

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>LAKEVIEW CLINIC LTD, RETIREMENT SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>02/01/1979</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>41-1340895</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>952-442-4461</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>621111</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>02/01/1979</u>		2b Employer Identification Number (EIN) <u>41-1340895</u>		2c Plan Sponsor's telephone number <u>952-442-4461</u>		2d Business code (see instructions) <u>621111</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
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2b Employer Identification Number (EIN) <u>41-1340895</u>											
2c Plan Sponsor's telephone number <u>952-442-4461</u>											
2d Business code (see instructions) <u>621111</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>LAKEVIEW CLINIC, LTD</u> <u>424 STATE HWY 5 WEST</u> <u>WACONIA, MN 55387</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	ROBERT WILCOX
	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

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	220
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)	183
a(2) Total number of active participants at the end of the plan year		6a(2)	167
b Retired or separated participants receiving benefits.....		6b	2
c Other retired or separated participants entitled to future benefits		6c	38
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	207
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	4
f Total. Add lines 6d and 6e		6f	211
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	203
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2R 2S 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ 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) ☒ 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		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan LAKEVIEW CLINIC LTD, RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LAKEVIEW CLINIC, LTD	D Employer Identification Number (EIN) 41-1340895	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ONEAMERICA RETIREMENT SERVICES, LLC
46-5378846

(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)

COMPASS CAPITAL MANAGEMENT INC.

41-1611668

(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?
28 51	NONE	352187	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ONEAMERICA RETIREMENT SERVICES, LLC

46-5378846

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 36 37 38 50 64	NONE	50610	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BMO HARRIS BANK, NA

36-2085229

(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?
19 21 25 28 52 62 68	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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)

MATRIX TRUST COMPANY

75-3182674

(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?
19 21 25 62	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BMO HARRIS BANK, NA	19 21 25 28 52 62 68	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.	
ONEAMERICA RETIREMENT SERVICES, LLC 46-5378846	ONEAMERICA HAS A REVENUE SHARING AGREEMENT WITH BMO HARRIS BANK, NA 2.25 BASIS POINTS ON MARKET VALUE ANNUALIZED MONTHLY.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MATRIX TRUST COMPANY	19 21 25 62	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.	
ONEAMERICA RETIREMENT SERVICES, LLC 46-5378846	SEE ATTACHED	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan LAKEVIEW CLINIC LTD, RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 LAKEVIEW CLINIC, LTD	D Employer Identification Number (EIN) 41-1340895	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	108237	6724
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1636766	1665743
(2) Participant contributions.....	1b(2)	110111	96552
(3) Other	1b(3)	180568	77795
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	11780171	11583542
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	203674	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	44201209	46482022
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	333814	332004
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	51745706	62510885
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	7379470	6943697

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	117679726 129698964
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	78695 102991
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	115572 0
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	194267 102991
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	117485459 129595973

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1965743
	(B) Participants	2a(1)(B)	1247562
	(C) Others (including rollovers).....	2a(1)(C)	199825
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	3413130
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	160038
	(C) Corporate debt instruments	2b(1)(C)	4193
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	18363
	(F) Other	2b(1)(F)	119270
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	301864
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	527387
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	3699732
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	4227119
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	4104609
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1550586
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	2554023
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	3855122
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	3855122

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		6520068
c Other income.....	2c		178282
d Total income. Add all income amounts in column (b) and enter total.....	2d		21049608
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	8536297	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		8536297
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	50610	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	352187	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		402797
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		8939094
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		12110514
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: LURIE, LLP

(2) EIN: 41-0721734

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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 ☒ 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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>LAKEVIEW CLINIC LTD, RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LAKEVIEW CLINIC, LTD</u>	D Employer Identification Number (EIN) <u>41-1340895</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
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): <u>39-6436442</u> <u>75-3182674</u> 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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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 _____

LAKEVIEW CLINIC, LTD.
RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

December 31, 2021

CONTENTS

	<u>Page(s)</u>
INDEPENDENT AUDITOR'S REPORT	1 - 4
FINANCIAL STATEMENTS	
Statements of net assets available for benefits	5
Statement of changes in net assets available for benefits	6
Notes to financial statements	7 - 13
SUPPLEMENTAL SCHEDULE	
Schedule H, line 4i – Schedule of assets (held at end of year)	15 - 18



INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Lakeview Clinic, Ltd. Retirement Savings Plan
Minneapolis, Minnesota

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of Lakeview Clinic, Ltd. Retirement Savings 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 statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 Financial Statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section –

- the amounts and disclosures in the accompanying 2021 Financial Statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2021 Financial Statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit 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 2021 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 2021 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 within 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 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements 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 audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 Financial Statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matters

2021 Supplemental Schedule Required by ERISA

The supplemental schedule (see accompanying table of contents), as of December 31, 2021, 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.

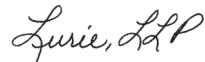
In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including the form and content, is presented in conformity with the Department of Labor's Rules and Regulations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

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 7, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



Lurie, LLP
Minneapolis, Minnesota

October 14, 2022

LAKEVIEW CLINIC, LTD. RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2021	2020
ASSETS		
Investments at fair value	\$ 127,520,146	\$ 115,310,230
Cash	6,724	108,237
Receivables		
Notes receivable from participants	332,004	333,814
Dividends and interest	77,795	180,568
Employer contributions	1,665,743	1,636,766
Participant contributions	96,552	110,111
TOTAL ASSETS	129,698,964	117,679,726
LIABILITIES		
Accrued expenses	102,991	78,695
Due to broker and other	-	115,572
TOTAL LIABILITIES	102,991	194,267
NET ASSETS AVAILABLE FOR BENEFITS	\$ 129,595,973	\$ 117,485,459

See notes to financial statements.

LAKEVIEW CLINIC, LTD. RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31, 2021	
INVESTMENT INCOME		
Net appreciation in fair value of investments	\$	13,107,495
Interest and dividends		<u>4,510,620</u>
		17,618,115
INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS		18,363
CONTRIBUTIONS		
Employer	\$	1,965,743
Participants		1,247,562
Rollovers		<u>199,825</u>
		3,413,130
		<u>21,049,608</u>
DEDUCTIONS		
Benefits paid to participants		8,536,297
Administrative expenses		<u>402,797</u>
		8,939,094
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS		12,110,514
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year		<u>117,485,459</u>
End of year	\$	<u><u>129,595,973</u></u>

See notes to financial statements.

LAKEVIEW CLINIC, LTD. RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

1. Plan Description –

The following description is provided for information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Lakeview Clinic, Ltd. Retirement Savings Plan (the Plan) is a defined contribution plan adopted by Lakeview Clinic, Ltd. (the Company). The Plan was amended effective May 21, 2021, when the Plan changed the trustee/custodian from BMO Harris Bank N.A. (BMO) to Matrix Trust Company (Matrix). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The plan administrator is responsible for oversight of the Plan. The Plan has an investment committee that determines the appropriateness of the Plan's investment offerings and monitors investment performance, and reports to the plan administrator.

Plan Amendments

In 2020, the Plan implemented certain requirements of the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE Act), which allow certain eligible individuals to receive coronavirus-related distributions of up to \$100,000, allow loan repayments to be deferred up to one year and delay the commencement date for required minimum distributions. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and Internal Revenue Service (IRS) guidance.

Eligibility

Employees become eligible to participate upon attaining age 21 and completing one year of service. Employees are eligible to make salary deferral contributions to the Plan on the first day of the first or seventh month of the plan year after satisfying the eligibility requirements. To be eligible for profit sharing contributions, employees become participants on the first day of the first or seventh month of the plan year after completing two years of service and attaining age 21 and must be employed on the last day of the plan year, unless the participant reached retirement age. A year of service is defined as a consecutive 12-month period in which an employee has 1,000 or more hours of service. The Plan excludes employees covered under collective bargaining agreements, leased employees, and consulting physicians.

Contributions

Participants may elect to make pre-tax salary deferral contributions, between 1% and 85% of their eligible compensation on each separate payroll period, as specified in the Plan. Pre-tax salary deferral contributions cannot exceed the amount allowable under Section 415 of the Internal Revenue Code (IRC). Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants also may contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants also may make after-tax Roth 401(k) deferral contributions. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Company may make discretionary profit sharing contributions as determined annually by the Company's board of directors. The Company's profit sharing contribution is allocated to participants based on a pre-determined formula, as defined by the Plan, depending on whether the Plan is top heavy or not. For the year ended December 31, 2021, the Company made a \$1,965,743 profit sharing contribution to the Plan.

