

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

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

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

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

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

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>SOUTHVIEW MEDICAL GROUP, P. C. 401(K) PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SOUTHVIEW MEDICAL GROUP, P.C.</u></p> <p><u>833 ST. VINCENT'S DRIVE</u> <u>SUITE 300</u> <u>BIRMINGHAM, AL 35205</u></p>	<p><b>1c</b> Effective date of plan <u>12/14/1966</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>63-1185612</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>205-933-4640</u></p> <p><b>2d</b> Business code (see instructions) <u>621111</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/15/2025	DOROTHY L UNDERWOOD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/15/2025	DOROTHY L UNDERWOOD
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	407
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	324
	<b>6a(2)</b>	227
	<b>6b</b>	1
	<b>6c</b>	44
	<b>6d</b>	272
	<b>6e</b>	0
	<b>6f</b>	272
	<b>6g(1)</b>	253
<b>6g(2)</b>	224	
<b>6h</b>	1	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

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

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

**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 \_\_\_\_\_
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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

<b>A</b> Name of plan SOUTHVIEW MEDICAL GROUP, P. C. 401(K) PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 SOUTHVIEW MEDICAL GROUP, P.C.	<b>D</b> Employer Identification Number (EIN) 63-1185612	

**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

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

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

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

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(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?
15 52 59 60 62 71 72	RECORDKEEPER	1106	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	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"/>

(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.

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>SOUTHVIEW MEDICAL GROUP, P. C. 401(K) PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SOUTHVIEW MEDICAL GROUP, P.C.</b>	<b>D</b> Employer Identification Number (EIN) <b>63-1185612</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	175
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	333660	340461
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	4209	0
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	97294	9252
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	49884070	52242696
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	0	276789

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	50319233	52869373
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	50319233	52869373

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1836728	
(B) Participants.....	2a(1)(B)	1062850	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		2899578
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	2621	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	0	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		2621
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2032900	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		2032900
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	0	
(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)	0
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)	0
(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)	4611164
<b>c</b> Other income .....	2c	27828
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d	9574091

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	6979598
(2) To insurance carriers for the provision of benefits .....	2e(2)	
(3) Other .....	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)	6979598
<b>f</b> Corrective distributions (see instructions) .....	2f	0
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g	0
<b>h</b> Interest expense .....	2h	0
<b>i</b> Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	
(2) Contract administrator fees .....	2i(2)	
(3) Recordkeeping fees .....	2i(3)	23294
(4) IQPA audit fees .....	2i(4)	
(5) Investment advisory and investment management fees .....	2i(5)	7516
(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)	13543
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	44353
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j	7023951

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k	2550140
<b>l</b> Transfers of assets:		
(1) To this plan .....	2l(1)	0
(2) From this plan .....	2l(2)	0

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **KASSOUF & COMPANY**

(2) EIN: **63-0590670**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	X		39150
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		

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

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

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

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

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

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>SOUTHVIEW MEDICAL GROUP, P. C. 401(K) PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>SOUTHVIEW MEDICAL GROUP, P.C.</u>	<b>D</b> Employer Identification Number (EIN) <u>63-1185612</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

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

1		0
---	--	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 01-0233346 94-1687665

**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	
---	--

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>
<b>c</b> 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).....	<b>6c</b>

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline?.....  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....  Yes  No  N/A

<b>Part III</b>	<b>Amendments</b>
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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.....  Increase  Decrease  Both  No

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

**11 a** Does the ESOP hold any preferred stock? .....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? .....  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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 Q703378A.

**Southview Medical Group, P.C.  
401(k) Profit Sharing Plan**

**Birmingham, Alabama**

**Financial Statements**

**December 31, 2024 and 2023**

Southview Medical Group, P.C.  
401(k) Profit Sharing Plan  
Table of Contents  
December 31, 2024 and 2023

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## Independent Auditors' Report

Trustee and Administrator  
Southview Medical Group, P.C.  
401(k) Profit Sharing Plan  
Birmingham, Alabama

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

We have performed audits of the accompanying financial statements of Southview Medical Group, P.C. 401(k) Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (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 audits of Southview Medical Group, P.C. 401(k) Profit Sharing Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

### Opinion

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

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

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Southview Medical Group, P.C. 401(k) Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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

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

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Southview Medical Group, P.C. 401(k) Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Southview Medical Group, P.C. 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

#### **Other Matter – Supplemental Schedules Required by ERISA**

The supplemental schedules of Schedule H, Line 4a – Schedule of Delinquent Participant Contributions and Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of or for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held 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).

