

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information
---------------	---

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

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

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

1a Name of plan <u>VITUIITY RETIREMENT PLAN FOR CEP PHYSICIANS</u>	1b Three-digit plan number (PN) ▶ <u>018</u>
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) <u>CEP AMERICA, LLC DBA VITUIITY</u> <u>2100 POWELL ST STE 400</u> <u>EMERYVILLE, CA 94608-1872</u>	1c Effective date of plan <u>01/31/2023</u> 2b Employer Identification Number (EIN) <u>94-2494000</u> 2c Plan Sponsor's telephone number <u>510-671-1478</u> 2d Business code (see instructions) <u>621111</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	JASON CLARK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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:		4b EIN 94-2494000	
a Sponsor's name VITUITY		4d PN 018	
c Plan Name VITUITY RETIREMENT PLAN FOR CEP PHYSICIANS			
5 Total number of participants at the beginning of the plan year	5	2322	
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).			
6a(1) Total number of active participants at the beginning of the plan year	6a(1)	2318	
6a(2) Total number of active participants at the end of the plan year	6a(2)	2245	
b Retired or separated participants receiving benefits	6b	0	
c Other retired or separated participants entitled to future benefits	6c	66	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	2311	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0	
f Total. Add lines 6d and 6e	6f	2311	
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)		
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)		
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:
 1C 3B

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

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

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

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

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 SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<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

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

A Name of plan <u>VITUITY RETIREMENT PLAN FOR CEP PHYSICIANS</u>	B Three-digit plan number (PN) ▶	<u>018</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CEP AMERICA, LLC DBA VITUITY</u>	D Employer Identification Number (EIN) <u>94-2494000</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	<u>21385231</u>	
b Actuarial value	2b	<u>21385231</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>	<u>0</u>
b For terminated vested participants	<u>2</u>	<u>3125</u>	<u>3125</u>
c For active participants	<u>2285</u>	<u>17379753</u>	<u>17379753</u>
d Total	<u>2287</u>	<u>17382878</u>	<u>17382878</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.31 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>16316908</u>	
b Expected plan-related expenses	6b	<u>232000</u>	
c Target normal cost	6c	<u>16548908</u>	

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

SIGN HERE Signature of actuary <u>JOEL D. MCMANN</u> Type or print name of actuary <u>6312 S. FIDDLER'S GREEN CIRCLE</u> Firm name <u>6312 S. FIDDLER'S GREEN CIRCLE</u> <u>SUITE 300E</u> <u>GREENWOOD VILLAGE, CO 80111</u> Address of the firm	<u>10/13/2025</u> Date <u>23-06270</u> Most recent enrollment number <u>303-586-6720</u> Telephone number (including area code)
---	--

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>2.37</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		5643134
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.44</u> %		281685
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		5924819
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	123.02 %
15	Adjusted funding target attainment percentage	15	123.02 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
02/20/2024	2358181	0	08/26/2024	2071407	0		
03/18/2024	4167889	0	09/30/2024	2077749	0		
04/29/2024	2987514	0	10/28/2024	1964251	0		
05/28/2024	1970015	0	11/25/2024	2214777	0		
06/20/2024	1992583	0	12/30/2024	2967033	0		
07/29/2024	2022403	0	01/13/2025	662195	0		
			Totals ▶	18(b)	27455997	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	26712363

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 16548908
b Excess assets, if applicable, but not greater than line 31a				31b 4002353
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment.....	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 12546555
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)				36 12546555
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 26712363
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 14165808
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

SCHEDULE 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 VITUIY RETIREMENT PLAN FOR CEP PHYSICIANS	B Three-digit plan number (PN) ▶	018
C Plan sponsor's name as shown on line 2a of Form 5500 CEP AMERICA, LLC DBA VITUIY	D Employer Identification Number (EIN) 94-2494000	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

(b) 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)

CEP AMERICA, LLC DBA VITUIY

94-2494000

(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?
14 50	PLAN ADMINISTRATOR	56470	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)

SCHWAB RETIREMENT SERVICES

34-1479833

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	8259	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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
(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.	
(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: BPM LLP	b EIN: 81-4234542
c Position: ACCOUNTANT	
d Address: 2001 NORTH MAIN STREET SUITE 360 WALNUT CREEK, CA 94596	e Telephone: 925-296-1040

Explanation: BUSINESS DECISION

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 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 VITUIITY RETIREMENT PLAN FOR CEP PHYSICIANS	B Three-digit plan number (PN) ▶ 018
C Plan sponsor's name as shown on line 2a of Form 5500 CEP AMERICA, LLC DBA VITUIITY	D Employer Identification Number (EIN) 94-2494000

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.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	6737574 4491536
(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)	7500184 30576541
(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)	
(9) Value of interest in common/collective trusts	1c(9)	
(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)	10656684 19370192
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	24894442	54438269
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	834366
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	834366
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	24894442	53603903

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)	27101045	
(B) Participants.....	2a(1)(B)		
(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)		27101045
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	21761	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		21761
(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)	1221914	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1221914
(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)		
(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)		533233
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		28877953

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	103763	
(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)		103763
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	8259	
(3) Recordkeeping fees	2i(3)	56470	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(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)		64729
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		168492

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		28709461
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: GRANT THORNTON LLP

(2) EIN: 36-6055558

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		2000000
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 543150.

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

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

A Name of plan VITUIY RETIREMENT PLAN FOR CEP PHYSICIANS	B Three-digit plan number (PN)	018
C Plan sponsor's name as shown on line 2a of Form 5500 CEP AMERICA, LLC DBA VITUIY	D Employer Identification Number (EIN) 94-2494000	

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): 34-4779833

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	11
--	----------	-----------

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: 12.3 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 25.2 %
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 61.2 % Other: 1.3 %

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 ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

Financial Statements and Report of
Independent Certified Public
Accountants

**Vituity Retirement Plan
for CEP Physicians**

December 31, 2024 and 2023

Contents

	Page
Report of Independent Certified Public Accountants	3
Financial Statements	
Statements of net assets available for benefits	7
Statements of changes in net assets available for benefits	8
Notes to financial statements	9
Supplemental Schedules	
Schedule of assets (held at end of year)	17
Schedule of reportable transactions	18

GRANT THORNTON LLP

500 108th Avenue NE, Suite 2500
Bellevue, WA 98004

D +1 425 284 4454

F +1 425 214 9851

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Trustees and Plan Participants
Vituity Retirement Plan for CEP Physicians

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

We have performed an audit of the financial statements of Vituity Retirement Plan for CEP Physicians (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit 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 audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024, and for the year then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, 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 accompanying financial statements 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 audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). 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.

Responsibilities of management for the financial statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about 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 US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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 audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other matters

Supplemental schedules required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024 and schedule of reportable transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures. These additional procedures included 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 US GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

Auditor's report on the 2023 financial statements

Predecessor auditors performed an audit of the 2023 financial statements of the Plan. 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, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated October 14, 2024, indicated that (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2023 financial statements 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). Their report also indicated that the form and content of the 2023 supplemental schedules, other than the information in the 2023 supplemental schedules that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2023 supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determines meets the requirements of ERISA Section 103(a)(3)(C).

Grant Thornton LLP

Bellevue, Washington
October 15, 2025

Vituity Retirement Plan for CEP Physicians

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at fair value	\$ 49,946,733	\$ 18,156,868
Employer contributions receivable	4,491,536	6,737,574
Total assets	54,438,269	24,894,442
LIABILITIES		
Employer excess contributions payable	834,366	-
Total liabilities	834,366	-
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 53,603,903</u>	<u>\$ 24,894,442</u>

The accompanying notes are an integral part of these financial statements.

