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
- [ ] 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
ALPINE PHYSICIAN PARTNERS, LLC 401(K) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2023

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)
ALPINE PHYSICIAN PARTNERS, LLC

PO BOX 6957
ORANGE, CA 92863

11761 NORGROVE LANE
LOS ALAMITOS, CA 92863

2b Employer Identification Number (EIN)
86-1193595

2c Plan Sponsor's telephone number
310-606-0977

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.	10/13/2026	ASSATA POKE
	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**	1409
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)**	1247
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1377
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	208
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1586
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	1586
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)**	975
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)**	1063
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	52
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:

2A 2E 2F 2G 2J 2K 2S 2T 3B 3H 3D

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)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(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
ALPINE PHYSICIAN PARTNERS, LLC 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALPINE PHYSICIAN PARTNERS, LLC

D Employer Identification Number (EIN)
86-1193595

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	71027	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

CAPFINANCIAL PARTNERS, LLC

26-0058143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	29802	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STRATEGIC ADVISERS LLC

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	24916	Yes [ ] No [X]	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.
BP SM CAP VAL II IS - U.S. BANCORP 615 EAST MICHIGAN STREET, MILWAUKEE, WISCONSIN 53202 MILWAUKEE, WI 53201	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

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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
ALPINE PHYSICIAN PARTNERS, LLC 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ALPINE PHYSICIAN PARTNERS, LLC

D Employer Identification Number (EIN)
86-1193595

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: GG EUPAC CT

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

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)
38-7289843-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: NT EXT MKT IDX NL 4

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

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)
45-6138589-110	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2030 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE 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)
38-7010946-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2055 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE 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)
35-6941728-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2045 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE 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)
32-6199848-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2065 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE 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)
85-1763138-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2050 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE 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)
30-6303214-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2060 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 47-1088316-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2020 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 36-7594871-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2010 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 32-6199795-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2025 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 37-6495447-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: NT AGGR BD IDX NL 4

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN 45-6138589-088	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: NT ACWI EX US IMI 4

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN 45-6138589-223	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2040 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 35-6941729-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: NT S&P 500 IDX NL 4

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN 45-6138589-002	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2035 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 36-7595013-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2005 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 61-6434302-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RETIRE 2015 K

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 35-6941654-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RET HYB 2040 T4

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 35-6785642-013	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5394206

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RET HYB 2050 T4

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 35-6785642-015	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6526209

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RET HYB 2060 T4

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 35-6785642-018	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 833972

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CP GROWTH CT

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

c EIN-PN 38-4126294-597	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1117425

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CAP VALUE CT

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

c EIN-PN 38-4139822-616	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 530602

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RET HYB 2030 T4

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 35-6785642-011	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7370893

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RET HYB 2045 T4

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 35-6785642-014	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7026923

a Name of MTIA, CCT, PSA, or 103-12 IE: GQG INTL EQ CIT D

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

c EIN-PN 99-2209923-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1060869

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RET HYB 2010 T4

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 35-6785642-007	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5160

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RET HYB 2035 T4

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 35-6785642-012	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6087276

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS LRG CAP VALUE CT

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

c EIN-PN 38-7275332-781	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1738921

a Name of MTIA, CCT, PSA, or 103-12 IE: GALLIARD STBLE RTN E

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

c EIN-PN 52-2250951-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1838369

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RET HYB 2005 T4

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 35-6785642-006	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45124

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RET HYB 2025 T4

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 35-6785642-010	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2719470

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RET HYB 2055 T4

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 35-6785642-016	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3402258

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RET HYB 2020 T4

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 35-6785642-009	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 591100

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RET HYB 2015 T4

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 35-6785642-008	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 421660

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP RET HYB 2065 T4

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 35-6785642-019	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 959055

a Name of MTIA, CCT, PSA, or 103-12 IE: MM SM CAP GROWTH CT

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

c EIN-PN 38-7271375-756	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 338071

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
ALPINE PHYSICIAN PARTNERS, LLC 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALPINE PHYSICIAN PARTNERS, LLC

D Employer Identification Number (EIN)
86-1193595

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(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)	59190	16040
(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)	0	0
(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)	804873	992817
(9) Value of interest in common/collective trusts	1c(9)	42732512	48007563
(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)	5148879	16322551
(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	48745454	65338971
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	48745454	65338971

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)	2334566	
(B) Participants	2a(1)(B)	6718636	
(C) Others (including rollovers)	2a(1)(C)	7414174	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		16467376
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2088	
(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)	96102	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		98190
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	642121	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		642121
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		7122269
(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)		892545
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		25222501
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8498567	
(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)		8498567
f Corrective distributions (see instructions)	2f		2595
g Certain deemed distributions of participant loans (see instructions)	2g		2077
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	300	
(3) Recordkeeping fees	2i(3)	70727	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	24916	
(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)	29802	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		125745
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		8628984
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		16593517
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: K FINANCIAL **(2)** EIN: 76-0726945

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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**		X	

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
ALPINE PHYSICIAN PARTNERS, LLC 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ALPINE PHYSICIAN PARTNERS, LLC

D Employer Identification Number (EIN)
86-1193595

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 .

ALPINE PHYSICIAN PARTNERS, LLC 401(k) RETIREMENT PLAN

Financial Statements and Supplemental Schedule

December 31, 2025 and 2024

(With Independent Auditor's Report Thereon)

ALPINE PHYSICIAN PARTNERS, LLC 401(K) RETIREMENT PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Employee Benefits Committee of the Alpine Physician Partners, LLC 401(k) Retirement Plan:

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

We have performed audits of the accompanying financial statements of the Alpine Physician Partners, LLC 401(k) Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 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 the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from Fidelity Management Trust Company, 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 C to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

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

Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule H, Line 4i – 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. 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.