(continued)

LAKEVIEW CLINIC, LTD. RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

1. Plan Description – (continued)

Contributions (continued)

The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3% of eligible compensation and their contributions invested in a commingled investment as specified by the Plan until changed by the participant.

Participant Accounts

Each participant's account is credited with the participant's contribution and the Company's contributions, as well as allocations of plan earnings. Discretionary contributions are allocated in the same proportion that each participant's eligible compensation bears to the total eligible compensation of all participants based on a pre-determined formula, as defined by the Plan, depending on whether the Plan is top heavy or not. Participant accounts are charged with plan losses and an allocation of administrative expenses that are paid by the Plan. Plan earnings and losses are allocated based on 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.

Vesting

Participants are always 100% vested in all contributions.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 and up to a maximum of the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the vested balance in the participant's account. Loan terms range from one to five years. Only one loan is permitted to be outstanding at any time. The loan interest rate is set at prime rate plus 1%. The prime rate was 3.25% at December 31, 2021 and 2020. Interest rates on outstanding loans range from 4.25% to 6.50% at December 31, 2021. Principal and interest are paid ratably through payroll deductions. The loans mature at various dates through October 2026.

Pursuant to the CARES Act, as implemented by the Plan, Plan participants could elect to defer loan repayments that occurred between March 27, 2020 and December 31, 2020 for up to one year. Also pursuant to the CARES Act, the available loan amount increased to the lesser of \$100,000 or 100% of the participant's vested account balance. The ability to request to defer loan repayments and increase in loan amount available under the CARES Act ceased as of December 31, 2020.

Normal Retirement

Normal retirement age is 65, although actual payment of benefits may generally not begin until the participant is entitled to a distribution under terms of the Plan.

(continued)

LAKEVIEW CLINIC, LTD. RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

1. Plan Description – (continued)

Payment of Benefits

A participant or a participant's beneficiary is entitled to 100% of the account balance in the event of permanent disability or death, or their vested balance at retirement. In addition, participants may obtain hardship withdrawals, as defined by the Plan. Pursuant to the SECURE Act enacted, effective operationally January 1, 2020, the age at which required minimum distributions must begin was increased from 70½ to 72. Vested benefits that exceed \$5,000, exclusive of any rollover contributions, are distributed either in a single lump-sum payment or installments over a period not more than the participant's life expectancy. Vested benefits of \$5,000 or less, exclusive of any rollover contributions, are distributed in a single lump-sum as soon as practicable after the event occurs that entitles a participant to a distribution. Participants may elect to receive the distribution in cash or rollover to an IRA or to another qualified plan. If no election is made, vested benefits between \$1,000 and \$5,000 automatically roll over to an IRA selected by the plan administrator, and vested benefits of \$1,000 or less are distributed in a lump sum as cash.

Forfeitures

There were no forfeited nonvested accounts at December 31, 2021 and 2020.

Termination

Although the Company has not expressed any intent to do so, it has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA.

2. The Plan and Summary of Significant Accounting Policies –

Basis of Accounting

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

Use of Estimates

The preparation of the financial statements, in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that may affect certain amounts and disclosures in the financial statements and accompanying notes. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investment committee determines the Plan's valuation policies utilizing information provided by the investment advisers, trustees/custodians and insurance company. See Note 4 for a 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. Realized gains and losses related to sales of investments are recorded on a trade-date basis, and unrealized gains and losses are recorded based on the fair value as of the end of the plan year. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

(continued)

LAKEVIEW CLINIC, LTD. RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

2. The Plan and Summary of Significant Accounting Policies – (continued)

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. No allowance for credit losses has been recorded as of December 31, 2021 and 2020. Delinquent participant loans are recorded as distributions on the basis of the terms of the plan agreement.

Payment of Benefits

Benefits paid to participants are recorded when paid. There were no benefits requested before year-end that were not paid.

Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. 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. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

3. Certified Investments –

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Investments and notes receivable from participants held at December 31, 2021 and 2020, and investment income, including interest on notes receivable from participants, for the year ended December 31, 2021 that is disclosed in the accompanying financial statements and supplemental schedule, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by BMO and Matrix, the trustees/custodians, of the Plan. BMO and affiliates are collectively referred to as BMO, and Matrix and affiliates are collectively referred to as Matrix.

LAKEVIEW CLINIC, LTD. RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

4. 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) and the lowest priority to unobservable inputs (Level 3). 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded. Investments in certain restricted common stocks are valued at the quoted market price of the issuer's unrestricted common stock less an appropriate discount. If a quoted market price for unrestricted common stock of the issuer is not available, restricted common stocks are valued at a multiple of current earnings less an appropriate discount. The multiple chosen is consistent with multiples of similar companies based on current market prices.

Money market: Valued at the net asset value (NAV) of shares held by the Plan at year end. NAV is derived by the quoted prices reported on the active market on which the individual funds are traded.

Corporate bonds, municipal bonds, and U.S. Treasuries/U.S. Federal agencies: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Exchange traded funds: Valued at the daily closing price as reported by the fund. These funds are required to publish their daily NAV and to transact at that price. The funds held by the Plan are deemed to be actively traded.

(continued)

LAKEVIEW CLINIC, LTD. RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

4. Fair Value Measurements – (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2021 and 2020.

Assets at Fair Value as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Commingled investments				
Common stock	\$ 46,432,020	\$ -	\$ -	\$ 46,432,020
Municipal bonds	-	6,943,700	-	6,943,700
U.S. Treasuries/Federal agencies	-	11,583,544	-	11,583,544
Exchange traded funds	62,490,880	-	-	62,490,880
Self-directed accounts				
Money market	20,002	-	-	20,002
Common stock	-	-	50,000	50,000
Investments at fair value	<u>\$ 108,942,902</u>	<u>\$ 18,527,244</u>	<u>\$ 50,000</u>	<u>\$ 127,520,146</u>

Assets at Fair Value as of December 31, 2020				
	Level 1	Level 2	Level 3	Total
Commingled investments				
Money market	\$ -	\$ 10,947,474	\$ -	\$ 10,947,474
Common stock	42,672,084	-	-	42,672,084
Municipal bonds	-	7,271,403	-	7,271,403
Corporate bonds	-	203,674	-	203,674
U.S. Treasuries/Federal agencies	-	11,162,103	-	11,162,103
Exchange traded funds	40,781,499	-	-	40,781,499
Self-directed accounts				
Money market	-	16,733	-	16,733
Common stock	1,429,125	-	100,000	1,529,125
U.S. Treasuries/Federal agencies	-	618,068	-	618,068
Municipal bonds	-	108,067	-	108,067
Investments at fair value	<u>\$ 84,882,708</u>	<u>\$ 30,327,522</u>	<u>\$ 100,000</u>	<u>\$ 115,310,23</u>

The following table presents qualitative information about Level 3 fair value measurements as of December 31, 2021 and 2020:

	Fair Value as of December 31, 2021	Fair Value as of December 31, 2020	Valuation Technique	Unobservable Input	Range
Common stock in closely held company	\$ 50,000	\$ 100,000	Market approach	Recent stock sale	90 – 110%

One investment for an original cost of \$50,000 was written down during 2021 to a \$0 fair value.

LAKEVIEW CLINIC, LTD. RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

5. Related-Party Transactions and Party-in-Interest Transactions –

Certain plan investments were managed by BMO. OneAmerica Retirement Services, LLC (OneAmerica) is the recordkeeper for the Plan. Compass Capital Management, Inc. is the investment advisor for the Plan. Therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan to OneAmerica were \$50,610, a portion of which were indirectly transmitted to BMO and Matrix. The plan owed \$12,244 to OneAmerica at December 31, 2021. Fees incurred by the Plan to Compass Capital Management, Inc. were \$352,187 in 2021. The plan owed \$90,747 and \$78,695 to Compass Capital Management, Inc. at December 31, 2021 and 2020, respectively.

OneAmerica provides recordkeeping services to the Plan pursuant to a services agreement with the Company. OneAmerica receives revenue sharing credits from certain investment service providers for services OneAmerica provides to those respective investments. These revenue sharing credits are used to offset certain amounts owed for administrative, recordkeeping, and other services to the Plan. OneAmerica remits any excess amounts to the Plan's trust as soon as administratively possible. Such amounts are allocated to the accounts of the participants as income. During 2021, participants received \$16,702 from the revenue sharing agreement.

