

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan ALLIED PHYSICIANS, INC. 401(K) SALARY REDUCTION PLAN AND TRUST
1b Three-digit plan number (PN) 004
1c Effective date of plan 01/01/1994
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ALLIED PHYSICIANS INC. 7956 WEST JEFFERSON BLVD. FORT WAYNE, IN 46804
2b Employer Identification Number (EIN) 35-1155438
2c Plan Sponsor's telephone number 260-432-7761
2d Business code (see instructions) 621111

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
--	---

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
--	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	115
---	----------	-----

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	6a(1)	0
a(2) Total number of active participants at the end of the plan year	6a(2)	0
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits	6c	83
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	83
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0
f Total. Add lines 6d and 6e	6f	83
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	120
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	83
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
--	----------	--

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
 4B

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

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

A Name of plan ALLIED PHYSICIANS, INC. 401(K) SALARY REDUCTION PLAN AND TRUST	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 ALLIED PHYSICIANS INC.	D Employer Identification Number (EIN) 35-1155438	

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

CHARLES SCHWAB & CO. INC. AND AFFIL

94-1737782

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

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

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

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

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

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

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

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

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

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

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

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)

HAINES ISENBARGER & SKIBA LLC

52-2127371

(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?
10 50	NONE	16500	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)

CHARLES SCHWAB & CO.,INC.

94-1737782

(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?
33 50 59 62 71	NONE	72	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)

CHARLES SCHWAB TRUST BANK

82-3967259

(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?
25 52 59 62	NONE	0	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"/>

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
CHARLES SCHWAB & CO. INC. AND AFFIL	59	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SEE ATTACHMENT 90-0924512	SEE ATTACHMENT	

(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.
---	--	--

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

A Name of plan <u>ALLIED PHYSICIANS, INC. 401(K) SALARY REDUCTION PLAN AND TRUST</u>	B Three-digit plan number (PN)	<u>004</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ALLIED PHYSICIANS INC.</u>	D Employer Identification Number (EIN) <u>35-1155438</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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>SCHWAB MANAGED RET TR FUND 2025</u>		
b Name of sponsor of entity listed in (a):	<u>CHARLES SCHWAB BANK</u>		
c EIN-PN <u>81-0625169-007</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>46886</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>SCHWAB MANAGED RET TR FUND 2035</u>		
b Name of sponsor of entity listed in (a):	<u>CHARLES SCHWAB BANK</u>		
c EIN-PN <u>81-0625169-008</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>7122</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>SCHWAB MANAGED RET TR FUND 2045</u>		
b Name of sponsor of entity listed in (a):	<u>CHARLES SCHWAB BANK</u>		
c EIN-PN <u>81-0625169-009</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>117665</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>SCHWAB MANAGED RET TR FUND 2055</u>		
b Name of sponsor of entity listed in (a):	<u>CHARLES SCHWAB BANK</u>		
c EIN-PN <u>81-0625169-020</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>167319</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>SCHWAB MANAGED RET TR FUND 2015</u>		
b Name of sponsor of entity listed in (a):	<u>CHARLES SCHWAB BANK</u>		
c EIN-PN <u>81-0625169-006</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>322</u>
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)	
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)	

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)

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)

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)

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)

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)

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)

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)

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)

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)

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
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ALLIED PHYSICIANS, INC. 401(K) SALARY REDUCTION PLAN AND TRUST	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 ALLIED PHYSICIANS INC.	D Employer Identification Number (EIN) 35-1155438

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	515284	497432
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	147755	0
(9) Value of interest in common/collective trusts	1c(9)	436320	339314
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	23744558	12967616
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	4286687	4781846

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	29130604	18586208
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	29130604	18586208

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)	21523	
(B) Participants.....	2a(1)(B)	4306	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		25829
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	33760	
(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)	400	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		34160
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1022276	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1022276
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		42376
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2528568
c Other income	2c		967793
d Total income. Add all income amounts in column (b) and enter total	2d		4621002

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	15124455	
(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)		15124455
f Corrective distributions (see instructions)	2f		20341
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)	3661	
(4) IQPA audit fees	2i(4)	16500	
(5) Investment advisory and investment management fees	2i(5)	441	
(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)		20602
j Total expenses. Add all expense amounts in column (b) and enter total	2j		15165398

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-10544396
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: **HANES, ISENBARGER & SKIBA, LLC**

(2) EIN: **52-2127371**

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		1000000
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.	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 <u>ALLIED PHYSICIANS, INC. 401(K) SALARY REDUCTION PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALLIED PHYSICIANS INC.</u>	D Employer Identification Number (EIN) <u>35-1155438</u>	

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

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 82-3967259

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	
---	--

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 09 / 21 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704158A.

