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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
VIRGINIA PHYSICIANS FOR WOMEN, LTD. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 03/01/1976

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)
VIRGINIA PHYSICIANS FOR WOMEN, LTD.

1212 KOGER CENTER BLVD
RICHMOND, VA 23235

2b Employer Identification Number (EIN) 54-1001246

2c Plan Sponsor's telephone number 804-897-2100

2d Business code (see instructions) 621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2026	RYAN SHANE
	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 [X] 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
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	305
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	259
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	262
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	56
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	318
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	318
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)**	255
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)**	271
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	8
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 Characteristic Codes in the instructions:

2F 3D 2R 2G 2J 2K 2T 2A 2E

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
VIRGINIA PHYSICIANS FOR WOMEN, LTD. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
VIRGINIA PHYSICIANS FOR WOMEN, LTD.

D Employer Identification Number (EIN)
54-1001246

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).. . . . . [X] Yes [ ] No

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	46087	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

SAGEVIEW ADVISORY GROUP LLC

33-0818667

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	34000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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 [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LD ABT SH DRTN INC I - BNY MELLON 500 ROSS STREET 15253-4426 PITTSBURGH, PA 53442	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PUTNAM STABLE VALUE ONE POST OFFICE SQUARE BOSTON, MA 02109	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PUTNAM STABLE VALUE ONE POST OFFICE SQUARE BOSTON, MA 02109	0.25%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WASATCH CORE GR INST - UMB FUND SE 39-1657495	0.15%	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
VIRGINIA PHYSICIANS FOR WOMEN, LTD. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
VIRGINIA PHYSICIANS FOR WOMEN, LTD.

D Employer Identification Number (EIN)
54-1001246

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTN LG CP VAL TR IA

b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
82-3639536-275	C	1913694

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS GROWTH EQUITY S

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
38-4126293-596	C	4138481

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE

b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3159710-202	C	384745

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
VIRGINIA PHYSICIANS FOR WOMEN, LTD. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
VIRGINIA PHYSICIANS FOR WOMEN, LTD.

D Employer Identification Number (EIN)
54-1001246

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	2306	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1246298	1426907
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4864862	1534405
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	74121	1349668
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	342371	333824
(9) Value of interest in common/collective trusts	1c(9)	5964005	6436920
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	37147525	48144252
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	49641488	59225976
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	49641488	59225976

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)	2054831	
(B) Participants	2a(1)(B)	1500016	
(C) Others (including rollovers)	2a(1)(C)	169169	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3724016
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	82479	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	30753	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		113232
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	9676	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1316498	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1326174
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	60099	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	52236	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		7863
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	171021	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		171021

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		772629
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5499471
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		11614406
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1949831	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1949831
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	46087	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	34000	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		80087
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2029918
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		9584488
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) [X] 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) [X] 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: WELLSCOLEMAN **(2)** EIN: 54-0593442

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.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**	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.)	**4j**		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?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
VIRGINIA PHYSICIANS FOR WOMEN, LTD. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
VIRGINIA PHYSICIANS FOR WOMEN, LTD.

D Employer Identification Number (EIN)
54-1001246

Part I Distributions

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

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

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

EIN(s): 04-6568107

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

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

Virginia Physicians for Women, Ltd. 401(k) Profit-Sharing Plan

Audit Results & Communications

December 31, 2025

WELLSCOLEMAN

5004 Monument Avenue • Richmond, VA 23230

WELLSCOLEMAN

To the Plan Sponsor and Participants
Virginia Physicians for Women, Ltd. 401(k) Profit-Sharing Plan
Richmond, Virginia

We are pleased to present the results of our ERISA Section 103(a)(3)(C) audit of the December 31, 2025 financial statements of the Virginia Physicians for Women, Ltd. 401(k) Profit-Sharing Plan.

This report to the Plan Sponsor and Participants summarizes our audit, the scope of our engagement and the reports to be issued. The document also contains the communications to those charged with governance required by our professional standards, as well as significant current accounting developments and issues that could affect the Plan.

We were engaged to perform an ERISA Section 103(a)(3)(C) audit of the financial statements as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and to determine whether 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).

We appreciate this opportunity to meet with you.

Wells Coleman

October 1, 2026
Richmond, Virginia

CONTENTS

AUDIT RESULTS AND COMMUNICATIONS

Summary of What We Agreed To Do	1
Required Communications	2-6

APPENDICES

Appendix A - Summary of Management Comments	7
Appendix C - Cybersecurity: FAQs	8-14

AUDIT RESULTS AND COMMUNICATIONS

SUMMARY OF WHAT WE AGREED TO DO

As discussed with management during our planning process, we designed our audit to:

- Perform an ERISA Section 103(a)(3)(C) audit of the Plan's financial statements pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, and whether 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).

- Consider internal control relevant to the Plan's preparation and fair presentation of the financial statements and communicate to you in writing concerning any significant deficiencies or material weaknesses in internal control.

- Consider the Plan's compliance with applicable Internal Revenue Code requirements for tax-exempt status, and with the Employee Retirement Income Security Act of 1974 (ERISA), and inform you of any instances of tax or ERISA noncompliance that came to our attention during the audit.