6. Tax Status –

Prior to July 1, 2022, the Company adopted a volume submitter plan sponsored by BMO. The volume submitter plan sponsor obtained its latest determination letter on January 27, 2015, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. Effective July 1, 2022, the Company adopted a nonstandardized pre-approved plan sponsored by OneAmerica. The pre-approved plan obtained its latest determination letter on August 19, 2020, in which the IRS stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. Although the Plan has been amended since receiving the determination letter, the plan administrator and the plan sponsor believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan is qualified and the related trust is tax-exempt.

7. 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 statement of net assets available for benefits.

Approximately 20% and 17% of the Plan's investments were held in the Vanguard Institutional Index Fund at December 31, 2021 and 2020, respectively. As such, this is considered to be a concentration of credit risk.

In addition, it is possible that the Plan could be adversely affected in subsequent periods by future economic disruptions caused by the COVID-19 pandemic and the associated governmental responses.

8. Subsequent Events –

The Plan has evaluated subsequent events through October 14, 2022, the date at which the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

LAKEVIEW CLINIC, LTD. RETIREMENT SAVINGS PLAN

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

EIN: 41-1340895 PLAN NUMBER: 001

December 31, 2021

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current value
	ACCENTURE PLC	Common Stock	\$	2,081,041
	ALPHABET INC CL A	Common Stock		1,955,502
	CHECK POINT SOFTWARE TECHS LTD	Common Stock		1,604,448
	CHURCH & DWIGHT	Common Stock		2,003,363
	COGNIZANT TECH SOLUTNS CL. A	Common Stock		1,962,043
	CVS HEALTH CORP	Common Stock		2,018,325
	DANAHER CORP DEL	Common Stock		2,099,084
	DISNEY WALT CO	Common Stock		1,522,569
	ECOLAB INC	Common Stock		1,811,035
	EXPEDITORS INTL WASH	Common Stock		1,921,018
	FASTENAL CO	Common Stock		2,067,857
	FEDEX CORP	Common Stock		1,577,704
	FISERV INC	Common Stock		1,595,771
	ILLINOIS TOOL WORKS INC.	Common Stock		1,826,320
	INTERCONTINENTAL EXCHANGE INC	Common Stock		1,961,966
	JOHNSON & JOHNSON	Common Stock		1,727,807
	MEDTRONIC PLC	Common Stock		1,512,956
	MICROSOFT CORPORATION	Common Stock		2,088,547
	QUALCOMM	Common Stock		2,015,227
	ROPER TECHNOLOGIES INC	Common Stock		1,842,016
	SHERWIN WILLIAMS	Common Stock		2,172,827
	STRYKER CORPORATION	Common Stock		1,718,174
	THERMO FISHER SCIENTIFIC INC	Common Stock		2,035,082
	VISA INC CLASS A SHARES	Common Stock		1,615,573
	WALMART INC	Common Stock		1,695,765
	FIMM TREASURY ONLY PORTFOLIO	Exchange traded funds		7,307,456
	FIRST AM GOV OBLIG Z	Exchange traded funds		1,541,175
	BRANDES INTERNATIONAL EQUITY FUND CLASS I	Exchange traded funds		4,077,596
	DELAWARE SMALL CAP VALUE INSTL	Exchange traded funds		10,218,216
	VANGUARD INSTITUTIONAL INDEX I	Exchange traded funds		25,197,918
	VANGUARD INTERNATIONAL GROWTH INV	Exchange traded funds		4,074,403
	WASATCH SMALL CAP GROWTH INVESTOR	Exchange traded funds		10,074,116
	ARLINGTON TX TAXABLE GO PENSION BDS 1.546% DUE 08-15-30	Municipal Bond		195,856
	BALTIMORE CNTY MD TXBL 2.318% DUE 07-01-25	Municipal Bond		51,956
	CALIFORNIA ST TXBL 3.500% DUE 04-01-28	Municipal Bond		221,188
	CALIFORNIA ST TXBL-BID GROUP A 2.500% DUE 10-01-29	Municipal Bond		209,232
	CALIFORNIA ST TXBL-VARIOUS PURPOSE-BID GROUP 3.050% DUE 04-01-29	Municipal Bond		162,275

LAKEVIEW CLINIC, LTD. RETIREMENT SAVINGS PLAN

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

EIN: 41-1340895 PLAN NUMBER: 001

December 31, 2021

(Continued)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current value
	CLOVIS CA UNIF SCH DIST TXBL-REF 2.603% DUE 08-01-27	Municipal Bond		104,828
	COLUMBUS OH TXBL-SER C 2.680% DUE 04-01-27	Municipal Bond		212,306
	DESCHUTES & JEFFERSON CNTYS OR REF 1.525% DUE 05-15-30	Municipal Bond		145,013
	FAIRFAX CA ELEM SCH DIST TXBL-REF 2.000% DUE 11-01-24	Municipal Bond		101,969
	FOOTHILL-DE ANZA CA CMNTY CLGD TXBL-ELECTION 2006-SER E 2.696% DUE 08-01-29	Municipal Bond		213,202
	FREDERICK MD TXBL-REF-SER A 2.600% DUE 03-01-26	Municipal Bond		367,731
	GREEN BAY WI MET SWR DIST TXBL-REF 2.000% DUE 05-01-30	Municipal Bond		201,200
	HAMPTON TWP PA SCH DIST TXBL-REF-SER E 1.800% DUE 08-15-31	Municipal Bond		195,636
	HONOLULU CITY & CNTY HI TXBL-SER G 2.512% DUE 11-01-22	Municipal Bond		137,279
	HOUSTON TX TXBL-PUBLIC IMPT-SER B 2.440% DUE 03-01-22	Municipal Bond		762,812
	KENOSHA CNTY WI TXBL-REF-SER A 2.000% DUE 03-01-24	Municipal Bond		50,798
	KENOSHA CNTY WI TXBL-REF-SER A 2.000% DUE 03-01-27	Municipal Bond		100,799
	LAKE CNTY OHIO CMNTY COLLEGE D GO 3.000% DUE 12-01-23	Municipal Bond		103,394
	LANCASTER CNTY NE SCH DIST #1 TXBL-REF 2.000% DUE 01-15-29	Municipal Bond		101,332
	MADISON WI AREA TECH CLG TXBL-REF 2.000% DUE 03-01-28	Municipal Bond		102,299
	MCALLEN TX TXBL-CTFS OBLIG 2.691% DUE 02-15-26	Municipal Bond		158,466
	MIDWAY UT GREEN BOND 5.000% DUE 06-15-29	Municipal Bond		127,579
	MILWAUKEE CNTY WI TXBL-REF-PROM NTS-SER A 2.000% DUE 12-01-28	Municipal Bond		204,940
	MISSISSIPPI ST TXBL-SER G 3.159% DUE 11-01-25	Municipal Bond		214,172
	NORTH SAINT PAUL MN TXBL-SER A 3.000% DUE 02-01-30	Municipal Bond		108,150
	OKLAHOMA CITY OK TXBL 3.000% DUE 03-01-25	Municipal Bond		105,873
	OKLAHOMA CITY OKLA FOR ISSUES GO LTD 3.000% DUE 03-01-26	Municipal Bond		213,944
	OXFORD MI CMNTY SCHS TXBL-REF 2.000% DUE 11-01-30	Municipal Bond		99,597
	ROANOKE VA PUB IMPT REF BDS 2013B 2.727% DUE 07-15-24	Municipal Bond		52,136
	ROANOKE VA TAXABLE GO PUB IMPT REF 3.000% DUE 04-01-31	Municipal Bond		162,785
	ROCKVILLE MD TXBL-REF-SER C 1.000% DUE 06-01-27	Municipal Bond		97,543
	SANTA CLARITA CA CMNTY CLG DIS TXBL-REF 2.632% DUE 08-01-28	Municipal Bond		106,294