KASSOUF & CO., INC.

A handwritten signature in black ink that reads "Kassouf & Co." in a cursive script.

CPAs and Advisors

October 15, 2025

**Southview Medical Group, P.C.**  
**401(k) Profit Sharing Plan**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2024 and 2023**

	<b>2024</b>	<b>2023</b>
<b>Assets</b>		
<b>Cash</b>	\$ 175	\$ 97,294
<b>Investments, at Fair Value</b>	52,527,576	49,884,070
<b>Receivables</b>		
Accrued income	1,161	-
Participant contributions	-	4,209
Employer contributions	340,461	333,660
Total Receivables	341,622	337,869
<b>Net Assets Available for Benefits</b>	<b>\$ 52,869,373</b>	<b>\$ 50,319,233</b>

See accompanying notes to financial statements.

**Southview Medical Group, P.C.**  
**401(k) Profit Sharing Plan**  
**Statement of Changes in Net Assets Available For Benefits**  
**For the Year Ended December 31, 2024**

**Additions to Net Assets Attributed to:**

**Contributions**

Participant	\$ 1,062,850
Employer	1,836,728
Total Contributions	<u>2,899,578</u>

**Investment Income**

Net appreciation in fair value of investments	4,611,164
Interest and dividends	2,063,349
Net Investment Income	<u>6,674,513</u>

Total Additions	<u>9,574,091</u>
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**Deductions from Net Assets Attributed to:**

Benefits paid to participants	6,979,598
Administrative fees	44,353
Total Deductions	<u>7,023,951</u>

Net increase in net assets	2,550,140
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**Net Assets Available for Benefits:**

Beginning of year	<u>50,319,233</u>
End of year	<u><u>\$ 52,869,373</u></u>

See accompanying notes to financial statements.

**Southview Medical Group, P.C.**  
**401(k) Profit Sharing Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

Note 1. Description of the Plan and Summary of Significant Accounting Policies

Description of the Plan

The following description of the Southview Medical Group, P.C. 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

- A. **General** - The Plan is a defined contribution plan. The Plan covers each employee of Southview Medical Group, P.C. (the Company) that has at least one year of service and has attained age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).
- B. **Contributions** - Each year, participants may contribute a percentage of pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other tax qualified plans. In order to maintain "safe harbor" status, the Company makes a non-elective contribution equal to three percent of eligible compensation. Additional amounts may be contributed at the option of the Company's board of directors. Contributions are subject to certain limitations.
- C. **Participant Accounts** - Each participant's account is credited with the participant's contribution and allocation of (a) the Company's contribution and (b) plan earnings, and charged with applicable administrative expenses. Allocations are based on participant earnings or account balances, as defined in the Plan agreement.
- D. **Vesting** - Participants are immediately vested in their contributions, the Company's "safe harbor" contributions, and qualified non-elective contributions, plus actual earnings thereon. Vesting in the Company's discretionary contribution portion of their accounts, and the actual earnings thereon, is based on years of continuous service. A participant is 100 percent vested after six years of credited service.
- E. **Payment of Benefits** - Upon retirement, death or disability, a participant (or beneficiary) may elect to receive the entire amount of his/her account in one lump sum payment. If employment is terminated for reasons other than retirement, death or disability, participants may be entitled to all or part of their account, depending on their vesting percentage. The Plan allows hardship distributions subject to Plan administrator approval. Terminated or retired participants are required to withdraw funds from their retirement as soon as administratively feasible after severance from employment if their account balance is less than \$5,000.