In our opinion—

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

K Financial

Louisville, CO
October 9, 2026

ALPINE PHYSICIAN PARTNERS, LLC 401(k) RETIREMENT PLAN

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets:		
Investments, at fair value:		
Money market fund	$ 16,040	$ 59,190
Mutual funds	16,322,551	5,148,879
Collective investment trust funds	46,169,194	41,626,965
Stable value fund	1,838,369	1,105,547
Total investments	64,346,154	47,940,581
Receivables:		
Notes receivable from participants	992,817	804,873
Total receivables	992,817	804,873
Net assets available for benefits	$ 65,338,971	$ 48,745,454

See accompanying notes to financial statements.

ALPINE PHYSICIAN PARTNERS, LLC 401(k) RETIREMENT PLAN

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2025

		2025
Additions:		
Investment income:		
Dividends	$	642,121
Interest		2,088
Net realized and unrealized appreciation in fair value of investments		8,014,814
Total investment income		8,659,023
Interest income on notes receivable from participants		96,102
Contributions:		
Participants [see Note A(2)]		6,718,636
Employer [see Note A(3)]		2,334,566
Rollovers		7,414,174
Total contributions		16,467,376
Total additions		25,222,501
Deductions:		
Benefits paid to participants		8,503,239
Administrative expenses		125,745
Total deductions		8,628,984
Net increase		16,593,517
Net assets available for plan benefits:		
Beginning of year		48,745,454
End of year	$	65,338,971

See accompanying notes to financial statements.

NOTE A – DESCRIPTION OF PLAN

The following description of the Alpine Physician Partners, LLC (Company or Alpine) 401(k) Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

1. *General*

   The Plan is a defined contribution plan covering employees of the Company and its wholly owned subsidiaries beginning on the first pay period of employment and who have attained age 18. The Plan excludes leased employees, collectively bargained employees, independent contractors, residents of Puerto Rico, and non-resident aliens. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Employee Benefits Committee is responsible for oversight of the Plan and determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Board of Directors.

   The Plan includes the lead employer, Alpine, and the following related participating employers: ASAS Health, LLC (ASAS), Alpine Medical Group Colorado, PLLC (AMGCO), Alpine Physician Partners Colorado, LLC (APPCO), Chase Grant Billing, PC (CHASE), Flagship Health, LLC (FLAGHEALTH), Flagship Medical Group, PLLC (FLAGMED), Meadows Family Medical Center, PLLC (MEADOWS), Monzer H Yazji, MD & Associates, PLLC (MONZER), and Physician Health Partners, LLC (PHP).

   The plan was amended effective July 26, 2024, to decrease the deferral limit of eligible compensation for all participants eligible to make catch up contributions from 100 percent to 75 percent.

   The plan was amended on July 21, 2025, which became effective on August 11, 2025, to permit statutory catch-up limits ("super catch-up" contributions) in accordance with SECURE Act 2.0. As a result of this amendment, participants who have attained age 60 to 63 before the end of the Plan year are eligible to make catch-up contributions up to $11,250, which represents a $3,750 increase from the standard catch-up contribution limit.

2. *Participants' Contributions*

   Each year, participants may contribute up to 75 percent of pre-tax and post-tax annual compensation, as defined in the Plan, subject to the maximum elective deferral amount of $23,500. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions up to $7,500. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover) or make an in-plan Roth rollover contribution. Salary deferral contributions can be changed or stopped at any time. Participants direct the investment of their contributions into various investment options offered by the Plan. Only for CHASE, MEADOWS and PHP employees, the Plan includes an auto-enrollment provision whereby all newly eligible participants are automatically enrolled in the Plan unless they affirmatively elect to opt out of the feature. Automatically enrolled participants have their deferral rate set at 3 percent of eligible compensation and their contributions invested in a designated target date fund until changed by the participant. Only for CHASE and MEADOWS, automatically enrolled participants with deferral rates less than 6 percent will have their deferral rate automatically increased by 1 percent each Plan year up to 6 percent of eligible compensation unless they affirmatively elect not to participate in the auto escalate feature. The Plan currently offers

various mutual and money market funds, collective investment trust funds, and a stable value fund as investment options for participants. Participant and employer contributions are subject to certain IRS limitations.

3. *Employer Contributions*

For Alpine, ASAS, FLAGHEALTH, FLAGMED, and MONZER participants, the Company contributes a matching contribution equal to 100 percent of the first 2 percent of compensation that a participant contributes to the Plan and 50 percent of the next 2 percent of compensation, for a maximum of 3 percent. For AMGCO, APPCO, and PHP participants, the Company contributes a matching contribution equal to 100 percent of the first 3 percent of compensation that a participant contributes to the Plan and 50 percent of the next 2 percent of compensation, for a maximum of 4 percent. For CHASE and MEADOWS the plans does not provide employer matching contributions. Additional discretionary non-elective contributions equal to a percentage determined by the Company may also be made with approval by the Company's Board of Directors. The contributions are allocated to participants' accounts in the proportion that each participant's compensation bears to the total participants' compensation. The Company did not make any discretionary non-elective contributions to the Plan during 2025 or 2024. Participants direct the Company contributions into various investment options offered by the Plan. Employer contributions are subject to certain IRS limitations.