LAKEVIEW CLINIC, LTD. RETIREMENT SAVINGS PLAN

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

EIN: 41-1340895 PLAN NUMBER: 001

December 31, 2021

(Continued)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e) Current value
	THURSTON CNTY WA SCH DIST #111 TXBL-REF 0.550% DUE 12-01-25	Municipal Bond		97,421
	THURSTON CNTY WA SCH DIST #111 TXBL-REF 1.200% DUE 12-01-30	Municipal Bond		95,873
	TUALATIN VLY OR FIRE & RESCUE TXBL-REF 1.860% DUE 06-01-30	Municipal Bond		98,974
	WALNUT VLY CA UNIF SCH DIST TXBL-REF 1.950% DUE 08-01-24	Municipal Bond		101,659
	WASHINGTON CNTY MD TXBL-REF 2.000% DUE 07-01-23	Municipal Bond		101,916
	WAUPUN WI REF-SER A 4.000% DUE 08-01-28	Municipal Bond		117,756
	WEBSTER MASS GO ST QUALIFIED SCH BDS 3.000% DUE 03-01-26	Municipal Bond		51,898
	WESTCHESTER CNTY NY TXBL-SER B 2.500% DUE 07-01-24	Municipal Bond		310,572
	WESTCHESTER CNTY NY TXBL-SER B 2.700% DUE 07-01-25	Municipal Bond		209,726
	WSTRN WI TECH CLG DIST TXBL-REF-NEW CLEAN RENEWAL ENE 3.100% DUE 04-01-23	Municipal Bond		365,321
	FFCB NOTE 1.810% DUE 12-01-31	Government Bond		201,647
	FFCB NOTE 1.875% DUE 09-26-22	Government Bond		101,099
	FFCB NOTE 1.950% DUE 07-19-22	Government Bond		151,502
	FFCB NOTE 2.130% DUE 11-09-23	Government Bond		615,432
	FFCB NOTE 2.350% DUE 08-14-24	Government Bond		362,653
	FFCB NOTE 2.370% DUE 04-01-25	Government Bond		416,792
	FFCB NOTE 2.530% DUE 11-23-27	Government Bond		264,823
	FFCB NOTE 2.570% DUE 12-24-26	Government Bond		264,465
	FFCB NOTE 2.630% DUE 08-03-26	Government Bond		105,838
	FFCB NOTE 2.800% DUE 04-09-29	Government Bond		108,225
	FFCB NOTE 2.840% DUE 08-01-29	Government Bond		218,899
	FFCB NOTE 2.875% DUE 01-18-28	Government Bond		322,848
	FFCB NOTE 3.000% DUE 07-09-24	Government Bond		105,080
	FFCB NOTE 3.200% DUE 09-05-28	Government Bond		275,738
	FFCB NOTE 5.130% DUE 09-09-26	Government Bond		117,131
	FFCB NOTE 5.250% DUE 12-28-27	Government Bond		121,359
	US TREASURY NOTE/BOND 1.125% DUE 02-15-31	Government Bond		776,750
	US TREASURY NOTE/BOND 1.500% DUE 02-15-30	Government Bond		804,500

LAKEVIEW CLINIC, LTD. RETIREMENT SAVINGS PLAN

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

EIN: 41-1340895 PLAN NUMBER: 001

December 31, 2021

(Continued)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost**	(e)
				Current value
	US TREASURY NOTE/BOND 1.625% DUE 02-15-26	Government Bond		712,578
	US TREASURY NOTE/BOND 2.000% DUE 02-15-22	Government Bond		606,465
	US TREASURY NOTE/BOND 2.000% DUE 02-15-23	Government Bond		813,938
	US TREASURY NOTE/BOND 2.000% DUE 02-15-25	Government Bond		824,438
	US TREASURY NOTE/BOND 2.250% DUE 02-15-27	Government Bond		943,594
	US TREASURY NOTE/BOND 2.625% DUE 02-15-29	Government Bond		757,203
	US TREASURY NOTE/BOND 2.750% DUE 02-15-24	Government Bond		833,563
	US TREASURY NOTE/BOND 2.750% DUE 02-15-28	Government Bond		756,984
	Assets held in self-directed brokerage accounts	Primarily Closely Held Common Stock and Money Market		70,002
*	Participant Loans	Interest at 4.25% to 6.50% due through October 2026	\$0	332,004
				<u>\$ 127,852,150</u>
*	Party-in-interest			
**	Participant directed			

Fee Schedule and Disclosures OneAmerica

LAKEVIEW CLINIC, LTD. RETIREMENT SAVINGS PLAN (the "Plan")

This fee schedule pertains to the services ("Services") covered in the Client Agreement with Matrix Trust Company ("Matrix Trust"), and is intended as the service provider disclosure statement to fiduciaries that have the authority to enter into, extend, or renew Matrix Trust's provision of services to the Plan. If you are in receipt of this schedule and are not the responsible Plan fiduciary under 29 C.F.R. Sec. 2550.408b-2 ("408(b)(2)"), please forward this disclosure to that fiduciary's attention.

If Matrix Trust's appointment is as a directed (non-discretionary) trustee, with regard to providing services to the Plan, Matrix Trust is serving in a limited fiduciary capacity under ERISA. If Matrix Trust's appointment is not as trustee, Matrix Trust is not serving in a fiduciary capacity under ERISA except to the extent that Matrix Trust explicitly agrees to and acknowledges its fiduciary capacity.

TRUST/CUSTODY SERVICES

Annual Market Value Fees:

Plan With Total Assets of Less Than \$100MM	2 basis points (on assets other than Conditionally Accepted)
Plan With Total Assets Over \$100MM	1 basis point (on assets other than Conditionally Accepted)
Conditionally Accepted Assets ¹	15 basis points

Annual Trustee Fees: (includes custodial services)

Plans with mutual funds <u>only</u>	\$ 750 per plan
Plans with mutual funds <u>and</u> IDAs	\$ 1,500 per plan
Plans with mutual funds, IDAs and Conditionally Accepted Assets	\$ 2,500 per plan

Annual Custodian Fee	\$ 500 per plan
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DISBURSEMENT-RELATED SERVICES

One-time Check or Wire	\$ 5 each (includes Forms 1099R, 1099M, W-2)
One-time ACH Transfers	\$ 3 each (includes Forms 1099R, 1099M, W-2)
Recurring Check or ACH Transfer	\$ 3 each (includes Forms 1099R, 1099M, W-2)
Stop Payment	\$ 20 each
Form 1099 Replacement	\$ 0 each

ADDITIONAL SERVICES

Unitization Annual Fee ²	\$ 2,750 per NAV (in addition to the Annual Market Value Fees listed above)
1041 Informational Tax Letter	\$ 500 per letter
990T Preparation and Filing	\$ 1,000 per filing
ASC 820 Report	Included
Extraordinary Services	\$ 100 per hour
Termination Fee	\$ 500 per plan
Fund Service Fee Collection Services	Included - 100% pass through
Self-Directed Brokerage Account (SDBA):	
Initial Account Set-Up Fee	\$ 75 each new SDBA
Waived for TDA accounts and existing IDAs for implementation process	
Annual Account Fee @ connected broker	\$ 100 each (in addition to the Annual Market Value Fees listed above)
Waived for TD Ameritrade accounts	
Annual Account Fee @ non-connected broker	\$ 400 each (in addition to the Annual Market Values Fee listed above)

¹ Please refer to the Operational Guidelines in the Client Agreement for complete details.

² Additional fees may apply based on custodian of assets.

TERMS, CONDITIONS AND REQUIRED DISCLOSURES

The Plan's third-party administrator may impose administration fees, which are in addition to the afore-mentioned fees. The afore-mentioned fees do not include investment manager or consultant fees. The afore-mentioned fees do not include any brokerage or other sub-custodian commissions, unless otherwise noted. The afore-mentioned fees also do not include mutual fund sales charges/loads or brokerage commissions imposed by broker-dealers or mutual fund families. An applicable mutual fund prospectus or statement of additional information may provide for the waiver of plan level mutual fund sales charges/loads. In order for the fees to be included, the Plan Sponsor or the Responsible Plan Fiduciary or a person identified by the Plan Sponsor or the Responsible Plan Fiduciary to act as the Authorized Person (the "Authorized Person") may be required to complete additional documentation. The afore-mentioned fees also do not include real estate appraisal fees, annual inspection costs, insurance premiums or other like costs associated with any real property that may be held in the account.

The fees listed in the Trust/Custody Services section are charged on a per plan basis and include:

- Electronically transmitted transactions • Asset transfer and set-up in one account per plan
- Quarterly and annual statement (maximum of two duplicate sets) • Proxy delivery to the Responsible Plan Fiduciary or other designated party
- Wire receipts for employer and employee contributions and master note loan repayments (if applicable)
- Interest, dividend, and capital gains posting; processing of capital changes (splits, reorganizations, etc.)

Additional fees may be charged for:

- Extraordinary services • Checks received with insufficient funds • Overnight mailing (\$25 per mailing)

Fees are billed quarterly in arrears directly to OneAmerica. Asset based fees will be calculated utilizing a daily average balance for the invoice period. To the extent Matrix Trust fees are paid by the account, the fees represent direct compensation paid to Matrix Trust. To the extent that Matrix Trust fees are paid by OneAmerica or the Plan Sponsor and not reimbursed by plan assets, the fees do not represent direct or indirect compensation paid to Matrix Trust for purposes of 408(b)(2). Matrix Trust fees outstanding for more than 90 days from the billing date may be deducted directly from the account.