**Southview Medical Group, P.C.**  
**401(k) Profit Sharing Plan**  
**Notes to Financial Statements - Continued**  
**December 31, 2024 and 2023**

Note 1. Description of the Plan and Summary of Significant Accounting Policies - Continued

Description of the Plan – Continued

- F. **Forfeited Accounts** - If any portion of a participant's employer contribution is forfeited during a plan year, it will first be used to reinstate previous forfeited account balances for eligible participants, satisfy any contribution omissions, and/or pay administrative expenses of the Plan. Any remaining forfeiture amounts will be used to reduce employer contributions. At December 31, 2024 and 2023, forfeited non-vested accounts totaled \$5,650 and \$8,216, respectively. Forfeitures of \$41,045 were used to reduce employer contributions for the year ended December 31, 2024. Forfeitures of \$2,204 were used to pay plan expenses for the year ended December 31, 2023.
- G. **Administration** - The Plan is administered by the Company. Charles Schwab Trust Bank was appointed custodian and trustee of the Plan for the year ending December 31, 2023, and for a portion of the year ending December 31, 2024. Beginning September 3, 2024, Bank of America N.A. was appointed custodian and trustee of the Plan. All funds in the Plan are held in trust by the trustees. Certain administrative expenses for investment, record-keeping and trustee fees are paid directly by the Plan. Direct administrative expenses paid to the Plan's custodian and trustee were \$44,353 and \$69,329 for the years ended December 31, 2024 and 2023, respectively.

Basis of Accounting

The Plan's policy is to prepare its financial statements on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Revenues are recognized in the period in which they are earned. Expenses are recognized in the period in which they are incurred.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts which are 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. The Plan's Sponsor, Southview Medical Group, P.C., determines the Plan's valuation policies.

Purchases and sales of securities are recorded on a trade-date basis. Net appreciation or depreciation in fair value of investments is the difference between the proceeds received or aggregate fair value of investments determined at the end of the year and the aggregate fair value of investments determined at the beginning of the year or cost if acquired during the year. Dividends are recorded on the ex-dividend date.

**Southview Medical Group, P.C.**  
**401(k) Profit Sharing Plan**  
**Notes to Financial Statements - Continued**  
**December 31, 2024 and 2023**

Note 1. Description of the Plan and Summary of Significant Accounting Policies - Continued

Use of Estimates

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

Payment of Benefits

Benefits are recorded when paid.

Note 2. Plan Amendments and Restatement

Effective January 1, 2023, the Plan was restated to clarify the treatment of safe harbor employer contributions for highly compensated employees. There was no change in the treatment or operations of the Plan, only a clarification of language.

Effective January 1, 2024, the Plan changed their recordkeeper from RiversEdge to NestEggs.

On August 16, 2024, effective January 1, 2019, the Plan was amended to allow hardship distribution provisions of the Bipartisan Budget Act of 2018.

Effective September 3, 2024, the Plan was restated and a new trustee and recordkeeper (Bank of America N.A.) were appointed. The Plan adopted a pre-approved plan with Merrill Lynch, Pierce, Fenner & Smith, Inc. (a wholly owned subsidiary of Bank of America). The conversion initiated a blackout period beginning August 23, 2024, and continuing through September 27, 2024.

Note 3. Tax Status

The Plan adopted a non-standardized pre-approved form of a profit sharing plan sponsored by RiversEdge Advanced Retirement Solutions, LLC for the year ended December 31, 2023, and Merrill Lynch Pierce Fenner & Smith Inc for the year ended December 31, 2024. The IRS had determined and informed RiversEdge Advanced Retirement Solutions, LLC and Merrill Lynch Pierce Fenner & Smith Inc., by an opinion letter dated June 30, 2020, that the prototype plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter, Plan management and the Plan's tax counsel believe the Plan is designed and is currently being operating in compliance with the applicable requirements of the IRC. Accordingly, the accompanying financial statements do not include a provision for income taxes.