Vituity Retirement Plan for CEP Physicians

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31,

	<u>2024</u>	<u>2023</u>
Additions to net assets attributed to		
Investment income		
Interest and dividend income	\$ 1,243,675	\$ 179,986
Net appreciation in fair value of investments	533,233	145,903
Total investment income	1,776,908	325,889
Contributions		
Employer contributions	27,101,045	24,800,833
Total additions to net assets	28,877,953	25,126,722
Deductions from net assets attributed to		
Benefits paid to participants	103,763	-
Administrative expenses	64,729	232,280
Total deductions from net assets	168,492	232,280
NET INCREASE IN NET ASSETS	28,709,461	24,894,442
Net assets available for benefits		
Beginning of year	24,894,442	-
End of year	<u>\$ 53,603,903</u>	<u>\$ 24,894,442</u>

The accompanying notes are an integral part of these financial statements.

Vituity Retirement Plan for CEP Physicians

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 1 - DESCRIPTION OF PLAN

The following description of Vituity Retirement Plan for CEP Physicians (the "Plan") provides only general information. Participants should refer to the Summary Plan Description and Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was established on January 31, 2023. The purpose of the Plan is to provide retirement benefits for all incorporated and unincorporated physicians of CEP America, LLC (the "Sponsor" or "Company"). The Plan is a noncontributory cash balance defined benefit plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), and the applicable provisions of the Internal Revenue Code ("IRC").

Eligibility and Participant Accounts

All physicians of the Sponsor shall become a participant on January 1 following the completion of 18 months of service provided that they are at least 19 years of age, except for non-resident aliens who receive no earned income from the Company which constitutes income from sources within the United States of America ("U.S."). In addition, all physicians that were eligible participants under the MedAmerica Retirement Plan for CEP Physicians as of January 1, 2023 are eligible to participate in the Plan. Physicians have the option to not participate in the Plan. Under the Plan provisions, cash balance and investment credits are allocated to the participants' hypothetical accounts quarterly. Effective January 1, 2024, the Plan was amended to allow for monthly crediting of interest. The cash balance benefit credits are based upon the funding described in Note 6.

Plan Administration

CEP America, LLC (doing business as Vituity) is the administrator of the Plan. As administrator, Vituity has exclusive authority and responsibility for all matters in connection with the operation and administration of the Plan (including the authority and responsibility to invest, manage, and control the assets of the Plan specifically allocated to the trustee). Charles Schwab Trust Bank ("CSTB") is the appointed trustee. The trustee acts at the direction of the Plan's administrator.

Vesting

Participating physicians accrue one year of benefit service for each Plan year in which they complete 600 hours or more of service. Participants' accrued benefits are always 100% vested.

Pension Benefits

The value of a participant's benefit is equal to the participant's cash balance account. The cash balance account consists of cash balance benefit credits (see Note 6) and interest credits that apply for each year of participation in the Plan. The interest credit allocated to participants under a guaranteed cumulative rate of 0% up to 6.0%, whereby such limits accumulate each year. Under this method, participant accounts will be credited with surplus Plan earnings and reduced by Plan losses. Any excess earnings over the applicable interest rate shall remain within the Plan and may be used to offset investment losses in subsequent years. For the year ended December 31, 2024, interest credits shall be added to a participant's maximum account as of the last day of each calendar month in an amount equal to $(1.06)^{1/12} - 1$ multiplied by the participant's maximum account as of the first day of such month (for an effective annual rate of 6%). A participant's maximum account is the notional account established and maintained for the participant that shall be credited with cash balance credits and interest credits. For the period from January 31, 2023 (effective date of the Plan) to December 31, 2023, there were no allocations of interest credits as such allocations are based on 10/12th of the market rate of return applied to the participant's cash balance benefit

Vituity Retirement Plan for CEP Physicians
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

credit for the prior year plus the market rate of return applied to the participant's cash balance account as of the beginning of the Plan year (excluding the cash balance benefit credit for the prior year). When participants leave the Plan, upon retirement or for any other reason, those participants (or their beneficiaries) may receive their benefit payments as follows: (1) a single lump-sum, (2) a single life annuity, or (3) 50%, 75% or 100% joint or survivor annuity.

Death and Disability Benefits

In the event that the termination of employment of a participant is caused by the participant's death, the entire amount in the participant's hypothetical account is paid to the participant's designated beneficiary. In the event the participant becomes disabled, the participant shall be entitled to receive the entire amount then in the participant's hypothetical account.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires the Plan's administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements and the reported amount in the statement of changes in net assets available for benefits during the reporting period. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Retirement Committee determines the Plan's valuation policies utilizing information provided by the investment advisor and trustee. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are reflected on a trade date basis. Interest is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. The actuarial present value of accumulated Plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations are detailed in Note 5. Benefits payable under all circumstances including retirement, death, disability, and termination of employment, are included to the extent they are deemed attributable to employee services rendered prior to the valuation date.

Vituity Retirement Plan for CEP Physicians
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Sponsor. Expenses that are paid by the Sponsor are excluded from these financial statements. Investment related expenses are included in net appreciation in fair value of investments.

NOTE 3 - FAIR VALUE MEASUREMENTS

Accounting standards for fair value measurements 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 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 these accounting standards 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; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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 for the year ended December 31, 2024 and for the period from January 31, 2023 (effective date of the Plan) to December 31, 2023.

Cash: Valued based on redemption value on the last business day of the Plan year for Level 1 securities. Securities held by net asset value money funds operating pursuant to Rule 2a-7 under the Investment Company Act of 1940 are valued at amortized cost, which approximates current fair value, and are considered to be valued using Level 2 inputs.

Vituity Retirement Plan for CEP Physicians

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

Exchange-traded fund: Valued at the closing price reported on the active market on which the individual security is 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 fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

	Investments at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Cash	\$ 968,123	\$ 29,608,418	\$ -	\$ 30,576,541
Exchange-traded fund	19,370,192	-	-	19,370,192
Total investments at fair value	\$ 20,338,315	\$ 29,608,418	\$ -	\$ 49,946,733
	Investments at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Cash	\$ 3,565,184	\$ 3,935,000	\$ -	\$ 7,500,184
Exchange-traded fund	10,656,684	-	-	10,656,684
Total investments at fair value	\$ 14,221,868	\$ 3,935,000	\$ -	\$ 18,156,868

NOTE 4 - CERTIFIED INFORMATION BY THE TRUSTEE

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, CSTB, the trustee has certified that the following data included in the accompanying financial statements and supplemental schedules are complete and accurate:

- Investments, at fair value as shown in the statements of net assets available for benefits as of December 31, 2024 and 2023.
- Investment income as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2024 and for the period from January 31, 2023 (effective date of the Plan) to December 31, 2023.
- Schedule H, part IV, line 4i - schedule of assets (held at end of year) as of December 31, 2024.
- Schedule H, part IV, line 4j - schedule of reportable transactions for the year ended December 31, 2024.

Vituity Retirement Plan for CEP Physicians
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated Plan benefits represents the estimated value of benefits earned, discounted to reflect the time value of money (through discounts for interest) and probability of future payment, for which amounts may differ from the actuarial determination made for funding purposes. The actuarial assumptions for the Plan are based on the assumption that the Plan will continue. Should the Plan terminate, different actuarial assumptions and other factors might be more appropriate in determining the actuarial present value of accumulated Plan benefits. The computations of the actuarial present value of accumulated Plan benefits were made as of January 1, 2025 and 2024. Had the valuation been performed as of December 31, 2024 and 2023, there would be no material differences.