I. INDIRECT COMPENSATION

Matrix Trust may receive indirect compensation in connection with Services:

- in the form of "float" income, and
- through its affiliate(s) and/or other parties as described below, and to the extent applicable, with respect to Investment Related Administrative Fee Services, Brokerage Accounts, Retirement Cash Account, ModelTool(K)it™, Level Compensation Services, ETF Trading Services, ETF/Closed End Fund Trading Services, Stale Dated Check Services, and Proceeds of Corrective Transactions.

A. CASH SUB-ACCOUNTING SERVICES/FLOAT INCOME

Matrix Trust also provides sub-accounting services to certain banking institutions, with respect to cash held on a short-term basis in their omnibus accounts. With respect to the Plan, this may occur where, for example, Plan funds are awaiting investment, distribution or other processing. As described below under the section titled: "Matrix Trust - Float Disclosure for Employee Benefit Plans," Matrix Trust may derive compensation from the use of this short-term cash, which is referred to as "float income." Currently, Matrix Trust has arrangements with two banks – JP Morgan Chase and TD Bank – under which the banks pay float income to Matrix Trust in exchange for its sub-accounting services. Float income is reflected as an earnings credit or service fee on monthly bank invoices.

The exact amount of float income credited from these two banks to Matrix Trust cannot be described in precise terms, because the rate of float income paid fluctuates over time (it generally tracks the Federal Funds Rate), and it is also impossible to predict exactly how much Plan cash will be held on a short-term basis, and for how long. Please refer to the section below titled "Matrix Trust - Float Disclosure for Employee Benefit Plans" for more information.

B. MATRIX TRUST - FLOAT DISCLOSURE FOR EMPLOYEE BENEFIT PLANS**1. Additional Compensation Attributable to Float**

Matrix Trust may derive compensation from the use of cash held on behalf of client plans pending investment, distribution or other processing. This compensation is referred to as "float". The disclosures contained in the following paragraphs have been prepared in accordance with U.S. Department of Labor guidance contained in Field Assistance Bulletin 2002-3 concerning service provider float disclosure obligations to employee benefit plan customers.

In connection with Matrix Trust's provision of services to plan customers, Matrix Trust maintains various banking arrangements to facilitate movements of cash as necessary to process plan customer transactions, including arrangements with one or more banks. Under these arrangements, cash may be held in general or "omnibus" bank accounts established by or at the direction of Matrix Trust, pending investment, trade settlement, or the presentment of distribution checks for payment. These accounts generate float earnings for Matrix Trust. The proportionate share of those earnings attributable to the funds of a particular plan constitutes compensation that is paid by the plan and retained by Matrix Trust in connection with Matrix Trust's services and is in addition to any other fees or compensation payable under the service arrangement.

As of the date of this disclosure, Matrix Trust's only banking arrangements described above are with JPMorgan Chase, N.A. and TD Bank, N.A, both of which are unaffiliated institutions to Matrix Trust.

The paragraphs below describe the specific circumstances under which float will be earned and retained, the time frames applicable to float earnings periods, and a general description of the rate of float earnings.

2. Circumstances and Time Frames During Which Float May Be Earned

a) Contributions

Plans direct cash contributions to Matrix Trust through a demand deposit account Matrix Trust maintains for that purpose. Matrix Trust credits the amount of a plan's cash contribution to the plan's Matrix Trust account ("**Client Account**") on the business day it is received. If the Client Account uses a cash sweep, the cash contribution is swept from the demand deposit account and invested on the plan's behalf on the next business day. Matrix Trust earns float on the cash contribution between the business day of deposit and the next business day. A "business day" is a day on which the New York Stock Exchange is open for business.

If a Client Account does not use a cash sweep, Matrix Trust earns float on the cash contribution from the business day of deposit until Matrix Trust receives investment instructions from the plan and the investment transaction settles. Upon Matrix Trust's receipt of investment instructions in good order, settlement of mutual fund trades generally occurs within one business day and settlement of individual securities trades (*i.e.*, stocks and bonds) generally occurs within three business days.

b) Purchases of Securities for the Client Account

When Matrix Trust receives instructions, in good order and in accordance with prescribed procedures, to purchase a security for a Client Account, Matrix Trust places the purchase trade order that same business day if the instructions are received prior to Matrix Trust trading cut-off times. If instructions are received after the Matrix Trust trading cut-off times, the purchase trade order is placed on the next business day.

When Matrix Trust settles a purchase trade order for a Client Account, Client Account assets required to pay for the purchase are transferred to a demand deposit account maintained by Matrix Trust on the trade settlement date. When a purchase trade order is cancelled or rejected, the funds previously set aside to pay for the purchase are re-credited to the Client Account and either invested through the cash sweep, if applicable, or retained in the deposit account pending other investment instructions, as described above.

c) Sales of Securities for the Client Account

When Matrix Trust receives instructions, in good order and in accordance with prescribed procedures, to sell a security for a Client Account, Matrix Trust places the sale trade order that same business day if the instructions are received prior to Matrix Trust trading cut-off times. If instructions are received after the Matrix Trust trading cut-off times, the sale trade order will be placed on the next business day.

When Matrix Trust places or settles a sale trade for a Client Account, the Client Account receives the sales proceeds on the trade settlement date. If the Client Account does not use a sweep, Matrix Trust will earn float from the date Matrix Trust receives the sale settlement proceeds until Matrix Trust receives instructions to reinvest the sale proceeds as described above.

d) Payments from Client Accounts

Matrix Trust may earn float when it issues checks on behalf of plans including checks for (i) distributions to participants and/or beneficiaries, (ii) participant loan distributions, or (iii) fees paid to plan service providers. Matrix Trust does not earn float when payments or distributions are made by direct deposit (ACH) or by a federal funds wire transfer.

Matrix Trust will mail a distribution check to a plan participant or beneficiary on the payable date (the date printed on the check). On the same day, Matrix Trust debits the Client Account in the amount of the check. Matrix Trust will earn float on the amount of the check from the date the check is issued until the date the check is presented and paid.

Where Matrix Trust has been directed to establish periodic or recurring distribution checks, such payments are typically mailed to plan participants and beneficiaries prior to the payable date (for example, periodic payments are mailed six business days prior to the payable date). Matrix Trust debits the Client Account in the amount of the checks on the payable date. Matrix Trust is able to mail the checks before assets are withdrawn from the Client Account and sold because periodic distributions are of a predictable amount (generally a set dollar amount each payment cycle). Matrix Trust will only earn float on the amount of the check from the date the check is payable until the date check is presented and paid.

On a periodic basis, Matrix Trust will notify clients of outstanding periodic and lump sum distribution checks that Matrix Trust has issued. If an originally-issued check is reported lost or missing, Matrix Trust will re-issue the check upon receipt

of direction from the client and/or other authorized party to instruct on the account. If the participant or beneficiary does not negotiate the check within a reasonable time, Matrix Trust reserves the right to re-credit (redeposit) the payment to the Client Account and to invest these funds at the direction of a Client Account fiduciary, or to disburse the funds as directed or otherwise in accordance with applicable law.

3. Rate On Float Earnings

The rate at which Matrix Trust earns float over the time periods described above is generally comparable to the effective Federal Funds Rate as reported in the Wall Street Journal over the applicable time frame.

C. INVESTMENT RELATED ADMINISTRATIVE FEE SERVICES (if elected and to the extent applicable)

Where Matrix Trust has been so authorized, Matrix Trust through its affiliate and registered broker dealer, MSCS Financial Services Division of Broadridge Business Process Outsourcing, LLC ("**MSCS Financial**"), may receive fees from certain investment companies, mutual funds, stable value funds, guaranteed investment contracts, guaranteed annuity contracts and similar investment vehicles (the "**Funds**") in the form of 12b-1 fees or firm concessions (*i.e.*, finders fees), or in the form of shareholder servicing, sub-transfer agent and sub-accounting fees ("**Mutual Fund Fees**").

Matrix Trust will pass through 100% of Mutual Fund Fees to OneAmerica. The amount of such Mutual Fund Fees as paid by the Funds is subject to change at any time.

If the Plan is trading on Matrix Trust's trading platform and Mutual Fund Fees are available for the plan investment options selected for the Plan, available Mutual Fund Fees are identified on the Plan fund list in the Sub-TA and 12b-1 columns for each investment option listed and is paid by the investment provider offering the fund.

D. CERTAIN BROKERAGE ACCOUNTS (if elected and to the extent applicable)

If your Plan offers a self-directed brokerage account ("**SDBA**") option to Plan participants, SDBA balances remain subject to the services and fees described under other sections of this schedule, to the extent applicable.