**Southview Medical Group, P.C.**  
**401(k) Profit Sharing Plan**  
**Notes to Financial Statements - Continued**  
**December 31, 2024 and 2023**

Note 3. Tax Status – Continued

Generally Accepted Accounting Principles (GAAP) requires Plan management to evaluate tax positions taken by the Plan and recognizes a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the applicable authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 4. Plan Termination

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

Note 5. Information Prepared and Certified by Custodian (Unaudited)

The following information included in the accompanying financial statements was obtained from data that has been prepared and certified as complete and accurate by Charles Schwab Trust Bank and Bank of America, N.A., the custodians and trustees.

Certain balances shown below may differ from the accompanying financial statements due to in-transit items at December 31, 2024 and 2023.

	<b>2024</b>	<b>2023</b>
Cash	\$ 175	\$ 97,294
Mutual funds	52,242,696	49,681,328
Self-Directed brokerage accounts	276,789	202,742
Money market	8,091	-
Total investments	\$ 52,527,751	\$ 49,981,364
<b>2024</b>		
Investment income:		
Net appreciation in fair value of investments	\$ 4,611,164	
Interest and dividends	2,063,349	
Net investment income	\$ 6,674,513	

**Southview Medical Group, P.C.**  
**401(k) Profit Sharing Plan**  
**Notes to Financial Statements - Continued**  
**December 31, 2024 and 2023**

Note 6. Risks and Uncertainties

The Plan permits participants to invest 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 change could materially affect the amounts reported in the statement of net assets available for plan benefits.

Note 7. ERISA Bonding Requirement

The Employee Retirement Income Security Act of 1974 (ERISA) requires that every person who handles funds or other property of the Plan be bonded. The bond coverage is to be determined by the balance of the total plan assets and is required to be the lesser of 10% of the plan's assets at the beginning of the plan year or \$500,000. At December 31, 2024 and 2023, the Plan's sponsor maintained bond coverage in the amount of \$500,000.

Note 8. Fair Value of Assets and Liabilities

The Plan accounts for fair value measurements in accordance with FASB ASC 820. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- 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.

**Southview Medical Group, P.C.**  
**401(k) Profit Sharing Plan**  
**Notes to Financial Statements - Continued**  
**December 31, 2024 and 2023**

Note 8. Fair Value of Assets and Liabilities - Continued

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

*Mutual funds:* Valued at the daily closing prices as reported by the funds. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the plan are deemed to be actively traded.

*Self-directed brokerage accounts:* Valued at the daily public exchange closing prices as reported by the registered common stock and money market funds. The money market funds are valued at the NAV of shares held by the Plan at year end. The common stock and money market funds held by the plan are deemed to be actively traded.

*Money market fund:* Valued at the NAV of shares held by the Plan at year end.

	<u>Fair Value</u>	<u>Assets at Fair Value as of December 31, 2024</u>		
		<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments:				
Mutual funds	\$ 52,242,696	\$ 52,242,696	\$ -	\$ -
Self-directed brokerage accounts	276,789	276,789	-	-
Money market	<u>8,091</u>	<u>8,091</u>		
Total investments	<u>\$ 52,527,576</u>	<u>\$ 52,527,576</u>	<u>\$ -</u>	<u>\$ -</u>

	<u>Fair Value</u>	<u>Assets at Fair Value as of December 31, 2023</u>		
		<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments:				
Mutual funds	\$ 49,681,328	\$ 49,681,328	\$ -	\$ -
Self-directed brokerage accounts	<u>202,742</u>	<u>202,742</u>	-	-
Total investments	<u>\$ 49,884,070</u>	<u>49,884,070</u>	<u>\$ -</u>	<u>\$ -</u>

**Southview Medical Group, P.C.**  
**401(k) Profit Sharing Plan**  
**Notes to Financial Statements - Continued**  
**December 31, 2024 and 2023**

Note 9. Concentration of Investments

A single investment representing more than ten percent of the total Plan investments is considered a concentration. A significant decline in the market value of these funds would significantly affect the net assets available for benefits. There were no investments that were considered a concentration at December 31, 2024. Included in investments at December 31, 2023, are:

	As of December 31, 2023	
Investment	Investment Amount	Percent of Total Investments
Vanguard Growth Index Fund Admiral Shares	\$ 5,835,968	12%
Vanguard 500 Index Fund Admiral Shares	5,357,136	11%

A significant decline in the market value of these funds would significantly affect the net assets available for benefits.