Significant assumptions underlying the actuarial computations as of December 31, 2024 were as follows:

Actuarial cost method	Unit credit cost method as prescribed by IRS regulations.
Interest crediting rate	3.00%.
Normal retirement	Age 65
Form of payment	All participants are assumed to elect a lump sum form of payment.
Expenses	Assumed expenses are \$65,000 for 2025. The assumed expenses are based on actual expenses paid in the prior Plan year, rounded to the nearest thousand. In accordance with the Company's understanding of the available guidance, the expense assumption reflects administrative expenses and does not include investment-related expenses or any other non-administrative expense.

The accumulated Plan benefit information was as follows as of December 31, 2024 and 2023:

	2024	2023
Actuarial present value of accumulated Plan benefits		
Vested benefits		
Active participants	\$ 52,808,350	\$ 24,797,708
Terminated vested participants	514,763	3,125
Total actuarial present value of accumulated Plan benefits	\$ 53,323,113	\$ 24,800,833

Vituity Retirement Plan for CEP Physicians

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

The changes in total actuarial present value of accumulated Plan benefits were as follows for the year ended December 31, 2024:

	<u>2024</u>
Actuarial present value of accumulated Plan benefits as of the beginning of year - December 31, 2023	\$ 24,800,833
Increases (decreases) during the period	
Benefits accumulated	27,132,500
Increase for interest due to decrease in discount period	1,483,751
Benefits paid	(103,763)
Data corrections	9,792
	<u> </u>
Actuarial present value of accumulated Plan benefits as of December 31, 2024	<u>\$ 53,323,113</u>

NOTE 6 - FUNDING POLICY

Each year, the Plan's actuary will determine the contribution required to fund the benefits earned under the Plan by each physician. Eligible physicians are automatically enrolled into the Plan at a flat amount equal to \$2,500 per eligible participant. In addition, some participants, as determined by the Vituity Retirement and Benefits Committee, may receive an additional cash balance credit for the Plan year. The Plan allows additional cash credits of \$5,000, \$7,500, \$12,500, \$17,500, \$22,500, \$27,500, \$32,500, and \$37,500. Each participating physician is responsible for the cost of the benefit accrued under this Plan as determined by the actuary and this amount must be contributed by April 15th of the following year. If desired, payroll deductions can be initiated. All contributions are deductible (i.e., not subject to taxation) in the year they are deemed to be made. Each March, physicians are notified of their required contribution for that year. The physicians fund their contributions to the Sponsor, which is then obligated to the Plan. Contributions from the Sponsor are recorded as a receivable by the Plan and recognized in the Plan year as designated by the Sponsor. The Plan has met the minimum funding requirements of ERISA. The Plan's funding policy is for the Plan to contribute at least the minimum required contribution.

NOTE 7 - RELATED-PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments in a money market fund are managed by CSTB, the trustee of the Plan. Any purchases and sales of these funds are performed in the open market at fair value. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan, and are specifically exempt from the prohibition of party-in-interest transactions under ERISA. Fees incurred by the Plan to the administrator were \$64,729 and \$28,856 for the year ended December 31, 2024 and for the period from January 31, 2023 (effective date of the Plan) to December 31, 2023, respectively.

NOTE 8 - TAX STATUS

The Plan has not yet applied for a determination letter from the Internal Revenue Service ("IRS") stating that the Plan, as designed, complies with the applicable requirements of the IRC. However, the Sponsor believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, the related trust is tax exempt. Therefore, no provision for income taxes was included in the Plan's financial statements as of December 31, 2024 and 2023. The Sponsor is in the process of filing a determination letter application for the Plan with the IRS.

Vituity Retirement Plan for CEP Physicians

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan may be subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 9 - PLAN TERMINATION

The Plan's administrator has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would remain fully vested in their accounts, and participant's hypothetical accounts would be distributed in accordance with the Plan document and ERISA. If the Plan were to terminate, the PBGC, a U.S. government agency, could become involved in the payment of Plan benefits. Certain benefits under the Plan are guaranteed by the PBGC if the Plan terminates. However, the PBGC does not guarantee all types of benefits under the Plan and certain benefits are subject to limitations.

NOTE 10 - RISKS AND UNCERTAINTIES

The Plan provides for various investment options in an exchange-traded fund and money market fund offered by the Plan. Investment securities are exposed to various risks, such as interest rate, market fluctuations and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits.

As of December 31, 2024, approximately 55% of net assets available for benefits were held in one investment of the Plan. As of December 31, 2023, approximately 73%, respectively of net assets available for benefits were held in three investments of the Plan.

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

NOTE 11 - SUBSEQUENT EVENTS

The Plan evaluated its December 31, 2024 financial statements for subsequent events through October 15, 2025 the date the financial statements were available to be issued. The Plan is not aware of any subsequent events which would require recognition or disclosure in the financial statements.

SUPPLEMENTAL SCHEDULES

Vituity Retirement Plan for CEP Physicians

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

December 31, 2024

EIN #: 94-2494000 Plan #: 018

(a)	(b) Identity of Issue or Borrower	(c) Description of Investment,	(d) Cost	(e) Current Value
*	Schwab Trust Bank Cash	Interest-bearing cash	\$ 968,123	\$ 968,123
*	Schwab TreasuryOblig Money FD Ultra - SCOXX	Money market fund	29,608,418	29,608,418
	American FD Europacific Gth FD CL F3 - FEUPX	Exchange - traded fund	676,644	621,071
	Dodge & Cox International Stock I - DODFX	Exchange - traded fund	500,382	471,291
	Doubleline Core Fixed INCM FD CL I - DBLFX	Exchange - traded fund	2,571,433	2,535,479
	Fidelity US Bond Index - FXNAX	Exchange - traded fund	2,504,562	2,473,147
	Fidelity 500 Index FD - FXAIX	Exchange - traded fund	1,946,658	1,886,828
	Guggenheim Total Return BD INST - GIBIX	Exchange - traded fund	3,208,425	3,164,018
	JPMorgan Large Cap Gwth CL I - SEEGX	Exchange - traded fund	470,002	455,088
	MFS New Discovery Value FD I - NDVIX	Exchange - traded fund	240,000	227,981
	MFS SERS TR XINTL GRW I - MQGIX	Exchange - traded fund	682,413	627,799
	PIMCO INCM FD INST CL - PIMIX	Exchange - traded fund	1,284,273	1,271,012
*	Schwab Fundamental US Lrge Co Index - SFLNX	Exchange - traded fund	427,133	406,546
	T. Rowe price Integrat US SM GR EQI - TQAIX	Exchange - traded fund	181,896	159,732
	Ishares Gold ETF - IAU	Exchange - traded fund	481,484	622,588
	Ishares 7-10 Year Treasury Bond ETF - IEF	Exchange - traded fund	3,204,344	3,145,149
	Vanguard Internatnl HGH DIV YLD ETF - VYMI	Exchange - traded fund	358,189	345,509
	Vanguard Mega Cap Growth ETF - MGK	Exchange - traded fund	415,180	401,790
	Vanguard Small Cap Value ETF - VBR	Exchange - traded fund	134,760	126,835
	Vanugard Value ETF - VTV	Exchange - traded fund	442,294	428,329
	Total Investments		<u>\$ 50,306,613</u>	<u>\$ 49,946,733</u>

* Party-in-interest.

