

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [X] 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: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: PHYSICIANS EAST PA PROFIT SHARING PLAN & TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/01/1996
2a Plan sponsor's name (employer, if for a single-employer plan): PHYSICIANS EAST PA
2b Employer Identification Number (EIN): 56-1968491
2c Plan Sponsor's telephone number: 252-752-6101
2d Business code (see instructions): 621111

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

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

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

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	807
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	503
	6a(2)	735
	6b	4
	6c	233
	6d	972
	6e	1
	6f	973
	6g(1)	781
6g(2)	699	
6h	7	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 2R 2T 3D 3F

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

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

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

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 1
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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**

A Name of plan PHYSICIANS EAST PA PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PHYSICIANS EAST PA	D Employer Identification Number (EIN) 56-1968491

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

1 Coverage Information:

(a) Name of insurance carrier
NEW YORK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5582869	66915	GA-31574	86	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	3869684

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
▶		

(6) Total additions **7c(6)**

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
▶		

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 0

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan PHYSICIANS EAST PA PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PHYSICIANS EAST PA	D Employer Identification Number (EIN) 56-1968491	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
60 64 65	RECORDKEEPER	14295	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

STRATEGIC ADVISORS INC

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	8546	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)

CAP FINANCIAL PARTNERS LLC

26-0058143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	18669	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

FIDELITY INVESTMENTS INSTIUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
60		0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTIUTIONAL	60	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AB SM CAP GRTH I ALLIANCEBERNSTE 1345 AVE OF AMERICAS NEW YORK, NY 10105	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTIUTIONAL	60	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AF EUROPAC GROWTH R5 - AMERICAN FU 95-2566717	0.05%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTIUTIONAL	60	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HARBOR CAP APP INV - HARBOR SERVIC 34-1953399	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTIUTIONAL	60	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JH DSCPL VAL MDCP I - JOHN HANCOCK 01-0233346	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTIUTIONAL	60	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPM EQUITY INCOME R3-JP MORGAN 270 PARK AVENUE NEW YORK, NY 10017	0.50%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTIUTIONAL	60	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NYL ANCHOR ACCOUNT 51 MADISON AVENUE NEW YORK, NY 10010	0.10%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTIUTIONAL	60	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIF REAL EST SEC IS - PRINCIPAL SH 711 HIGH STREET DES MOINES, IA 50392	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTIUTIONAL	60	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VICTORY S SM CO OP I - FIS INVESTO 14785 PRESTON ROAD SUITE 1000 DALLAS, TX 75254	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTIUTIONAL	60	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BROWN ADVISORY GLOBAL LEADERS INST 777 E WISCONSIN AVE 4TH FL MILWAUKEE, WI 53202	0.08%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTIUTIONAL	60	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BROWN ADVISORY SUSTAINABLE BD INST 777 E WISCONSIN AVE 4TH FL MILWAUKEE, WI 53202	0.08%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTIUTIONAL	60	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BROWN ADVISORY SM CAP FNDMTL VAL 777 E WISCONSIN AVE 4TH FL MILWAUKEE, WI 53202	0.08%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTIUTIONAL	60	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BROWN ADVISORY SM CAP GROWTH INV 777 E WISCONSIN AVE 4TH FL MILWAUKEE, WI 53202	0.08%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTIUTIONAL	60	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BROWN ADVISORY FLEXIBLE EQUITY INV 777 E WISCONSIN AVE 4TH FL MILWAUKEE, WI 53202	0.08%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>PHYSICIANS EAST PA PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PHYSICIANS EAST PA</u>	D Employer Identification Number (EIN) <u>56-1968491</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PSA NO 25 (STABLE VALUE ACCOUNT)</u>		
b Name of sponsor of entity listed in (a): <u>NEW YORK LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>13-5582869-125</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3869684</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FID FRDM BLND 2035 H</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT</u>		
c EIN-PN <u>20-4659714-092</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4889809</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FID FRDM BLND 2045 H</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT</u>		
c EIN-PN <u>20-4659714-094</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3460640</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FID FRDM BLND INC H</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTIUTIONAL ASSET MANAGEMENT</u>		
c EIN-PN <u>20-4659714-085</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>622900</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COL DIV INCOME CAP</u>		
b Name of sponsor of entity listed in (a): <u>AMERIPRISE TRUST COMPANY</u>		
c EIN-PN <u>87-1854339-090</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7317128</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FID FRDM BLND 2020 H</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT</u>		
c EIN-PN <u>20-4659714-089</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2661143</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FID FRDM BLND 2055 H</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT</u>		
c EIN-PN <u>20-4659714-113</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3097744</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2065 H		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT		
c EIN-PN 20-4659714-168	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 92137
a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2010 H		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT		
c EIN-PN 20-4659714-087	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 607058
a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2040 H		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT		
c EIN-PN 20-4659714-093	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5153914
a Name of MTIA, CCT, PSA, or 103-12 IE: HARBOR CAPP APPR R		
b Name of sponsor of entity listed in (a): HARBOR TRUST COMPANY		
c EIN-PN 84-4022934-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10763343
a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2060 H		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT		
c EIN-PN 20-4659714-147	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1173530
a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2050 H		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT		
c EIN-PN 20-4659714-095	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3685419
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CP GROWTH CT		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY LLC		
c EIN-PN 38-4126294-597	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2291269
a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2025 H		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT		
c EIN-PN 20-4659714-090	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2832895
a Name of MTIA, CCT, PSA, or 103-12 IE: FID FRDM BLND 2030 H		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT		
c EIN-PN 20-4659714-091	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7907017
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan PHYSICIANS EAST PA PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PHYSICIANS EAST PA	D Employer Identification Number (EIN) 56-1968491