REQUIRED COMMUNICATIONS

We have audited the financial statements of Virginia Physicians for Women, Ltd. 401(k) Profit-Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit] for the year ended December 31, 2025, and we will issue our report thereon October 1, 2026. As permitted by ERISA Section 103(a)(3)(C), our audit did not extend to any statements or information related to assets held for investment of the Plan (investment information) by Fidelity Management Trust Company, the trustee, which is a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, that prepared and certified the statements or information regarding assets so held in accordance with 29 CFR 2520.103-5. 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 ERISA-required supplemental schedules, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP. 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 GAAP. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated May 29, 2026. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Matters

Our Responsibility under U.S. Generally Accepted Auditing Standards

As stated in our engagement letter dated May 29, 2026, our responsibility, as described by professional standards, is to express an opinion about whether the financial statements prepared by management with your oversight are fairly presented, in all material respects, in conformity with U.S. generally accepted accounting principles. Our audit of the financial statements does not relieve you or management of your responsibilities.

Our responsibility for the ERISA-required supplemental schedules accompanying the financial statements, as described by professional standards, is to evaluate the presentation of the ERISA-required supplemental schedules in relation to the financial statements as a whole and to report on whether the ERISA-required supplemental schedules are fairly stated, in all material respects, in relation to the financial statements as a whole, and whether the form and content of the ERISA-required supplemental schedules are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by Virginia Physicians for Women, Ltd. 401(k) Profit-Sharing

Plan are described in Note 2 to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during 2025. We noted no transactions entered into by the Company during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements and are based on your knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimate affecting the financial statements was:

> Your estimate of the fair value of Plan investments. Investments in interest bearing cash, corporate stocks, and registered investment companies are based on quoted market prices. Investments in common collective trusts and options are valued based on contractual terms of the underlying guaranteed investment contract. We evaluated the key factors and assumptions used to develop the investment values in determining that it is reasonable in relation to the financial statements taken as a whole

Certain financial statement disclosures are particularly sensitive because of their significance to financial statement users. The most sensitive disclosures affecting the financial statements were:

> The disclosure of fair value estimates of investments in Note 4 to the financial statements. The disclosure was prepared using the information provided and certified by Fidelity Management Trust Company.

The financial statement disclosures are neutral, consistent, and clear.

Form 5500 Procedures

We are required to obtain and read a substantially complete draft of Form 5500 prior to dating our auditor's report. The purpose of this procedure is to identify any material inconsistencies between the draft Form 5500 and the Plan's financial statements. We identified no material inconsistencies in performing and completing our audit.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. You have corrected all such misstatements.

Disagreements with Management

For purposes of this letter, a disagreement with management is a disagreement on a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated October 1, 2026.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Plan's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Plan's auditors. These discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

These discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Other Matters

With respect to the ERISA-required supplemental schedules accompanying the financial statements, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the ERISA-required supplemental schedules to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

This information is intended solely for the use of the Plan Sponsor and Participants of Virginia Physicians for Women, Ltd. 401(k) Profit-Sharing Plan and is not intended to be, and should not be, used by anyone other than these specified parties.

WELLSCOLEMAN

INSPIRE | EMPOWER | ACHIEVE

To the Plan Sponsor and Participants
Virginia Physicians for Women, Ltd. 401(k) Profit-Sharing Plan
Richmond, Virginia

Except as discussed in the following paragraph, in planning and performing our audit of the financial statements of Virginia Physicians for Women, Ltd. 401(k) Profit-Sharing Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as of and for the year ended December 31, 2025, in accordance with auditing standards generally accepted in the United States of America, we considered Virginia Physicians for Women, Ltd. 401(k) Profit-Sharing Plan's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of issuing our report on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we do not express an opinion on the effectiveness of the Plan's internal control.

We were engaged to perform an ERISA Section 103(a)(3)(C) audit of those financial statements as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. As permitted by ERISA Section 103(a)(3)(C), our audit did not extend to any statements or information related to assets held for investment of the Plan (investment information) by Fidelity Management Trust Company that prepared and certified the statements or information regarding assets so held in accordance with 29 CFR 2520.103-5. Our audit also did not include a consideration of internal control relating to the investment information.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies in internal control, such that there is a reasonable possibility that a material misstatement of the Plan's financial statements will not be prevented, or detected and corrected, on a timely basis.

Our consideration of internal control was for the limited purpose described in the first two paragraphs and was not designed to identify all deficiencies in internal control that might be material weaknesses. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

This communication is intended solely for the information and use of management, the Virginia Physicians for Women, Ltd. 401(k) Profit-Sharing Plan and others within the Plan, and is not intended to be, and should not be, used by anyone other than these specified parties.

Wells Coleman

October 1, 2026

APPENDIX A – SUMMARY OF MANAGEMENT COMMENTS

1. Management has elected to seek the auditor's assistance with regard to the preparation of financial statements. In regard to financial statements preparation service performed by us, you have:
    a. Assumed all management responsibilities.
    b. Designated an individual (within senior management) with suitable skill, knowledge, or experience to oversee the services.
    c. Evaluated the adequacy and results of the services performed.
    d. Accepted responsibility for the results of the services.