4. *Participant Accounts*

Each participant's account is credited with the participant's contributions and Company matching contributions (if applicable), as well as allocations of other Company contributions and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

5. *Vesting*

All participants are vested immediately in their contributions and employer discretionary non-elective contributions plus actual earnings thereon. For Alpine, ASAS, FLAGHEALTH, FLAGMED, and MONZER participants, vesting in the Employer matching contribution is based on years of continuous service. These participants vest 25 percent each year and are 100 percent vested after four years of credited service. For AMGCO, APPCO, and PHP participants, 100 percent vesting in the Employer matching contribution occurs immediately.

6. *Unallocated Assets and Forfeited Nonvested Accounts*

As of December 31, 2025 and 2024, unallocated assets and forfeited nonvested accounts totaled $24,868 and $63,641, respectively. These assets can be used to reduce future employer contributions or to pay for Plan administrative expenses. In 2025 and 2024, future employer contributions were reduced by $79,824 and $0, respectively, from forfeited nonvested accounts. Also, in 2025 and 2024, administrative expenses of $19,104 and $3,165, respectively, were paid from forfeited nonvested accounts.

7. *Notes Receivable From Participants*

   Participants may borrow from their fund accounts a minimum of $1,000 and up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance. Participants may have up to two outstanding loans at any given time. Loans are required to be repaid within five years, except for the purchase of a primary residence, which may be repaid over a thirty-year period. The loans are secured by the vested balance in the participant's account. Interest rates on participant notes range from 3.25 percent to 9.50 percent as of December 31, 2025 and 2024. The loan interest rate is determined at the date the loan is made and is set at the prime rate plus one percent. Principal and interest are paid ratably through semi-monthly payroll deductions. Loans are recorded at their outstanding balances and are presented as notes receivable from participants on the statements of net assets available for benefits.

8. *Payment of Benefits*

   On termination of service due to death, disability, or retirement, a participant may elect to receive a lump sum distribution or installment payments equal to the value of the participant's vested interest in his or her account, or roll over the account balance to an IRA or to another qualified retirement plan. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution, partial withdrawals, installment payments, or roll over the account balance to an IRA or to another qualified retirement plan. Accounts for terminated participants with balances in excess of $5,000 are maintained in the Plan until the participant requests a distribution. As of December 31, 2025 and 2024, no amounts were required to be allocated to accounts of persons who had elected to withdraw from the Plan, but had not yet been paid. In-service withdrawals are permitted upon the attainment of age 59 ½. In addition, hardship distributions are permitted if certain criteria are met, including a minimum withdrawal amount of $500.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. *Basis of Accounting*

   The financial statements of the Plan are prepared on the accrual basis of accounting.

2. *Use of Estimates*

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

3. *Investment Valuation and Income Recognition*

   Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Employee Benefits Committee determines the Plan's valuation policies by utilizing information provided by the investment advisor and trustee. See Note E 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 realized and unrealized appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

4. *Contributions*

   Contributions from plan participants and the Employer are recorded in the year in which the employee contributions are withheld from compensation.

5. *Notes Receivable From Participants*

   Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the plan administrator deems the participant's loan to be in default, the participant's loan balance is reduced and a benefit payment is recorded.

6. *Payment of Benefits*

   Benefits are recorded when paid.

7. *Administrative Expenses*

   Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid directly by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net realized and unrealized appreciation of fair value of investments.

8. *Contributions Receivable and Current Expected Credit Losses*

   Historical write-off rates continue to be the basis for the Company's allowance for current expected credit losses. To calculate the reserve, the Company considered the processes surrounding the contributions receivable since the inception of the Plan. The Company has not historically written off the contributions receivables that were accrued at Plan year-end. The Company expects business conditions for the Plan calendar year ended December 31, 2026, the collection period for the contributions receivables, to remain consistent with current conditions. As a result, the Company has recorded expected credit losses of $0 as of December 31, 2025 and 2024.

9. *Subsequent Events*

   Plan management has evaluated subsequent events through October 9, 2026, the date the financial statements were available to be issued.

   Effective January 1, 2026, the plan was amended to include a SECURE Act 2.0 provision that catch-up eligible participants with wages for the preceding plan year exceeding $150,000 are required to be treated as post-tax contributions. Each participant that meets this criteria will be designated as a "Mandatory Roth Catch-Up Participant."

There were no other material events noted in the subsequent period that would have impacted results reported herein or that require disclosure.

NOTE C – SUMMARY OF INFORMATION CERTIFIED BY TRUSTEE

The following information, which is included in the financial statements and ERISA-required supplemental schedule of assets (held at end of year), has been certified as complete and accurate by Fidelity Management Trust Company (the Trustee of the Plan) as of December 31, 2025 and 2024, and for the year ended December 31, 2025, and has not been audited:

Statements of Net Assets Available for Benefits

- All information

Statement of Changes in Net Assets Available for Benefits

- Dividends
- Interest
- Net realized and unrealized appreciation in fair value of investments
- Interest income on notes receivable from participants

ERISA-Required Supplemental Schedule

- Schedule of Assets (Held at End of Year)

NOTE D – PARTY IN INTEREST TRANSACTIONS

Certain plan investments are managed by Fidelity Investments Institutional Operations Company, LLC (Fidelity). Fidelity is the Plan's record keeper for the plan and, therefore, these transactions qualify as party-in-interest transactions. Administrative expenses paid by the Plan to Fidelity amounted to $71,027 for the year ended December 31, 2025.

Plan investment advisory and other services are provided by Strategic Advisers, Inc., therefore, these transactions qualify as party-in-interest transactions. Administrative expenses paid by the Plan to Strategic Advisers, Inc. amounted to $24,916 for the year ended December 31, 2025.

Plan investment advisory and other services are also provided by CapFinancial Partners, LLC, therefore, these transactions qualify as party-in-interest transactions. Administrative expenses paid by the Plan to CapFinancial Partners, LLC amounted to $29,802 for the year ended December 31, 2025.