Vituity Retirement Plan for CEP Physicians

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year ended December 31, 2024

EIN #: 94-2494000 Plan #: 018

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (i) - single transactions in excess of 5% of Plan assets								
Doubleline Core Fixed INCM FD CL I - DBLFX	Exchange - traded fund	\$ 2,560,000	\$ -	\$ -	\$ 15	\$ 2,560,000	\$ 2,560,000	\$ -
Fidelity US Bond Index - FXNAX	Exchange - traded fund	2,500,000	-	-	15	2,500,000	2,500,000	-
Fidelity 500 Index FD - FXAIX	Exchange - traded fund	1,940,000	-	-	15	1,940,000	1,940,000	-
Guggenheim Total Return BD INST - GIBIX	Exchange - traded fund	3,200,000	-	-	-	3,200,000	3,200,000	-
Invesco S&P 500 Equal Weight ETF - RSP	Exchange - traded fund	2,199,707	-	-	-	2,199,707	2,199,707	-
Invesco S&P 500 Equal Weight ETF - RSP	Exchange - traded fund	-	2,491,647	-	72	2,199,707	2,491,647	291,940
Ishares Dividend Growth ETF - IGRO	Exchange - traded fund	1,923,600	-	-	-	1,923,600	1,923,600	-
Ishares Dividend Growth ETF - IGRO	Exchange - traded fund	-	2,117,918	-	64	1,924,949	2,117,918	192,969
Ishares Gold ETF - IAU	Exchange - traded fund	1,924,022	-	-	-	1,924,022	1,924,022	-
Ishares Gold ETF - IAU	Exchange - traded fund	-	1,909,446	-	59	1,443,495	1,909,446	465,951
Ishares 7-10 Year Treasury Bond ETF - IEF	Exchange - traded fund	3,204,344	-	-	-	3,204,344	3,204,344	-
PIMCO INCM FD INST CL - PIMIX	Exchange - traded fund	1,280,000	-	-	15	1,280,000	1,280,000	-
* Schwab TreasuryOblig Money FD Ultra - SCOXX	Money market fund	10,502,500	-	-	-	10,502,500	10,502,500	-
* Schwab TreasuryOblig Money FD Ultra - SCOXX	Money market fund	11,611,500	-	-	-	11,611,500	11,611,500	-
* Schwab TreasuryOblig Money FD Ultra - SCOXX	Money market fund	1,440,000	-	-	-	1,440,000	1,440,000	-
* Schwab TreasuryOblig Money FD Ultra - SCOXX	Money market fund	2,119,418	-	-	-	2,119,418	2,119,418	-
SPDR Short Term Corporate Bnd ETF - SPSB	Exchange - traded fund	-	10,638,791	-	93	10,510,801	10,638,791	127,990

* Party-in-interest.

Vituity Retirement Plan for CEP Physicians

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year ended December 31, 2024

EIN #: 94-2494000 Plan #: 018

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (iii) - series of transactions in excess of 5% of Plan assets								
Doubleline Core Fixed INCM FD CL I - DBLFX	Exchange - traded fund	2,571,433	-	-	15	2,571,433	2,571,433	-
Fidelity US Bond Index - FXNAX	Exchange - traded fund	2,504,562	-	-	15	2,504,562	2,504,562	-
Fidelity 500 Index FD - FXAIX	Exchange - traded fund	1,946,658	-	-	15	1,946,658	1,946,658	-
Guggenheim Total Return BD INST - GIBIX	Exchange - traded fund	3,208,425	-	-	-	3,208,425	3,208,425	-
Invesco S&P 500 Equal Weight ETF - RSP	Exchange - traded fund	2,199,707	-	-	-	2,199,707	2,199,707	-
Invesco S&P 500 Equal Weight ETF - RSP	Exchange - traded fund	-	2,491,647	-	72	2,199,707	2,491,647	291,940
Ishares Dividend Growth ETF - IGRO	Exchange - traded fund	1,924,949	-	-	-	1,924,949	1,924,949	-
Ishares Dividend Growth ETF - IGRO	Exchange - traded fund	-	2,117,918	-	64	1,924,949	2,117,918	192,969
Ishares Gold ETF - IAU	Exchange - traded fund	1,924,980	-	-	-	1,924,980	1,924,980	-
Ishares Gold ETF - IAU	Exchange - traded fund	-	1,909,446	-	59	1,443,495	1,909,387	465,892
Ishares 7-10 Year Treasury Bond ETF - IEF	Exchange - traded fund	3,204,344	-	-	-	3,204,344	3,204,344	-
PIMCO INCM FD INST CL - PIMIX	Exchange - traded fund	1,284,273	-	-	15	1,284,273	1,284,273	-
* Schwab TreasuryOblig Money FD Ultra - SCOXX	Money market fund	25,673,418	-	-	-	25,673,418	25,673,418	-
SPDR Short Term Corporate Bnd ETF - SPSB	Exchange - traded fund	-	10,638,698	-	93	10,510,801	10,638,698	127,897
* Party-in-interest.								

Vituity Retirement Plan for CEP Physicians

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year ended December 31, 2024