APPENDIX B – Cybersecurity FAQs

%

1. How are employee benefit plans at risk for cyber-attacks?

Employee benefit plans, like all other organizations and individuals, are vulnerable to cyber-attacks and thus exposed to risks relating to privacy, security, and fraud. Retirement, savings, and health and welfare plans are attractive targets for hackers seeking access to plan assets and participant and beneficiary personal information. Factors that contribute to cyber risk in plans include:

- The electronic environment in which they operate. Electronic benefit plan information is especially susceptible to cyber-attacks because it includes large amounts of sensitive employee information that is shared with multiple third parties, including outsourced service organizations that also maintain and electronically share sensitive employee and asset information.
- Benefit plans often fall outside the scope of a sponsor organization's cybersecurity planning with regard to ongoing business activities.
- Employee benefit plans are not regulated for cybersecurity purposes, as are certain other businesses that handle personal information.
- Plan sponsors and administrators may have a false sense that anti-virus and anti-spam software adequately protect them from these risks.
- Plan sponsors and administrators may have a false sense that their service organization SOC 1 reports address cyber risks at the service organization.

2. What plan information and assets are at risk from a cyber-attack?

Plan sponsors, administrators, and service providers maintain electronic information that may be particularly vulnerable to cyber-attacks, including:

- "Personally identifiable information" (PII) such as social security numbers, dates of birth, and email addresses. PII has significant value to cybercriminals because it is permanently associated with an individual (unlike a credit card account number, PII cannot be easily "cancelled") and therefore can be misused over a longer period of time.
- Participant enrollment data, individual account balances, direct deposit information, compensation, and other financial information. A hacker could also target individual accounts online to gain the ability to request loans and distributions, and access participant and/or sponsor contributions.
- "Electronic protected health information" (EPHI), which includes information about health status, provision of healthcare, or payment for health care that can be linked to a specific individual, that is produced, saved, transferred or received in an electronic form. Similar to PII, EPHI does not expire, and stolen information can be used to acquire prescription drugs, receive medical care, falsify insurance claims, file fraudulent tax returns, open credit accounts, obtain official government-issued documents such as passports and driver's licenses, and even create new identities.

3. What are the potential consequences of a cyber-attack?

The consequences of a cybersecurity breach can be substantial for plan sponsors, service providers, participants, and beneficiaries.

- Significant costs may be incurred in detecting the extent of the break-in, investigating and managing the incident response, recovering data, and restoring system integrity.
- The theft of certain PII and breach of online security over plan assets and records can lead to monetary losses to participants, beneficiaries, the plan, the plan sponsor, and service providers.
- Cybersecurity breaches may result in operational disruption and damage to a sponsor's and administrator's reputation.
- Plan fiduciaries potentially could be found to be responsible for a fiduciary breach and required to restore losses to the plan participants and beneficiaries.
- A cybersecurity breach of EPHI in a health plan could result in potential violations of the Health Insurance Portability and Accountability Act (HIPAA) and subject the plan sponsor and service providers to fines or monetary settlements.

4. What are examples of cyber threats to benefit plans?

Plans and service providers have fallen victim to cyber schemes to steal participant data, make fraudulent transfers of participant assets (through direct transfers and fraudulent plan loans), and ransomware attacks. Some examples of cyber threats to benefit plans include:

"Phishing" techniques to deceitfully obtain logon credentials and passwords to gain access to online participant account information and request distributions or loans, redirect benefits to another account, or create fraudulent health claims.

- An email, purported to be from the plan sponsor's top executive, was sent to the human resources (HR) department requesting sensitive employee data. HR responded by sending the information before realizing it was a "spear phishing" or "whaling" email from an outside party.
- A phishing scheme was successfully carried out at a plan recordkeeper. As a result, participant accounts were breached and unauthorized distributions were made from those accounts.

Socially engineered malware, when an end-user is tricked into running a Trojan horse program, often from a website they trust and visit frequently. The otherwise innocent website is temporarily compromised to deliver malware instead of the normal website coding.

- A plan sponsor's internal IT department discovered malware on 50 computers. One participant account was breached and an improper distribution occurred before the Malware was discovered.
- In November 2016, the Department of Health and Human Services (HHS) announced a settlement with a large university for potential violations of HIPAA. Following a malware infection targeting the university's employee health care plan, the university agreed to pay $650,000 in penalties and to comply with the requirements of a corrective action plan. The breach exposed the private health information of 1,500 people. An HHS investigation

revealed that the university had failed to accurately assess the risk of malware infection and adopt procedures to secure its data.

Cyber criminals using employees' personal information and setting up web profiles that allow them to take out loans from individual participant accounts.

- In June 2016, more than 90 deferred-compensation retirement accounts of a city's municipal employees were breached. Hackers obtained the personal information of plan participants and used it to set up online profiles on the plan custodian's web platform; the hackers accessed personal information and withdrew loans from 58 accounts. Reports estimate that the city lost about $2.6 million. The city returned funds taken from participant accounts and offered credit monitoring services to account holders.
- A service provider received an unusual number of distribution requests for one of their plan clients. The requests were vetted through the established process and denied because they were determined to be unauthorized.

Ransomware attacks in which cyber criminals encrypt and seize an entire hard drive, only releasing it in exchange for a ransom.