Financial Statements and Schedule

**ALLIED PHYSICIANS, INC. 401(K) SALARY
REDUCTION PLAN AND TRUST**

*Years ended December 31, 2024 (In Liquidation) and 2023
with Independent Auditor's Report*

Allied Physicians, Inc. 401(k) Salary Reduction Plan and Trust

Financial Statements and Schedule

Years ended December 31, 2024 (*In Liquidation*) and 2023

Contents

Independent Auditor’s Report.....	1
Audited Financial Statements	
Statements of Assets Available for Benefits.....	5
Statements of Changes in Assets Available for Benefits.....	6
Notes to Financial Statements.....	7
Schedule	
Schedule H, Line 4i—Schedule of Assets (Held at End of Year)	18



Independent Auditor's Report

To the Board of Directors and Plan Administrator of
the Allied Physicians, Inc. 401(k) Salary Reduction Plan and Trust

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

We have performed audits of the accompanying financial statements of Allied Physicians, Inc. 401(k) Salary Reduction Plan and Trust (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 assets available for benefits as of December 31, 2024 (in liquidation) and 2023 (ongoing), and the related statements of changes in assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 a certification from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in *Note 3* to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the 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.

Emphasis of Matter—Plan Termination and Liquidation Basis of Accounting

As discussed in *Note 1* to the financial statements, the governing body of the Plan approved a plan of liquidation in 2024, and management determined liquidation was imminent. As a result, the Plan has changed its basis of accounting from going concern basis to liquidation basis used in presenting the 2024 financial statements. Our opinion is not modified with respect to this matter.

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 the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the 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 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 the 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 the 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.

Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Line 4i—Schedule of Assets (Held at End of Year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

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

Haines, Asenbarger & Skiba, LLC

Fort Wayne, Indiana
October 6, 2025

Allied Physicians, Inc. 401(k) Salary Reduction Plan and Trust

Statements of Assets Available for Benefits

	December 31	
	2024	2023
	<i>(In Liquidation)</i>	
Assets		
Investments at fair value	\$ 18,586,208	\$ 28,982,849
Receivables:		
Notes receivable from participants	-	147,755
Assets available for benefits	\$ 18,586,208	\$ 29,130,604

See notes to financial statements.

Allied Physicians, Inc. 401(k) Salary Reduction Plan and Trust

Statements of Changes in Assets Available for Benefits

	Year ended December 31	
	2024	2023
	<i>(In Liquidation)</i>	
Additions:		
Investment income:		
Net realized and unrealized appreciation in fair value of investments	\$ 3,485,398	\$ 4,180,055
Interest and dividends	1,109,375	1,056,873
Total investment income	<u>4,594,773</u>	<u>5,236,928</u>
Interest income on notes receivable from participants	400	8,183
Contributions:		
Allied Physicians, Inc.	21,523	313,138
Participants	4,306	410,908
Rollovers	-	14,665
Total contributions	<u>25,829</u>	<u>738,711</u>
Total additions	<u>4,621,002</u>	<u>5,983,822</u>
Deductions:		
Benefits paid to participants	15,144,796	9,857,122
Administrative expenses	20,596	4,731
Participant-directed brokerage account commissions and fees	6	12,426
Total deductions	<u>15,165,398</u>	<u>9,874,279</u>
Net decrease	(10,544,396)	(3,890,457)
Assets available for benefits at beginning of year	<u>29,130,604</u>	<u>33,021,061</u>
Assets available for benefits at end of year	<u>\$ 18,586,208</u>	<u>\$ 29,130,604</u>

See notes to financial statements.