NOTE E – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Mutual and money market funds: Valued at the daily closing price as reported by the fund. Mutual and money market funds held by the Plan are open-end 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 and money market funds held by the Plan are deemed to be actively traded.

Collective trust and stable value funds: Valued at fair value based on the investment's net asset value per unit. In accordance with fair value measurements and disclosure guidance, the collective trusts and stable value fund are reported at the net asset value per unit as a practical expedient. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV.

The following table sets forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2025:

	Assets at Fair Value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total Fair Value
Money market fund	$ 16,040	—	—	$ 16,040
Mutual funds	16,322,551	—	—	16,322,551
Total assets in the fair value hierarchy	16,338,591	—	—	16,338,591
Investments measured at net asset value*	—	—	—	48,007,563
Investments at fair value	$ 16,338,591	—	—	$ 64,346,154

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

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total Fair Value
Money market fund	$ 59,190	—	—	$ 59,190
Mutual funds	5,148,879	—	—	5,148,879
Total assets in the fair value hierarchy	5,208,069	—	—	5,208,069
Investments measured at net asset value*	—	—	—	42,732,512
Investments at fair value	$ 5,208,069	—	—	$ 47,940,581

*In accordance with subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2025:

December 31, 2025	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Galliard Stable Return Fund E	$ 1,838,369	n/a	Daily	n/a
GQG Partners International Equity CIT Class D	1,060,869	n/a	Daily	n/a
MassMutual Small Cap Growth Equity Fund CT	338,071	n/a	Daily	n/a
MFS Large Cap Value Fund CT	1,738,921	n/a	Daily	n/a
MFS Mid Cap Growth CIT Class CT	1,117,425	n/a	Daily	n/a
MFS Mid Cap Value Fund CT	530,602	n/a	Daily	n/a
T. Rowe Price Retirement Hybrid 2005 Trust Class T4	45,124	n/a	Daily	n/a
T. Rowe Price Retirement Hybrid 2010 Trust Class T4	5,160	n/a	Daily	n/a
T. Rowe Price Retirement Hybrid 2015 Trust Class T4	421,660	n/a	Daily	n/a
T. Rowe Price Retirement Hybrid 2020 Trust Class T4	591,100	n/a	Daily	n/a
T. Rowe Price Retirement Hybrid 2025 Trust Class T4	2,719,470	n/a	Daily	n/a
T. Rowe Price Retirement Hybrid 2030 Trust Class T4	7,370,893	n/a	Daily	n/a
T. Rowe Price Retirement Hybrid 2035 Trust Class T4	6,087,276	n/a	Daily	n/a
T. Rowe Price Retirement Hybrid 2040 Trust Class T4	5,394,206	n/a	Daily	n/a
T. Rowe Price Retirement Hybrid 2045 Trust Class T4	7,026,923	n/a	Daily	n/a
T. Rowe Price Retirement Hybrid 2050 Trust Class T4	6,526,209	n/a	Daily	n/a
T. Rowe Price Retirement Hybrid 2055 Trust Class T4	3,402,258	n/a	Daily	n/a
T. Rowe Price Retirement Hybrid 2060 Trust Class T4	833,972	n/a	Daily	n/a
T. Rowe Price Retirement Hybrid 2065 Trust Class T4	959,055	n/a	Daily	n/a
Total collective trust and stable value funds	$ 48,007,563			

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024:

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Galliard Stable Return Fund E	$ 1,105,547	n/a	Daily	n/a
Great Gray Trust EuroPacific Growth	1,230,928	n/a	Daily	n/a
MassMutual Small Cap Growth Equity CIT Class CT	490,929	n/a	Daily	n/a
MFS Large Cap Value Fund CT	1,520,937	n/a	Daily	n/a
MFS Mid Cap Growth CIT Class CT	641,582	n/a	Daily	n/a
MFS Mid Cap Value Fund CT	1,038,799	n/a	Daily	n/a
Northern Trust Collective Aggregate Bond Index Fund 4	638,819	n/a	Daily	n/a
Northern Trust Collective Extended Equity Market Index Fund 4	324,631	n/a	Daily	n/a
Northern Trust Collective S&P 500 Index	4,639,303	n/a	Daily	n/a
Northern Trust Collective AWCI EX-US Fund	805,559	n/a	Daily	n/a
T. Rowe Price Retirement 2005 Fund K	95,878	n/a	Daily	n/a
T. Rowe Price Retirement 2010 Fund K	4,965	n/a	Daily	n/a
T. Rowe Price Retirement 2015 Fund K	324,954	n/a	Daily	n/a
T. Rowe Price Retirement 2020 Fund K	643,188	n/a	Daily	n/a
T. Rowe Price Retirement 2025 Fund K	2,692,046	n/a	Daily	n/a
T. Rowe Price Retirement 2030 Fund K	5,748,926	n/a	Daily	n/a
T. Rowe Price Retirement 2035 Fund K	4,181,724	n/a	Daily	n/a
T. Rowe Price Retirement 2040 Fund K	3,536,253	n/a	Daily	n/a
T. Rowe Price Retirement 2045 Fund K	5,451,411	n/a	Daily	n/a
T. Rowe Price Retirement 2050 Fund K	4,246,432	n/a	Daily	n/a
T. Rowe Price Retirement 2055 Fund K	2,396,924	n/a	Daily	n/a
T. Rowe Price Retirement 2060 Fund K	416,893	n/a	Daily	n/a
T. Rowe Price Retirement 2065 Fund K	555,884	n/a	Daily	n/a
Total collective trust and stable value funds	$ 42,732,512			

NOTE F – TAX STATUS

The IRS has determined and informed the Plan by an advisory opinion letter dated June 30, 2020, that the pre-approved plan adopted by the Plan sponsor and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since that date, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt. Thus, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Federal and State of Colorado taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE G – PLAN TERMINATION

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

NOTE H – 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.

