  |                                   |                                 |                          |                                   |                                 |   |  |
|  |                                   |                                 |                          |                                   |                                 |   |  |
|  |                                   |                                 |                          |                                   |                                 |   |  |
|  |                                   |                                 |                          |                                   |                                 |   |  |
|  |                                   |                                 |                          |                                   |                                 |   |  |
|  |                                   |                                 |                          |                                   |                                 |   |  |
| <b>Totals ▶</b>  |                                   |                                 | <b>18(b)</b>             | 1,071,769                         | <b>18(c)</b>                    | 0 |  |

|   |  |   |           |
|---|--|---|-----------|
| <b>19</b> Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year: |  |   |           |
| <b>a</b>  | Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b>  | 0         |
| <b>b</b>  | Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b>  | 0         |
| <b>c</b>  | Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b>  | 1,038,097 |
| <b>20</b> Quarterly contributions and liquidity shortfalls:   |  |   |           |
| <b>a</b>  | Did the plan have a "funding shortfall" for the prior year? .....  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |
| <b>b</b>  | If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No            |           |
| <b>c</b>  | If line 20a is "Yes," see instructions and complete the following table as applicable:                         |   |           |

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|--|---------|---------|---------|
| (1) 1st  | (2) 2nd | (3) 3rd | (4) 4th |
|  |         |         |         |

**Part V Assumptions Used To Determine Funding Target and Target Normal Cost**

|   |  |                        |                        |   |
|---|--|------------------------|------------------------|---|
| <b>21</b> Discount rate:                        |  |                        |                        |   |
| <b>a</b> Segment rates:                         | 1st segment:<br>4.75 %   | 2nd segment:<br>4.96 % | 3rd segment:<br>5.59 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code)          |  |                        |                        | <b>21b</b> 0  |
| <b>22</b> Weighted average retirement age       |  |                        |                        | <b>22</b> 64  |
| <b>23</b> Mortality table(s) (see instructions) | <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |   |

**Part VI Miscellaneous items**

|  |   |
|--|---|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Demographic and benefit information  |   |
| <b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment                                   | <b>27</b>   |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|  |           |   |
|--|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years  | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29)                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|  |                     |                   |                    |
|--|---------------------|-------------------|--------------------|
| <b>31</b> Target normal cost and excess assets (see instructions):   |                     |                   |                    |
| <b>a</b> Target normal cost (line 6c)  | <b>31a</b>          | 836,348           |                    |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a   | <b>31b</b>          | 541,652           |                    |
| <b>32</b> Amortization installments:   | Outstanding Balance |                   | Installment        |
| <b>a</b> Net shortfall amortization installment  | 0                   |                   | 0                  |
| <b>b</b> Waiver amortization installment   | 0                   |                   | 0                  |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | <b>33</b>           |                   |                    |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)   | <b>34</b>           | 294,696           |                    |
|  |                     | Carryover balance | Prefunding Balance |
| <b>35</b> Balances elected for use to offset funding requirement   |                     | 0                 | 0                  |
| <b>36</b> Additional cash requirement (line 34 minus line 35)  | <b>36</b>           | 294,696           |                    |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)  | <b>37</b>           | 1,038,097         |                    |
| <b>38</b> Present value of excess contributions for current year (see instructions)  |                     |                   |                    |
| <b>a</b> Total (excess, if any, of line 37 over line 36)   | <b>38a</b>          | 743,401           |                    |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances  | <b>38b</b>          | 0                 |                    |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)  | <b>39</b>           | 0                 |                    |
| <b>40</b> Unpaid minimum required contributions for all years  | <b>40</b>           | 0                 |                    |

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

|   |   |
|---|---|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. | <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 |
|---|---|