EIN #: 94-2494000 Plan #: 018

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (iv) - Any transaction within the plan year with respect to securities with, or in conjunction with, a person if any prior or subsequent single transaction within the plan year with such person, with respect to securities, exceeds 5% of the current value of plan assets								
* Schwab TreasuryOblig Money FD Ultra - SCOXX	Money market fund	10,502,500	-	-	-	10,502,500	10,502,500	-
Ishares Gold ETF - IAU	Exchange - traded fund	957	-	-	-	957	957	-
Ishares Dividend Growth ETF - IGRO	Exchange - traded fund	1,349	-	-	-	1,349	1,349	-
Vanguard Real Estate ETF - VNQ	Exchange - traded fund	962,515	-	-	-	962,515	962,515	-
Ishares Dividend Growth ETF - IGRO	Exchange - traded fund	1,923,600	-	-	-	1,923,600	1,923,600	-
Ishares Gold ETF - IAU	Exchange - traded fund	1,924,022	-	-	-	1,924,022	1,924,022	-
SPDR Short Term Corporate Bnd ETF - SPSB	Exchange - traded fund	-	10,638,698	-	93	10,510,801	10,638,698	127,897
Invesco S&P 500 Equal Weight ETF - RSP	Exchange - traded fund	2,199,707	-	-	-	2,199,707	2,199,707	-
* Schwab TreasuryOblig Money FD Ultra - SCOXX	Money market fund	11,611,500	-	-	-	11,611,500	11,611,500	-
* Schwab Fundamental US Lrge Co Index - SFLNX	Exchange - traded fund	7,133	-	-	-	7,133	7,133	-
Vanguard Small Cap Value ETF - VBR	Exchange - traded fund	134,760	-	-	-	134,760	134,760	-
T. Rowe price Integrat US SM GR EQI - TQAIX	Exchange - traded fund	170,000	-	-	-	170,000	170,000	-
MFS New Discovery Value FD I - NDVIX	Exchange - traded fund	240,000	-	-	-	240,000	240,000	-
Vanguard Internatnl HGH DIV YLD ETF - VYMI	Exchange - traded fund	358,189	-	-	-	358,189	358,189	-
Vanguard Mega Cap Growth ETF - MGK	Exchange - traded fund	415,180	-	-	-	415,180	415,180	-
* Schwab Fundamental US Lrge Co Index - SFLNX	Exchange - traded fund	420,000	-	-	-	420,000	420,000	-
Vanguard Value ETF - VTV	Exchange - traded fund	442,294	-	-	-	442,294	442,294	-
JPMorgan Large Cap Gwth CL I - SEEGX	Exchange - traded fund	470,000	-	-	15	470,000	470,000	-
Dodge & Cox International Stock I - DODFX	Exchange - traded fund	490,000	-	-	15	490,000	490,000	-
American FD Europacific Gth FD CL F3 - FEUPX	Exchange - traded fund	650,000	-	-	15	650,000	650,000	-
MFS SERS TR XINTL GRW I - MQGIX	Exchange - traded fund	650,000	-	-	-	650,000	650,000	-
Vanguard Real Estate ETF - VNQ	Exchange - traded fund	-	1,082,136	-	32	962,515	1,082,136	119,621
PIMCO INCM FD INST CL - PIMIX	Exchange - traded fund	1,280,000	-	-	15	1,280,000	1,280,000	-
* Schwab TreasuryOblig Money FD Ultra - SCOXX	Money market fund	1,440,000	-	-	-	1,440,000	1,440,000	-
Ishares Gold ETF - IAU	Exchange - traded fund	-	1,909,446	-	59	1,443,495	1,909,446	465,951
Fidelity 500 Index FD - FXAIX	Exchange - traded fund	1,940,000	-	-	15	1,940,000	1,940,000	-
Ishares Dividend Growth ETF - IGRO	Exchange - traded fund	-	2,117,918	-	64	1,924,949	2,117,918	192,969
Invesco S&P 500 Equal Weight ETF - RSP	Exchange - traded fund	-	2,491,647	-	72	2,199,707	2,491,647	291,940
Fidelity US Bond Index - FXNAX	Exchange - traded fund	2,500,000	-	-	15	2,500,000	2,500,000	-
Doubleline Core Fixed INCM FD CL I - DBLFX	Exchange - traded fund	2,560,000	-	-	15	2,560,000	2,560,000	-
Guggenheim Total Return BD INST - GIBIX	Exchange - traded fund	3,200,000	-	-	-	3,200,000	3,200,000	-
Ishares 7-10 Year Treasury Bond ETF - IEF	Exchange - traded fund	3,204,344	-	-	-	3,204,344	3,204,344	-
T. Rowe price Integrat US SM GR EQI - TQAIX	Exchange - traded fund	11,896	-	-	-	11,896	11,896	-
MFS SERS TR XINTL GRW I - MQGIX	Exchange - traded fund	32,413	-	-	-	32,413	32,413	-
Dodge & Cox International Stock I - DODFX	Exchange - traded fund	10,382	-	-	-	10,382	10,382	-
JPMorgan Large Cap Gwth CL I - SEEGX	Exchange - traded fund	2	-	-	-	2	2	-
American FD Europacific Gth FD CL F3 - FEUPX	Exchange - traded fund	26,644	-	-	-	26,644	26,644	-
Fidelity 500 Index FD - FXAIX	Exchange - traded fund	6,658	-	-	-	6,658	6,658	-
* Schwab TreasuryOblig Money FD Ultra - SCOXX	Money market fund	2,119,418	-	-	-	2,119,418	2,119,418	-
PIMCO INCM FD INST CL - PIMIX	Exchange - traded fund	4,273	-	-	-	4,273	4,273	-
Fidelity US Bond Index - FXNAX	Exchange - traded fund	4,562	-	-	-	4,562	4,562	-
Guggenheim Total Return BD INST - GIBIX	Exchange - traded fund	8,425	-	-	-	8,425	8,425	-
Doubleline Core Fixed INCM FD CL I - DBLFX	Exchange - traded fund	11,433	-	-	-	11,433	11,433	-

* Party-in-interest.

There were no category (iii) reportable transactions during 2024.

Vituity Retirement Plan for CEP Physicians

EIN / PN 94-2494000 / 018

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

Plan Sponsor Elections

Yield curve election: The plan sponsor did not elect to use the full yield curve under IRC section 430(h)(2)(D)(ii).

Applicable month: The plan sponsor elected to base the segment rates on the rates published in the month containing the valuation date.

Economic Assumptions

	Funding Target	
	with stabilization	without stabilization
First segment rate (years 0 to 4):	4.75%	4.37%
Second segment rate (years 5 to 19):	4.96%	4.96%
Third segment rate (years 20 and after):	5.59%	4.95%
Effective interest rate (current year):	5.31%	4.95%

Interest crediting rate: 3.00%

The interest rates listed above are compounded annually.

The cash balance interest crediting rate is equal to the rate of return on plan assets, subject to cumulative minimum and maximum interest crediting rates. Accordingly, the assets needed to provide future cash balance benefits are independent of interest rates and only dependent on the plan's asset allocation to the extent that the cumulative minimum or maximum interest rates affect the cash balance accounts. This plan provision is difficult to measure using traditional deterministic valuation procedures. To account for this plan provision, the interest crediting rate was selected from a reasonable range based on the plan's asset allocation that, when combined with the segment interest rates, produced a funding target that was as close as possible to the economic value of the cash balance accounts.

Vituity Retirement Plan for CEP Physicians

EIN / PN 94-2494000 / 018

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

Demographic Assumptions

WEIGHTED AVERAGE RETIREMENT AGE

The weighted average retirement age rounded to the nearest whole age is 65.

RETIREMENT

All participants are assumed to retire at the later of age 65 and their current age.

WITHDRAWAL

None.

DISABILITY

None.

RATIONALE FOR RETIREMENT AGE, WITHDRAWAL AND DISABILITY ASSUMPTIONS

The economic value of the cash balance benefits is not materially affected by the timing of benefit commencement. Therefore, no preretirement withdrawal or disability is assumed, and all participants are assumed to retire at the plan's Normal Retirement Age.

MORTALITY AND MORTALITY IMPROVEMENT

The mortality follows the IRS 2024 Generational Mortality Table based on the rates in the RP-2014 Mortality Tables published by the SOA adjusted for mortality improvement, as prescribed by Treasury regulation section 1.430(h)(3)-1.

DECREMENT TIMING

Decrements are assumed to occur as of the beginning of the year.

Other Assumptions

FORM OF PAYMENT

All participants are assumed to elect a lump sum form of payment.

MAXIMUM EARNINGS

The maximum compensation limit under IRC section 401(a)(17) is \$345,000 for 2024.

MAXIMUM BENEFIT

The maximum benefit payable under IRC section 415 is \$275,000 for 2024.

Vituity Retirement Plan for CEP Physicians

EIN / PN 94-2494000 / 018

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

EXPENSES

Assumed expenses are \$232,000 for 2024. The assumed expenses are based on actual expenses paid in the prior plan year, rounded to the nearest thousand. In accordance with our understanding of the available guidance, the expense assumption reflects administrative expenses and does not include investment-related expenses or any other non-administrative expense.

Changes from Prior Year and Rationale for Changes

None.

GAIN / LOSS ANALYSIS

In our judgment, a gain/loss analysis is not appropriate for assessing the reasonableness of the assumptions.

Actuarial Methods

VALUATION DATE

The valuation date is January 1, 2024.

ACTUARIAL VALUE OF ASSETS

The actuarial value of assets is equal to the market value of assets.