Note 10. Party-in-Interest Transactions

The investments of the plan are shares of mutual funds managed by the custodian, and therefore, these transactions qualify as party-in-interest transactions. Direct administrative expenses paid to the Plan's custodian and trustee were \$44,353 and \$69,329 for the years ended December 31, 2024 and 2023, respectively.

Certain administrative functions are performed by officers and employees of the Company. No officer or employee received compensation from the Plan for these services.

Note 11. Prohibited Transactions

During the year ended December 31, 2023, the Plan Sponsor inadvertently failed to deposit \$39,150 of participant contributions within the timeframe required by the DOL. The DOL considers late deposits to be nonexempt prohibited transactions. The Plan Sponsor is in the process of completing necessary corrective actions with regard to the late remittances for the year ending December 31, 2023. Management is unable to estimate the effect of the corrective actions and additional payments or accruals of lost earnings on the Plan.

**Southview Medical Group, P.C.**  
**401(k) Profit Sharing Plan**  
**Notes to Financial Statements - Continued**  
**December 31, 2024 and 2023**

Note 12. Subsequent Events

The Plan has evaluated subsequent events through October 15, 2025, the date which the financial statements were available to be issued.

Effective January 1, 2025, the Plan increased allowed catch-up contribution limit to \$10,000, pursuant to Section 109 of the SECURE 2.0 Act.

In October 2025, the Plan Sponsor entered into a non-binding letter of intent to sell that could have a future effect on the Plan. The effect, if any, is not known at this time and has not been reflected in the financial statements as of December 31, 2024.

## **Supplemental Information**

**Southview Medical Group, P.C. 401(k) Profit Sharing Plan**

EIN 63-1185612 PLN 001

Attachment to Form 5500 Schedule H Item 4a

**Schedule H, line 4a - Schedule of Delinquent Participant Contributions**

Pay Period End Date	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
1/13/2023 Contributions	\$ 39,150	\$ 39,150	\$ -	\$ -	\$ -
	<u>\$ 39,150</u>	<u>\$ 39,150</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