Allied Physicians, Inc. 401(k) Salary Reduction Plan and Trust

Notes to Financial Statements *(In Liquidation)*

December 31, 2024

1. Description of the Plan

The following description of the Allied Physicians, Inc. 401(k) Salary Reduction Plan and Trust (Plan) provides only general information. Participants should refer to the Summary Plan Agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time employees of Allied Physicians, Inc. and Fort Wayne Physical Medicine (Company) who have completed one year of service (defined by the Plan as at least 1,000 hours of service) and have attained the age of 21. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

In May 2023, Indiana University Health entered into an agreement to acquire Allied Physicians, Inc. Effective January 5, 2024, the Plan had no remaining eligible participants and the Plan was frozen for the purposes of contributions to this Plan. The Plan is expected to terminate in 2025 and all participants are fully vested due to the plan termination.

Contributions

Participants are automatically enrolled in the Plan at a 3 percent salary deferral rate unless a participant elects not to participate. Participants may choose to contribute a higher percentage by enrolling on their own. Participants may elect to defer and to contribute up to 60 percent of their annual compensation, as defined by the Plan, not to exceed certain dollar limitations that are set by law. There are two different types of elective deferrals permitted under the Plan – pre-tax elective deferrals and Roth elective deferrals. Participants may make either or both types of elective deferrals during a year, provided the total amount of combined pre-tax and Roth elective deferrals does not exceed any plan imposed limitation or the IRS maximum deferral limit for that year. Participants age 50 or older may elect to defer and contribute additional amounts to the Plan up to a maximum that is set by law. Participants may be permitted to contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Additionally, the Plan allows participants to change the amount of salary deferral on a monthly basis and the investment of their funds at any time.

The Company makes a matching contribution of 50 percent of each dollar contributed, on the first 6 percent of compensation that an eligible participant defers to the Plan. Additional discretionary profit sharing amounts may be contributed at the option of the Board of Directors

Allied Physicians, Inc. 401(k) Salary Reduction Plan and Trust

Notes to Financial Statements (continued) *(In Liquidation)*

1. Description of the Plan (continued)

Contributions (continued)

of the Company. For the years ended December 31, 2024 and 2023, the Board of Directors of the Company elected to provide an additional discretionary profit sharing contribution of 9 percent of compensation for highly compensated individuals and 3 percent of compensation for non-highly compensated individuals.

Investment Options

Upon enrollment in the Plan, participants may direct their contributions among several investment options offered by Charles Schwab Retirement Services. Participants may also elect to open a Schwab Personal Choice Retirement Account, a participant-directed brokerage account, and direct the investment of some or all of their accounts pursuant to the Plan in other mutual funds, stocks, bonds, or any other investments. These investments must meet the Plan's legal investment requirements.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contributions and (b) plan earnings, and is charged with an allocation of administrative expenses not paid for by the Company. Allocations are based on participant earnings or account balances, as defined. Forfeited balances of terminated participants' nonvested accounts are used to pay administrative expenses of the Plan or reduce Company contributions to the Plan. As of December 31, 2024 and 2023, there were \$8,059 and \$16,857, respectively, in the forfeiture account to pay Plan administrative expenses or reduce future company contributions. Forfeitures used to offset employer contributions and administrative expenses were \$8,798 and \$74,335 for the Plan years ended December 31, 2024 and 2023, respectively. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Allied Physicians, Inc. 401(k) Salary Reduction Plan and Trust

Notes to Financial Statements (continued)
(In Liquidation)

1. Description of the Plan (continued)

Vesting

Participants are immediately vested in their contributions, including rollover contributions, plus actual earnings thereon. Vesting in the Company's matching and discretionary profit sharing contribution portion of their accounts plus actual earnings thereon is based on years of service. A participant is vested after as follows:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 1 year	0%
1 year but less than 2	10%
2 years but less than 3	25%
3 years but less than 4	50%
4 years but less than 5	75%
5 years or more	100%

Notes Receivable from Participants

Participants may borrow approved amounts, not less than \$1,000, from their account up to a maximum generally the lesser of 50 percent of a participant's vested account or \$50,000 (reduced by the excess of the participant's highest outstanding loan balance during the one-year period over the participant's outstanding loan balance as of the day the loan is made). The maximum number of loans is two (three prior to January 1, 2016). The loan term may not exceed five years, except that any loan used to purchase a participant's principal residence may be paid over a 30-year period. A loan is secured by the balance in the participant's account and bears interest at the prime rate of interest plus 2 percent. Unless approved, principal and interest is paid ratably through payroll deductions. Should the participant terminate as an employee of the Company, the balance of the outstanding loan (including any accrued interest) becomes due and the participant's vested account could be used to pay the balance of the outstanding loans.