**Schedule SB, line 19 -**  
**Discounted Employer Contributions**  
**Gastrointestinal Associates, S.C. Cash Balance Plan**  
**39-1735324 / 003**  
**For the plan year 01/01/2024 through 12/31/2024**  
**Valuation Date: 01/01/2024**

|                                    | Date              | Amount           | Adjusted Contribution | Adjusted Prior Year Contribution | Adjusted Quarterly | Effective Rate | Penalty Rate |
|------------------------------------|-------------------|------------------|-----------------------|----------------------------------|--------------------|----------------|--------------|
| <b>Deposited Contribution</b>      | <b>04/15/2024</b> | <b>\$223,487</b> |                       |                                  |                    |                |              |
| Applied to MRC                     | 01/01/2024        | 223,487          | 220,242               | 0                                | 0                  | 5.23           | 0.00         |
| <b>Deposited Contribution</b>      | <b>07/11/2024</b> | <b>\$402,862</b> |                       |                                  |                    |                |              |
| Applied to Additional Contribution | 01/01/2024        | 326,390          | 317,777               | 0                                | 0                  | 5.23           | 0.00         |
| Applied to MRC                     | 01/01/2024        | 76,472           | 74,454                | 0                                | 0                  | 5.23           | 0.00         |
| <b>Deposited Contribution</b>      | <b>10/11/2024</b> | <b>\$208,799</b> |                       |                                  |                    |                |              |
| Applied to Additional Contribution | 01/01/2024        | 208,799          | 200,701               | 0                                | 0                  | 5.23           | 0.00         |
| <b>Deposited Contribution</b>      | <b>12/30/2024</b> | <b>\$236,621</b> |                       |                                  |                    |                |              |
| Applied to Additional Contribution | 01/01/2024        | 236,621          | 224,923               | 0                                | 0                  | 5.23           | 0.00         |
| Totals for Deposited Contribution  |                   | \$1,071,769      | \$1,038,097           | \$0                              | \$0                |                |              |

**Schedule SB, line 22 -  
Description of Weighted Average Retirement Age**

**Gastrointestinal Associates, S.C. Cash Balance Plan**

**39-1735324 / 003**

**For the plan year 01/01/2024 through 12/31/2024**

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The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

# Schedule SB, Part V Summary of Plan Provisions

## Gastrointestinal Associates, S.C. Cash Balance Plan

39-1735324 / 003

For the plan year 01/01/2024 through 12/31/2024

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|                                     |  |                        |                         |
|-------------------------------------|--|------------------------|-------------------------|
| <b><u>Employer:</u></b>             | Gastrointestinal Associates, S.C.  |                        |                         |
| Type of Entity -                    | C Corporation  |                        |                         |
| EIN: 39-1735324                     | TIN:   | Plan #: 003            | Plan Type: Cash Balance |
| <b><u>Dates:</u></b>                | Effective - 01/01/2022   |                        | Valuation - 01/01/2024  |
|                                     | Top Heavy Years - 2023, 2024   |                        |                         |
| <b><u>Eligibility:</u></b>          | All employees excluding non-resident aliens and union  |                        |                         |
|                                     | Minimum age - 21   | Months of service - 12 |                         |
| Hours Required for -                | Eligibility - 1000   | Benefit accrual - 1000 | Vesting - 1000          |
| Plan Entry -                        | First day of 1st or 7th month of plan year on or next following eligibility satisfaction   |                        |                         |
| <b><u>Retirement:</u></b>           | Normal - First of month coincident with or next following attainment of age 62 and completion of 5 years of participation  |                        |                         |
|                                     | Early - Not provided   |                        |                         |
| <b><u>Average Compensation:</u></b> | Current compensation   |                        |                         |
| Top Heavy Minimum Benefit -         | Highest 5 consecutive top heavy years of participation   |                        |                         |
| <b><u>Plan Benefits:</u></b>        | Retirement - Actuarial equivalent of the hypothetical account balance derived from annual Pay Credits and Interest Credits   |                        |                         |
| Pay Credits -                       | Classification   | Pay Credit Formula     |                         |
|                                     | A  | 75% of compensation    |                         |
|                                     | B  | 24% of compensation    |                         |
|                                     | C  | 30.5% of compensation  |                         |
|                                     | D  | 3.5% of compensation   |                         |
|                                     | E  | 3.5% of compensation   |                         |
|                                     | F  | 3.5% of compensation   |                         |
|                                     | G  | 3.5% of compensation   |                         |
|                                     | H  | 3.5% of compensation   |                         |
|                                     | I  | 3.5% of compensation   |                         |
|                                     | J  | 3.5% of compensation   |                         |
| Interest Credit Rate -              | Current Yr - 4%  | Projected Yrs - 4%     |                         |
| Accrued Benefit -                   | Hypothetical Account Balance   |                        |                         |
|                                     | Minimum Benefit - None   |                        |                         |
|                                     | Maximum Benefit - None   |                        |                         |
|                                     | Maximum allowable distribution is lump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) plan actuarial equivalence interest and mortality |                        |                         |
| Early Retirement -                  | None   |                        |                         |
| Death Benefit -                     | Present Value of Accrued Benefit   |                        |                         |
| Disability Benefit -                | None   |                        |                         |
| <b><u>Top Heavy Minimum:</u></b>    | Provided in another plan   |                        |                         |
| <b><u>IRS Limitations:</u></b>      | 415 Limits -   | Percent: 100           | Dollar: \$275,000       |
|                                     | Maximum 401(a)(17) compensation - \$345,000  |                        |                         |
| <b><u>PBGC:</u></b>                 | Plan is covered by Pension Benefit Guaranty Corporation  |                        |                         |