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		203
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		85
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	329523	251438
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1944947	2237334
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		56747939
(10) Value of interest in pooled separate accounts	1c(10)	3968850	3869684
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	100224204	50927714
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	106467524	114034397
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	199	
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	199	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	106467325	114034397

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	3808785	
(B) Participants.....	2a(1)(B)	2486386	
(C) Others (including rollovers).....	2a(1)(C)	195283	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6490454
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	16794	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		16794
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	33187	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1565977	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1599164
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	177184	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	188504	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-11320
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	202852	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3272693
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		137480
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		10636010
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		22344127

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14735545	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		14735545
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	14295	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	27215	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		41510
j Total expenses. Add all expense amounts in column (b) and enter total	2j		14777055

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7567072
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **SULLIVAN SHEARIN & COMPANY**

(2) EIN: **56-1350306**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan PHYSICIANS EAST PA PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PHYSICIANS EAST PA	D Employer Identification Number (EIN) 56-1968491	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A.

**PHYSICIANS EAST, P.A.
PROFIT SHARING PLAN & TRUST**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION**

**AS OF DECEMBER 31, 2024 AND 2023
and YEAR ENDED DECEMBER 31, 2024**

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**SULLIVAN, SHEARIN
& COMPANY**

CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the
Physicians East, P.A. Profit Sharing Plan & Trust
Profit-Sharing Retirement Plan and Trust

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

We have performed audits of the accompanying financial statements of Physicians East, P.A. Profit Sharing Plan and Trust, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit] The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Physicians East, P.A. Profit Sharing Plan and Trust's ability to continue as a going concern for one year after the date of the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

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

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

Supplemental Schedules Required by ERISA

The supplemental schedule of Schedule H, line 4i-Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investments information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the

supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulation for Reporting and Disclosure under ERISA.

In our opinion—

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



Sullivan, Shearin & Company
Certified Public Accountants
Greenville, North Carolina
October 14, 2025

PHYSICIANS EAST, P.A. PROFIT SHARING PLAN & TRUST
 STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
 As of December 31, 2024 and 2023

ASSETS	<u>2024</u>	<u>2023</u>
Investments at fair value	\$ 110,164,425	\$ 102,498,677
Investment at contract value	3,869,684	3,968,850
Pooled separate account interest adjustment	119	-
Non-interest bearing cash	203	-
Receivables		
Employer profit sharing contribution receivable	2,615,878	2,399,017
Other employer contributions receivable	-	-
Employer 401k match receivable	-	-
Employee 401k receivable	-	-
Total receivables	<u>2,615,878</u>	<u>2,399,017</u>
TOTAL ASSETS	116,650,309	108,866,544
LIABILITIES		
Accounts payable	-	-
Pooled separate account interest adjustment	<u>-</u>	<u>199</u>
TOTAL LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 116,650,309</u>	<u>\$ 108,866,345</u>

PHYSICIANS EAST, P.A. PROFIT SHARING PLAN & TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2024

ADDITIONS

Additions to net assets attributed to:

Investment income

Dividends	1,599,164	
Interest	154,305	
Net realized and unrealized depreciation in fair value of investments	14,100,235	
Total Investment Income (Loss)		\$ 15,853,704

Contributions

Employer's profit sharing contribution	2,615,878	
Employer's qualified discretionary	493	
Employer's 401k match	1,409,275	
Employees' 401k contributions	2,486,386	
Employees' rollover contributions	195,283	
Total contributions	6,707,315	

TOTAL ADDITIONS		22,561,019
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DEDUCTIONS

Deductions from net assets attributed to:

Benefits paid to participants	14,735,545	
Investment management fees	41,510	
	14,777,055	

TOTAL DEDUCTIONS		14,777,055
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NET INCREASE (DECREASE) IN ASSETS AVAILABLE FOR BENEFITS		7,783,964
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NET ASSETS AVAILABLE FOR PLAN BENEFITS

BEGINNING OF YEAR		108,866,345
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END OF YEAR		\$ 116,650,309
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SEE ACCOMPANYING NOTES TO THE FINANCIAL STATEMENTS.

PHYSICIANS EAST, P.A. PROFIT SHARING PLAN & TRUST
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024

1) DESCRIPTION OF PLAN

The following description of the Physicians East, P.A. Profit-Sharing Plan & Trust ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General. The Plan is a 401k and defined contribution plan covering all employees of the company who have one year of service and are age twenty one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - 401k. The Company allows each eligible employee to withhold up to 15% of their salary as a 401k contribution by the employee. The company will match the first 3% of wages, and will contribute 50% of the next 3% contributed by the employee.