Payment of Benefits

On termination of service, retirement, or reasons other than death, a participant with a vested account balance of \$1,000 or less will receive a lump-sum distribution as soon as administratively feasible. Distributions greater than \$1,000 that are made in accordance with the provisions of the Plan are subject to other terms and conditions.

Allied Physicians, Inc. 401(k) Salary Reduction Plan and Trust

Notes to Financial Statements (continued) *(In Liquidation)*

1. Description of the Plan (continued)

Payment of Benefits (continued)

Generally, a separated participant with a vested account balance over \$1,000 will receive a lump-sum distribution, roll over their vested account balance to another qualified plan or Individual Retirement Account (IRA) or, if elected and subject to certain plan conditions, equal periodic installments over a specified period of time. On termination of service due to death, a participant's vested account balance will be used to provide their beneficiary or estate with a death benefit in accordance with the payment provisions of the Plan.

The Plan also provides for certain hardship withdrawals and participant loans as previously described. Distributions of benefits are recorded as withdrawals from the Plan and reduction of assets available for plan benefits in the period paid to the participant.

Administrative Expenses

The expenses of administering the Plan, including trustee fees and other expenses are paid by the Plan to the extent not paid by the Company. Administrative expenses are recognized when incurred. The Company also provides certain accounting, recordkeeping, and administrative services for the Plan for which it receives no compensation.

Plan Termination

Effective January 5, 2024, the Plan was frozen to further contributions and the decision was made to terminate the Plan. The Plan was amended at that time to be in compliance with the most recent statutory and regulatory changes. All participant accounts were 100 percent vested as of the date of Plan termination.

2. Summary of Accounting Policies

Basis of Accounting

As a result of the decision to terminate the Plan, the Plan changed its basis of accounting from the going concern basis of accounting used in presenting the financial statements for the Plan year ended December 31, 2023 to the liquidation basis of accounting used in presenting the financial statements for the year ended December 31, 2024. Under the liquidation basis of

Allied Physicians, Inc. 401(k) Salary Reduction Plan and Trust

Notes to Financial Statements (continued) *(In Liquidation)*

2. Summary of Accounting Policies (continued)

Basis of Accounting (continued)

accounting, assets are stated at their estimated net realizable values and liabilities are stated at their settlement amounts. There were no changes to assets available to benefits as of December 31, 2023 as a result of the adoption of the liquidation basis of accounting.

Investments

The Plan's investments are reported at fair value, including the common/collective trust funds which use net asset value (NAV) as a practice expedient. 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 4* for discussion of fair value measurements.

Purchases and sales of securities are accounted for on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Capital gains distributions are included in dividend income.

The Plan includes in the statements of changes in assets available for benefits the net appreciation (depreciation) in fair value of its investments, which consists of the realized gains (losses) and the unrealized appreciation (depreciation) on those investments.

The underlying investments of the mutual funds consist of diverse portfolios with no significant concentration of risk by issuer, industry, or geographic locations.

Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related loan origination and annual administration fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of

Allied Physicians, Inc. 401(k) Salary Reduction Plan and Trust

Notes to Financial Statements (continued) (In Liquidation)

2. Summary of Accounting Policies (continued)

Notes Receivable from Participants (continued)

December 31, 2024 or 2023. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, 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 may occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of assets available for benefits.

Reclassifications

Certain 2023 amounts have been reclassified to conform with the 2024 presentation.