MINIMUM FUNDING METHOD

The funding target and target normal cost for minimum funding calculations are determined using the traditional unit credit cost method as prescribed by Treasury regulation section 1.430(d)-1. The liability under the unit credit cost method is the value of the accrued pension benefit using service and pay earned prior to the valuation year. The sum of the present value of the accrued benefits for all participants is the ERISA funding target. The normal cost is the present value of the benefits earned during the year. The target normal cost is the sum of the normal costs for all participants and the assumed administrative expenses.

Changes in Method from Prior Year and Rationale for Changes

None.

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	---	--

Part I Annual Report Identification Information

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

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan VITIVITY RETIREMENT PLAN FOR CEP PHYSICIANS</p>	<p>1b Three-digit plan number (PN) ▶ 018</p>
<p>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)</p> <p>CEP AMERICA, LLC DBA VITIVITY</p> <p>2100 POWELL ST STE 400</p> <p>EMERYVILLE CA 94608-1872</p>	<p>1c Effective date of plan 01/31/2023</p> <p>2b Employer Identification Number (EIN) 94-2494000</p> <p>2c Plan Sponsor's telephone number 510-671-1478</p> <p>2d Business code (see instructions) 621111</p>

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

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

SIGN HERE		10/15/2025	JASON CLARK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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 _____

Vituity Retirement Plan for CEP Physicians

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year ended December 31, 2024

EIN #: 94-2494000 Plan #: 018

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (i) - single transactions in excess of 5% of Plan assets								
Doubleline Core Fixed INCM FD CL I - DBLFX	Exchange - traded fund	\$ 2,560,000	\$ -	\$ -	\$ 15	\$ 2,560,000	\$ 2,560,000	\$ -
Fidelity US Bond Index - FXNAX	Exchange - traded fund	2,500,000	-	-	15	2,500,000	2,500,000	-
Fidelity 500 Index FD - FXAIX	Exchange - traded fund	1,940,000	-	-	15	1,940,000	1,940,000	-
Guggenheim Total Return BD INST - GIBIX	Exchange - traded fund	3,200,000	-	-	-	3,200,000	3,200,000	-
Invesco S&P 500 Equal Weight ETF - RSP	Exchange - traded fund	2,199,707	-	-	-	2,199,707	2,199,707	-
Invesco S&P 500 Equal Weight ETF - RSP	Exchange - traded fund	-	2,491,647	-	72	2,199,707	2,491,647	291,940
Ishares Dividend Growth ETF - IGRO	Exchange - traded fund	1,923,600	-	-	-	1,923,600	1,923,600	-
Ishares Dividend Growth ETF - IGRO	Exchange - traded fund	-	2,117,918	-	64	1,924,949	2,117,918	192,969
Ishares Gold ETF - IAU	Exchange - traded fund	1,924,022	-	-	-	1,924,022	1,924,022	-
Ishares Gold ETF - IAU	Exchange - traded fund	-	1,909,446	-	59	1,443,495	1,909,446	465,951
Ishares 7-10 Year Treasury Bond ETF - IEF	Exchange - traded fund	3,204,344	-	-	-	3,204,344	3,204,344	-
PIMCO INCM FD INST CL - PIMIX	Exchange - traded fund	1,280,000	-	-	15	1,280,000	1,280,000	-
* Schwab TreasuryOblig Money FD Ultra - SCOXX	Money market fund	10,502,500	-	-	-	10,502,500	10,502,500	-
* Schwab TreasuryOblig Money FD Ultra - SCOXX	Money market fund	11,611,500	-	-	-	11,611,500	11,611,500	-
* Schwab TreasuryOblig Money FD Ultra - SCOXX	Money market fund	1,440,000	-	-	-	1,440,000	1,440,000	-
* Schwab TreasuryOblig Money FD Ultra - SCOXX	Money market fund	2,119,418	-	-	-	2,119,418	2,119,418	-
SPDR Short Term Corporate Bnd ETF - SPSB	Exchange - traded fund	-	10,638,791	-	93	10,510,801	10,638,791	127,990

* Party-in-interest.

Vituity Retirement Plan for CEP Physicians

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year ended December 31, 2024

EIN #: 94-2494000 Plan #: 018

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (iii) - series of transactions in excess of 5% of Plan assets								
Doubleline Core Fixed INCM FD CL I - DBLFX	Exchange - traded fund	2,571,433	-	-	15	2,571,433	2,571,433	-
Fidelity US Bond Index - FXNAX	Exchange - traded fund	2,504,562	-	-	15	2,504,562	2,504,562	-
Fidelity 500 Index FD - FXAIX	Exchange - traded fund	1,946,658	-	-	15	1,946,658	1,946,658	-
Guggenheim Total Return BD INST - GIBIX	Exchange - traded fund	3,208,425	-	-	-	3,208,425	3,208,425	-
Invesco S&P 500 Equal Weight ETF - RSP	Exchange - traded fund	2,199,707	-	-	-	2,199,707	2,199,707	-
Invesco S&P 500 Equal Weight ETF - RSP	Exchange - traded fund	-	2,491,647	-	72	2,199,707	2,491,647	291,940
Ishares Dividend Growth ETF - IGRO	Exchange - traded fund	1,924,949	-	-	-	1,924,949	1,924,949	-
Ishares Dividend Growth ETF - IGRO	Exchange - traded fund	-	2,117,918	-	64	1,924,949	2,117,918	192,969
Ishares Gold ETF - IAU	Exchange - traded fund	1,924,980	-	-	-	1,924,980	1,924,980	-
Ishares Gold ETF - IAU	Exchange - traded fund	-	1,909,446	-	59	1,443,495	1,909,387	465,892
Ishares 7-10 Year Treasury Bond ETF - IEF	Exchange - traded fund	3,204,344	-	-	-	3,204,344	3,204,344	-
PIMCO INCM FD INST CL - PIMIX	Exchange - traded fund	1,284,273	-	-	15	1,284,273	1,284,273	-
* Schwab TreasuryOblig Money FD Ultra - SCOXX	Money market fund	25,673,418	-	-	-	25,673,418	25,673,418	-
SPDR Short Term Corporate Bnd ETF - SPSB	Exchange - traded fund	-	10,638,698	-	93	10,510,801	10,638,698	127,897
* Party-in-interest.								

Vituity Retirement Plan for CEP Physicians

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year ended December 31, 2024