Contributions - Profit Sharing. In addition to the employee 401k contribution and the company match, the Company may contribute to the Plan a portion of its current profits before profit-sharing costs and income taxes. Amounts are contributed at the option of the Company's board of directors. Contributions are subject to certain limitations. The profit sharing contribution is allocated to the eligible employees based on their compensation, as adjusted by the Plan to recognize extra funding for those employees over the social security withholding limitation.

Funding of Contributions. Employee contributions to the 401k and the employer's matching contribution are funded by the employer directly to the Plan trustee, Fidelity Investments, immediately after each pay-day. The employer's contribution toward profit sharing is made at the employer's discretion. The full contribution for 2024 was contributed in 2025.

Participant Accounts. Each participant's account is credited with the participant's contribution, the company match, an allocation of the Company's profit sharing contribution to the Plan, Plan earnings, and the self-directed accounts are charged with administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

The Plan also allows a participant to rollover funds from a previous employer's retirement plan into this Plan.

Vesting. Participants are immediately 100% vested in their 401k contributions, the company match to their 401k contribution, and rollover contributions into the Plan. Likewise all earnings attributable to these categories are also immediately vested.

Vesting in the company profit sharing contribution portion of the employees' accounts plus earnings thereon is based on years of continuous service. The current Plan provides that a participant has no vesting until three years of service with the employer. After completing three years, the employee is 100% vested. An employee is also considered to be 100% vested at death, at their disability, and at early or normal retirement as described by the Plan.

Forfeitures. Upon termination of employment, a participant's balance in the profit sharing Plan above the amount that they are vested remains in the Plan and is applied to administrative fees or to reduce employer contributions.

Payment of Benefits. On termination of service due to death, disability or retirement, a participant will become 100% vested and may elect to receive an amount equal to the value of the participant's interest in his or her account in either a lump-sum amount, or in installments. For termination of service due to other reasons, a participant may receive the value of the interest in his or her account as a lump-sum distribution, but only if vested.

PHYSICIANS EAST, P.A. PROFIT SHARING PLAN & TRUST
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024

1) DESCRIPTION OF PLAN - (Continued)

Payment of Expenses. The Plan absorbs management fees charged by the brokerage account for self-directed accounts and administrative fees such as fund accounting. All other expenses such as accounting, and professional fees, etc. are paid if directed by the employer from the plan. Otherwise, the employer pays these fees. Certain administrative fees are charged directly to the participant's account.

2) SUMMARY OF SIGNIFICANT ACCOUNTING PROCEDURES

Basis of Accounting

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

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for that portion of the net assets available for benefits of defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would normally receive if they were to initiate permitted transactions under the terms of the Plan.

Investment Valuation and Income Recognition

Investments are reported at fair value, except for fully benefit-responsive investment contract, which is reported at contract 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 3 for discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

Estimates

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

Subsequent Events

Subsequent events were evaluated through October 14, 2025, the date the financial statements were available to be issued.

PHYSICIANS EAST, P.A. PROFIT SHARING PLAN & TRUST
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024

3) FAIR VALUE MEASUREMENTS

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 lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds and money market 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 SEC. 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.

Common collective trust funds: Valued by using the unadjusted NAV per share as provided by the fund as a practical expedient. The value of the Plan's investments in these trusts represent the Plan's ownership interest in the net asset value of the respective trusts. Items classified as NAV do not have a quoted price in an active marketplace. As a practical expedient, the Plan is permitted under GAAP to estimate the fair value of an investment at the measurement date using the NAV reported by the fund without further adjustment, provided the NAV has been calculated in accordance with or in a manner consistent with GAAP, and provided further that the Plan does not expect to sell the investment at a value other than NAV.

PHYSICIANS EAST, P.A. PROFIT SHARING PLAN & TRUST
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024

3) FAIR VALUE MEASUREMENTS - (Continued)

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:

<u>December 31 2024, Fair Value Measurements</u>					
<u>Description</u>	<u>Fair Value</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>		<u>Significant Other Observable Inputs (Level 2)</u>	<u>NAV</u>
Mutual Funds	\$ 51,179,152	\$ 51,179,152	-	-	-
Common Collective Trusts	56,747,939	-	-	-	56,747,939
Common Stocks	2,237,334	2,237,334	-	-	-
Total	\$ 110,164,425	\$ 53,416,486	-	-	56,747,939

<u>December 31 , 2023 Fair Value Measurements Using:</u>					
<u>Description</u>	<u>Fair Value</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>		<u>Significant Other Observable Inputs (Level 2)</u>	<u>NAV</u>
Mutual Funds	\$ 100,553,730	\$ 100,553,730	-	-	-
Common Stocks	1,944,947	1,944,947	-	-	-
Total	\$ 102,498,677	\$ 102,498,677	-	-	-

4) PARTICIPANT DIRECTED INVESTMENT PLAN

The Plan is a participant directed investment plan with Fidelity Management Trust Company in which each participant has various funds to select among. In addition, the participants are allowed to self-direct their investments through Fidelity Brokerage instead of selecting from the list of mutual funds of Fidelity Investments.