3. Investments

Certain information related to investments and notes receivable from participants included in the accompanying financial statements and schedule, including investments and notes receivable from participants held and accrued investment income at December 31, 2024 and 2023 and net appreciation (depreciation) in fair value of investments and interest and dividend income for the years then ended, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Charles Schwab Bank, the trustee of the Plan.

4. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 820 (ASC 820), *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to

Allied Physicians, Inc. 401(k) Salary Reduction Plan and Trust

Notes to Financial Statements (continued)
(In Liquidation)

4. Fair Value Measurements (continued)

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 quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities 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.

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.

Money market funds: Valued at quoted market prices in an exchange and active markets, which represent the NAV of shares held by the Plan at year-end.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Allied Physicians, Inc. 401(k) Salary Reduction Plan and Trust

Notes to Financial Statements (continued)
(In Liquidation)

4. Fair Value Measurements (continued)

Common/collective trust funds: Valued at the NAV of units of a common collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities, and then divided by the number of shares outstanding. The common/collective trust funds have daily redemptions and one day trading terms. The common/collective trust funds have no unfunded commitments as of December 31, 2024.

Participant-directed brokerage account: Self-directed brokerage accounts are valued based on the underlying investments selected by the individual participants.

The self-directed brokerage account is comprised of holdings in the following types of assets:

	December 31	
	2024	2023
Cash and interest bearing cash	\$ 53,049	\$ 134,561
Common stock	259,698	379,391
Mutual funds	4,175,185	3,480,709
Common/collective trust funds	293,914	292,026
	<u>\$ 4,781,846</u>	<u>\$ 4,286,687</u>

Individual investments in the self-directed brokerage account are valued as described above and as follows:

Cash and interest-bearing cash: Recorded at cost plus accrued interest (carrying value), which approximates fair value.

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

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

Allied Physicians, Inc. 401(k) Salary Reduction Plan and Trust

Notes to Financial Statements (continued)
(In Liquidation)

4. 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:

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 497,432	\$ -	\$ -	\$ 497,432
Mutual funds	12,967,616	-	-	12,967,616
Participant-directed brokerage accounts	4,487,932	-	-	4,487,932
	<u>\$ 17,952,980</u>	<u>\$ -</u>	<u>\$ -</u>	<u>17,952,980</u>
Common/collective trust funds measured at NAV				339,314
Common/collective trust funds measured at NAV in participant- directed brokerage accounts				293,914
Total investments at fair value				<u>\$ 18,586,208</u>
	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Money market fund	\$ 515,284	\$ -	\$ -	\$ 515,284
Mutual funds	23,744,558	-	-	23,744,558
Participant-directed brokerage accounts	3,994,661	-	-	3,994,661
	<u>\$ 28,254,503</u>	<u>\$ -</u>	<u>\$ -</u>	<u>28,254,503</u>
Common/collective trust funds measured at NAV				436,320
Common/collective trust funds measured at NAV in participant- directed brokerage accounts				292,026
Total investments at fair value				<u>\$ 28,982,849</u>

Allied Physicians, Inc. 401(k) Salary Reduction Plan and Trust

Notes to Financial Statements (continued) *(In Liquidation)*

5. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (Code) and, therefore, the related trust is exempt from taxation. Subsequent to the issuance of the favorable determination letter, the Plan was amended. Once qualified, the Plan, as amended, is required to operate in conformity with the Code to maintain its qualification. The plan administrator believes that the Plan, as amended, is being operated in compliance with the applicable requirements of the Code, and; therefore, believes that the Plan is qualified and the related trust is tax exempt, and the Plan has no income subject to unrelated business income. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for the years prior to December 31, 2021.

6. Related Party and Party in Interest Transactions

Charles Schwab Bank, the trustee of the Plan for the years ended December 31, 2024 and 2023, provided certain accounting and recordkeeping services for the Plan.

The Plan invests in shares of a money market fund (Schwab Value Advantage Money Fund), various mutual funds (Schwab 1000 Index Fund, Schwab International Index Fund, Schwab S&P 500 Index Fund, and Schwab Small-Cap Equity Fund), and common/collective trust funds (Schwab Managed Retirement Trust Fund 2015, Schwab Managed Retirement Trust Fund 2025, Schwab Managed Retirement Trust Fund 2035, Schwab Managed Retirement Trust Fund 2045, and Schwab Managed Retirement Trust Fund 2055) managed or advised by affiliates of Charles Schwab Trust Company, a division of Charles Schwab Bank, for the years ended December 31, 2024 and 2023. Transactions in such investments are considered to be party-in-interest transactions.