**Southview Medical Group, P.C. 401(k) Profit Sharing Plan**

EIN 63-1185612 PLN 001

Attachment to Form 5500 Schedule H, Line 4i

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

(A) (B) Identity of issuer, borrower, lessor, or similar party	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(D) Cost	(E) Current value
Mutual Funds			
* Bank of America, N.A.	Vanguard Equity Income Fund Admiral Shares GM	**	\$ 3,164,694
* Bank of America, N.A.	Vanguard 500 Index Fund Admiral Shares	**	3,128,532
* Bank of America, N.A.	Vanguard Growth Index Fund Admiral Shares GM	**	3,081,669
* Bank of America, N.A.	Vanguard Growth Index Fund Admiral Shares	**	2,962,443
* Bank of America, N.A.	T. Rowe Price Retirement 2040	**	2,377,337
* Bank of America, N.A.	T. Rowe Price Retirement 2025	**	2,305,197
* Bank of America, N.A.	Vanguard Group 500 Index Fund Admiral Shares	**	2,150,981
* Bank of America, N.A.	Vanguard Short-Term Investment-Grade Fund Admiral Shares	**	1,701,389
* Bank of America, N.A.	Vanguard Intermediate-Term Investment-Grade Fund Admiral Shares	**	1,698,910
* Bank of America, N.A.	PIMCO Total Return Portfolio Institutional Class	**	1,666,922
* Bank of America, N.A.	Vanguard Total Bond Market Index Fund Admiral Shares	**	1,663,510
* Bank of America, N.A.	Vanguard Total International Stock Index Fund Admiral Shares	**	1,623,793
* Bank of America, N.A.	Invesco Developing Markets Fund Class R6 GM	**	1,599,560
* Bank of America, N.A.	Vanguard Developed Market Index Fund Admiral Shares	**	1,494,391
* Bank of America, N.A.	MFS International Intrinsic Value Fund Class R6 GM	**	1,467,823
* Bank of America, N.A.	Invesco Oppenheimer International Growth R6	**	1,450,399
* Bank of America, N.A.	T. Rowe Price Blue Chip Growth Fund I Class	**	1,429,122
* Bank of America, N.A.	Vanguard Total Stock Market Index Fund Admiral Shares	**	1,288,806
* Bank of America, N.A.	T. Rowe Price Retirement 2045	**	1,287,930
* Bank of America, N.A.	Vanguard Small-Cap Index Fund Admiral Shares	**	1,241,876
* Bank of America, N.A.	T. Rowe Price Retirement 2030	**	1,093,627
* Bank of America, N.A.	Vanguard Mid-Cap Growth Index Fund Admiral Shares	**	1,054,612
* Bank of America, N.A.	PRIMECAP Odyssey Aggressive Growth Fund GM	**	1,048,812
* Bank of America, N.A.	Vanguard Selected Value Fund	**	1,029,765
* Bank of America, N.A.	Fidelity Advisor Total Bond Fund Class Z	**	928,660
* Bank of America, N.A.	Vanguard Equity Income Fund Admiral Shares	**	832,843
* Bank of America, N.A.	Vanguard Real Estate Index Fund Admiral Shares GM	**	793,216
* Bank of America, N.A.	Vanguard Small-Cap Index Fund Admiral Shares	**	715,595
* Bank of America, N.A.	Dodge & Cox Global Bond Fund Class I	**	642,829
* Bank of America, N.A.	T. Rowe Price Retirement 2035	**	633,550
* Bank of America, N.A.	Janus Henderson Triton Fund Class N	**	574,803
* Bank of America, N.A.	T. Rowe Price Retirement 2055	**	416,120
* Bank of America, N.A.	PRIMECAP Odyssey Aggressive Growth Fund	**	348,274
* Bank of America, N.A.	American Funds Europacific Growth Class R6	**	336,026
* Bank of America, N.A.	Franklin Small-Mid Cap Growth Fund Advisor Class	**	304,180
* Bank of America, N.A.	Vanguard Mid-Cap Index Fund Admiral Shares	**	298,890
* Bank of America, N.A.	Vanguard Short-Term Investment-Grade Admiral Shares	**	297,632
* Bank of America, N.A.	Vanguard Explorer Fund Admiral Shares	**	296,445
* Bank of America, N.A.	T. Rowe Price Retirement 2060	**	284,275
* Bank of America, N.A.	Vanguard Value Index Fund Admiral Shares	**	250,338
* Bank of America, N.A.	MFS International Intrinsic Value Fund Class R6	**	249,626
* Bank of America, N.A.	Vanguard Total International Stock Index Fund Admiral Shares	**	237,323
* Bank of America, N.A.	Invesco Developing Markets Fund Class R6	**	132,654
* Bank of America, N.A.	Janus Henderson Triton Fund Class N	**	121,195
* Bank of America, N.A.	Vanguard Real Estate Index Fund Admiral Shares	**	112,838
* Bank of America, N.A.	Vanguard Selected Value Fund Investor Shares	**	109,399
* Bank of America, N.A.	T. Rowe Price Retirement 2050	**	108,023

See independent auditors' report.

**Southview Medical Group, P.C. 401(k) Profit Sharing Plan**  
 EIN 63-1185612 PLN 001  
 Attachment to Form 5500 Schedule H, Line 4i