Participants' accounts at December 31, 2024 and 2023 respectively totaling \$7,789,697 and \$7,975,256 were self-directed by the participants. These investments were being held in the Fidelity Brokerage accounts as directed by the participant.

PHYSICIANS EAST, P.A. PROFIT SHARING PLAN TRUST
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024

5) INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information, which is included in the accompanying financial statements and supplemental schedules as of December 31, 2024 and December 31, 2023 and for the years then ended, was obtained from data that has been prepared and certified to be complete and accurate by Fidelity Management Trust Company, trustee of the Plan investments in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income and Security Act of 1974.

	2024	2023
Investments - at Market Value		
Non-interest bearing cash	\$ 203	\$ 0
Cash in Money Market Funds	251,438	329,523
PSA Interest Adjustment	85	(199)
Guaranteed Investment Contract (PSA)	3,869,718	3,968,850
Corporate Stocks & Debt	2,237,334	1,944,947
Common Collective Trusts	56,747,939	0
Mutual Funds	50,927,714	100,224,207
Total Investments	114,034,431	106,467,328
Investment Income (Loss)	\$ 15,853,704	\$ 17,465,490
Contributions to Plan		
Participant Rollovers	\$ 195,283	\$ 177,463
Employee & Employer Contributions	6,295,171	6,254,552
Total Contributions	6,490,454	6,432,015
Administrative Fees	\$ 41,509	\$ 49,011
Participant Withdrawals	\$ 14,735,545	\$ 6,057,175

6) CASH AND CASH EQUIVALENTS

As of December 31, 2024, \$203 was held in a non-interest bearing account. Any money not otherwise invested, was invested in Fidelity money market mutual accounts.

7) EMPLOYER CONTRIBUTIONS

The employer elected to contribute \$2,615,878 as a discretionary contribution to the profit sharing Plan for the year. This was fully funded in October, 2025.

As required by the Plan, the company matched 401k contributions of the employees. For this purpose, the company contributed an additional \$1,461,729, which was fully funded at year-end. As discussed in Note 9, this was reduced by forfeitures of \$66,874.

8) EMPLOYEE ROLLOVERS

The Plan allows the participants to "roll over" retirement funds from previous employment into this Plan. During this year, funds totaling \$195,283 were transferred into the Plan from employee rollovers.

PHYSICIANS EAST, P.A. PROFIT SHARING PLAN & TRUST
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024

9) FORFEITURES

Account balances of terminated employees are paid to them or held in the fund if the employee has vested. If the employee is not vested in any portion, the accounts will be forfeited in the year in which their employment terminates. Forfeitures may be used to reduce employer contributions or to pay administrative expenses of the Plan, as determined by the Company at its sole discretion. For the year ended December 31, 2024, \$23,683 in forfeitures were used to pay administrative fees and \$66,874 was used to reduce employer contributions.

As of December 31, 2024 and 2023 respectively, there was a balance of \$333 and \$89 in forfeitures related to the profit sharing contributions.

10) PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. If this were to happen, all participants' accounts would immediately become 100% vested.

11) 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 statement of net assets available for benefits.

12) RELATED -PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are managed by Fidelity, the trustee and record keeper for the Plan, and therefore, these transactions qualify as party in interest transactions. Any purchases and sales of these funds are performed in the open market at fair value. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

Fidelity provides certain administrative services to the Plan pursuant to a Retirement Plan Service Agreement between the Company and Fidelity. Fidelity receives revenue from mutual fund service providers for the services Fidelity provides to the funds. This revenue is used to offset certain amounts owed to Fidelity for its administrative services to the Plan. If the revenue received by Fidelity from such mutual fund service providers exceeds the amount owed under the agreement Fidelity remits the excess to the Plan's trust. Such amounts may be applied to pay Plan administrative expenses or allocated to the accounts of the participants. During 2024, the excess amount credited was \$30,349.

13) INCOME TAXES

The Plan has adopted a prototype plan that has received an opinion letter from the Internal Revenue Service. The Plan administrator believes that the Plan is operated in accordance with, and qualifies under, the applicable requirements of the Code and related state statutes, and that the trust, which forms a part of the Plan, is exempt from federal income and state franchise taxes.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize any uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

PHYSICIANS EAST, P.A. PROFIT SHARING PLAN & TRUST
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024

14) GUARANTEED INVESTMENT CONTRACT WITH NEW YORK LIFE

In 2012, the Plan entered into a fully benefit-responsive guaranteed investment contract with New York Life (NYL). NYL maintains the contributions in a pooled separate account. In addition to the contributions, the account includes interest credited, plus dividends, if any, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value.

As described above in note #2, because the contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the investment contract.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than zero percent. The interest crediting rate may be reset not more frequently than daily and not less frequently than quarterly. The interest crediting rate reflects the book yield on the separate account, adjusted to reflect amortization of any realized gains and losses.