Allied Physicians, Inc. 401(k) Salary Reduction Plan and Trust

Notes to Financial Statements (continued)
(In Liquidation)

7. Subsequent Events

Management has evaluated subsequent events through October 6, 2025, the date on which the financial statements were available to be issued.

Schedule

Allied Physicians, Inc. 401(k) Salary Reduction Plan and Trust
Schedule H, Line 4i—Schedule of Assets (Held at End of Year)

December 31, 2024

EIN: 35-1155438
Plan Number: 004

(a)	(b)	(c)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par, or Maturity Value	Current Value
	Money market fund		
*	Schwab Value Advantage Money Fund	- shares	\$ 497,432
	Mutual funds (registered investment companies)		
	American Century Investments Equity Income Fund	132,039.81 shares	1,102,532
	American Funds—EuroPacific Growth Fund	2,654.68 shares	142,610
	American Funds—Growth Fund of America	35,879.62 shares	2,637,870
	Delaware Value Fund	7,570.91 shares	103,191
	DFA Emerging Markets Core Equity Fund	608.09 shares	14,156
	Federated U.S. Government Securities Fund: 2-5 Years Fund	1,892.92 shares	18,191
	Ivy Mid Cap Growth Fund	1,161.77 shares	31,623
	JPMorgan Strategic Income Opportunity Select Fund	49,852.69 shares	570,315
	Metropolitan West Total Return Bond Fund	2,421.61 shares	21,480
	Onkmark Equity & Income Fund	31,984.16 shares	1,149,830
	Parnassus Mid Cap Fund	20,915.75 shares	782,458
	Principal Income Fund Institutional Class	22,973.21 shares	194,353
	Principal Mid Cap S&P 400 Index Fund	578.85 shares	12,706
*	Schwab 1000 Index Fund	353.15 shares	44,461
*	Schwab International Index Fund	44,910.07 shares	1,015,417
*	Schwab S&P 500 Index Fund	26,763.67 shares	2,415,957
*	Schwab Small-Cap Equity Fund	44,276.56 shares	860,294
	T. Rowe Price New America Growth Fund	25,165.56 shares	1,850,172
			<u>12,967,616</u>
	Common/collective trust funds		
*	Schwab Managed Retirement Trust Fund 2015 Fund	15.85 units	322
*	Schwab Managed Retirement Trust Fund 2025 Fund	2,030.59 units	46,886
*	Schwab Managed Retirement Trust Fund 2035 Fund	270.68 units	7,122
*	Schwab Managed Retirement Trust Fund 2045 Fund	4,134.41 units	117,665
*	Schwab Managed Retirement Trust Fund 2055 Fund	5,485.84 units	167,319
			<u>339,314</u>
	Self directed brokerage accounts		
	Total investments for financial reporting purposes		<u>4,781,846</u> <u>\$ 18,586,208</u>

* Indicates party-in-interest to the Plan.

Note: Column (d) is omitted as all investments are participant directed.



Allied Physicians, Inc. 401(k) Salary Reduction Plan and Trust

The Plan Administrator

Auditing standards established by the Auditing Standards Board in the United States of America (auditing standard) require the auditor to communicate significant matters related to the financial statement audit that are, in the auditor's professional judgment, relevant to the responsibilities of those charged with governance (e.g., Audit Committee) in overseeing the financial reporting. Below we summarize these required communications.

