

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
---	---	---

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>SACRAMENTO ENT MEDICAL GROUP INC. PROFIT SHARING 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>004</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1996</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>94-1693523</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>916-736-6670</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>004</u>	1c Effective date of plan <u>01/01/1996</u>		2b Employer Identification Number (EIN) <u>94-1693523</u>		2c Plan Sponsor's telephone number <u>916-736-6670</u>		2d Business code (see instructions) <u>621111</u>	
1b Three-digit plan number (PN) ▶	<u>004</u>										
1c Effective date of plan <u>01/01/1996</u>											
2b Employer Identification Number (EIN) <u>94-1693523</u>											
2c Plan Sponsor's telephone number <u>916-736-6670</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>SACRAMENTO EAR NOSE AND THROAT SURGICAL AND MEDICAL GROUP INC</u> <u>1111 EXPOSITION BLVD., BLDG. 700</u> <u>SACRAMENTO, CA 95815</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	JEFF DUDLEY
	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	196
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)	149
a(2) Total number of active participants at the end of the plan year		6a(2)	132
b Retired or separated participants receiving benefits.....		6b	19
c Other retired or separated participants entitled to future benefits		6c	36
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	187
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	187
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	187
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	27
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2G 2J 2K 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>1</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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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	B Three-digit plan number (PN)	004
SACRAMENTO ENT MEDICAL GROUP INC. PROFIT SHARING PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
SACRAMENTO EAR NOSE AND THROAT SURGICAL AND MEDICAL GROUP INC		
94-1693523		

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
--------	---	--

1 Coverage Information:

(a) Name of insurance carrier
STANDARD INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	811710	187	01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 312203**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 474275**c** Additions: (1) Contributions deposited during the year **7c(1)** -3995(2) Dividends and credits..... **7c(2)**(3) Interest credited during the year..... **7c(3)** 5711(4) Transferred from separate account..... **7c(4)**(5) Other (specify below)..... **7c(5)** 52163

▶ TRANSFER FROM TRUST, FORFEITURE

(6) Total additions **7c(6)** 53879**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 528154**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier..... **7e(2)** 3(3) Transferred to separate account..... **7e(3)**(4) Other (specify below)..... **7e(4)** 215948

▶ TRANSFERRED TO TRUST

(5) Total deductions **7e(5)** 215951**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 312203

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 SACRAMENTO ENT MEDICAL GROUP INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 SACRAMENTO EAR NOSE AND THROAT SURGICAL AND MEDICAL GROUP INC	D Employer Identification Number (EIN) 94-1693523	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

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

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

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

STANCORP

93-1253576

(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?
12 15 18	RECORDKEEPER	28552	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAPFINANCIAL PARTNERS, LLC

26-0058143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	27599	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROYAL ALLIANCE ASSOCIATES, INC

93-0987232

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	23256	Yes ☐ No ☒	Yes ☐ No ☐		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)

BENEFIT RESOURCES, INC.

68-0198481

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	TPA	6329	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SCHWAB

25-1838406

(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	CUSTODY	0	Yes ☒ No ☐	Yes ☒ No ☐	3942	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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 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 SACRAMENTO ENT MEDICAL GROUP INC. PROFIT SHARING PLAN				B Three-digit plan number (PN) ▶ 004	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SACRAMENTO EAR NOSE AND THROAT SURGICAL AND MEDICAL GROUP INC				D Employer Identification Number (EIN) 94-1693523	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: COHEN & STEERS U.S. REALTY FUND					
b Name of sponsor of entity listed in (a): COHEN & STEERS COLLECTIVE INVESTMENT TRUST					
c EIN-PN 46-3411346-064		d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 110350		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e		

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 <u>SACRAMENTO ENT MEDICAL GROUP INC. PROFIT SHARING PLAN</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ►</td> <td style="width:20%; text-align: center;"><u>004</u></td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>	B Three-digit plan number (PN) ►	<u>004</u>		
B Three-digit plan number (PN) ►	<u>004</u>				
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SACRAMENTO EAR NOSE AND THROAT SURGICAL AND MEDICAL GROUP INC</u>	D Employer Identification Number (EIN) <u>94-1693523</u>				

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	124211	10285
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	913738	1144651
(2) Participant contributions.....	1b(2)	85473	4000
(3) Other	1b(3)	44120	28905
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	705291	510841
(2) U.S. Government securities	1c(2)	7332449	6067517
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	20021
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	595664	0
(B) Common	1c(4)(B)	6237731	8433670
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	50050	0
(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)	13497955	17545898
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	474275	312203
(15) Other.....	1c(15)		

		(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	30060957 34077991
Liabilities			
g	Benefit claims payable	1g	600 0
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	1000 500
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	1600 500
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	30059357 34077491

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)	1146751
	(B) Participants	2a(1)(B)	962836
	(C) Others (including rollovers).....	2a(1)(C)	0
(2)	Noncash contributions.....	2a(2)	0
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	2109587
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	3290
	(B) U.S. Government securities	2b(1)(B)	145025
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	28905
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	177220
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	20427
	(B) Common stock	2b(2)(B)	149203
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	713376
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	883006
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	5582102
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	5034524
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	547578
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	511628
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	511628

		(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)		799779
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5028798
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	828237	
(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)		828237
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)		
(2) Contract administrator fees.....	2i(2)	85736	
(3) Investment advisory and management fees.....	2i(3)	96691	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		182427
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1010664
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		4018134
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: WILLIAMS AND OLDS CPAS

(2) EIN: 01-0560759

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☐ 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.
---	--	---

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan SACRAMENTO ENT MEDICAL GROUP INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 SACRAMENTO EAR NOSE AND THROAT SURGICAL AND MEDICAL GROUP INC	D Employer Identification Number (EIN) 94-1693523

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 20-3619658 33-6134835		
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 _____