Certain events could limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (a) total or partial Plan termination; (c) mergers; (d) lay-offs; (f) early retirement incentive programs; (g) sale or closing of all or part of the Plan sponsor's operations; (h) bankruptcy; or (i) receivership. The Plan administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

	2024	2023
Average Yields		
Based on Actual Earnings	4.25%	3.75%
Based on Interest Rate Credited to Participants	3.80%	3.30%

15) RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Those differences between the Form 5500 and this financial report are as follows:

For Form 5500 reporting, contributions to the Plan are reported on a cash basis. Accordingly, the 5500 does not reflect the money owed to the Plan at the end of 2024 and 2023 as does the financial statement.

<u>Contributions & Other Receivables</u>	<u>Financial Rpt.</u>	<u>Form 5500</u>
Receivables due as of December 31, 2024		
Employer for 2023 Profit Share	\$ 2,615,878	\$ 0
Other Receivable	119	85
Employer 401k Match for 2024	0	0
Employee 401k for 2024	0	0
Receivables due as of December 31, 2023		
Employer for 2023 Profit Share	2,399,017	0
Other Receivable	0	0
Employer 401k Match for 2023	0	0
Employee 401k for 2023	0	0

PHYSICIANS EAST, P.A. PROFIT SHARING PLAN & TRUST
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024

15) RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)

<u>Contributions Income</u>	<u>Employer</u>	<u>Employees</u>
Income Per Financial Report		
Profit Share Contributions	\$ 2,615,878	\$ 0
Qualified Discretionary Contributions	493	0
401K Contributions	1,409,275	2,486,386
Rollovers	0	195,283
December 31, 2024 Receivable		
Profit Share Contributions	(2,615,878)	0
Other Employer Contributions	0	0
401k Contributions	0	0
December 31, 2023 Receivable		
Profit Share Contributions	2,399,017	0
Other Employer Contributions	0	0
401k Contributions	0	0
Rounding	0	0
	<u>0</u>	<u>0</u>
Income Reported Per 5500	<u>\$ 3,808,785</u>	<u>\$ 2,681,669</u>

Different Income Reporting Requirements

As required by IRS Form 5500, the income reported on that form was reallocated and shown in a different manner than the attached statement of changes in net assets available for benefits.

Investment Income		
Dividends & Interest	\$ 1,753,469	\$
Realized and Unrealized Losses on Investments		
Registered Investment Companies & Corporate Stocks	14,100,235	
Interest on Interest Bearing Cash		\$ 16,794
Net Gain/(Loss) from Pooled Separate Accounts		137,480
Dividends on Common Stocks		33,187
Dividends on Registered Investment Companies		1,565,977
Net Gain/(Loss) on Sales of Investments		(11,320)
Other Unrealized Appreciation (Depreciation)		202,852
Mutual Fund Income (Loss)		10,636,010
Common Collective Trust Income (Loss)		3,272,693
Interest Timing Difference	<u>-31</u>	
Total Investment Income (Loss)	<u>\$ 15,853,673</u>	<u>\$ 15,853,673</u>

16 CORRECTION OF ERROR

It was discovered that the 2023 profit sharing receivable and contribution were understated by \$60,000. The affected financial statements were reissued to correct the error.

SUPPLEMENTAL INFORMATION

PHYSICIANS EAST, PA. PROFIT SHARING PLAN
EIN: 56-1986491 PLAN NUMBER: 001
Schedule H, line 4i - Schedule of Assets (Held At End of Year)
December 31, 2024