Also, where the named Fiduciary of the Plan and/or its authorized representative(s) has directed Matrix Trust to establish an SDBA that is a TD Ameritrade Brokerage Account, pursuant to an agreement with TD Ameritrade, Matrix Settlement and Clearing Services, LLC ("**MSCS**") will provide account reconciliation services, account set-up and maintenance, movement of cash between the Plan's core accounts and SDBAs, and related administrative tasks. For these services and others, MSCS will receive quarterly, in arrears, an amount equal to 0.0175% (1.75 basis points) of the value of Plan assets in the TD Ameritrade SDBAs during such quarter, based on the average of the Plan assets held in the SDBAs on the last business day of each month in the applicable quarter. This rate shall apply for the calendar quarter ending March 2020 and shall decrease as follows to 0.01% (1 basis point) for the calendar quarter ending June 2020, then 0.0075% (0.75 basis points) for the calendar quarter ending September 2020, then 0.005% (0.5 basis points) for the calendar quarter ending December 2020 with subsequent quarters to be calculated at the rate of 0.00375% (0.375 basis points). **TD Ameritrade pays these fees to MSCS.**

In all cases, the fees described above do not include brokerage commissions or other fees payable to TD Ameritrade, or other SDBA provider, who are unaffiliated with Matrix Trust, MSCS and MSCS Financial.

E. RETIREMENT CASH ACCOUNT (if elected and to the extent applicable)

Matrix Trust receives fees with respect to the Retirement Cash Account, to the extent permitted by Applicable Rules, for providing services with respect to the account and the accountholders. Specifically, as provided under an agreement with JPMorgan Chase Bank, N.A. ("**JPMCB**"), Matrix Trust receives a servicing fee in exchange for providing sub-accounting and support services, processing transactions and reconciling aggregate account activity with respect to funds deposited in the Retirement Cash Account with JPMCB. The servicing fee is deducted by Matrix Trust from the total interest paid to Matrix Trust by JPMCB, and is the difference between the total interest rate paid to Matrix Trust by JPMCB and the stated interest rate paid to plan participants on their investments in the Retirement Cash Account. In other words, the servicing fees paid to Matrix Trust reduce the interest rate paid to plan participants by a corresponding amount.

At each rate of total interest paid by JPMCB (from 0.00% up to 5.00%), the share of such total interest that is credited as the "stated rate" of interest to plan participants on their Retirement Cash Account balances, and the share of such total interest that is retained by Matrix Trust as its servicing fees, are set forth under a pre-established rate table. Such servicing fees are based on the average daily deposit balances in the Retirement Cash Account. The rate of the servicing fee that Matrix Trust receives may exceed the interest rate or effective yield the depositors receive from the Retirement Cash Account. No portion of these servicing fees will reduce or offset the fees otherwise due to Matrix Trust unless required by Applicable Rules. "Applicable Rules" means all applicable federal and state laws, rules and regulations, rules of any self-regulatory organization, and the constitution and applicable rules, regulations, customs, and usages of the exchange or market and its clearinghouse. Unless stated otherwise in Schedule 1, other than the applicable fees charged on plan custody accounts, there are no separate charges, fees (other than the servicing fee described above), or commissions paid to Matrix Trust or its affiliates as a result of, or otherwise in connection with, the Retirement Cash Account.

For more specific information, the current interest rate payable at any given time will be available online at:
<https://www.broadridge.com/resource/matrix-trust-company>.

A copy of the full rate table and the current interest rate payable at any given time may be obtained by calling Matrix Trust Client Services at 888-947-3472.

Current Retirement Cash Account disclosures and rates payable are likewise available online at:
<https://www.broadridge.com/assets/pdf/broadridge-msb-retirement-cash-account.pdf>.

As of December 1, 2020, the total rate of interest being paid by JPMCB is 0.28%, and as provided in the rate table, this means that Matrix Trust's servicing fees are equal to 0.20%. However, as the total interest rate paid by JPMCB increases, the servicing fees will likewise increase, and if the total interest rate paid by JPMCB decreases, the servicing fees will likewise decrease. While the full rate table is available and accessible (as explained above), it is very voluminous. However, the following summarizes the general ranges of the stated interest rates paid to Plan participants and Matrix Trust's servicing fees at various rates of total interest, as determined under the rate table:

When the total rate of interest paid (annually) by JPMCB is between:	The stated interest rate paid to plan participants ranges from:	The servicing fees retained by Matrix Trust ranges from:
0.00% and 0.50%	0.00% and 0.13%	0.00% and 0.37%
0.51% and 1.00%	0.13% and 0.25%	0.38% and 0.75%
1.01% and 2.00%	0.26% and 0.50%	0.75% and 1.50%
2.01% and 3.00%	0.51% and 1.23%	1.50% and 1.77%
3.01% and 4.00%	1.23% and 1.90%	1.78% and 2.10%
4.01% and 5.00%	1.91% and 2.63%	2.10% and 2.37%

Based upon the total rates of interest paid by JPMCB in recent periods, and the total rates of interest that Matrix Trust generally expects that JPMCB would intend to pay in the future, a reasonable estimate of the servicing fees retained by Matrix Trust would usually be between 0% and 2.37%. However, we should emphasize that Matrix Trust cannot control or predict the total interest rates payable by JPMCB in the future, which makes it impossible to predict the rate of Servicing Fees we will receive at any given time. Therefore, to help you make a fully informed decision about whether to utilize (or continue utilizing) the Retirement Cash Account at any given time, we strongly recommend that you access the online materials or contact Matrix Trust Client Services as described above, to be provided with more detailed information.

F. MODELTOOL(K)IT™ SERVICES (if elected and to the extent applicable)

Where the named Fiduciary of the Plan and/or its authorized representative(s) has entered into an agreement to subscribe to ModelTool(k)it™ ("MTK") for the Plan, a total annual fee of 0.025% (2.5 basis points), the ModelTool(k)it™ Platform Fee, charged monthly in arrears applies to the market value of assets covered under the MTK agreement. This fee is deducted directly from the Plan account from the assets covered under the MTK agreement. Of the total fee, a third-party subcontractor of MSCS, Envestnet Retirement Services ("ERS") receives approximately (no less than) 0.02% (2.0 basis points) as its compensation for providing services detailed in the Plan's MTK agreement, and MSCS itself will retain approximately (no more than) 0.005% (0.5 basis points) for facilitating MTK as a service on the MSCS trading platform. All other applicable services and fees will continue to apply, except that if investments subject to the MTK agreement generate Mutual Fund Fees, MSCS Financial will collect such Mutual Fund Fees as compensation, but Matrix Trust will credit back Administrative Fees in an amount equal to one hundred percent (100%) of such Mutual Fund Fees to the TPA.

G. LEVEL COMPENSATION SERVICES (if elected and to the extent applicable)

Where the named Fiduciary of the Plan has engaged a broker (registered representative) whose firm utilizes the Matrix Trust Level Compensation Services, in addition to any other applicable services and fees, MSCS Financial will serve as Broker of Record for investment transactions, and will retain up to 0.02% (2 basis points) of the Plan's total assets, with such fees coming from any 12b-1 fees and shareholder servicing ("Level Compensation Fees") it collects from Funds on behalf of the broker. For certain Plans whose investment lineup pays differing compensation per investment, brokers may receive Level Compensation Fees based on an approximate weighted average ("Weighted Average") of fees paid by or on behalf of Funds. Where Weighted Average is in place, MSCS Financial may retain an overage in the amount fees received from or on behalf of the Funds. This overage amount may be an amount up to 0.05% (5 basis points) of Plan assets because Weighted Average Level Compensation Fee percentages are set by MSCS on 0.05% (5 basis point) increments. If you have engaged an investment adviser for your plan whose firm utilizes the RIA Remittance Services of the MSCS Level Compensation Services, in addition to any other applicable services and fees, MSCS will be paid a fee of up to 0.015% (1.5 basis points) of the Plan's total assets (also referenced as "Level Compensation Fees"). With respect to brokers, the Level Compensation Fees are in exchange for MSCS Financial's administrative services in collecting and distributing Level

Compensation Fees to the broker. With respect to investment advisers, the Level Compensation fees are in exchange for MSCS's administrative services in collecting from the TPA and distributing to the investment adviser the adviser's advisory fees (*i.e.*, facilitating RIA fee remittance services). Per the agreement setting forth the Level Compensation Services between MSCS and the broker-dealer or investment advisory firm, this compensation is deducted from Level Compensation Fees as received from the Plan's Funds.