**FINANCIAL STATEMENTS AND
REPORT OF INDEPENDENT
CERTIFIED PUBLIC ACCOUNTANTS**

**SACRAMENTO ENT
MEDICAL GROUP, INC. 401(k)
PROFIT SHARING PLAN**

December 31, 2021 and 2020

**SACRAMENTO ENT MEDICAL GROUP, INC. 401(k)
PROFIT SHARING PLAN**

TABLE OF CONTENTS

	<u>Page</u>
REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS.....	1
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Plan Benefits	4
Statements of Changes in Net Assets Available for Plan Benefits.....	5
Notes to the Financial Statements	6
REQUIRED SUPPLEMENTAL INFORMATION	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year).....	15



REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

**The Plan Trustees
Sacramento ENT Medical Group, Inc.
401(k) Profit Sharing Plan**

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

We have performed an audit of the accompanying financial statements of Sacramento ENT Medical Group, Inc. 401(k) Profit Sharing 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 (collectively referred to as the "financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution). Management has obtained a certification from a qualified institution as of December 31, 2021, and for the year then ended, stating that the certified investment information, as described in Note H 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 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion 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 audit. 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 for one year after the date that 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 for 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 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America. Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America. We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Other Matters – Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2021 (referred to as the “supplemental schedule”), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information. In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental 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 financial statements of the Plan as of and for the year ended December 31, 2020. 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 investment information certified by a qualified institution. In our report dated October 12, 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 those financial statements, and (b) the form and content of the information included in those financial statements other than that derived from the certified investment information, were presented in compliance with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.



Sacramento, California
October 14, 2022

**SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
As of December 31, 2021 and 2020**

	<u>2021</u>	<u>2020</u>
ASSETS:		
Cash and cash equivalents	\$ 438,098	\$ 471,381
Investments:		
Investments at fair value	32,150,134	28,071,970
Investments at contract value	<u>312,203</u>	<u>474,275</u>
Total investments	<u>32,462,337</u>	<u>28,546,245</u>
Receivables:		
Employer contributions	1,144,651	913,738
Participant contributions	4,000	85,473
Interest and dividend income receivable	<u>28,905</u>	<u>44,120</u>
Total receivables	<u>1,177,556</u>	<u>1,043,331</u>
TOTAL ASSETS	34,077,991	30,060,957
LIABILITIES:		
Other payables	<u>500</u>	<u>1,600</u>
TOTAL LIABILITIES	<u>500</u>	<u>1,600</u>
NET ASSETS AVAILABLE FOR BENEFITS	\$ <u>34,077,491</u>	\$ <u>30,059,357</u>

See accompanying notes to the financial statements.

SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ADDITIONS:		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 1,858,985	\$ 2,708,897
Interest and dividends	1,060,226	761,446
Total investment income	<u>2,919,211</u>	<u>3,470,343</u>
Contributions:		
Employer	1,146,751	873,738
Participants	962,836	923,970
Rollover	-	7,610
Total contributions	<u>2,109,587</u>	<u>1,805,318</u>
TOTAL ADDITIONS	5,028,798	5,275,661
DEDUCTIONS:		
Deductions from net assets attributed to:		
Benefits paid to participants	828,237	397,563
Administrative expenses	<u>182,427</u>	<u>126,665</u>
TOTAL DEDUCTIONS	<u>1,010,664</u>	<u>524,228</u>
NET INCREASE IN NET ASSETS	4,018,134	4,751,433
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>30,059,357</u>	<u>25,307,924</u>
End of year	<u>\$ 34,077,491</u>	<u>\$ 30,059,357</u>

See accompanying notes to the financial statements.

SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE A - DESCRIPTION OF THE PLAN

The following description of the Sacramento ENT Medical Group, Inc. 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

General: The plan is a defined contribution plan covering all full-time employees of the Company and its wholly owned subsidiaries who have one year of service, minimum age 21, and minimum 1,000 hours of service annually. The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). All investments are participant directed.

Contributions: The Plan allows for employee salary deferrals up to IRS limits. The IRS imposes limits on the amount participants can contribute as salary deferrals during a calendar year. For 2021 and 2020, the maximum deferral limit is \$19,500 and \$19,000, respectively. In addition, if participants are at least age 50 by December 31 of the calendar year, they also may make a special catch-up contribution in addition to the maximum deferral limit described above. For 2021 and 2020, the catch-up contribution limit is \$6,500 and \$6,000, respectively.

Effective January 1, 2019, the Plan was amended to a Safe Harbor plan. The Company will make a Safe Harbor employer contribution at 3% of eligible compensation. The Plan also allows for Company discretionary profit sharing contributions. Participants direct the investment of their contributions as well as employer contributions into various investment options offered by the Plan. Additional profit sharing amounts may be contributed at the option of the Company's board of directors. The Company made safe harbor contributions of \$362,497 and profit-sharing contributions of \$784,254 to the plan, totaling \$1,146,751 for the year ended December 31, 2021. The Company made safe harbor contributions of \$350,052 and profit-sharing contributions of \$523,686 to the plan, totaling \$873,738 for the year ended December 31, 2020. Contributions are subject to certain IRS limitations.

Funding Policy: Company profit sharing contributions to the Plan are voluntary and at the discretion of the Company's Board of Directors, with the exception of the safe harbor contribution. Company contributions for any plan year may not exceed 20% of an eligible participant's compensation, subject to certain limitations. Employee contributions are permitted. The Company's profit sharing contributions comply with the minimum funding requirements of ERISA.