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity value	(d) # of Shares	(e) Cost	Current Value
INTEREST BEARING CASH (INCLUDING MONEY MARKET MUTUAL FUNDS)				
FIDELITY GOVT MONEY MARKET K6	Mutual Fund Shares		\$	1,600
FIDELITY CASH RESERVES	Mutual Fund Shares			249,838
				251,438
CORPORATE STOCKS				
ALECTOR INC	Common Stock	600		1,134
AMAZON.COM	Common Stock	278		60,990
ADOBE SYS INC	Common Stock	105		46,691
ARM HOLDINGS PLC	Common Stock	204		25,165
APPLIED MATERIALS INC	Common Stock	506		82,316
ARVINAS INC COM	Common Stock	250		4,792
DEVON ENERGY CORP NEW	Common Stock	7,425		243,026
BLACKSTONE GROUP	Common Stock	350		60,266
BLUEBIRD BIO INC COM	Common Stock	7		58
BRISTOL MYERS SQUIBB NFS	Common Stock	904		51,120
NEW YORK COMMUNITY BANCORP	Common Stock	413		3,851
CISCO SYS INC	Common Stock	306		18,141
CORTEVA INC COM	Common Stock	90		5,143
CARRIER GLOBAL CORPORATION	Common Stock	109		7,437
CRISPR THERAPEUTICS AG COM	Common Stock	400		15,744
CROWDSTRIKE HLDGS INC	Common Stock	100		34,216
DXC TECHNOLOGY	Common Stock	103		2,058
DEXCOM	Common Stock	140		10,888
DISNEY CORP	Common Stock	101		11,228
DOMINOS PIZZA INC	Common Stock	74		31,253
DOWINC COM	Common Stock	114		4,594
DUKE ENERGY CORP	Common Stock	442		47,613
FACEBOOK INC	Common Stock	114		66,486
FIRST BANCORP	Common Stock	314		13,792
FIRST CITIZENS BANC	Common Stock	111		233,603
FORD MOTOR COMPANY	Common Stock	2,042		20,213
FREEPORT MCMORAN COPPER & GOLD	Common Stock	1,611		61,332
FULGENT GENETICS INC	Common Stock	57		1,053
GIGACLOUD TECHNOLOGY INC	Common Stock	300		5,556
GRAYSCALE ETHEREUM MINI TR	Common Stock	18		567
INMODE LTD COM	Common Stock	400		6,680
INSULET CORP	Common Stock	3		763
KB HOME	Common Stock	318		20,921
LILLY ELI & CO	Common Stock	14		11,006
LIVE OAK BANCSHARES	Common Stock	594		23,479
LYFT	Common Stock	300		3,870
MATCH GROUP INC	Common Stock	150		4,906
MAXLINEAR	Common Stock	200		3,956
MERCADOLIBRE INC	Common Stock	5		8,502
MCDONALDS CORP	Common Stock	107		30,918
MAPLEBEAR INC	Common Stock	45		1,848
NOVO NORDISK A/S	Common Stock	2298		197,637
NVIDIA CORP	Common Stock	2235		300,083
OTIS WORLDWIDE	Common Stock	55		5,048
PEPSICO INC	Common Stock	110		16,775
PRECISION BIOSCIENCES INC COM	Common Stock	26		99
PALANTIR TECHNOLOGIES	Common Stock	50		3,781
RAYTHEON	Common Stock	116		13,454
SNOWFLAKE INC	Common Stock	86		13,279
SALESFORCE.COM INC	Common Stock	251		83,943
SAREPTA THERAPEUTICS INC COM	Common Stock	250		30,398
SIX FLAGS ENTMT	Common Stock	174		8,408
SPIRIT AEROSYSTEMS HLDGS INC	Common Stock	201		6,851
SQUARE INC	Common Stock	100		8,499
TANDEM DIABETES CARE INC	Common Stock	132		4,755
TAKE-TWO INTERACTIVE SOFTWARE	Common Stock	100		18,408
TARGET	Common Stock	113		15,225
PFIZER	Common Stock	1066		28,276
THERMO ELECTRON CORP	Common Stock	50		26,227
2SEVENTY BIO INC	Common Stock	48		141
VERIZON COMMUNICATIONS	Common Stock	485		19,415
VERTEX PHARMACEUTCLS INC	Common Stock	50		20,135
YETI HOLDINGS	Common Stock	200		7,702
ABBVIE INC COM	Common Stock	657		116,703
ZOOM VIDEO	Common Stock	60		4,897
Total Common Stock				2,237,334

PHYSICIANS EAST, PA PROFIT SHARING PLAN
EIN: 56-1986491 PLAN NUMBER:001
Schedule H, line 4i - Schedule of Assets (Held At End of Year)
December 31, 2024

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
INTEREST IN POOLED SEPARATE ACCOUNTS		<u>Contract Value</u>	
NEW YORK LIFE INS CO - ANCHOR ACCOUNT	Units		3,869,684
			3,869,684
REGISTERED INVESTMENT COMPANIES		<u># of Shares</u>	
ALLIANCE BERNSTEIN SMALL CAP GROWTH	Mutual Fund Shares	13,894	1,026,880
AMERICAN FUNDS EUROPACIFIC GROWTH FUND	Mutual Fund Shares	21,341	1,146,435
ARTISAN INTL VALUE FUND ADVISOR	Mutual Fund Shares	12,556	590,994
ARMOUR RESIDENTIAL REIT INC COM	Units	215	4,060
BEUTEL GOODMAN LARGE CAP VALUE	Mutual Fund Shares	14,746	216,330
BROWN ADVISORY GLOBAL LEADERS	Mutual Fund Shares	14,252	382,227
BROWN ADVISORY SMALL CAP FNDMTL VALUE	Mutual Fund Shares	9,973	283,329
BROWN ADVISORY FLEXIBLE VALUE	Mutual Fund Shares	20,699	849,502
BROWN ADVISORY SUSTAINABLE BD INSTL	Mutual Fund Shares	194,812	1,628,625
BROWN ADVISORY SOMERSET EMGMKT INST	Mutual Fund Shares	29,036	334,786
BROWN ADVISORY WMC STRAT EUROPN EQ	Mutual Fund Shares	19,868	260,071
BROWN ADVISORY SMALL CAP GROWTH INV	Mutual Fund Shares	16,854	376,853
FIDELITY CAPITAL & INCOME	Mutual Fund Shares	205,313	2,083,930
FIDELITY 500 INDEX INST	Mutual Fund Shares	86,809	17,725,437
FIDELITY CONTRAFUND K6	Mutual Fund Shares	314,808	9,787,375
FIDELITY DIVERSIFIED INTL K	Mutual Fund Shares	251,131	3,556,014
FIDELITY EXTENDED MARKET	Mutual Fund Shares	9,728	884,066
FIDELITY GLOBAL EX US INDEX FUND	Mutual Fund Shares	63,109	910,030
FIDELITY NASDAQ COMPOSITE INDEX	Mutual Fund Shares	919	224,921
FIDELITY LOW PRICED STOCK K6	Mutual Fund Shares	67,609	988,440
FIDELITY US BOND INDEX FUND	Mutual Fund Shares	74,582	762,226
FIDELITY TOTAL BOND K6	Mutual Fund Shares	397,553	3,458,447
FIDELITY FREEDOM 2050	Mutual Fund Shares	530	7,256
ORCHID IS CAP INC COM	Units	262	2,039
JOHN HANCOCK DISCIPLINED VALUE MIDCAP R6	Mutual Fund Shares	48,646	1,310,513
PIF REAL EST SEC R6	Mutual Fund Shares	16,766	471,297
PIMCO COM REAL RET I	Mutual Fund Shares	33,771	444,094
AGNC INVT CORP COM	Units	413	3,801
SPROTT PHYSICAL GOLD TR UNITS	Units	1,214	24,458
SPDR SER TR KBW REGL BKG ETF	Units	362	21,824
VICTORY SM CO OPP R6	Mutual Fund Shares	22,737	1,070,208
VANECK VECTORS ETF TR BDC INCOME	Units	616	10,246
VANGUARD SCOTTSDALE FDS SHORT	Units	1,206	70,165
GRAYSCALE ETHEREUM TR	Units	187	5,240
PERMIAN BASIN TRY TR	Units	505	5,595
Total Registered Investment Companies			50,927,714