H. ETF/CLOSED END FUND TRADING SERVICES (if elected and to the extent applicable)

In addition to all other applicable services and fees, if the Plan offers one or more exchange-traded funds ("ETFs") and/or closed end funds ("CEFs") as investment options to Plan participants, a third-party subcontractor of MSCS, Virtu Americas LLC ("**Virtu**") (formerly known as "**Knight Capital Group**" or "**KCG**") receives certain commissions for executing ETF/CEF trades processed on the MSCS trading platform (per the agreement between Matrix Trust/MSCS and the TPA). Per the agreement between Matrix Trust/MSCS and the TPA, the commissions paid to Virtu are generally deducted directly from the Plan account (*i.e.*, "netted" from the ETF/CEF trade) unless, per the agreement between Matrix Trust/MSCS and the TPA, the TPA is invoiced for such charges instead. Virtu's commission charges, as the executing ETF/CEF broker, are:

- \$0.01 per share per ETF/CEF trade received by MSCS prior to 3:00 pm Eastern Time, or one (1) hour prior to market close, with market on close execution; or
- \$0.005 per share per ETF/CEF trade processed during market hours (with pricing changing throughout the trading day).

MSCS (along with Matrix Trust and MSCS Financial) does not retain any of Virtu's commissions described above; rather, Virtu receives 100% of these additional ETF/CEF commissions. However, Virtu's commissions are in addition to, not in lieu of, all other applicable fees, including but without limitation the Administrative Fees described above under the heading "Investment Related Administrative Fee Services".

ETF/CEF trade instructions may be received by MSCS after market close. When this occurs, the transaction will be processed the following business day. Because the price of an investment may change between the receipt of instructions and the execution of instructions, a transaction may result in either a shortfall or an excess. If the transaction results in a shortfall, Matrix Trust will promptly cover the shortfall to the extent necessary to process the transaction based on the price that would have been paid or realized by the Plan had the transaction been processed on the day Matrix received instruction. If the transaction results in an excess, Matrix Trust will retain the amount of the excess in a suspense account to be applied to future shortfalls.

I. STALE DATED CHECK SERVICES

Matrix Trust provides services to assist with the resolution of Plan participants' stale dated checks, as directed by an Authorized Person. Where the named Fiduciary of the Plan and/or its authorized representative(s) has elected to utilize certain services to assist in the resolution of participant related stale dated checks, a subcontractor to Matrix Trust and MSCS, PBI Research Services, Pension Benefit Information, LLC ("**PBI**"), receives \$40 per check as direct compensation which is deducted directly from the Plan (*i.e.*, from the stale check amount). This compensation to PBI is for its services which includes conducting a search, related communications, and distributing funds to affected Plan participants. All float income to Matrix Trust will cease with respect to the stopped check from the time the check is stopped, but float income related to the period beginning with the issuance of the distribution check through the date the check was stopped will be retained by Matrix Trust.

J. PROCEEDS OF CORRECTIVE TRANSACTIONS

Matrix Trust receives investment instructions and, although rare, occasional errors in the instructions themselves or the processing of instructions may occur. The causes of such errors may include, but are not necessarily limited to, entry of an erroneous trade ("buy" vs. "sell," or vice versa), dollar amount or number of shares, incorrect identification of the security, duplication of orders (such as, instructions entered more than once), or untimely transmittal of instructions. When an error is discovered, action is taken to correct the transaction in a manner intended to avoid or minimize harm or disruption to the Plan. Because the price of an investment may change between the processing of erroneous instructions and the execution of corrective instructions, a corrective transaction may result in either a shortfall or an excess. If the error originates with Matrix Trust and the corrective transaction results in a shortfall, Matrix Trust will promptly cover the shortfall to the extent necessary to process the transaction based on the price that would have been paid or realized by the Plan had the transaction been processed as instructed. If the corrective transaction results in an excess, Matrix Trust will retain the amount of the excess in a suspense account to be applied to future shortfalls resulting from trade errors. Consistent with positions expressed by the U.S. Department of Labor, any such excess proceeds may be treated as compensation to Matrix Trust for its services. The amount of any such compensation cannot be predicted in advance, but generally is not expected to be material over time.

II. NON-MONETARY COMPENSATION

Matrix Trust and MSCS Financial maintain policies that place limits on the circumstances under which gifts, travel and entertainment may be accepted by employees. **Other than for modest gifts given or received in the normal course of business, employees are not permitted to receive gifts from clients and vendors.** Under the 408(b)(2) regulation, a service provider's acceptance of these non-monetary items may involve the receipt of indirect compensation from a plan where the value attributable to the plan, on a pro rata

basis, exceeds \$250 over the term of the plan's contract with the service provider. In light of the policies, Matrix Trust does not anticipate that the value of any such non-monetary items will approach the \$250 threshold with respect to the plan.

III. MISCELLANEOUS

Matrix Trust reserves the right to decline acceptance of any Plan assets not discussed during the original account acceptance process. Matrix Trust reserves the right to amend this fee schedule at any time with a 30 day advance written notice to the Plan Sponsor, or such other time period as specified within the Client Agreement covering the Services.

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

DATE December 31, 2021

SPONSOR: Lakeview Clinic, LTD.