- In July 2016, a cyberattack targeted a grocery workers union pension plan. Hackers took control of the pension plan's computer servers and demanded a ransom in digital currency (three bitcoins, or about $2,000). "At risk" data included employee names, birthdates, Social Security numbers and bank information. The union refused to pay the ransom and turned to its backup system. While there was no evidence that hackers accessed sensitive information, the union offered plan participants 12 months of credit monitoring and identity theft restoration services.

Loss or theft of mobile devices, laptops, and flash drives with personal data, and personal information transmitted via unsecured email or portals.

- A CD-ROM and laptop that contained private data of 30,000 plan participants and beneficiaries were stolen from the vehicle of an employee of a plan sponsor. Notification, credit monitoring, and insurance costs were approximately $200,000.

5. What responsibilities do plan fiduciaries, including those charged with governance, have for protecting plan information from cyber-attacks and responding to breaches?

Plan administrators and those charged with governance have an ERISA fiduciary duty with respect to the management of the plan, including implementing processes and controls to restrict access to a plan's systems, applications and data, including third-party records and other sensitive information. ERISA Section 404 requires benefit plan sponsors and other fiduciaries to administer their plans for the exclusive benefit of plan participants and beneficiaries, and with the "care, skill, prudence, and diligence under the circumstances that a prudent person acting in a like capacity and familiar with such matters would use." DOL Reg. §2520.104b-1(c) and DOL Technical Release No. 2011-03 and 2011-03R impose obligations to ensure that electronic systems protect the confidentiality of personal information.

As part of their ERISA duty to monitor plan service providers, plan sponsors must understand how their service providers store and protect the participant data they handle (see Question 8 below for special considerations when a service provider is used).

It is unclear whether state privacy and cyber laws are pre-empted by ERISA as it relates to benefit plan data. As such, fiduciaries should consider state statutes in determining their responsibilities for cyber security.

According to the DOL ERISA Advisory Council report, *Cybersecurity Considerations for Benefit Plans* (November 2016), (2016 DOL Advisory Council Cybersecurity Report), if (or more likely, when) a cybersecurity breach occurs, plan sponsors should have a plan in place for addressing the breach. The DOL Advisory Council Cybersecurity Report recommends:

- The plan should establish procedures for how the sponsor, likely working with its service providers, will communicate with plan participants who may be anxious about the breach and protecting their data.
- Sponsors should also have a process for determining how a breach will be corrected and what remedies will be used.
- Sponsors should document both their overall process for responding to cybersecurity breaches and any steps they take in correcting an actual breach. This documentation will help show that they acted prudently in the face of the breach.
- The Advisory Council stressed the need for plan sponsors to thoroughly vet their service providers and to negotiate contract provisions to lower or mitigate the costs of correcting a possible cyberattack on a plan.
- Finally, the Advisory Council encouraged plan sponsors to review and understand the limitations of their business insurance coverage, and consider cyber insurance to address possible coverage gaps. (The 2016 DOL Advisory Council Cybersecurity Report includes a detailed discussion of cyber insurance.)

6. What is the plan auditor's responsibility for evaluating cybersecurity risk and controls in an audit of a plan's financial statements?

The auditor's responsibilities with respect to cybersecurity matters in a financial statement audit are outlined in the Center for Audit Quality (CAQ) *Alert #2014-03, Cybersecurity and the External Audit*. The CAQ Alert notes the following:

> "Cybersecurity risks and controls are within the scope of the financial statement auditor's concern only to the extent they could impact financial statements and company assets to a material extent. Auditing standards require the financial statement auditor to obtain an understanding of how the company uses IT and the impact of IT on the financial statements. Financial statement auditors also are required to obtain an understanding of the extent of the company's automated controls as they relate to financial reporting, including the IT general controls that are important to the effective operation of automated controls, and the reliability of data and reports used in the audit that were produced by the company.
>
> In assessing the risks of material misstatement to the financial statements—including IT risks resulting from unauthorized access and unauthorized use or disposition of company

assets—financial statement auditors are required to take into account their understanding of the company's IT systems and controls. If information about a material breach is identified, the financial statement auditor would need to consider the impact on financial reporting, including disclosures, and the impact on ICFR.

The financial statement auditor uses a top-down approach to the audit of ICFR to select the controls to test. A top-down approach begins at the financial statement level and with the auditor's understanding of the overall risks to ICFR. The financial statement auditor then focuses on entity-level controls and works down to significant accounts and disclosures and their relevant assertions. This approach directs the financial statement auditor's attention to accounts, disclosures, and assertions that present a reasonable possibility of material misstatement to the financial statements, including related disclosures.

Systems and data that are within the scope of most audits usually are a subset of the totality of systems and data used by companies to support their overall business operations. The auditor's focus is on access and changes to systems and data that could impact the financial statements and unauthorized use and disposition of assets; that is, matters within the defined boundary of ICFR.

A company's overall IT platform includes systems and related data that not only address financial reporting needs, but also operational and compliance needs of the entire organization. The financial statement auditor's primary focus is on the controls and systems that are in the closest proximity to the application data of interest to the financial statement and ICFR audit—that is, systems and applications that house financial statement-related data. It is important to note that cyber incidents usually first occur through the perimeter and internal network layers, which tend to be further removed from the application, database, and operating systems that are typically included in access control testing of systems that affect the financial statements."