PHYSICIANS EAST, PA PROFIT SHARING PLAN
 EIN: 56-1986491 PLAN NUMBER: 001
 Schedule H, line 4i - Schedule of Assets (Held At End of Year)
 December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
<u>REGISTERED INVESTMENT COMPANIES</u>				
		<u># of Shares</u>		
	COLUMBIA DIV INCOME CAP	Common Collective Trust	722,323	7,317,128
	FIDELITY FREEDOM 2010 H	Common Collective Trust	29,088	607,058
	FIDELITY FREEDOM 2015 H	Common Collective Trust	8,656	191,993
	FIDELITY FREEDOM 2020 H	Common Collective Trust	116,871	2,661,143
	FIDELITY FREEDOM 2025 H	Common Collective Trust	114,878	2,832,895
	FIDELITY FREEDOM 2030 H	Common Collective Trust	306,949	7,907,017
	FIDELITY FREEDOM 2035 H	Common Collective Trust	169,373	4,889,809
	FIDELITY FREEDOM 2040 H	Common Collective Trust	170,265	5,153,914
	FIDELITY FREEDOM 2045 H	Common Collective Trust	112,395	3,460,640
	FIDELITY FREEDOM 2050 H	Common Collective Trust	121,391	3,685,419
	FIDELITY FREEDOM 2055 H	Common Collective Trust	95,169	3,097,744
	FIDELITY FREEDOM 2060 H	Common Collective Trust	53,807	1,173,530
	FIDELITY FREEDOM 2065 H	Common Collective Trust	5,335	92,137
	FIDELITY FREEDOM INCOME H	Common Collective Trust	37,122	622,900
	HARBOR CAP APPR R	Common Collective Trust	603,326	10,763,343
	MFS MID CP GROWTH CT	Common Collective Trust	135,707	2,291,269
	Total Common Collective Trusts			<u>56,747,939</u>
	TOTAL			<u><u>\$ 114,034,109</u></u>

PHYSICIANS EAST, PA. PROFIT SHARING PLAN
EIN: 56-1988491 PLAN NUMBER: 001
Schedule H, line 4i - Schedule of Assets (Held At End of Year)
December 31, 2024

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INTEREST BEARING CASH (INCLUDING MONEY MARKET MUTUAL FUNDS)				
FIDELITY GOVT MONEY MARKET K6	Mutual Fund Shares		\$	1,600
FIDELITY CASH RESERVES	Mutual Fund Shares			249,838
				<u>251,438</u>
CORPORATE STOCKS				
ALECTOR INC	Common Stock	600		1,134
AMAZON.COM	Common Stock	278		60,990
ADOBE SYS INC	Common Stock	105		48,691
ARM HOLDINGS PLC	Common Stock	204		25,165
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DOMINOS PIZZA INC	Common Stock	74		31,253
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YETI HOLDINGS	Common Stock	200		7,702
ABBVIE INC COM	Common Stock	657		116,703
ZOOM VIDEO	Common Stock	60		<u>4,897</u>

Total Common Stock

PHYSICIANS EAST, PA PROFIT SHARING PLAN
EIN: 56-1986491 PLAN NUMBER:001
Schedule H, line 4i - Schedule of Assets (Held At End of Year)
December 31, 2024