# Schedule SB, Part V

## Summary of Plan Provisions

Gastrointestinal Associates, S.C. Cash Balance Plan

39-1735324 / 003

For the plan year 01/01/2024 through 12/31/2024

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**Normal Form:** Life Annuity

**Optional Forms:** Lump Sum  
Joint with 50%, 75% or 100% Survivor Benefit

**Vesting Schedule:** 100% vested in 3 years.  
Service is calculated using all years of service

**Present Value of Accrued Benefit:** Based on the Hypothetical Account Balance.

**Actuarial Equivalence:**

|                              |   |
|------------------------------|---|
| Pre-Retirement - Interest -  | 4%  |
| Mortality Table -            | None  |
| Post-Retirement - Interest - | 4%  |
| Mortality Table -            | G94 - 1994 Group Annuity Reserving Proj 2002, Scale AA (unisex) |

**GASTROINTESTINAL ASSOCIATES, S.C. CASH BALANCE PLAN**  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
PLAN #003  
39-1735324  
DECEMBER 31, 2024

| (a) | (b)<br>IDENTITY OF ISSUE,<br>BORROWER, LESSOR,<br>OR SIMILAR PARTY | (c)<br>DESCRIPTION OF INVESTMENT INCLUDING<br>MATURITY DATE, RATE OF INTEREST,<br>COLLATERAL, PAR OR MATURITY VALUE | (d)<br>COST | (e)<br>CURRENT<br>VALUE    |
|-----|--|---|-------------|----------------------------|
|     | Avantis Emerging Markets Equity Institutional                      | Mutual Fund   | \$ 105,730  | \$ 107,102                 |
|     | Avantis International Small Cap Value Institutional                | Mutual Fund   | 71,694      | 72,519                     |
|     | Avantis U.S. Equity Institutional                                  | Mutual Fund   | 62,123      | 70,236                     |
|     | Avantis U.S. Small Cap Value Institutional                         | Mutual Fund   | 66,407      | 68,405                     |
|     | DFA Inflation-Protected Securities Portfolio Institutional Class   | Mutual Fund   | 251,890     | 249,893                    |
|     | DFA International Core Equity Portfolio Institutional Class        | Mutual Fund   | 71,817      | 71,205                     |
|     | DFA Investment Grade Portfolio Institutional Class Shares          | Mutual Fund   | 473,529     | 465,440                    |
|     | Dodge & Cox Income Fund Class X                                    | Mutual Fund   | 725,543     | 714,353                    |
|     | Fidelity 500 Index   | Mutual Fund   | 304,586     | 355,318                    |
|     | Vanguard Developed Markets Index Fund Admiral Shares               | Mutual Fund   | 179,981     | 176,961                    |
|     | Vanguard Emerging Markets Stock Index Fund Admiral Shares          | Mutual Fund   | 103,012     | 107,288                    |
|     | Vanguard Intermediate-Term Bond Index Fund Admiral Shares          | Mutual Fund   | 730,449     | 718,087                    |
|     | Vanguard Mid-Cap Index Fund Admiral Shares                         | Mutual Fund   | 157,578     | 173,846                    |
|     | Vanguard Real Estate Index Fund Admiral Shares                     | Mutual Fund   | 170,198     | 172,752                    |
|     | Vanguard Small Cap Index Fund Admiral Shares                       | Mutual Fund   | 31,615      | 34,813                     |
|     | <b>TOTAL</b>   |   |             | <b><u>\$ 3,558,218</u></b> |