EIN #: 94-2494000 Plan #: 018

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (iv) - Any transaction within the plan year with respect to securities with, or in conjunction with, a person if any prior or subsequent single transaction within the plan year with such person, with respect to securities, exceeds 5% of the current value of plan assets								
* Schwab TreasuryOblig Money FD Ultra - SCOXX	Money market fund	10,502,500	-	-	-	10,502,500	10,502,500	-
Ishares Gold ETF - IAU	Exchange - traded fund	957	-	-	-	957	957	-
Ishares Dividend Growth ETF - IGRO	Exchange - traded fund	1,349	-	-	-	1,349	1,349	-
Vanguard Real Estate ETF - VNQ	Exchange - traded fund	962,515	-	-	-	962,515	962,515	-
Ishares Dividend Growth ETF - IGRO	Exchange - traded fund	1,923,600	-	-	-	1,923,600	1,923,600	-
Ishares Gold ETF - IAU	Exchange - traded fund	1,924,022	-	-	-	1,924,022	1,924,022	-
SPDR Short Term Corporate Bnd ETF - SPSB	Exchange - traded fund	-	10,638,698	-	93	10,510,801	10,638,698	127,897
Invesco S&P 500 Equal Weight ETF - RSP	Exchange - traded fund	2,199,707	-	-	-	2,199,707	2,199,707	-
* Schwab TreasuryOblig Money FD Ultra - SCOXX	Money market fund	11,611,500	-	-	-	11,611,500	11,611,500	-
* Schwab Fundamental US Lrge Co Index - SFLNX	Exchange - traded fund	7,133	-	-	-	7,133	7,133	-
Vanguard Small Cap Value ETF - VBR	Exchange - traded fund	134,760	-	-	-	134,760	134,760	-
T. Rowe price Integrat US SM GR EQI - TQAIX	Exchange - traded fund	170,000	-	-	-	170,000	170,000	-
MFS New Discovery Value FD I - NDVIX	Exchange - traded fund	240,000	-	-	-	240,000	240,000	-
Vanguard Internatnl HGH DIV YLD ETF - VYMI	Exchange - traded fund	358,189	-	-	-	358,189	358,189	-
Vanguard Mega Cap Growth ETF - MGK	Exchange - traded fund	415,180	-	-	-	415,180	415,180	-
* Schwab Fundamental US Lrge Co Index - SFLNX	Exchange - traded fund	420,000	-	-	-	420,000	420,000	-
Vanguard Value ETF - VTV	Exchange - traded fund	442,294	-	-	-	442,294	442,294	-
JPMorgan Large Cap Gwth CL I - SEEGX	Exchange - traded fund	470,000	-	-	15	470,000	470,000	-
Dodge & Cox International Stock I - DODFX	Exchange - traded fund	490,000	-	-	15	490,000	490,000	-
American FD Europacific Gth FD CL F3 - FEUPX	Exchange - traded fund	650,000	-	-	15	650,000	650,000	-
MFS SERS TR XINTL GRW I - MQGIX	Exchange - traded fund	650,000	-	-	-	650,000	650,000	-
Vanguard Real Estate ETF - VNQ	Exchange - traded fund	-	1,082,136	-	32	962,515	1,082,136	119,621
PIMCO INCM FD INST CL - PIMIX	Exchange - traded fund	1,280,000	-	-	15	1,280,000	1,280,000	-
* Schwab TreasuryOblig Money FD Ultra - SCOXX	Money market fund	1,440,000	-	-	-	1,440,000	1,440,000	-
Ishares Gold ETF - IAU	Exchange - traded fund	-	1,909,446	-	59	1,443,495	1,909,446	465,951
Fidelity 500 Index FD - FXAIX	Exchange - traded fund	1,940,000	-	-	15	1,940,000	1,940,000	-
Ishares Dividend Growth ETF - IGRO	Exchange - traded fund	-	2,117,918	-	64	1,924,949	2,117,918	192,969
Invesco S&P 500 Equal Weight ETF - RSP	Exchange - traded fund	-	2,491,647	-	72	2,199,707	2,491,647	291,940
Fidelity US Bond Index - FXNAX	Exchange - traded fund	2,500,000	-	-	15	2,500,000	2,500,000	-
Doubleline Core Fixed INCM FD CL I - DBLFX	Exchange - traded fund	2,560,000	-	-	15	2,560,000	2,560,000	-
Guggenheim Total Return BD INST - GIBIX	Exchange - traded fund	3,200,000	-	-	-	3,200,000	3,200,000	-
Ishares 7-10 Year Treasury Bond ETF - IEF	Exchange - traded fund	3,204,344	-	-	-	3,204,344	3,204,344	-
T. Rowe price Integrat US SM GR EQI - TQAIX	Exchange - traded fund	11,896	-	-	-	11,896	11,896	-
MFS SERS TR XINTL GRW I - MQGIX	Exchange - traded fund	32,413	-	-	-	32,413	32,413	-
Dodge & Cox International Stock I - DODFX	Exchange - traded fund	10,382	-	-	-	10,382	10,382	-
JPMorgan Large Cap Gwth CL I - SEEGX	Exchange - traded fund	2	-	-	-	2	2	-
American FD Europacific Gth FD CL F3 - FEUPX	Exchange - traded fund	26,644	-	-	-	26,644	26,644	-
Fidelity 500 Index FD - FXAIX	Exchange - traded fund	6,658	-	-	-	6,658	6,658	-
* Schwab TreasuryOblig Money FD Ultra - SCOXX	Money market fund	2,119,418	-	-	-	2,119,418	2,119,418	-
PIMCO INCM FD INST CL - PIMIX	Exchange - traded fund	4,273	-	-	-	4,273	4,273	-
Fidelity US Bond Index - FXNAX	Exchange - traded fund	4,562	-	-	-	4,562	4,562	-
Guggenheim Total Return BD INST - GIBIX	Exchange - traded fund	8,425	-	-	-	8,425	8,425	-
Doubleline Core Fixed INCM FD CL I - DBLFX	Exchange - traded fund	11,433	-	-	-	11,433	11,433	-

* Party-in-interest.

There were no category (iii) reportable transactions during 2024.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

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

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

A Name of plan VITIVITY RETIREMENT PLAN FOR CEP PHYSICIANS		B Three-digit plan number (PN) ▶	018
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CEP AMERICA, LLC DBA VITIVITY		D Employer Identification Number (EIN) 94-2494000	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	21,385,231	
b Actuarial value	2b	21,385,231	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	2	3,125	3,125
c For active participants	2,285	17,379,753	17,379,753
d Total	2,287	17,382,878	17,382,878
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.31%	
6 Target normal cost			
a Present value of current plan year accruals	6a	16,316,908	
b Expected plan-related expenses	6b	232,000	
c Target normal cost	6c	16,548,908	

Statement by Enrolled Actuary

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

SIGN HERE	Joel D. McMann <i>JM</i>	<i>10/13/25</i>
	Signature of actuary	Date
Joel D. McMann		2306270
	Type or print name of actuary	Most recent enrollment number
October Three Consulting LLC		303-586-6720
	Firm name	Telephone number (including area code)
6312 S. Fiddler's Green Circle Suite 300E Greenwood Village CO 80111		
	Address of the firm	

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

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

**Schedule SB (Form 5500) 2024
v. 240311**

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>2.37%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		5,643,134
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.44%</u>		281,685
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		5,924,819
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	123.02%
15	Adjusted funding target attainment percentage	15	123.02%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.00%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
02/20/2024	2,358,181	0					
03/18/2024	4,167,889	0					
04/29/2024	2,987,514	0					
05/28/2024	1,970,015	0					
06/20/2024	1,992,583	0					
07/29/2024	2,022,403	0					
08/26/2024	2,071,407	0					
09/30/2024	2,077,749	0					
10/28/2024	1,964,251	0					
11/25/2024	2,214,777	0					
12/30/2024	2,967,033	0					
01/13/2025	662,195	0					
			Totals ▶	18(b)	27,455,997	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	26,712,363

20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
		(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %
	<input type="checkbox"/> N/A, full yield curve used		
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....			31a 16,548,908
b Excess assets, if applicable, but not greater than line 31a			31b 4,002,353
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....			34 12,546,555
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....			36 12,546,555
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37 26,712,363
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 14,165,808
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....			39 0
40 Unpaid minimum required contributions for all years			40 0

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

Vituity Retirement Plan for CEP Physicians

EIN / PN 94-2494000 / 018

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

All participants are assumed to retire at the later of age 65 and their current age. The weighted average retirement age for the population during the current year, rounded to the nearest whole number, is 65.