ALPINE PHYSICIAN PARTNERS, LLC 401(K) RETIREMENT PLAN

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

December 31, 2025

EIN: 86-1193595 Plan #001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value		(e) Current value
	Boston Partners	Small Cap Value Fund II Institutional Class	$	501,316
	Dodge & Cox	Income Fund Class X		1,162,053
*	Fidelity	Extended Market Index Fund		726,339
		Government Money Market Fund Class K6		16,040
		Total International Index Fund		1,867,078
		U.S. Bond Index Fund		971,851
		500 Index Fund		6,525,030
	Galliard	Stable Return Fund E		1,838,369
	GQG Partners	International Equity CIT Class D		1,060,869
	JP Morgan	Large Cap Growth Fund Class R6		4,568,884
	MassMutual	Small Cap Growth Equity CIT Class CT		338,071
	MFS	Large Cap Value Fund CT		1,738,921
		Mid Cap Growth CIT Class CT		1,117,425
		Mid Cap Value Fund CT		530,602
	T. Rowe Price	Retirement Hybrid 2005 Trust Class T4		45,124
		Retirement Hybrid 2010 Trust Class T4		5,160
		Retirement Hybrid 2015 Trust Class T4		421,660
		Retirement Hybrid 2020 Trust Class T4		591,100
		Retirement Hybrid 2025 Trust Class T4		2,719,470
		Retirement Hybrid 2030 Trust Class T4		7,370,893
		Retirement Hybrid 2035 Trust Class T4		6,087,276
		Retirement Hybrid 2040 Trust Class T4		5,394,206
		Retirement Hybrid 2045 Trust Class T4		7,026,923
		Retirement Hybrid 2050 Trust Class T4		6,526,209
		Retirement Hybrid 2055 Trust Class T4		3,402,258
		Retirement Hybrid 2060 Trust Class T4		833,972
		Retirement Hybrid 2065 Trust Class T4		959,055
*	Participant Loans	Note Receivable from Participants (interest rates ranging from 3.25% to 9.50% with maturity dates ranging from 2025 through 2037)		992,817
		Total Investments	$	65,338,971

* Represents a party in interest.

See accompanying independent auditor's report.

ALPINE PHYSICIAN PARTNERS, LLC 401(k) RETIREMENT PLAN

Financial Statements and Supplemental Schedule

December 31, 2025 and 2024

(With Independent Auditor's Report Thereon)

ALPINE PHYSICIAN PARTNERS, LLC 401(K) RETIREMENT PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Employee Benefits Committee of the Alpine Physician Partners, LLC 401(k) Retirement Plan:

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

We have performed audits of the accompanying financial statements of the Alpine Physician Partners, LLC 401(k) Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 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 the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from Fidelity Management Trust Company, 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 C to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

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

Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule H, Line 4i – 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. 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.

In our opinion—

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

K Financial

Louisville, CO
October 9, 2026

ALPINE PHYSICIAN PARTNERS, LLC 401(k) RETIREMENT PLAN

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets:		
Investments, at fair value:		
Money market fund	$ 16,040	$ 59,190
Mutual funds	16,322,551	5,148,879
Collective investment trust funds	46,169,194	41,626,965
Stable value fund	1,838,369	1,105,547
Total investments	64,346,154	47,940,581
Receivables:		
Notes receivable from participants	992,817	804,873
Total receivables	992,817	804,873
Net assets available for benefits	$ 65,338,971	$ 48,745,454

See accompanying notes to financial statements.

ALPINE PHYSICIAN PARTNERS, LLC 401(k) RETIREMENT PLAN

Statement of Changes in Net Assets Available for Benefits

Year ended December 31, 2025

		2025
Additions:		
Investment income:		
Dividends	$	642,121
Interest		2,088
Net realized and unrealized appreciation in fair value of investments		8,014,814
Total investment income		8,659,023
Interest income on notes receivable from participants		96,102
Contributions:		
Participants [see Note A(2)]		6,718,636
Employer [see Note A(3)]		2,334,566
Rollovers		7,414,174
Total contributions		16,467,376
Total additions		25,222,501
Deductions:		
Benefits paid to participants		8,503,239
Administrative expenses		125,745
Total deductions		8,628,984
Net increase		16,593,517
Net assets available for plan benefits:		
Beginning of year		48,745,454
End of year	$	65,338,971

See accompanying notes to financial statements.

NOTE A – DESCRIPTION OF PLAN

The following description of the Alpine Physician Partners, LLC (Company or Alpine) 401(k) Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

1. *General*

   The Plan is a defined contribution plan covering employees of the Company and its wholly owned subsidiaries beginning on the first pay period of employment and who have attained age 18. The Plan excludes leased employees, collectively bargained employees, independent contractors, residents of Puerto Rico, and non-resident aliens. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Employee Benefits Committee is responsible for oversight of the Plan and determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Board of Directors.

   The Plan includes the lead employer, Alpine, and the following related participating employers: ASAS Health, LLC (ASAS), Alpine Medical Group Colorado, PLLC (AMGCO), Alpine Physician Partners Colorado, LLC (APPCO), Chase Grant Billing, PC (CHASE), Flagship Health, LLC (FLAGHEALTH), Flagship Medical Group, PLLC (FLAGMED), Meadows Family Medical Center, PLLC (MEADOWS), Monzer H Yazji, MD & Associates, PLLC (MONZER), and Physician Health Partners, LLC (PHP).