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

Vesting: Participants are vested immediately in the safe harbor contribution and their salary reduction contributions plus actual earnings thereon. Upon termination for any reason other than death, disability or retirement, a participant shall be entitled to a portion of his account balance derived from profit sharing contributions in accordance with the following vesting schedule:

SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE A - DESCRIPTION OF THE PLAN - Continued

<u>Years of Service</u>	<u>Vested percent</u>
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Participants are credited with a year of vesting service for each year in which they work at least 1,000 hours. A participant shall be entitled to 100% of their account balance derived from qualified non elective employer contributions and related rollover contributions.

Payment of Benefits: Upon termination of employment, participants with vested account balances less than \$5,000 will receive their distribution in a lump sum as soon as administratively feasible. If upon termination of employment with a vested account balance that exceeds \$5,000, the Plan will commence distributions to the participant in the manner elected by the participant and allowed by the Plan. On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or annual installment amounts equal to the participant's vested interest in his or her account.

Investment Options: Upon enrollment in the Plan, participants may direct his or her contributions in any increments to the investment options of their choice.

Forfeited Accounts: Forfeited non-vested accounts totaled \$36,525 and \$29,844 for the years ended December 31, 2021 and 2020, respectively. These accounts will be used to reduce the future employer contributions. Employer contributions were reduced by \$20,000 and \$40,000 for the years ended December 31, 2021 and 2020, respectively, from forfeited non-vested accounts.

NOTE B - SUMMARY OF ACCOUNTING POLICIES

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

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of Estimates: The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Such estimates relate primarily to the valuation of investments not traded on an established market. Actual results could differ from those estimates.

SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE B - SUMMARY OF ACCOUNTING POLICIES - Continued

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

Cash Equivalents: All highly liquid investments with a maturity of six months or less are considered to be cash equivalents.

Investments Valuation and Income Recognition: Investments are reported at fair value, except for fully-benefit responsive investment contracts. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note C for discussion of fair value measurements.

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

Payment of Benefits: Benefits are recorded when paid.

Expenses: Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Investment related expenses are included in the net appreciation of fair value of investments.

NOTE C – FAIR VALUE MEASUREMENTS

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal market for the asset or liability in an orderly transaction between market participants on the measurement date. U.S. GAAP establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

U.S. GAAP prescribes three levels of inputs that may be used to measure fair value:

Level 1 - Quoted prices in active markets for identical assets or liabilities, which are considered to be most reliable.

Level 2 - Observable market-based inputs or unobservable inputs that are corroborated by market data.

Level 3 - Unobservable inputs reflecting the reporting entity's own assumptions, which require the most judgment.

**SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE C - FAIR VALUE MEASUREMENTS - Continued

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.

Corporate stocks and exchange-traded funds: Valued at closing price reported on the active market in which the individual securities are traded.

Certificates of deposit and money market funds: Valued at cost plus accrued interest which approximates fair value due to the short-term nature of these investments.

Registered investment companies: Valued at the daily closing price as reported by the fund. Registered investment companies held by the Plan are open-ended and closed-ended funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Collective investment fund: Valued at the net asset value or equivalent based on units of the collective investment fund. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is generally based on the fair value of the underlying investments held by the collective investment fund less its liabilities. This practical expedient is not used when it is determined to be probable that the collective investment fund will sell the investment for an amount different than the reported NAV.

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

**SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE C - FAIR VALUE MEASUREMENTS - Continued

The following table sets 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
Self-directed brokerage accounts:				
Corporate common stock	\$ 8,423,208	\$ -	\$ -	\$ 8,423,208
Corporate preferred stock	735,701	-	-	735,701
Corporate debt	-	20,021	-	20,021
Exchange-traded funds	2,037,263	-	-	2,037,263
Government securities	-	670,874	-	670,874
Money market funds	-	573,767	-	573,767
Registered investment companies	13,541,078	-	-	13,541,078
	\$ 24,737,250	\$ 7,302,534	\$ -	\$ 32,039,784
Investments measured at NAV (a)				110,350
Total Investments at Fair Value				\$ 32,150,134

Assets at Fair Value as of December 31, 2020				
	Level 1	Level 2	Level 3	Total
Self-directed brokerage accounts:				
Corporate common stock	\$ 6,237,731	\$ -	\$ -	\$ 6,237,731
Corporate preferred stock	595,664	-	-	595,664
Certificates of deposit	-	257,350	-	257,350
Exchange-traded funds	1,026,622	-	-	1,026,622
Government securities	-	7,332,449	-	7,332,449
Money market funds	-	100,771	-	100,771
Registered investment companies	12,471,333	-	-	12,471,333
	\$ 20,331,350	\$ 7,690,570	\$ -	\$ 28,021,920
Investments measured at NAV (a)				50,050
Total Investments at Fair Value				\$ 28,071,970

(a) In accordance with Subtopic 820-10 as amended by ASU 2015-07, certain investments that were measured at NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

**SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

NOTE C - FAIR VALUE MEASUREMENTS - Continued

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as of December 31, 2021 and 2020:

As of December 31, 2021

<u>Investment</u>	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Collective investment fund	\$ 110,350	-	Daily	Daily

As of December 31, 2020

<u>Investment</u>	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Collective investment fund	\$ 50,050	-	Daily	Daily

NOTE D - GUARANTEED INVESTMENT CONTRACT

The Plan offers the option to invest in a guaranteed annuity contract with Standard Insurance Company (The Standard) called the Standard Stable Asset Fund A ("SSAF A") with key features:

1. Contract value represents contributions made, less withdrawals and administrative expenses, plus interest credited. Daily liquidity at contract value is available for participant contributions and withdrawals.
2. The plan's SSAF A's contract value is a general liability against Standard Insurance Company on the plan's behalf.
3. There are no particular segregated or identifiable assets of Standard Insurance Company ascribed to the plan's SSAF A.

The Standard believes that, within a retirement plan, contract value is an appropriate measurement for the plan's SSAF A for reporting and financial statement purposes, and that contract value approximates fair value.