In a plan environment, even when a breach of participant information occurs, it may have no direct effect on the plan's financial statements. This might happen when, for example, participant information was breached but there were no plan assets lost because no participant accounts were accessed. In such situations, the breach would need to be considered, but because there is no effect on financial reporting, the auditor's response may be minimal. The CAQ Alert includes general information for auditors and should not be relied upon as being definitive or all inclusive. Auditors should refer to the rules, standards, guidance, and other resources in their entirety, and to carefully evaluate which requirements apply in each specific situation.

7. Are there additional cybersecurity considerations when plan administration is performed by a third-party service provider?

Many plan sponsors use third-party service providers such as plan administrators, actuaries, auditors, trustees, insurers and consultants for plan management and administration. These providers collect and maintain sensitive employee data, such as Social Security numbers, addresses, dates of birth, account balance information, beneficiary information and bank account details to meet their responsibilities and deliver services. Certain service providers also maintain

systems that allow employees to initiate transactions online, such as obtaining loans and/or account withdrawals. Consequently, a cybersecurity breach within a service provider could result in participants' identities, personal information, or plan assets being compromised.

Plan sponsors should have discussions with the plan's third-party service providers regarding policies and procedures relating to data security, including passwords, use of social media, document retention, internet privacy, and other relevant issues. Plan sponsors should also understand the providers' procedures for breach notification, including any obligations they may have to notify participants or governmental authorities. Plan sponsors can obtain this information through discussions with those providers and by reviewing the service provider agreements.

The 2016 DOL Advisory Council Cybersecurity Report includes a list of questions regarding the protection of data that may be helpful to plan administrators when contracting with, and evaluating, service providers.

8. Does a SOC® 1 report address a plan's internal control over cybersecurity controls and risk?

For plans that utilize service organizations for most (or all) of their electronic records and investment transactions, a common misconception may be that those plans have relatively little cybersecurity risk if the service organization's SOC 1 report identifies no issues. However, a SOC 1 report addresses only a plan's internal control over financial reporting; it does *not* address broader entity cybersecurity controls and risk.

A SOC 2 report, however, specifically addresses the cybersecurity controls and risks in the system used by the service organization to provide such services to the plan. The report may also address controls relevant to the service organization's ability to maintain the confidentiality or privacy of the information processed by the system. (A SOC 2 report can address any or all of the categories in the AICPA's trust services criteria, including security, availability, processing integrity, confidentiality, or privacy.) As such, a SOC 2 report can help plan management assess and manage risks associated with outsourcing a function to a service organization by providing information about the effectiveness of controls at the service organization and how those controls integrate with the plan's controls. SOC 2 examinations are performed by independent CPAs in accordance with AICPA Guide SOC 2® *Reporting on an Examination of Controls at a Service Organization Relevant to Security, Availability, Processing Integrity, Confidentiality, or Privacy* (SOC 2 guide). Read *Understanding How Users of Service Organizations Would Make Use of a SOC for Service Organizations SOC 2® Report* to better understand how a SOC 2 report may be useful to managing the plan's cybersecurity risks.

In addition, the AICPA *SOC for Cybersecurity* is a new risk framework that establishes common criteria and guidelines for communicating about an organization's cybersecurity risk management program. It enables plan management to report on the plan's cybersecurity management program to external stakeholders with the credibility associated with an independent examination report. Read more about the SOC for Cybersecurity guidance.

9. Are there resources available to help plans address their cybersecurity risks?

The 2016 DOL Advisory Council Cybersecurity Report included information for plan sponsors and fiduciaries to utilize when developing a cybersecurity strategy and program. A *cybersecurity risk management program* is a set of policies, processes, and controls put into place by management to protect information and systems from security events that could compromise the achievement of the entity's cybersecurity objectives and to detect, respond to, mitigate, and recover from, on a timely basis, security events that are not prevented. The report emphasized that when implementing a cybersecurity risk management strategy, plan sponsors should remember that one size does not fit all—the sponsor's approach will depend on its own circumstances, balancing the need to protect plan participant data and the sponsor's own business needs.

The AICPA has developed a Cybersecurity Resource Center that provides tools and information that plan sponsors can use to address cybersecurity risks.

Source: AICPA Employee Benefit Plan Audit Quality Center

Virginia Physicians for Women, Ltd.
401(k) Profit-Sharing Plan

Financial Statements and
Supplemental Information
December 31, 2025

WELLSCOLEMAN

5004 Monument Avenue • Richmond, VA 23230

TABLE OF CONTENTS

Independent Auditor's Report 1-4

Financial Statements

Statements of Net Assets Available for Benefits 5

Statement of Changes in Net Assets Available for Benefits 6

Notes to Financial Statements 7-13

Supplemental Information

Schedule H, Line 4i - Schedule of Assets Held at End of Year 14-15

WELLSCOLEMAN

INSPIRE | EMPOWER | ACHIEVE

INDEPENDENT AUDITOR'S REPORT

To the Plan Sponsor and Participants
Virginia Physicians for Women, Ltd.
401(k) Profit-Sharing Plan
Richmond, Virginia