   The plan was amended effective July 26, 2024, to decrease the deferral limit of eligible compensation for all participants eligible to make catch up contributions from 100 percent to 75 percent.

   The plan was amended on July 21, 2025, which became effective on August 11, 2025, to permit statutory catch-up limits ("super catch-up" contributions) in accordance with SECURE Act 2.0. As a result of this amendment, participants who have attained age 60 to 63 before the end of the Plan year are eligible to make catch-up contributions up to $11,250, which represents a $3,750 increase from the standard catch-up contribution limit.

2. *Participants' Contributions*

   Each year, participants may contribute up to 75 percent of pre-tax and post-tax annual compensation, as defined in the Plan, subject to the maximum elective deferral amount of $23,500. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions up to $7,500. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover) or make an in-plan Roth rollover contribution. Salary deferral contributions can be changed or stopped at any time. Participants direct the investment of their contributions into various investment options offered by the Plan. Only for CHASE, MEADOWS and PHP employees, the Plan includes an auto-enrollment provision whereby all newly eligible participants are automatically enrolled in the Plan unless they affirmatively elect to opt out of the feature. Automatically enrolled participants have their deferral rate set at 3 percent of eligible compensation and their contributions invested in a designated target date fund until changed by the participant. Only for CHASE and MEADOWS, automatically enrolled participants with deferral rates less than 6 percent will have their deferral rate automatically increased by 1 percent each Plan year up to 6 percent of eligible compensation unless they affirmatively elect not to participate in the auto escalate feature. The Plan currently offers

various mutual and money market funds, collective investment trust funds, and a stable value fund as investment options for participants. Participant and employer contributions are subject to certain IRS limitations.

3. *Employer Contributions*

For Alpine, ASAS, FLAGHEALTH, FLAGMED, and MONZER participants, the Company contributes a matching contribution equal to 100 percent of the first 2 percent of compensation that a participant contributes to the Plan and 50 percent of the next 2 percent of compensation, for a maximum of 3 percent. For AMGCO, APPCO, and PHP participants, the Company contributes a matching contribution equal to 100 percent of the first 3 percent of compensation that a participant contributes to the Plan and 50 percent of the next 2 percent of compensation, for a maximum of 4 percent. For CHASE and MEADOWS the plans does not provide employer matching contributions. Additional discretionary non-elective contributions equal to a percentage determined by the Company may also be made with approval by the Company's Board of Directors. The contributions are allocated to participants' accounts in the proportion that each participant's compensation bears to the total participants' compensation. The Company did not make any discretionary non-elective contributions to the Plan during 2025 or 2024. Participants direct the Company contributions into various investment options offered by the Plan. Employer contributions are subject to certain IRS limitations.

4. *Participant Accounts*

Each participant's account is credited with the participant's contributions and Company matching contributions (if applicable), as well as allocations of other Company contributions and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

5. *Vesting*

All participants are vested immediately in their contributions and employer discretionary non-elective contributions plus actual earnings thereon. For Alpine, ASAS, FLAGHEALTH, FLAGMED, and MONZER participants, vesting in the Employer matching contribution is based on years of continuous service. These participants vest 25 percent each year and are 100 percent vested after four years of credited service. For AMGCO, APPCO, and PHP participants, 100 percent vesting in the Employer matching contribution occurs immediately.

6. *Unallocated Assets and Forfeited Nonvested Accounts*

As of December 31, 2025 and 2024, unallocated assets and forfeited nonvested accounts totaled $24,868 and $63,641, respectively. These assets can be used to reduce future employer contributions or to pay for Plan administrative expenses. In 2025 and 2024, future employer contributions were reduced by $79,824 and $0, respectively, from forfeited nonvested accounts. Also, in 2025 and 2024, administrative expenses of $19,104 and $3,165, respectively, were paid from forfeited nonvested accounts.

7. *Notes Receivable From Participants*

   Participants may borrow from their fund accounts a minimum of $1,000 and up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance. Participants may have up to two outstanding loans at any given time. Loans are required to be repaid within five years, except for the purchase of a primary residence, which may be repaid over a thirty-year period. The loans are secured by the vested balance in the participant's account. Interest rates on participant notes range from 3.25 percent to 9.50 percent as of December 31, 2025 and 2024. The loan interest rate is determined at the date the loan is made and is set at the prime rate plus one percent. Principal and interest are paid ratably through semi-monthly payroll deductions. Loans are recorded at their outstanding balances and are presented as notes receivable from participants on the statements of net assets available for benefits.

8. *Payment of Benefits*

   On termination of service due to death, disability, or retirement, a participant may elect to receive a lump sum distribution or installment payments equal to the value of the participant's vested interest in his or her account, or roll over the account balance to an IRA or to another qualified retirement plan. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution, partial withdrawals, installment payments, or roll over the account balance to an IRA or to another qualified retirement plan. Accounts for terminated participants with balances in excess of $5,000 are maintained in the Plan until the participant requests a distribution. As of December 31, 2025 and 2024, no amounts were required to be allocated to accounts of persons who had elected to withdraw from the Plan, but had not yet been paid. In-service withdrawals are permitted upon the attainment of age 59 ½. In addition, hardship distributions are permitted if certain criteria are met, including a minimum withdrawal amount of $500.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. *Basis of Accounting*

   The financial statements of the Plan are prepared on the accrual basis of accounting.