**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

(A)	(B) Identity of issuer, borrower, lessor, or similar party	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(D) Cost	(E) Current value
*	Bank of America, N.A.	Vanguard Emerging Markets Index Fund Admiral Shares	**	97,152
*	Bank of America, N.A.	PIMCO Total Return Fund Institutional Class	**	46,541
*	Bank of America, N.A.	Vanguard Intermediate-Term Bond Index Fund Admiral Shares	**	23,177
*	Bank of America, N.A.	Vanguard Total Bond Market Index Fund Admiral Shares	**	21,890
*	Bank of America, N.A.	Vanguard Mid-Cap Index Growth Fund Admiral Shares	**	8,747
*	Bank of America, N.A.	T. Rowe Price Retirement 2065	**	8,355
				<u>52,242,696</u>
	Self-Directed Accounts			
*	Bank of America, N.A.	Self-Directed Accounts	**	<u>276,789</u>
	Money Market Deposit Account			
*	Bank of America, N.A.	Federated Hermes Government Obligations Fund Advisor Class	**	<u>8,091</u>
				<u>\$ 52,527,576</u>

\* Party in interest as defined by ERISA

\*\* Cost not required for participant directed investments

See independent auditors' report.

**Attachment to 2024 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held At End of Year)**

**Plan Name: Southview Medical Group, P.C. 401(k) Plan**  
**Plan Sponsor's Name: Southview Medical Group, P.C.**

**EIN:63-1185612**  
**PN:001**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	ACCRUED INCOME	ACCRUED INCOME	1,161	1,161
	FEDERATED HERMES GOVT OBLG ADV	MONEY MARKET	8,091	8,091
	AMERICAN EUROPACIFIC GROWTH R6	MUTUAL FUNDS	372,016	336,026
	DODGE AND COX GLOBAL BOND FD I	MUTUAL FUNDS	683,038	642,829
	FIDELITY ADVISOR TOTAL BD FD Z	MUTUAL FUNDS	956,098	928,660
	FRANKLIN SM-MID CAP GR ADV CL	MUTUAL FUNDS	286,558	304,180
	INVESCO DEVELOPING MKTS FD R6	MUTUAL FUNDS	139,640	132,654
	INVESCO DEVELOPING MKTS R6 GM	MUTUAL FUNDS	1,671,740	1,599,560
	INVESCO OPPNHMR INTL GTH R6 GM	MUTUAL FUNDS	1,518,307	1,450,399
	JANUS HENDERSON TRITON FD N GM	MUTUAL FUNDS	609,194	574,803
	JANUS HENDERSON TRITON FUND N	MUTUAL FUNDS	124,950	121,195
	MFS INTRNTL INTRINSIC VL FD R6	MUTUAL FUNDS	295,032	249,626
	MFS INTRNTL INTRINSIC VL R6 GM	MUTUAL FUNDS	1,729,962	1,467,823
	PIMCO TOT RET PORT INSTL-GM	MUTUAL FUNDS	1,712,351	1,666,922
	PIMCO TOTAL RETURN PORT. INSTL	MUTUAL FUNDS	47,953	46,541
	PRIMECAP ODYSSEY AGGR GR CL NL	MUTUAL FUNDS	359,039	348,274
	PRIMECAP ODYSSEY AGGR GR GM	MUTUAL FUNDS	1,081,453	1,048,812
	T ROWE PRICE BLUE CHIP GRTH I	MUTUAL FUNDS	1,435,202	1,429,122
	T ROWE PRICE RETIREMENT 2025	MUTUAL FUNDS	2,403,025	2,305,197