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

We have performed audits of the accompanying financial statements of Virginia Physicians for Women, Ltd. 401(k) Profit-Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Virginia Physicians for Women, Ltd. 401(k) Profit-Sharing Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified to by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

-Continued-

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audits of the Financial Statements section of our report. We are required to be independent of Virginia Physicians for Women, Ltd. 401(k) Profit-Sharing Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audits of the Financial Statements

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

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

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

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

-Continued-

- 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 Virginia Physicians for Women, Ltd. 401(k) Profit-Sharing Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Virginia Physicians for Women, Ltd. 401(k) Profit-Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter

The supplemental schedule of assets held at end of year as of December 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

-Continued-

In our opinion:

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

- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified to by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



October 1, 2026

VIRGINIA PHYSICIANS FOR WOMEN, LTD.
401(k) PROFIT-SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2025 and 2024

	2025	2024
Assets		
Participant-directed investments, at fair value		
Corporate stocks	**$ 1,349,668**	$ 74,121
Mutual funds - participant-directed accounts	**54,581,172**	43,111,530
Interest--bearing cash	**1,534,405**	4,864,862
Total investments	**57,465,245**	48,050,513
Cash (noninterest-bearing)	**-**	2,306
Receivables		
Employer contributions	**1,426,907**	1,246,298
Notes receivable from participants	**333,824**	342,371
Total receivables	**1,760,731**	1,588,669
Total Assets	**59,225,976**	49,641,488
Liabilities	**-**	-
Net Assets Available for Benefits	**$ 59,225,976**	$ 49,641,488

See accompanying notes to financial statements.

VIRGINIA PHYSICIANS FOR WOMEN, LTD.
401(k) PROFIT-SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the year ended December 31, 2025

Additions	
Investment Income	
Net appreciation in fair market value and realized gain on sale of investments	$ 6,450,984
Dividends and interest	1,408,653
Total investment income	**7,859,637**
Interest Income on Notes Receivable from Participants	**30,753**
Contributions	
Participants	1,500,016
Employer	2,054,831
Rollovers	169,169
Total contributions	**3,724,016**
Total additions	**11,614,406**
Deductions	
Distributions to participants	1,902,881
Deemed distributions to participants	46,950
Administrative expenses	80,087
Total deductions	**2,029,918**
Increase in net assets available for benefits	**9,584,488**
Net Assets Available for Benefits, beginning of year	**49,641,488**
Net Assets Available for Benefits, end of year	**$ 59,225,976**

See accompanying notes to financial statements.

VIRGINIA PHYSICIANS FOR WOMEN, LTD.
401(k) PROFIT-SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2025

1. Plan Description

The following brief description of the Virginia Physicians for Women, Ltd. 401(k) Profit-Sharing Plan ("Plan") is provided for general information purposes only. Participants should refer to the Plan documents for more complete information.

General: The Plan is a defined-contribution, safe harbor 401(k) plan covering non-excluded employees of Virginia Physicians for Women, Ltd. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective Date: March 1, 1976

Anniversary Date: December 31

Entry Dates: January 1, April 1, July 1, and October 1

Valuation Date: December 31

Eligibility: All new employees will become eligible to participate in the Plan on the entry date following the date for which employees are age 21 and have three months of service.

Compensation: Compensation is defined as salary or wages, including any overtime, commissions, or bonuses, but excluding contributions by the employer to the Plan and benefits paid under the Plan.

Normal Retirement Date: The Plan defines the normal retirement date as the anniversary date coinciding with or next following the date of the participant's 65th birthday or fifth anniversary of joining the Plan, if later.

Early Retirement Date: The early retirement date is defined as the anniversary date coinciding with or next following the date of the participant's 55th birthday and having completed seven years of service.

Disability Retirement Date: Disability retirement shall be upon total permanent disability under the federal Social Security Act.

Retirement Benefits: At the applicable retirement date, each participant shall be entitled to receive his vested interest in his Trust account.

Participant Contributions: Participants may elect to defer a percentage of pretax compensation as defined by the Plan and up to 100% of any bonuses received during the year, subject to Internal Revenue Code limits. However, total deferrals in any taxable year may not exceed the dollar limit set by law. A participant may make catch-up contributions if he has attained age 50 by the end of the calendar year. Participants are 100% vested in all elective deferrals made to the Plan and any investment earnings on these deferrals.

1. Plan Description - Continued

Employer Contributions: The Plan qualifies as a safe harbor 401(k) plan. A safe harbor matching contribution equal to 100% of the participant's salary deferrals that do not exceed 4% of compensation will be made by the Company. This safe harbor matching contribution is fully vested and is referred to as an Enhanced Matching Contribution. In addition, the Company may contribute additional matching contributions and discretionary profit-sharing contributions. The additional matching contribution is equal to a uniform percentage of the participant's salary deferrals and will be determined each year.

Participant Accounts: Each participant's account is credited with the participant's contribution, allocations of the Company's matching contributions, and discretionary profit-sharing and Plan earnings, and are charged with an allocation of administrative expenses paid by the Plan. Allocations are based on participant earnings or account balances as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Death Benefits: If a participant dies before his normal retirement date, his designated beneficiary vests 100% in the participant's account.