2. *Use of Estimates*

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

3. *Investment Valuation and Income Recognition*

   Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Employee Benefits Committee determines the Plan's valuation policies by utilizing information provided by the investment advisor and trustee. See Note E 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 realized and unrealized appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

4. *Contributions*

   Contributions from plan participants and the Employer are recorded in the year in which the employee contributions are withheld from compensation.

5. *Notes Receivable From Participants*

   Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the plan administrator deems the participant's loan to be in default, the participant's loan balance is reduced and a benefit payment is recorded.

6. *Payment of Benefits*

   Benefits are recorded when paid.

7. *Administrative Expenses*

   Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid directly by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net realized and unrealized appreciation of fair value of investments.

8. *Contributions Receivable and Current Expected Credit Losses*

   Historical write-off rates continue to be the basis for the Company's allowance for current expected credit losses. To calculate the reserve, the Company considered the processes surrounding the contributions receivable since the inception of the Plan. The Company has not historically written off the contributions receivables that were accrued at Plan year-end. The Company expects business conditions for the Plan calendar year ended December 31, 2026, the collection period for the contributions receivables, to remain consistent with current conditions. As a result, the Company has recorded expected credit losses of $0 as of December 31, 2025 and 2024.

9. *Subsequent Events*

   Plan management has evaluated subsequent events through October 9, 2026, the date the financial statements were available to be issued.

   Effective January 1, 2026, the plan was amended to include a SECURE Act 2.0 provision that catch-up eligible participants with wages for the preceding plan year exceeding $150,000 are required to be treated as post-tax contributions. Each participant that meets this criteria will be designated as a "Mandatory Roth Catch-Up Participant."

There were no other material events noted in the subsequent period that would have impacted results reported herein or that require disclosure.

NOTE C – SUMMARY OF INFORMATION CERTIFIED BY TRUSTEE

The following information, which is included in the financial statements and ERISA-required supplemental schedule of assets (held at end of year), has been certified as complete and accurate by Fidelity Management Trust Company (the Trustee of the Plan) as of December 31, 2025 and 2024, and for the year ended December 31, 2025, and has not been audited:

Statements of Net Assets Available for Benefits

- All information

Statement of Changes in Net Assets Available for Benefits

- Dividends
- Interest
- Net realized and unrealized appreciation in fair value of investments
- Interest income on notes receivable from participants

ERISA-Required Supplemental Schedule

- Schedule of Assets (Held at End of Year)

NOTE D – PARTY IN INTEREST TRANSACTIONS

Certain plan investments are managed by Fidelity Investments Institutional Operations Company, LLC (Fidelity). Fidelity is the Plan's record keeper for the plan and, therefore, these transactions qualify as party-in-interest transactions. Administrative expenses paid by the Plan to Fidelity amounted to $71,027 for the year ended December 31, 2025.

Plan investment advisory and other services are provided by Strategic Advisers, Inc., therefore, these transactions qualify as party-in-interest transactions. Administrative expenses paid by the Plan to Strategic Advisers, Inc. amounted to $24,916 for the year ended December 31, 2025.

Plan investment advisory and other services are also provided by CapFinancial Partners, LLC, therefore, these transactions qualify as party-in-interest transactions. Administrative expenses paid by the Plan to CapFinancial Partners, LLC amounted to $29,802 for the year ended December 31, 2025.

NOTE E – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Mutual and money market funds: Valued at the daily closing price as reported by the fund. Mutual and money market funds held by the Plan are open-end 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 and money market funds held by the Plan are deemed to be actively traded.

Collective trust and stable value funds: Valued at fair value based on the investment's net asset value per unit. In accordance with fair value measurements and disclosure guidance, the collective trusts and stable value fund are reported at the net asset value per unit as a practical expedient. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV.

The following table sets forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2025:

	Assets at Fair Value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total Fair Value
Money market fund	$ 16,040	—	—	$ 16,040
Mutual funds	16,322,551	—	—	16,322,551
Total assets in the fair value hierarchy	16,338,591	—	—	16,338,591
Investments measured at net asset value*	—	—	—	48,007,563
Investments at fair value	$ 16,338,591	—	—	$ 64,346,154

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

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total Fair Value
Money market fund	$ 59,190	—	—	$ 59,190
Mutual funds	5,148,879	—	—	5,148,879
Total assets in the fair value hierarchy	5,208,069	—	—	5,208,069
Investments measured at net asset value*	—	—	—	42,732,512
Investments at fair value	$ 5,208,069	—	—	$ 47,940,581

*In accordance with subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2025:

December 31, 2025	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Galliard Stable Return Fund E	$ 1,838,369	n/a	Daily	n/a
GQG Partners International Equity CIT Class D	1,060,869	n/a	Daily	n/a
MassMutual Small Cap Growth Equity Fund CT	338,071	n/a	Daily	n/a
MFS Large Cap Value Fund CT	1,738,921	n/a	Daily	n/a
MFS Mid Cap Growth CIT Class CT	1,117,425	n/a	Daily	n/a
MFS Mid Cap Value Fund CT	530,602	n/a	Daily	n/a
T. Rowe Price Retirement Hybrid 2005 Trust Class T4	45,124	n/a	Daily	n/a
T. Rowe Price Retirement Hybrid 2010 Trust Class T4	5,160	n/a	Daily	n/a
T. Rowe Price Retirement Hybrid 2015 Trust Class T4	421,660	n/a	Daily	n/a
T. Rowe Price Retirement Hybrid 2020 Trust Class T4	591,100	n/a	Daily	n/a
T. Rowe Price Retirement Hybrid 2025 Trust Class T4	2,719,470	n/a	Daily	n/a
T. Rowe Price Retirement Hybrid 2030 Trust Class T4	7,370,893	n/a	Daily	n/a
T. Rowe Price Retirement Hybrid 2035 Trust Class T4	6,087,276	n/a	Daily	n/a
T. Rowe Price Retirement Hybrid 2040 Trust Class T4	5,394,206	n/a	Daily	n/a
T. Rowe Price Retirement Hybrid 2045 Trust Class T4	7,026,923	n/a	Daily	n/a
T. Rowe Price Retirement Hybrid 2050 Trust Class T4	6,526,209	n/a	Daily	n/a
T. Rowe Price Retirement Hybrid 2055 Trust Class T4	3,402,258	n/a	Daily	n/a
T. Rowe Price Retirement Hybrid 2060 Trust Class T4	833,972	n/a	Daily	n/a
T. Rowe Price Retirement Hybrid 2065 Trust Class T4	959,055	n/a	Daily	n/a
Total collective trust and stable value funds	$ 48,007,563			