Area	Comments
Auditors' Responsibilities under United States of America Generally Accepted Auditing Standards	
<ul style="list-style-type: none">The financial statements and schedule of the Allied Physicians, Inc. 401(k) Salary Reduction Plan and Trust (Plan) as of December 31, 2024 and for the year then ended are the responsibility of the Plan's Management. Our audit was designed in accordance with auditing standards generally accepted in the United States of America, to provide reasonable, rather than absolute, assurance that the financial statements are free of material misstatement. We have a responsibility to opine on whether the financial statements are fairly stated in accordance with accounting principles generally accepted in the United States of America. As part of our audit, we obtained a sufficient understanding of internal controls to plan our audit and to determine the nature, timing, and extent of testing performed.	<ul style="list-style-type: none">We have issued an opinion on the Plan's financial statements and schedule as of and for the year ended December 31, 2024. Management of the Plan has acknowledged its responsibility for establishing and maintaining effective internal control, for properly recording transactions in the accounting records, for safeguarding assets, and for the overall fair presentation of the financial statements. Management of the Plan is also responsible for identifying and ensuring that the Plan complies with the laws and regulations applicable to its activities. The audit of the Plan's financial statements does not relieve management or those charged with governance of their responsibilities.
	<p>As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information certified by Charles Schwab Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and schedule.</p>

Area	Comments
<p>Significant Accounting Policies</p> <ul style="list-style-type: none"> Initial selection of and changes in significant accounting policies or their application and new accounting and reporting standards during the year must be reported. 	<ul style="list-style-type: none"> There were no initial selections of, or changes in, the application of accounting and reporting standards.
<p>Our Judgments About the Quality and Acceptability of Accounting Principles</p> <ul style="list-style-type: none"> We discuss our judgments about the quality, not just the acceptability, of accounting policies as applied in the financial reporting, including consistency of the accounting policies and their application and the clarity and completeness of the financial statements and related disclosures. 	<ul style="list-style-type: none"> The Plan's accounting policies were appropriate, consistently applied and properly (clearly) disclosed.
<p>Management Judgments and Accounting Estimates</p> <ul style="list-style-type: none"> The preparation of financial statements requires the use of accounting estimates. Certain estimates are particularly sensitive due to their significance to the financial statements and the possibility that future events may differ significantly from management's expectations. We assess the methodologies or processes used and the basis of evidence for matters requiring judgment and estimates by management. 	<ul style="list-style-type: none"> Methodologies used and evidence considered has lead to reasonable estimates and disclosures in the financial statements.
<p>Recorded and Unrecorded Audit Adjustments</p>	<ul style="list-style-type: none"> There were no recorded adjustments and no significant unadjusted audit differences.
<p>Significant Risks and Expenses and Uncertainties, such as pending litigation that are disclosed in the financial statements</p>	<ul style="list-style-type: none"> None.
<p>Disagreements with Management on Financial Accounting, Reporting, and Compliance Matters</p>	<ul style="list-style-type: none"> None.

Area	Comments
Significant Issues Discussed with Management, including those in connection with the initial or recurring retention of Haines, Isenbarger & Skiba, LLC as auditors	<ul style="list-style-type: none"> • None.
Consultation with Other Accountants	<ul style="list-style-type: none"> • None of which we are aware.
Significant Difficulties During the Audit	<ul style="list-style-type: none"> • None. Management continues to be very cooperative and we had access to all records and documents necessary to perform the audit procedures.
Fraud and Illegal Acts	<ul style="list-style-type: none"> • We are currently not aware of any instances of fraud or illegal acts.
Material Weaknesses in Internal Controls	<ul style="list-style-type: none"> • We noted no matters involving internal control over financial reporting and its operations that we considered to be material weaknesses.
Compliance and Other Matters	<ul style="list-style-type: none"> • As part of obtaining reasonable assurance about whether the Plan's financial statements are free of material misstatement, we will perform tests of its compliance with certain provisions of laws, regulations, contracts, non-compliance with which could have a direct and material effect on the determination of financial statement amounts. There were no instances of noncompliance or other matters that are required to be reported.

Area	Comments
Auditor Independence	<ul style="list-style-type: none">• We are not aware of any relationships between Haines, Isenbarger & Skiba, LLC and the Plan that, in our professional judgment, may reasonably be thought to bear on our independence. Relating to our audit of the financial statements of the Plan, we are independent certified public accountants with respect to the Plan within the meaning of the applicable published pronouncement of the AICPA Independence Standards.

This report is intended solely for the information and use of the Plan Administrator and management of the Allied Physicians, Inc. 401(k) Salary Reduction Plan and Trust and the Board of Directors and management of Allied Physicians, Inc. and is not intended to be and should not be used by anyone other than the specified parties.