Assumed retirement age	Percent assumed to retire
55	0%
56	0%
57	0%
58	0%
59	0%
60	0%
61	0%
62	0%
63	0%
64	0%
65	100%

Vituity Retirement Plan for CEP Physicians

EIN / PN 94-2494000 / 018

Schedule SB, Line 26b - Schedule of Projection of Expected Benefit Payments

PLAN YEAR	ACTIVE PARTICIPANTS	RETIRED PARTICIPANTS AND BENEFICIARIES		TOTAL
		TERMINATED VESTED PARTICIPANTS	RECEIVING PAYMENTS	
2024	\$1,550,659	\$3,125	\$0	\$1,553,784
2025	\$296,577	\$0	\$0	\$296,577
2026	\$383,744	\$0	\$0	\$383,744
2027	\$268,846	\$0	\$0	\$268,846
2028	\$373,946	\$0	\$0	\$373,946
2029	\$661,530	\$0	\$0	\$661,530
2030	\$803,676	\$0	\$0	\$803,676
2031	\$762,490	\$0	\$0	\$762,490
2032	\$807,684	\$0	\$0	\$807,684
2033	\$716,977	\$0	\$0	\$716,977
2034	\$737,669	\$0	\$0	\$737,669
2035	\$1,415,689	\$0	\$0	\$1,415,689
2036	\$638,166	\$0	\$0	\$638,166
2037	\$1,313,903	\$0	\$0	\$1,313,903
2038	\$1,403,911	\$0	\$0	\$1,403,911
2039	\$1,126,640	\$0	\$0	\$1,126,640
2040	\$1,173,928	\$0	\$0	\$1,173,928
2041	\$2,351,011	\$0	\$0	\$2,351,011
2042	\$1,421,267	\$0	\$0	\$1,421,267
2043	\$1,493,709	\$0	\$0	\$1,493,709
2044	\$1,367,559	\$0	\$0	\$1,367,559
2045	\$1,586,281	\$0	\$0	\$1,586,281
2046	\$1,742,868	\$0	\$0	\$1,742,868
2047	\$1,883,077	\$0	\$0	\$1,883,077
2048	\$2,038,802	\$0	\$0	\$2,038,802
2049	\$1,582,403	\$0	\$0	\$1,582,403
2050	\$2,775,847	\$0	\$0	\$2,775,847
2051	\$1,902,483	\$0	\$0	\$1,902,483
2052	\$1,719,237	\$0	\$0	\$1,719,237
2053	\$1,568,771	\$0	\$0	\$1,568,771
2054	\$1,912,040	\$0	\$0	\$1,912,040
2055	\$1,406,434	\$0	\$0	\$1,406,434
2056	\$489,532	\$0	\$0	\$489,532
2057	\$358,282	\$0	\$0	\$358,282
2058	\$180,840	\$0	\$0	\$180,840
2059	\$0	\$0	\$0	\$0
2060	\$0	\$0	\$0	\$0

Vituity Retirement Plan for CEP Physicians

EIN / PN 94-2494000 / 018

Schedule SB, Line 26b - Schedule of Projection of Expected Benefit Payments

PLAN YEAR	ACTIVE PARTICIPANTS	RETIRED PARTICIPANTS AND BENEFICIARIES			TOTAL
		TERMINATED VESTED PARTICIPANTS	RECEIVING PAYMENTS		
2061	\$0	\$0	\$0	\$0	
2062	\$0	\$0	\$0	\$0	
2063	\$0	\$0	\$0	\$0	
2064	\$0	\$0	\$0	\$0	
2065	\$0	\$0	\$0	\$0	
2066	\$0	\$0	\$0	\$0	
2067	\$0	\$0	\$0	\$0	
2068	\$0	\$0	\$0	\$0	
2069	\$0	\$0	\$0	\$0	
2070	\$0	\$0	\$0	\$0	
2071	\$0	\$0	\$0	\$0	
2072	\$0	\$0	\$0	\$0	
2073	\$0	\$0	\$0	\$0	

Vituity Retirement Plan for CEP Physicians

EIN / PN 94-2494000 / 018

Schedule SB, Part V - Summary of Plan Provisions

EFFECTIVE DATE

January 31, 2023. Last amended effective January 1, 2024.

PLAN YEAR

January 1 to December 31.

CASH BALANCE ACCOUNT

The sum of Cash Balance Credits and Earnings Credits. As of January 1, 2024, Cash Balance Accounts, excluding Cash Balance Credits for the year, totaled \$24,773,125.

CASH BALANCE CREDIT

Cash Balance Credits shall be credited to eligible participants' Cash Balance Accounts for the year, based on the plan document's provisions. For the plan year, Cash Balance Credits are expected to total \$26,465,000.

EARNINGS CREDITS

Earnings Credits shall be credited to participants' Cash Balance Accounts based on the rate of return on plan assets, subject to a cumulative maximum of 6.00% and any minimums required by the plan. As of the participant's benefit commencement date, in no event shall cumulative Earnings Credits during a participant's period of plan participation be less than \$0.

NORMAL RETIREMENT AGE

The attainment of age 65.

BENEFIT AMOUNT

The Cash Balance Account, or its Actuarial Equivalent payable as an annuity, subject to IRS maximums.

VESTING

Each participant is always 100% vested in his or her Cash Balance Account.

Vituity Retirement Plan for CEP Physicians

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

December 31, 2024

EIN #: 94-2494000 Plan #: 018

(a)	(b) Identity of Issue or Borrower	(c) Description of Investment,	(d) Cost	(e) Current Value
*	Schwab Trust Bank Cash	Interest-bearing cash	\$ 968,123	\$ 968,123
*	Schwab TreasuryOblig Money FD Ultra - SCOXX	Money market fund	29,608,418	29,608,418
	American FD Europacific Gth FD CL F3 - FEUPX	Exchange - traded fund	676,644	621,071
	Dodge & Cox International Stock I - DODFX	Exchange - traded fund	500,382	471,291
	Doubleline Core Fixed INCM FD CL I - DBLFX	Exchange - traded fund	2,571,433	2,535,479
	Fidelity US Bond Index - FXNAX	Exchange - traded fund	2,504,562	2,473,147
	Fidelity 500 Index FD - FXAIX	Exchange - traded fund	1,946,658	1,886,828
	Guggenheim Total Return BD INST - GIBIX	Exchange - traded fund	3,208,425	3,164,018
	JPMorgan Large Cap Gwth CL I - SEEGX	Exchange - traded fund	470,002	455,088
	MFS New Discovery Value FD I - NDVIX	Exchange - traded fund	240,000	227,981
	MFS SERS TR XINTL GRW I - MQGIX	Exchange - traded fund	682,413	627,799
	PIMCO INCM FD INST CL - PIMIX	Exchange - traded fund	1,284,273	1,271,012
*	Schwab Fundamental US Lrge Co Index - SFLNX	Exchange - traded fund	427,133	406,546
	T. Rowe price Integrat US SM GR EQI - TQAIX	Exchange - traded fund	181,896	159,732
	Ishares Gold ETF - IAU	Exchange - traded fund	481,484	622,588
	Ishares 7-10 Year Treasury Bond ETF - IEF	Exchange - traded fund	3,204,344	3,145,149
	Vanguard Internatnl HGH DIV YLD ETF - VYMI	Exchange - traded fund	358,189	345,509
	Vanguard Mega Cap Growth ETF - MGK	Exchange - traded fund	415,180	401,790
	Vanguard Small Cap Value ETF - VBR	Exchange - traded fund	134,760	126,835
	Vanugard Value ETF - VTV	Exchange - traded fund	442,294	428,329
	Total Investments		<u>\$ 50,306,613</u>	<u>\$ 49,946,733</u>

* Party-in-interest.