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024:

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Galliard Stable Return Fund E	$ 1,105,547	n/a	Daily	n/a
Great Gray Trust EuroPacific Growth	1,230,928	n/a	Daily	n/a
MassMutual Small Cap Growth Equity CIT Class CT	490,929	n/a	Daily	n/a
MFS Large Cap Value Fund CT	1,520,937	n/a	Daily	n/a
MFS Mid Cap Growth CIT Class CT	641,582	n/a	Daily	n/a
MFS Mid Cap Value Fund CT	1,038,799	n/a	Daily	n/a
Northern Trust Collective Aggregate Bond Index Fund 4	638,819	n/a	Daily	n/a
Northern Trust Collective Extended Equity Market Index Fund 4	324,631	n/a	Daily	n/a
Northern Trust Collective S&P 500 Index	4,639,303	n/a	Daily	n/a
Northern Trust Collective AWCI EX-US Fund	805,559	n/a	Daily	n/a
T. Rowe Price Retirement 2005 Fund K	95,878	n/a	Daily	n/a
T. Rowe Price Retirement 2010 Fund K	4,965	n/a	Daily	n/a
T. Rowe Price Retirement 2015 Fund K	324,954	n/a	Daily	n/a
T. Rowe Price Retirement 2020 Fund K	643,188	n/a	Daily	n/a
T. Rowe Price Retirement 2025 Fund K	2,692,046	n/a	Daily	n/a
T. Rowe Price Retirement 2030 Fund K	5,748,926	n/a	Daily	n/a
T. Rowe Price Retirement 2035 Fund K	4,181,724	n/a	Daily	n/a
T. Rowe Price Retirement 2040 Fund K	3,536,253	n/a	Daily	n/a
T. Rowe Price Retirement 2045 Fund K	5,451,411	n/a	Daily	n/a
T. Rowe Price Retirement 2050 Fund K	4,246,432	n/a	Daily	n/a
T. Rowe Price Retirement 2055 Fund K	2,396,924	n/a	Daily	n/a
T. Rowe Price Retirement 2060 Fund K	416,893	n/a	Daily	n/a
T. Rowe Price Retirement 2065 Fund K	555,884	n/a	Daily	n/a
Total collective trust and stable value funds	$ 42,732,512			

NOTE F – TAX STATUS

The IRS has determined and informed the Plan by an advisory opinion letter dated June 30, 2020, that the pre-approved plan adopted by the Plan sponsor and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since that date, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt. Thus, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Federal and State of Colorado taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE G – PLAN TERMINATION

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

NOTE H – 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.

ALPINE PHYSICIAN PARTNERS, LLC 401(K) RETIREMENT PLAN

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

December 31, 2025

EIN: 86-1193595 Plan #001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value		(e) Current value
	Boston Partners	Small Cap Value Fund II Institutional Class	$	501,316
	Dodge & Cox	Income Fund Class X		1,162,053
*	Fidelity	Extended Market Index Fund		726,339
		Government Money Market Fund Class K6		16,040
		Total International Index Fund		1,867,078
		U.S. Bond Index Fund		971,851
		500 Index Fund		6,525,030
	Galliard	Stable Return Fund E		1,838,369
	GQG Partners	International Equity CIT Class D		1,060,869
	JP Morgan	Large Cap Growth Fund Class R6		4,568,884
	MassMutual	Small Cap Growth Equity CIT Class CT		338,071
	MFS	Large Cap Value Fund CT		1,738,921
		Mid Cap Growth CIT Class CT		1,117,425
		Mid Cap Value Fund CT		530,602
	T. Rowe Price	Retirement Hybrid 2005 Trust Class T4		45,124
		Retirement Hybrid 2010 Trust Class T4		5,160
		Retirement Hybrid 2015 Trust Class T4		421,660
		Retirement Hybrid 2020 Trust Class T4		591,100
		Retirement Hybrid 2025 Trust Class T4		2,719,470
		Retirement Hybrid 2030 Trust Class T4		7,370,893
		Retirement Hybrid 2035 Trust Class T4		6,087,276
		Retirement Hybrid 2040 Trust Class T4		5,394,206
		Retirement Hybrid 2045 Trust Class T4		7,026,923
		Retirement Hybrid 2050 Trust Class T4		6,526,209
		Retirement Hybrid 2055 Trust Class T4		3,402,258
		Retirement Hybrid 2060 Trust Class T4		833,972
		Retirement Hybrid 2065 Trust Class T4		959,055
*	Participant Loans	Note Receivable from Participants (interest rates ranging from 3.25% to 9.50% with maturity dates ranging from 2025 through 2037)		992,817
		Total Investments	$	65,338,971

* Represents a party in interest.

See accompanying independent auditor's report.