Vesting: Employer contributions which are not safe harbor contributions shall vest in accordance with a participant's years of continuous service with the employer as follows:

Less than 2 years	0%
2 years of service	20%
3 years of service	40%
4 years of service	60%
5 years of service	80%
6 or more years of service	100%

Forfeitures: Forfeitures will be added to any employer discretionary contributions. However, any forfeitures attributable to additional matching contributions will be used to reduce any additional matching contributions. Forfeited nonvested accounts totaled $33,128 as of December 31, 2025. During December 31, 2025, the Plan sponsor used $24,831 to reduce employer contributions.

Investment Options: Upon enrollment in the Plan, a participant may direct up to 100% of employee and employer contributions in any of the available investment funds offered.

Notes Receivable from Participants: Participants may borrow from their benefit accounts a minimum of $1,000. The maximum loan amount is determined by the lesser of $50,000 reduced by the excess, if any, of the participant's highest outstanding balance of loans from the Plan during the one-year period ending on the day before the date of the new loan over the current outstanding balances of loans or 50% of the vested account balance. A participant may have up to two outstanding loans at any one time. The notes are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest are paid ratably through bi-monthly payroll deductions.

1. Plan Description - Continued

Payment of Benefits: Upon termination of service or attainment of retirement age, each participant shall be entitled to receive his vested interest in his accrued benefits account. Participants will receive their accrued benefits as an annuity unless this form of payment is waived. If the participant waives the annuity election, payment will be made as a single lump-sum payment in cash or in property. Annuity payments will be made in installments over a period of not more than his assumed life expectancy, or the purchase of a different form of annuity. Participants with a vested interest of $5,000 or less will automatically receive a lump-sum distribution. Participants may elect to receive the distribution or to roll over the distribution to another retirement plan such as an individual retirement account (IRA). However, if the amount of the distribution is more than $1,000 and no election is made, then the distribution will automatically be rolled over into an IRA.

2. Summary of Significant Accounting Policies

Basis of Accounting: The Plan prepares its financial statements on the accrual basis whereby revenue is recognized when earned and expenses are recognized when incurred.

Investment Valuation and Income Recognition: The Plan's investments are stated at fair value using generally accepted accounting principles and applicable laws. Fair value is the price that would be received to sell an asset at the measurement date. See Note 4 for discussion of fair value measurements.

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

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. Interest income is recorded on the accrual basis. Related fees are charged to the participant and are expensed when they are incurred.

Contributions: Employer contributions are accrued based upon the salaries of Plan participants. Employee contributions are recorded when payroll deductions are made from participating employees.

Operating Expenses: The Plan’s operating expenses are paid by either the Plan or the Plan Sponsor, as provided by the Plan document. The expenses paid using the Plan’s assets will generally be allocated among the accounts of participants in the Plan. These expenses will be allocated either proportionately based on the value of the account balance or as an equal dollar amount based on the number of participants in the Plan.

Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

2. Summary of Significant Accounting Policies - Continued

Payment of Benefits: Benefits are recorded when paid.

Hardship Distributions: Hardship distributions are permitted from a participant's pre-tax elective deferrals, employer matching contributions, employer profit-sharing contributions, and transfer accounts. The minimum amount of hardship withdrawals is $500 and distributions may only be made from amounts which are fully vested.

Evaluation of Subsequent Events: Management has evaluated subsequent events through October 1, 2026, which is the date the financial statements were available to be issued.

3. Information Certified by Plan Trustee (Unaudited)

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2025 and 2024, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity Management Trust Company (FMTC) (the trustee of the Plan). The information certified includes total investments of $57,465,245 and $48,050,513 related investment income of $7,859,637 and $6,276,517 as of December 31, 2025 and 2024, respectively.

4. Fair Value Measurements (Unaudited)

Financial Accounting Standards Board Accounting Standards Codification ("FASB ASC") 820-10, "*Fair Value Measurements and Disclosures*," establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 or 2 inputs are not available.

Level 1 Inputs

Level 1 inputs are based on quoted prices in active markets for identical assets that the Plan has the ability to access at year-end. Level 1 investments include mutual funds and common stock. Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Level 2 Inputs

The Plan currently has no assets that would be considered Level 2 inputs.

4. Fair Value Measurements (Unaudited) - Continued

Level 3 Inputs

The Plan currently has no assets that would be considered Level 3 inputs.

The Plan's investments are reported at fair value in the statements of net assets available for benefits.