We appreciate the opportunity to serve the Plan and Allied Physicians, Inc. and the courtesies extended to us by management during the engagement to audit.

Haines, Isenbarger & Skiba, LLC

October 6, 2025

Allied Physicians, Inc. 401(k) Salary Reduction Plan and Trust
Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information
December 31, 2024

EIN: 35-1155438

Plan Number: 004

Received By Charles Schwab & Co., Inc. (EIN: 94-1737782)

Fund Family/Provider	EIN	Formula
American Funds	90-0924512	Rate of 0.32% of average daily balance of asset(s)
Avantis Investors	Not Available	Rate of 0.32% of average daily balance of asset(s)
Dimensional Fund Advisors	22-2370029	Rate of 0.02% of average daily balance of asset(s)
FEDERATED FUNDS	Not Available	Rate of 0.23% of average daily balance of asset(s)
J.P. MORGAN & CO.	Not Available	Rate of 0.23% of average daily balance of asset(s)
Macquarie	13-3789912	Rate of 0.45% of average daily balance of asset(s)
Oakmark	Not Available	Rate of 0.32% of average daily balance of asset(s)
Parnassus	94-6579180	Rate of 0.36% of average daily balance of asset(s)
Principal Funds	42-1520346	Rate of 0.09% of average daily balance of asset(s)
Schwab Funds	94-3106735	Range of 0.14 - 0.23% of average daily balance of assets
T ROWE-PRICE	Not Available	Rate of 0.14% of average daily balance of asset(s)
TCW	95-2749628	Rate of 0.32% of average daily balance of asset(s)

Received By Charles Schwab Trust Bank (EIN: 82-3967259)

Fund Family/Provider	EIN	Formula
CHARLES SCHWAB TRUST BANK	Not Available	Range of 0.22 - 0.24% of average daily balance of assets

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

NAME OF PLAN SPONSOR:	Allied Physicians, Inc.
NAME OF PLAN:	Allied Physicians, Inc. 401(k) Salary Reduction Plan and Trust
EIN:	35-1155438
PLAN NUMBER:	004

(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
*	Schwab Value Advantage Fund	Money Market / Cash Equivalent		497,432
*	Schwab Managed Ret 2015 CL II	Common Collective Trust Fund		322
*	Schwab Managed Ret 2025 CL II	Common Collective Trust Fund		46,886
*	Schwab Managed Ret 2035 CL II	Common Collective Trust Fund		7,122
*	Schwab Managed Ret 2045 CL II	Common Collective Trust Fund		117,665
*	Schwab Managed Ret 2055 CL II	Common Collective Trust Fund		167,319
	PCRA	Self-Directed Brokerage Account		4,781,846
	American Century EQ Inc Inv	Registered Investment Company		1,102,532
	Delaware Value R6	Registered Investment Company		103,191
	DFA Emerging Markets Core EQ	Registered Investment Company		14,156
	Europacific Growth R6	Registered Investment Company		142,610
	Federated US Govt Sec 2-5 Yrs	Registered Investment Company		18,191
	Growth Fund of America R4	Registered Investment Company		2,637,870
	Ivy Mid Cap Growth Y	Registered Investment Company		31,623
	JP Morgan Strat Inc Oppty I	Registered Investment Company		570,315
	Metropolitan West Total Ret Bd	Registered Investment Company		21,480
	Oakmark Eqty & Incm Investor	Registered Investment Company		1,149,830
	Parnassus Mid Cap	Registered Investment Company		782,458
	Principal Income Institutional	Registered Investment Company		194,353
	Principal MCap S&P400 IDX Inst	Registered Investment Company		12,706
*	Schwab 1000 Index Fund	Registered Investment Company		44,461
*	Schwab International Index FD	Registered Investment Company		1,015,417
*	Schwab S&P 500 Index Fund	Registered Investment Company		2,415,957
*	Schwab Small-Cap Equity Fund	Registered Investment Company		860,294
	T Rowe Price New America Grth	Registered Investment Company		1,850,172

* Party-in-interest