**Attachment to 2024 Form 5500  
Schedule H, line 4i - Schedule of Assets (Held At End of Year)**

**Plan Name: Southview Medical Group, P.C. 401(k) Plan**  
**Plan Sponsor's Name: Southview Medical Group, P.C.**

**EIN:63-1185612**  
**PN:001**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	T ROWE PRICE RETIREMENT 2030	MUTUAL FUNDS	1,134,715	1,093,627
	T ROWE PRICE RETIREMENT 2035	MUTUAL FUNDS	652,034	633,551
	T ROWE PRICE RETIREMENT 2040	MUTUAL FUNDS	2,482,084	2,377,337
	T ROWE PRICE RETIREMENT 2045	MUTUAL FUNDS	1,320,184	1,287,930
	T ROWE PRICE RETIREMENT 2050	MUTUAL FUNDS	110,627	108,023
	T ROWE PRICE RETIREMENT 2055	MUTUAL FUNDS	426,323	416,120
	T ROWE PRICE RETIREMENT 2060	MUTUAL FUNDS	291,092	284,275
	T. ROWE PRICE RTRMT 2065 CL I	MUTUAL FUNDS	8,602	8,355
	VANGUARD 500 INDEX FUND	MUTUAL FUNDS	2,075,844	2,150,981
	VANGUARD 500 INDEX FUND GM	MUTUAL FUNDS	3,015,105	3,128,532
	VANGUARD DEVELOPED MRKTS ADM	MUTUAL FUNDS	1,636,853	1,494,391
	VANGUARD EMERGING MRKTS INDEX	MUTUAL FUNDS	98,479	97,152
	VANGUARD EQUITY INCOME ADM GM	MUTUAL FUNDS	3,385,265	3,164,694
	VANGUARD EQUITY INCOME CL ADM	MUTUAL FUNDS	891,932	832,843
	VANGUARD EXPLORER FUND	MUTUAL FUNDS	313,355	296,445
	VANGUARD GROWTH INDEX FD GM	MUTUAL FUNDS	2,827,712	3,081,669
	VANGUARD GROWTH INDEX FUND	MUTUAL FUNDS	2,712,593	2,962,443
	VANGUARD INTERMEDIATE TERM ADM	MUTUAL FUNDS	23,943	23,177
	VANGUARD INTERMEDIATE TRM GM	MUTUAL FUNDS	1,748,237	1,698,910

**Attachment to 2024 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held At End of Year)**

**Plan Name: Southview Medical Group, P.C. 401(k) Plan**  
**Plan Sponsor's Name: Southview Medical Group, P.C.**

**EIN:63-1185612**  
**PN:001**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	VANGUARD MID CAP GR IND FD ADM	MUTUAL FUNDS	8,195	8,747
	VANGUARD MID CAP INDEX FUND	MUTUAL FUNDS	292,840	298,890
	VANGUARD MID CAP INDEX FUND GM	MUTUAL FUNDS	1,033,648	1,054,612
	VANGUARD REIT INDEX FD ADM GM	MUTUAL FUNDS	842,096	793,216
	VANGUARD REIT INDEX FUND ADM	MUTUAL FUNDS	120,394	112,838
	VANGUARD SELECTED VALUE FD	MUTUAL FUNDS	126,041	109,399
	VANGUARD SELECTED VALUE FD GM	MUTUAL FUNDS	1,183,428	1,029,765
	VANGUARD SH-TM INV;ADM	MUTUAL FUNDS	299,917	297,632
	VANGUARD SH-TM INV;ADM GM	MUTUAL FUNDS	1,713,251	1,701,389
	VANGUARD SMALL CAP INDEX FD GM	MUTUAL FUNDS	697,768	715,595
	VANGUARD SMALL CAP INDEX FUND	MUTUAL FUNDS	1,206,673	1,241,876
	VANGUARD TL BD MRK IDX ADM GM	MUTUAL FUNDS	1,708,391	1,663,510
	VANGUARD TOTAL BD MRK IDX ADM	MUTUAL FUNDS	22,549	21,891
	VANGUARD TOTAL INT STK INDX GM	MUTUAL FUNDS	1,734,072	1,623,793
	VANGUARD TOTAL INT STOCK INDEX	MUTUAL FUNDS	254,890	237,323
	VANGUARD TOTAL STOCK MRT ADM	MUTUAL FUNDS	1,238,864	1,288,806
	VANGUARD VALUE INDEX FUND ADM	MUTUAL FUNDS	255,698	250,338
	SELF-DIRECT ACCT	OTHER ASSETS	276,789	276,789
	PENDING SETTLEMENT FUND	PENDING SETTLEMENT FUNDS	175	175

**Attachment to 2024 Form 5500**  
**Schedule H, line 4i - Schedule of Assets (Held At End of Year)**

**Plan Name: Southview Medical Group, P.C. 401(k) Plan**  
**Plan Sponsor's Name: Southview Medical Group, P.C.**

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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	UNINVESTED CASH	UNINVESTED CASH	0	0