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INTEREST IN POOLED SEPARATE ACCOUNTS			<u>Contract Value</u>	
	NEW YORK LIFE INS CO - ANCHOR ACCOUNT	Units		3,869,684
				3,869,684
REGISTERED INVESTMENT COMPANIES			<u># of Shares</u>	
	ALLIANCE BERNSTEIN SMALL CAP GROWTH	Mutual Fund Shares	13,894	1,026,880
	AMERICAN FUNDS EUROPACIFIC GROWTH FUND	Mutual Fund Shares	21,341	1,146,435
	ARTISAN INTL VALUE FUND ADVISOR	Mutual Fund Shares	12,556	590,994
	ARMOUR RESIDENTIAL REIT INC COM	Units	215	4,060
	BEUTEL GOODMAN LARGE CAP VALUE	Mutual Fund Shares	14,746	216,330
	BROWN ADVISORY GLOBAL LEADERS	Mutual Fund Shares	14,252	382,227
	BROWN ADVISORY SMALL CAP FNDMTL VALUE	Mutual Fund Shares	9,973	283,329
	BROWN ADVISORY FLEXIBLE VALUE	Mutual Fund Shares	20,699	849,502
	BROWN ADVISORY SUSTAINABLE BD INSTL	Mutual Fund Shares	194,812	1,628,625
	BROWN ADVISORY SOMERSET EMGMKT INST	Mutual Fund Shares	29,036	334,786
	BROWN ADVISORY WMC STRAT EUROPN EQ	Mutual Fund Shares	19,868	260,071
	BROWN ADVISORY SMALL CAP GROWTH INV	Mutual Fund Shares	16,854	376,853
	FIDELITY CAPITAL & INCOME	Mutual Fund Shares	205,313	2,083,930
	FIDELITY 500 INDEX INST	Mutual Fund Shares	86,809	17,725,437
	FIDELITY CONTRAFUND K6	Mutual Fund Shares	314,808	9,787,375
	FIDELITY DIVERSIFIED INTL K	Mutual Fund Shares	251,131	3,556,014
	FIDELITY EXTENDED MARKET	Mutual Fund Shares	9,728	884,066
	FIDELITY GLOBAL EX US INDEX FUND	Mutual Fund Shares	63,109	910,030
	FIDELITY NASDAQ COMPOSITE INDEX	Mutual Fund Shares	919	224,921
	FIDELITY LOW PRICED STOCK K6	Mutual Fund Shares	67,609	988,440
	FIDELITY US BOND INDEX FUND	Mutual Fund Shares	74,582	762,226
	FIDELITY TOTAL BOND K6	Mutual Fund Shares	397,553	3,458,447
	FIDELITY FREEDOM 2050	Mutual Fund Shares	530	7,256
	ORCHID IS CAP INC COM	Units	262	2,039
	JOHN HANCOCK DISCIPLINED VALUE MIDCAP R6	Mutual Fund Shares	48,646	1,310,513
	PIF REAL EST SEC R6	Mutual Fund Shares	16,766	471,297
	PIMCO COM REAL RET I	Mutual Fund Shares	33,771	444,094
	AGNC INVT CORP COM	Units	413	3,801
	SPROTT PHYSICAL GOLD TR UNITS	Units	1,214	24,458
	SPDR SER TR KBW REGL BKG ETF	Units	362	21,824
	VICTORY SM CO OPP R6	Mutual Fund Shares	22,737	1,070,208
	VANECK VECTORS ETF TR BDC INCOME	Units	616	10,246
	VANGUARD SCOTTSDALE FDS SHORT	Units	1,206	70,165
	GRAYSCALE ETHEREUM TR	Units	187	5,240
	PERMIAN BASIN TRY TR	Units	505	5,595
	Total Registered Investment Companies			50,927,714

PHYSICIANS EAST, PA PROFIT SHARING PLAN
EIN: 56-1986491 PLAN NUMBER: 001
Schedule H, line 4i - Schedule of Assets (Held At End of Year)
December 31, 2024

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
<u>REGISTERED INVESTMENT COMPANIES</u>			
	<u># of Shares</u>		
COLUMBIA DIV INCOME CAP	Common Collective Trust	722,323	7,317,128
FIDELITY FREEDOM 2010 H	Common Collective Trust	29,088	607,058
FIDELITY FREEDOM 2015 H	Common Collective Trust	8,656	191,993
FIDELITY FREEDOM 2020 H	Common Collective Trust	116,871	2,661,143
FIDELITY FREEDOM 2025 H	Common Collective Trust	114,878	2,832,895
FIDELITY FREEDOM 2030 H	Common Collective Trust	306,949	7,907,017
FIDELITY FREEDOM 2035 H	Common Collective Trust	169,373	4,889,809
FIDELITY FREEDOM 2040 H	Common Collective Trust	170,265	5,153,914
FIDELITY FREEDOM 2045 H	Common Collective Trust	112,395	3,460,640
FIDELITY FREEDOM 2050 H	Common Collective Trust	121,391	3,685,419
FIDELITY FREEDOM 2055 H	Common Collective Trust	95,169	3,097,744
FIDELITY FREEDOM 2060 H	Common Collective Trust	53,807	1,173,530
FIDELITY FREEDOM 2065 H	Common Collective Trust	5,335	92,137
FIDELITY FREEDOM INCOME H	Common Collective Trust	37,122	622,900
HARBOR CAP APPR R	Common Collective Trust	603,326	10,763,343
MFS MID CP GROWTH CT	Common Collective Trust	135,707	2,291,269
			<hr/>
Total Common Collective Trusts			56,747,939
			<hr/>
TOTAL			\$ 114,034,109
			<hr/> <hr/>