Input Levels by Investment Category:

		Fair Value Measurements at Reporting Date Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2025				
Interest-Bearing Cash	**$ 1,534,405**	**$ 1,534,405**	**$ -**	**$ -**
Common Stock	**1,349,668**	**1,349,668**	**-**	**-**
Registered Investment Companies	**48,144,252**	**48,144,252**	**-**	**-**
Subtotal	**51,028,325**	**51,028,325**	**-**	**-**
Investments measured at Net Asset Value	**6,436,920**	**-**	**-**	**-**
Total	**$57,465,245**	**$ 51,028,325**	**$ -**	**$ -**
December 31, 2024				
Interest-Bearing Cash	$ 4,864,862	$ 4,864,862	$ -	$ -
Common Stock	74,121	74,121	-	-
Registered Investment Companies	37,147,525	37,147,525	-	-
Subtotal	42,086,508	42,086,508	-	-
Investments measured at Net Asset Value	5,964,005	-	-	-
Total	$48,050,513	$ 42,086,508	$ -	$ -

4. Fair Value Measurements (Unaudited) - Continued

Investments Measured Using Net Asset Value per Share Practical Expedient: The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2025 and December 31, 2024, respectively. There are no participant redemption restrictions for these investments. The redemption notice period is applicable only to the Plan.

	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
December 31, 2025				
Putnam Stable Value	**$ 384,745**	**N/A**	**Daily**	**N/A**
Putnam Large Cap Value Trust IA	**1,913,694**	**N/A**	**Daily**	**N/A**
MFS Growth Equity S	**4,138,481**	**N/A**	**Daily**	**N/A**
	$ 6,436,920			
December 31, 2024				
Putnam Stable Value	$ 285,064	N/A	Daily	N/A
Putnam Large Cap Value Trust IA	1,500,076	N/A	Daily	N/A
MFS Growth Equity S	4,178,865	N/A	Daily	N/A
	$ 5,964,005			

5. Plan Termination

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

6. Plan Qualification

The Plan obtained its latest determination letter in March 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan sponsor believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. Parties-in-Interest

During the year ended December 31, 2025, the Plan held shares of mutual funds managed by FMTC, the Plan's trustee. Therefore, transactions with FMTC qualify as party-in-interest transactions. Fees paid to FMTC by the Plan totaled $46,087 for the year ended December 31, 2025.

SageView Advisory Group manages Plan investments. SageView is a service provider of the Plan, therefore, transactions qualify as party-in-interest transactions. Fees paid by the Plan totaled $34,000 for the year ended December 31, 2025.

WellsColeman performs the audit for the Plan. WellsColeman is a service provider of the Plan; therefore, transactions are party-in-interest transactions. Fees paid to the firm for the year ended December 31, 2025, were paid by the Plan sponsor.

All of the party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near-term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

9. Subsequent Event

Effective August 18, 2026, the Plan was amended to reflect statutory changes pursuant to the Bipartisan American Miners Act of 2019, SECURE 1.0, SECURE 2.0, and any related guidance.

SUPPLEMENTAL INFORMATION

VIRGINIA PHYSICIANS FOR WOMEN, LTD.
401(k) PROFIT-SHARING PLAN
EIN 54-1001246, PLAN 002

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

December 31, 2025

(a)	(b) Identity of Issuer, Borrowers, Lessor, or Similar Party	(c) Description of Investment, or Number of Shares or Options	(e) Current Value
	Interest-Bearing Cash		
*	Fidelity Cash Reserves	BrokerageLink	$ 195,662
*	Fidelity Investments	Treasury Fund	1,338,743
			1,534,405
	Corporate Stock		
	BrokerageLink	Common Stock	1,349,668
			1,349,668
	Common/Collective Trusts		
	Putnam	Stable Value	384,745
		LG CP Val TR IA	1,913,694
	MFS	Growth Equity S	4,138,481
			6,436,920
	Registered Investment Companies		
	BlackRock	LifePath Index 2030 K	947,434
		LifePath Index 2035 K	2,267,731
		LifePath Index 2040 K	7,064,448
		LifePath Index 2045 K	3,965,827
		LifePath Index 2050 K	4,484,677
		LifePath Index 2055 K	2,228,614
		LifePath Index 2060 K	806,525
		LifePath Index Retirement K	2,164,144
	BrokerageLink	Unit	11,063,953
	Fidelity Advisor	Emerging Markets Z	212,514
	Carillon Eagle	Mid Cap Growth R6	1,414,830
	Dodge & Cox	International Stock	400,826
*	Fidelity Investments	Fidelity Advisor Int Growth I	1,149,972
		500 Index Adv	4,312,934
		Global ex U.S. Index Fund	940,957
		Extended Market Index Fund	429,649
	Lord Abbett	Short Duration Income I	303,031

VIRGINIA PHYSICIANS FOR WOMEN, LTD.
401(k) PROFIT-SHARING PLAN
EIN 54-1001246, PLAN 002

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

December 31, 2025

(a)	(b) Identity of Issuer, Borrowers, Lessor, or Similar Party	(c) Description of Investment, or Number of Shares or Options	(e) Current Value
	Registered Investment Companies - Continued		
	Prudential Financial	Global Total Return R6	186,992
		Total Return Bond R6	1,454,808
	Pimco	PIM RAE US Small I	676,846
	Victory	Sycamore Established Value	1,076,861
	Wasatch	Core Growth Inst	590,679
			48,144,252
	Participant Loans		
*	Participant Loans	Participant loans, at interest rates ranging from 4.25% to 9.50%, with maturities of 1 - 5 years	**333,824**
	Total Investments		**$ 57,799,069**

Note: An asterisk (*) in column (a) denotes an entity known to be a party-in-interest to the Plan. Column (d) is not presented since cost of investments is not required for participant-directed investments.