EIN: 41-1340895

PLAN NUMBER: 001

NAME: Lakeview Clinic, LTD. Retirement Savings Plan

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	ARLINGTON TX TAXABLE GO PENSION BDS 1.546% DUE 08-15-30	MUNICIPAL BONDS	**	195,856
	BALTIMORE CNTY MD TXBL 2.318% DUE 07-01-25	MUNICIPAL BONDS	**	51,956
	CALIFORNIA ST TXBL 3.500% DUE 04-01-28	MUNICIPAL BONDS	**	221,188
	CALIFORNIA ST TXBL-BID GROUP A 2.500% DUE 10-01-29	MUNICIPAL BONDS	**	209,232
	CALIFORNIA ST TXBL-VARIOUS PURPOSE-BID GROUP 3.050% DUE 04-01-29	MUNICIPAL BONDS	**	162,275
	CLOVIS CA UNIF SCH DIST TXBL-REF 2.603% DUE 08-01-27	MUNICIPAL BONDS	**	104,828
	COLUMBUS OH TXBL-SER C 2.680% DUE 04-01-27	MUNICIPAL BONDS	**	212,306
	DESCHUTES & JEFFERSON CNTYS OR REF 1.525% DUE 05-15-30	MUNICIPAL BONDS	**	145,013
	FAIRFAX CA ELEM SCH DIST TXBL-REF 2.000% DUE 11-01-24	MUNICIPAL BONDS	**	101,969
	FOOTHILL-DE ANZA CA CMNTY CLGD TXBL-ELECTION 2006-SER E 2.696% DUE 08-01-29	MUNICIPAL BONDS	**	213,202
	FREDERICK MD TXBL-REF-SER A 2.600% DUE 03-01-26	MUNICIPAL BONDS	**	367,731
	GREEN BAY WI MET SWR DIST TXBL-REF 2.000% DUE 05-01-30	MUNICIPAL BONDS	**	201,200
	HAMPTON TWP PA SCH DIST TXBL-REF-SER E 1.800% DUE 08-15-31	MUNICIPAL BONDS	**	195,636
	HONOLULU CITY & CNTY HI TXBL-SER G 2.512% DUE 11-01-22	MUNICIPAL BONDS	**	137,279
	HOUSTON TX TXBL-PUBLIC IMPT-SER B 2.440% DUE 03-01-22	MUNICIPAL BONDS	**	762,812
	KENOSHA CNTY WI TXBL-REF-SER A 2.000% DUE 03-01-24	MUNICIPAL BONDS	**	50,798
	KENOSHA CNTY WI TXBL-REF-SER A 2.000% DUE 03-01-27	MUNICIPAL BONDS	**	100,799
	LAKE CNTY OHIO CMNTY COLLEGE D GO 3.000% DUE 12-01-23	MUNICIPAL BONDS	**	103,394
	LANCASTER CNTY NE SCH DIST #1 TXBL-REF 2.000% DUE 01-15-29	MUNICIPAL BONDS	**	101,332
	MADISON WI AREA TECH CLG TXBL-REF 2.000% DUE 03-01-28	MUNICIPAL BONDS	**	102,299
	MCALLEN TX TXBL-CTFS OBLIG 2.691% DUE 02-15-26	MUNICIPAL BONDS	**	158,466
	MIDWAY UT GREEN BOND 5.000% DUE 06-15-29	MUNICIPAL BONDS	**	127,579
	MILWAUKEE CNTY WI TXBL-REF-PROM NTS-SER A 2.000% DUE 12-01-28	MUNICIPAL BONDS	**	204,940
	MISSISSIPPI ST TXBL-SER G 3.159% DUE 11-01-25	MUNICIPAL BONDS	**	214,172
	NORTH SAINT PAUL MN TXBL-SER A 3.000% DUE 02-01-30	MUNICIPAL BONDS	**	108,150
	OKLAHOMA CITY OK TXBL 3.000% DUE 03-01-25	MUNICIPAL BONDS	**	105,873
	OKLAHOMA CITY OKLA FOR ISSUES GO LTD 3.000% DUE 03-01-26	MUNICIPAL BONDS	**	213,944
	OXFORD MI CMNTY SCHS TXBL-REF 2.000% DUE 11-01-30	MUNICIPAL BONDS	**	99,597
	ROANOKE VA PUB IMPT REF BDS 2013B 2.727% DUE 07-15-24	MUNICIPAL BONDS	**	52,136
	ROANOKE VA TAXABLE GO PUB IMPT REF 3.000% DUE 04-01-31	MUNICIPAL BONDS	**	162,785
	ROCKVILLE MD TXBL-REF-SER C 1.000% DUE 06-01-27	MUNICIPAL BONDS	**	97,543
	SANTA CLARITA CA CMNTY CLG DIS TXBL-REF 2.632% DUE 08-01-28	MUNICIPAL BONDS	**	106,294
	THURSTON CNTY WA SCH DIST #111 TXBL-REF 0.550% DUE 12-01-25	MUNICIPAL BONDS	**	97,421
	THURSTON CNTY WA SCH DIST #111 TXBL-REF 1.200% DUE 12-01-30	MUNICIPAL BONDS	**	95,873
	TUALATIN VLY OR FIRE & RESCUE TXBL-REF 1.860% DUE 06-01-30	MUNICIPAL BONDS	**	98,974
	WALNUT VLY CA UNIF SCH DIST TXBL-REF 1.950% DUE 08-01-24	MUNICIPAL BONDS	**	101,659
	WASHINGTON CNTY MD TXBL-REF 2.000% DUE 07-01-23	MUNICIPAL BONDS	**	101,916
	WAUPUN WI REF-SER A 4.000% DUE 08-01-28	MUNICIPAL BONDS	**	117,756
	WEBSTER MASS GO ST QUALIFIED SCH BDS 3.000% DUE 03-01-26	MUNICIPAL BONDS	**	51,898
	WESTCHESTER CNTY NY TXBL-SER B 2.500% DUE 07-01-24	MUNICIPAL BONDS	**	310,572
	WESTCHESTER CNTY NY TXBL-SER B 2.700% DUE 07-01-25	MUNICIPAL BONDS	**	209,726
	WSTRN WI TECH CLG DIST TXBL-REF-NEW CLEAN RENEWAL ENE 3.100% DUE 04-01-23	MUNICIPAL BONDS	**	365,321
	US TREASURY NOTE/BOND 1.625% DUE 02-15-26	GOVERNMENT BONDS	**	712,578
	US TREASURY NOTE/BOND 2.000% DUE 02-15-22	GOVERNMENT BONDS	**	606,465
	US TREASURY NOTE/BOND 2.000% DUE 02-15-23	GOVERNMENT BONDS	**	813,938
	US TREASURY NOTE/BOND 2.000% DUE 02-15-25	GOVERNMENT BONDS	**	824,438
	US TREASURY NOTE/BOND 2.250% DUE 02-15-27	GOVERNMENT BONDS	**	943,594
	US TREASURY NOTE/BOND 2.625% DUE 02-15-29	GOVERNMENT BONDS	**	757,203
	US TREASURY NOTE/BOND 2.750% DUE 02-15-24	GOVERNMENT BONDS	**	833,563
	US TREASURY NOTE/BOND 2.750% DUE 02-15-28	GOVERNMENT BONDS	**	756,984
	FFCB NOTE 1.810% DUE 12-01-31	GOVERNMENT BONDS	**	201,648
	FFCB NOTE 1.875% DUE 09-26-22	GOVERNMENT BONDS	**	101,099
	FFCB NOTE 1.950% DUE 07-19-22	GOVERNMENT BONDS	**	151,502
	FFCB NOTE 2.130% DUE 11-09-23	GOVERNMENT BONDS	**	615,432
	FFCB NOTE 2.350% DUE 08-14-24	GOVERNMENT BONDS	**	362,653
	FFCB NOTE 2.370% DUE 04-01-25	GOVERNMENT BONDS	**	416,792
	FFCB NOTE 2.530% DUE 11-23-27	GOVERNMENT BONDS	**	264,823
	FFCB NOTE 2.570% DUE 12-24-26	GOVERNMENT BONDS	**	264,465
	FFCB NOTE 2.630% DUE 08-03-26	GOVERNMENT BONDS	**	105,838
	FFCB NOTE 2.800% DUE 04-09-29	GOVERNMENT BONDS	**	108,225
	FFCB NOTE 2.840% DUE 08-01-29	GOVERNMENT BONDS	**	218,899

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	FFCB NOTE 2.875% DUE 01-18-28	GOVERNMENT BONDS	**	322,848
	FFCB NOTE 3.000% DUE 07-09-24	GOVERNMENT BONDS	**	105,080
	FFCB NOTE 3.200% DUE 09-05-28	GOVERNMENT BONDS	**	275,738
	FFCB NOTE 5.130% DUE 09-09-26	GOVERNMENT BONDS	**	117,131
	FFCB NOTE 5.250% DUE 12-28-27	GOVERNMENT BONDS	**	121,359
	US TREASURY NOTE/BOND 1.125% DUE 02-15-31	GOVERNMENT BONDS	**	776,750
	US TREASURY NOTE/BOND 1.500% DUE 02-15-30	GOVERNMENT BONDS	**	804,500
	BRANDES INTERNATIONAL EQUITY FUND CLASS I	MUTUAL FUND	**	4,077,596
	DELAWARE SMALL CAP VALUE INSTL	MUTUAL FUND	**	10,218,216
	FEDERATED GOVERNMENT OBLIGATIONS FUND	MUTUAL FUND	**	20,002
	FIMM TREASURY ONLY PORTFOLIO	MUTUAL FUND	**	7,307,456
	FIRST AM GOV OBLIG Z	MUTUAL FUND	**	1,541,178
	VANGUARD INSTITUTIONAL INDEX I	MUTUAL FUND	**	25,197,918
	VANGUARD INTERNATIONAL GROWTH INV	MUTUAL FUND	**	4,074,403
	WASATCH SMALL CAP GROWTH INVESTOR	MUTUAL FUND	**	10,074,116
	ACCENTURE PLC	STOCK	**	2,081,041
	ALPHABET INC CL A	STOCK	**	1,955,502
	CHECK POINT SOFTWARE TECHS LTD	STOCK	**	1,604,448
	CHURCH & DWIGHT	STOCK	**	2,003,363
	COGNIZANT TECH SOLUTNS CL. A	STOCK	**	1,962,043
	CVS HEALTH CORP	STOCK	**	2,018,325
	DANAHER CORP DEL	STOCK	**	2,099,084
	DISNEY WALT CO	STOCK	**	1,522,569
	ECOLAB INC	STOCK	**	1,811,035
	ETOUCHMENU INC	STOCK	**	50,000
	EXPEDITORS INTL WASH	STOCK	**	1,921,018
	FASTENAL CO	STOCK	**	2,067,857
	FEDEX CORP	STOCK	**	1,577,704
	FISERV INC	STOCK	**	1,595,771
	ILLINOIS TOOL WORKS INC.	STOCK	**	1,826,320
	INTERCONTINENTAL EXCHANGE INC	STOCK	**	1,961,966
	JOHNSON & JOHNSON	STOCK	**	1,727,807
	MEDTRONIC PLC	STOCK	**	1,512,956
	MICROSOFT CORPORATION	STOCK	**	2,088,547
	QUALCOMM	STOCK	**	2,015,227
	ROPER TECHNOLOGIES INC	STOCK	**	1,842,016
	SHERWIN WILLIAMS	STOCK	**	2,172,827
	STRYKER CORPORATION	STOCK	**	1,718,174
	THERMO FISHER SCIENTIFIC INC	STOCK	**	737,300
	THERMO FISHER SCIENTIFIC INC	STOCK	**	1,297,782
	VISA INC CLASS A SHARES	STOCK	**	1,615,573
	WALMART INC	STOCK	**	1,695,767
	LOANS TO VARIOUS PARTICIPANTS	INTEREST RATE RANGE: 4.25% - 6.50%	**	332,004

** Cost omitted for participant directed accounts