Contract value represents contributions made, less withdrawals and administrative expenses, plus interest credited. Net deposits invested in the SSAF A become part of Standard Insurance Company's general account, and there are no particular segregated or identifiable assets ascribed to the plan's investment. Net deposits and interest credited become liabilities against Standard Insurance Company on the plan's behalf. Daily liquidity is available for participant contributions and withdrawals at contract value regardless of market conditions. Contract value is guaranteed by the full faith and credit of Standard Insurance Company; there are no wrap contracts supporting the liquidity of the fund. The fund is neither a mutual fund nor a bank product. Standard Insurance Company's obligations are not insured by the FDIC or any other federal government agency.

SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE D - GUARANTEED INVESTMENT CONTRACTS - Continued

Crediting rates for the plan's SSAF A are set by Standard Insurance Company using a process similar to that used by banks or other insurance companies for similar products. They quarterly declare a crediting rate for all assets in the fund during the coming quarter. This crediting rate takes into account yield forecasts from their asset advisory group and the margins required for their business. The crediting rate is declared in advance and is reset quarterly. The fund's declared crediting rate will never be below 1 percent annually. Management approval is required for all crediting rates. The fund's NAV increases with the daily equivalent of the crediting rate and the plan's unit value increases along with the fund's NAV offset by the plan's asset management fees. Past crediting rates are not indicative of future rates. As an asset in a retirement plan, the plan's SSAF A provides participants with liquidity at contract value for daily transactions including transfers between funds. The Standard believes contract value is an appropriate measurement for the plan's SSAF A for reporting and financial statement purposes, and contract value approximates fair value.

Other information:

- Daily liquidity is available for participant contributions and withdrawals at contract value regardless of market conditions. These transactions are valued at the fund's NAV, which is established through the inputs described above.
- Certain events may limit the ability of the plan to transact at contract value. Such events include termination of the contract, spin-offs, divestitures, layoffs, corporate relocation, partial or total plan terminate on, retirement incentive programs, and the liberalization of plan withdrawal or transfer rules. Upon occurrence of any of these events, a market value adjustment or other withdrawal restrictions may apply. The plan sponsor may choose to pay the market value adjustment directly, if applicable, so that participants' contract values are not affected. If the plan sponsor views the occurrence of any of these events as probable as of the measurement date, details about market value adjustments or other withdrawal restrictions can be obtained through the plan's account manager.
- The Standard may terminate the contract with 30 days advance written notice to the contract owner for reasonable cause, which includes the contract owner's failure to abide by state or federal law, failure to render performance necessary to comply with the terms of the contract, failure to maintain assets of at least \$25,000, plan disqualification, and failure to adopt the plan in a reasonable period of time. Upon termination by The Standard, a market value adjustment or other withdrawal restrictions may apply. The plan sponsor may choose to pay the market value adjustment directly, if applicable, so that participants' contract values are not affected.
- The Standard's position is that the average yield earned by the entire fund and the actual interest rate credited to participants are the same. When considering the plan's SSAF A's crediting rate, the yield earned on assets in Standard Insurance Company's general account is not relevant. The crediting rate is part of The Standard's obligation to the plan, no matter how The Standard's assets perform. There are no particular segregated or identifiable assets ascribed to the plan's SSAF A.

SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE E - RELATED PARTY TRANSACTIONS

Standard Insurance Company, a third-party administrator, manages a group annuity investment contract. Investment transactions in these investments are considered to be exempt party-in-interest transactions under the Department of Labor's rules and regulations. Certain administrative functions of the Plan are performed by officers or employees of the Company. No such officers or employee receives compensation from the Plan.

NOTE F - PLAN TERMINATION

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

NOTE G - RISKS AND UNCERTAINTIES

The Plan may invest in various types of 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 plan benefits.

NOTE H - CERTIFIED INVESTMENTS

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2021 and 2020, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2021, was obtained by management and agreed to or derived from information certified as complete and accurate by Standard Insurance Company (the trustee of the Plan).

NOTE I - TAX STATUS

The Plan has been reviewed by the Internal Revenue Service by a letter dated March 31, 2014, under a volume submitter program and has been determined to be acceptable under Section 401(a) of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the trustees of the Plan and the Plan administrator believe that the Plan is being operated in compliance with the applicable provisions of the Internal Revenue Code; therefore, no provision for income taxes has been included in the accompanying financial statements.

NOTE J - SUBSEQUENT EVENTS

In preparing the financial statements, the Plan has evaluated subsequent events and transactions that occurred after the balance sheet date through October 14, 2022, the date that the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

**SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN**

**EIN# 94-1693523
PLAN #004**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Schedule H, Line 4i
As of 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
	ABBOTT LABORATORIES	Common Stock	**	65,726
	ABBOTT LABORATORIES: ABT	Common Stock	**	37,578
	ABBVIE INC	Common Stock	**	67,835
	ABBVIE INC	Common Stock	**	58,357
	ACCENTURE PLC IRELAND CL A NEW	Common Stock	**	58,452
	ADOBE INC	Common Stock	**	34,591
	AIR PRODS & CHEMICALS	Common Stock	**	21,298
	AIR PRODUCTS & CHEMICALS INC	Common Stock	**	79,108
	ALIBABA GROUP HOLDING LIMITED	Common Stock	**	687,437
	ALPHABET INC CL A	Common Stock	**	20,279
	ALPHABET INC CL C	Common Stock	**	31,829
	ALPHABET INC. CLASS A	Common Stock	**	66,632
	ALPHABET INC. CLASS C	Common Stock	**	83,914
	AMAZON.COM INC	Common Stock	**	20,006
	AMAZON.COM INC.	Common Stock	**	83,359
	AMERICAN TOWER CORP NEW	Common Stock	**	43,583
	ANNALY CAP MGMT INC	Common Stock	**	28,348
	APPLE INC	Common Stock	**	41,196
	APPLE INC.	Common Stock	**	75,645
	AUTOMATIC DATA PROCESSING INC	Common Stock	**	63,864
	BERKSHIRE HATHAWAY INC CL B NEW	Common Stock	**	12,857
	BERKSHIRE HATHAWAY INC. B	Common Stock	**	374,049
	BEST BUY COMPANY INC	Common Stock	**	31,496
	BLACKROCK INC	Common Stock	**	71,414
	BLACKSTONE GROUP INC.	Common Stock	**	47,486
	BROADCOM INC	Common Stock	**	100,477
	BYD COMPANY LIMITED SHS H	Common Stock	**	260,034
	CHEVRON CORP	Common Stock	**	45,649
	CISCO SYSTEMS INC	Common Stock	**	69,263
	CITIZEN FINL GROUP INC: CFG	Common Stock	**	33,784
	COMCAST CORP CL A NEW	Common Stock	**	28,386
	CORNING INC	Common Stock	**	22,077
	COSTCO WHOLESALE CO.	Common Stock	**	37,468
	CROWN CASTLE INTL CO	Common Stock	**	50,515
	CROWN CASTLE INTL CORP NEW	Common Stock	**	67,632
	DAILY JOURNAL CORP	Common Stock	**	367,432
	DFAQX	Common Stock	**	219,745
	DFFVX	Common Stock	**	7,782

**SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN**

**EIN# 94-1693523
PLAN #004**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Schedule H, Line 4i
As of 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
	DFGBX	Common Stock	**	343,670
	DIAGEO PLC F SPONSORED ADR: DEO	Common Stock	**	25,316
	EATON CORP PLC	Common Stock	**	39,403
	ELI LILLY & CO	Common Stock	**	59,111
	EVERSOURCE ENERGY	Common Stock	**	19,015
	EXXON MOBILE CORP.	Common Stock	**	453,296
	HERSHEY CO	Common Stock	**	25,151
	HOME DEPOT INC	Common Stock	**	122,843
	HOME DEPOT INC.	Common Stock	**	44,821
	HONEYWELL INTL INC	Common Stock	**	17,723
	ILLINOIS TOOL WORKS	Common Stock	**	31,837
	ILLINOIS TOOL WORKS INC	Common Stock	**	37,514
	INTL BUSINESS MACHINES	Common Stock	**	415,683
	INTUIT INC	Common Stock	**	31,518
	JOHNSON & JOHNSON	Common Stock	**	28,569
	JPMORGAN CHASE & CO	Common Stock	**	93,268
	KLA CORP	Common Stock	**	11,183
	KRAFT HEINZ COMPANY (KHC)	Common Stock	**	324,931
	LOCKHEED MARTIN CORP	Common Stock	**	36,963
	MARSH & MCLENNAN COS INC	Common Stock	**	59,620
	MASTERCARD INC CL A	Common Stock	**	24,074
	MCDONALDS CORP	Common Stock	**	54,686
	MEDTRONIC PLC	Common Stock	**	55,346
	MERCK & COMPANY INC NEW	Common Stock	**	87,216
	META PLATFORMS INC CL A	Common Stock	**	27,244
	META PLATFORMS INC CLASS A	Common Stock	**	14,799
	MICROSOFT CORP.	Common Stock	**	61,210
	MICROSOPFT CORP	Common Stock	**	141,927
	MONDELEZ INTERNATIONAL INC CL A	Common Stock	**	77,384
	NEXTERA ENERGY INC	Common Stock	**	92,240
	NEXTERA ENERGY INC.	Common Stock	**	30,435
	NIKE INC CL B	Common Stock	**	23,334
	NUCOR CORP: NUE	Common Stock	**	49,085
	PAYCHEX INC	Common Stock	**	54,191
	PAYPAL HOLDINGS INC	Common Stock	**	25,835
	PENNYMAC MTG INVT TR	Common Stock	**	28,681
	PEPSICO INC	Common Stock	**	78,343

**SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN**

EIN# 94-1693523
PLAN #004

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Schedule H, Line 4i
As of 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
	PFIZER INC: PFE	Common Stock	**	23,856
	PHILLIPS 66	Common Stock	**	14,347
	PNC FINANCIAL SERVICES GROUP INC	Common Stock	**	49,929
	PROCTER & GAMBLE	Common Stock	**	29,772
	PROCTER & GAMBLE CO	Common Stock	**	79,336
	PROLOGIS INC	Common Stock	**	55,727
	QUALCOMM INC	Common Stock	**	64,736
	QUALCOMM INC.	Common Stock	**	115,574
	REALTY INCM CORP	Common Stock	**	32,573
	REALTY INCOME CORP	Common Stock	**	40,735
	S&P GLOBAL INC.	Common Stock	**	30,204
	SEMPRA	Common Stock	**	42,859
	STARBUCKS CORP	Common Stock	**	56,263
	STARBUCKS CORP.	Common Stock	**	70,065
	STRYKER CORP	Common Stock	**	25,672
	TAIWAN SEMICONDUCTR F SPONSORED AI	Common Stock	**	79,525
	TARGET CORP.	Common Stock	**	51,611
	TEXAS INSTRUMENTS INC	Common Stock	**	91,973
	TRACTOR SUPPLY CO	Common Stock	**	14,793
	U S BANCORP DE NEW	Common Stock	**	31,792
	UNION PACIFIC CORP.	Common Stock	**	32,751
	UNITED PARCEL SERVCIES INC CL B	Common Stock	**	45,226
	UNITEDHEALTH GROUP INC	Common Stock	**	14,562
	VERIZON COMMUNICATIONS INC	Common Stock	**	20,368
	VERIZON COMMUNICATN	Common Stock	**	38,087
	VISA INC CL A	Common Stock	**	29,039
	VISA INC. CLASS A	Common Stock	**	36,841
	WABASH NATL CORP.	Common Stock	**	49,015
	WASTE MANAGEMENT INC.	Common Stock	**	34,715
	WEC ENERGY GROUP INC	Common Stock	**	30,480
	WELLS FARGO	Common Stock	**	426,734
				8,423,208
	CITIGROUP INC 3.875%: 172967MV0	Government Securities	**	20,021
	DFIEX	Government Securities	**	164,195
	DFISX	Government Securities	**	2,473
	DFLVX	Government Securities	**	40,113

**SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN**

EIN# 94-1693523
PLAN #004

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Schedule H, Line 4i
As of 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
	DFQTX	Government Securities	**	134,274
	DFSHX	Government Securities	**	157,351
	DFSVX	Government Securities	**	1,512
	DISVX	Government Securities	**	68,298
	DURPX	Government Securities	**	66,892
	FDIC INSURED DEPOSIT ACCOUNT	Government Securities	**	6,118
	U.S. TRSY INFLATION NTE 01.15.2025	Government Securities	**	187,633
	U.S. TRSY INFLATION NTE 07.15.2029	Government Securities	**	181,749
	US TSY 0% 04/21/2022	Government Securities	**	279,938
	US TSY 0%04/21/2022	Government Securities	**	144,968
	US TSY 1.375% 08/50	Government Securities	**	30,647
	US TSY 1.375% 08/50	Government Securities	**	22,766
	US TSY 1.625% 11/50	Government Securities	**	31,652
	US TSY 1.625% 11/50	Government Securities	**	12,102
	US TSY 1.875% 02/51	Government Securities	**	66,288
	US TSY 1.875% 02/51	Government Securities	**	45,511
	US TSY 2% 02/50	Government Securities	**	75,122
	US TSY 2% 02/50	Government Securities	**	52,788
	US TSY 2% 08/51	Government Securities	**	53,008
	US TSY 2% 08/51	Government Securities	**	36,698
	US TSY 2.25% 08/49	Government Securities	**	31,044
	US TSY 2.25% 08/49	Government Securities	**	18,198
	US TSY 2.5% 02/46	Government Securities	**	118,118
	US TSY 2.5% 02/46	Government Securities	**	73,962
	US TSY 2.5% 05/46	Government Securities	**	99,450
	US TSY 2.5% 05/46	Government Securities	**	60,775
	US TSY 2.75% 08/47	Government Securities	**	33,740
	US TSY 2.75% 11/47	Government Securities	**	20,953
	US TSY 2.75% 11/47	Government Securities	**	43,070
	US TSY 2.875% 05/49	Government Securities	**	22,877
	US TSY 2.875% 05/49	Government Securities	**	12,041
	US TSY 3% 02/48	Government Securities	**	86,631
	US TSY 3% 02/48	Government Securities	**	50,026
	US TSY 3% 02/49	Government Securities	**	68,810
	US TSY 3% 02/49	Government Securities	**	34,405
	US TSY 3% 05/42	Government Securities	**	56,790
	US TSY 3% 05/45	Government Securities	**	21,521

**SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN**

EIN# 94-1693523
PLAN #004

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Schedule H, Line 4i
As of 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
	US TSY 3% 05/45	Government Securities	**	23,913
	US TSY 3% 08/48	Government Securities	**	81,928
	US TSY 3% 08/48	Government Securities	**	68,478
	US TSY 3.125 08/44	Government Securities	**	87,356
	US TSY 3.125% 02/42	Government Securities	**	120,344
	US TSY 3.125% 02/43	Government Securities	**	72,291
	US TSY 3.125% 02/43	Government Securities	**	90,363
	US TSY 3.125% 08/44	Government Securities	**	139,527
	US TSY 3.5% 02/39	Government Securities	**	500,812
	US TSY 3.5% 02/39	Government Securities	**	325,528
	US TSY 3.5% 02/39	Government Securities	**	313,008
	US TSY 3.625% 02/44	Government Securities	**	78,047
	US TSY 3.625% 08/43	Government Securities	**	19,448
	US TSY 3.625% 08/43	Government Securities	**	44,083
	US TSY 3.75 11/43	Government Securities	**	13,209
	US TSY 3.75% 11/43	Government Securities	**	30,382
	US TSY 4.25% 05/39	Government Securities	**	546,069
	US TSY 4.25% 05/39	Government Securities	**	194,340
	US TSY 4.25% 11/40	Government Securities	**	34,492
	US TSY 4.25% 11/40	Government Securities	**	27,594
	US TSY 4.5% 05/38	Government Securities	**	69,758
	US TSY 4.5% 05/38	Government Securities	**	191,136
	US TSY 4.5% 08/39	Government Securities	**	28,194
	US TSY 4.625% 02/40	Government Securities	**	121,882
	US TSY 4.625% 02/40	Government Securities	**	98,940
	US TSY 4.625% 02/40	Government Securities	**	88,902
	UST BOND 1.625% 11/50	Government Securities	**	17,688
	UST BOND 1.875% 02/51	Government Securities	**	48,479
	UST BOND 2% 02/50	Government Securities	**	45,682
	UST BOND 2% 08/51	Government Securities	**	25,484
	UST BOND 2.25% 08/49	Government Securities	**	24,621
	UST BOND 2.5% 02/46	Government Securities	**	58,507
	UST BOND 2.5% 05/46	Government Securities	**	58,565
	UST BOND 2.75% 11/47	Government Securities	**	23,282
	UST BOND 3% 02/48	Government Securities	**	48,807
	UST BOND 3% 02/49	Government Securities	**	51,608
	UST BOND 3% 05/45	Government Securities	**	13,152

**SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN**

EIN# 94-1693523
PLAN #004

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Schedule H, Line 4i
As of 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
	UST BOND 3.125% 05/48	Government Securities	**	29,985
	UST BOND 3.125% 08/44	Government Securities	**	70,371
	UST BOND 3.625% 02/44	Government Securities	**	45,528
	UST BOND 3.75% 11/43	Government Securities	**	22,456
				<u>6,728,767</u>
	DFAPX	Money Market	**	179,645
	DFCEX	Money Market	**	140,789
	DFGEX	Money Market	**	170,305
	DREYFUS GOVT INSTL FD	Money Market	**	57,327
	MONEY MARKET/ SCHWAB ADVANTAGE	Money Market	**	25,701
				<u>573,767</u>
	GOLDMAN SACHS GROUP	Preferred Stock	**	99,177
	GOLMAN SACHS	Preferred Stock	**	50,860
	MORGAN STANLEY	Preferred Stock	**	50,200
	MORGAN STANLEY	Preferred Stock	**	97,890
	NUVEEN PREFERRED	Preferred Stock	**	70,954
	TRUIST FINANCIAL	Preferred Stock	**	51,500
	TRUIST FINANCIAL CORP	Preferred Stock	**	66,337
	TRUIST FINANCIAL CORP	Preferred Stock	**	100,425
	ZIONS	Preferred Stock	**	50,291
	ZIONS BANCORP	Preferred Stock	**	98,067
				<u>735,701</u>
	AMER EURO PAC GRTH	Registered Investment Company	**	68,663
	AMER FUNDS NEW	Registered Investment Company	**	23,888
	AMER NEW WORLD	Registered Investment Company	**	34,053
	AMERICAN EURO PACIFIC	Registered Investment Company	**	276,902
	AMERICAN FUNDS NEW	Registered Investment Company	**	98,044
	AMERICAN NEW WORLD	Registered Investment Company	**	137,751
	AMERICAN SMALLCAP WORLD	Registered Investment Company	**	16,221
	AMERICAN SMALLCAP WORLD	Registered Investment Company	**	65,008
	BLACKROCK STRAT INCOME OPP	Registered Investment Company	**	126,228
	BLACKROCK STRATEGIC	Registered Investment Company	**	95,981
	CAPITAL WORK BOND CL F2	Registered Investment Company	**	39,753
	COLUMBIA DIVIDEND INCOME	Registered Investment Company	**	17,522

SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN

EIN# 94-1693523
PLAN #004

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Schedule H, Line 4i
As of 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
	COLUMBIA DIVIDEND INCOME	Registered Investment Company	**	72,698
	EATON VANCE FLOATING	Registered Investment Company	**	136,375
	EATON VANCE FLOATING RATE CL I	Registered Investment Company	**	85,646
	EDGEWOOD GROWTH	Registered Investment Company	**	55,060
	EDGEWOOD GROWTH FUND	Registered Investment Company	**	13,052
	FPA NEW INCOME	Registered Investment Company	**	88,430
	JP MORGAN EQUITY INCOME	Registered Investment Company	**	17,280
	JP MORGAN EQUITY INCOME	Registered Investment Company	**	71,077
	JPMORGAN CORE BOND CL I	Registered Investment Company	**	152,892
	PGIM HIGH YIELD CL Z	Registered Investment Company	**	60,261
	PIMCO INCOME FUND CL 12	Registered Investment Company	**	126,270
	PIMCO INCOME FUND CL 12	Registered Investment Company	**	96,118
	TCW TOTAL RETURN	Registered Investment Company	**	89,774
	TCW TOTAL RETURN BOND	Registered Investment Company	**	126,076
	THORNBURG LTD TERM INCOME CL I	Registered Investment Company	**	57,383
	TORTOISE ENERGY INFRA CORP	Registered Investment Company	**	41,880
	TORTOISE NORTH AMERICAN	Registered Investment Company	**	56,464
	WESTERN ASSET CORE BOND CL I	Registered Investment Company	**	107,236
	WESTERN ASSET CORP BOND	Registered Investment Company	**	125,220
	WESTERN ASSET CORPORATE	Registered Investment Company	**	92,854
	AMERICAN FUNDS CAP WD G/I R6	Registered Investment Company	**	22,587
	AMERICAN FUNDS SMCAP WRLD R6	Registered Investment Company	**	193,392
	AMERICAN FUNDS TRGT 2015 R6	Registered Investment Company	**	107,926
	AMERICAN FUNDS TRGT 2020 R6	Registered Investment Company	**	281,238
	AMERICAN FUNDS TRGT 2025 R6	Registered Investment Company	**	1,872,234
	AMERICAN FUNDS TRGT 2030 R6	Registered Investment Company	**	1,214,298
	AMERICAN FUNDS TRGT 2035 R6	Registered Investment Company	**	1,330,006
	AMERICAN FUNDS TRGT 2040 R6	Registered Investment Company	**	643,287
	AMERICAN FUNDS TRGT 2045 R6	Registered Investment Company	**	464,251
	AMERICAN FUNDS TRGT 2050 R6	Registered Investment Company	**	692,435
	AMERICAN FUNDS TRGT 2055 R6	Registered Investment Company	**	318,544
	AMERICAN FUNDS TRGT 2060 R6	Registered Investment Company	**	163,051
	BLACKROCK TOTAL RETURN K	Registered Investment Company	**	158,187
	BRANDYWINEGLBL CORP CRDT IS	Registered Investment Company	**	206,873
	EMERGING MARKETS R1	Registered Investment Company	**	195,094
	INTERNATIONAL EQUITY R1	Registered Investment Company	**	220,063
	MFS GROWTH R6	Registered Investment Company	**	369,580

SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN

EIN# 94-1693523
PLAN #004

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Schedule H, Line 4i
As of 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
	PIMCO INCOME INSTL	Registered Investment Company	**	260,272
	T. ROWE PRICE NEW HORIZONS I	Registered Investment Company	**	255,539
	VANGUARD EQUITY-INCOME ADM	Registered Investment Company	**	562,425
	VANGUARD TOT INT STK IDX ADM	Registered Investment Company	**	393,271
	VANGUARD TOT STK MKT IDX ADM	Registered Investment Company	**	784,046
	VANGUARD TOTAL BD MKT IDX ADM	Registered Investment Company	**	160,419
				13,541,078
	CONSUMER DISCRETIONARY	Exchange-traded Funds	**	68,487
	INVESCO CLEANTECH ETF: PZD BECOME I	Exchange-traded Funds	**	35,151
	ISHARE CORE S&P 500	Exchange-traded Funds	**	42,452
	ISHARE RUSSELL 1000	Exchange-traded Funds	**	14,363
	ISHARES CORE S&P 500 ETF	Exchange-traded Funds	**	176,009
	ISHARES EDGE HIGH YIELD	Exchange-traded Funds	**	97,403
	ISHARES NASDAQ BIOTECH	Exchange-traded Funds	**	19,383
	ISHARES RUSSELL 1000	Exchange-traded Funds	**	59,284
	MATERIALS SELECT SECTOR	Exchange-traded Funds	**	11,145
	PIMCO INVEST CORP BOND IND	Exchange-traded Funds	**	112,840
	PROSHARES ULTRASHT 20 PLS YR TRSY ET	Exchange-traded Funds	**	214,334
	REAL ESTATE SELECT	Exchange-traded Funds	**	147,140
	SECTOR SPDR CONSUMERS	Exchange-traded Funds	**	11,027
	SECTOR SPDR ENERGY	Exchange-traded Funds	**	25,863
	SECTOR SPDR INDUSTRIAL	Exchange-traded Funds	**	52,059
	VANGAURD INDEX FDS	Exchange-traded Funds	**	99,556
	VANGUARD FINANCIALS	Exchange-traded Funds	**	25,398
	VANGUARD HEALTH CARE	Exchange-traded Funds	**	39,697
	VANGUARD INFO TECH	Exchange-traded Funds	**	112,710
	VANGUARD MID-CAP GRTH IDX FDS	Exchange-traded Funds	**	24,444
	VANGUARD MID-CAP VAL IDX	Exchange-traded Funds	**	34,726
	VANGUARD MID-CAP VAL IDX	Exchange-traded Funds	**	139,807
	VANGUARD SHORT-TERM	Exchange-traded Funds	**	341,560
	VANGUARD SMALL CAP	Exchange-traded Funds	**	9,863
	VANGUARD SMALL CAP	Exchange-traded Funds	**	38,323
	VANGUARD SMALL CAP VALUE	Exchange-traded Funds	**	16,991
	VANGUARD SMALL CAP VALUE	Exchange-traded Funds	**	67,248
				2,037,263

**SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN**

**EIN# 94-1693523
PLAN #004**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Schedule H, Line 4i
As of 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
	COHEN & STEERS US RLTY CIT A	Collective Investment Fund	**	<u>110,350</u>
	* STANDARD INSURANCE COMPANY	Standard Stable Asset A	**	<u>312,203</u>
				<u><u>32,462,337</u></u>

* Represents a party-in-interest to the Plan

** Cost information not required for participant directed investments

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

Name of Plan:

► Sacramento ENT Medical Group, Inc. 401(k) Profit Sharing Plan

Employer Identification Number: ► 94-1693523

For plan year (beginning/ending): ► 1/1/2021-12/31/2021

Plan number: ►

4

(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
	Certificate of Deposit	CITIGROUP INC 3.875%: 172967MV0	20,430.00	20,021.40
	Common Stock	Abbott Laboratories	43,188.58	65,725.58
	Common Stock	ABBOTT LABORATORIES: ABT	26,701.07	37,577.58
	Common Stock	Abbvie Inc	46,910.04	67,835.40
	Common Stock	ABBVIE INC	44,592.88	58,357.40
	Common Stock	Accenture PLC Ireland CL A NEW	26,701.07	58,451.55
	Common Stock	Adobe Inc	22,881.06	34,590.66
	Common Stock	AIR PRODS & CHEMICALS	17,725.63	21,298.20
	Common Stock	Air Products & Chemicals Inc	61,157.91	79,107.60
	Common Stock	Alibaba Group Holding Limited	895,927.70	687,437.73
	Common Stock	Alphabet Inc CL A	9,173.71	20,279.28
	Common Stock	Alphabet Inc CL C	14,726.31	31,829.49
	Common Stock	ALPHABET INC. CLASS A	33,927.47	66,631.92
	Common Stock	ALPHABET INC. CLASS C	45,264.32	83,914.11
	Common Stock	Amazon.com Inc	17,005.44	20,006.04
	Common Stock	AMAZON.COM INC.	65,535.22	83,358.50
	Common Stock	American Tower Corp New	33,928.45	43,582.50
	Common Stock	ANNALY CAP MGMT INC	30,504.38	28,347.50
	Common Stock	Apple Inc	18,112.01	41,196.24
	Common Stock	APPLE INC.	41,309.65	75,644.82
	Common Stock	Automatic Data Processing Inc	36,424.28	63,864.22
	Common Stock	Berkshire Hathaway Inc CL B New	7,724.65	12,857.00
	Common Stock	Berkshire Hathaway Inc. B	129,590.42	374,049.00
	Common Stock	Best Buy Company Inc	35,986.99	31,496.00
	Common Stock	Blackrock Inc	39,609.99	71,413.68
	Common Stock	BLACKSTONE GROUP INC.	21,204.54	47,486.13
	Common Stock	Broadcom Inc	47,612.21	100,476.91
	Common Stock	Byd Company Limited Shs H	13,234.23	260,034.46
	Common Stock	Chevron Corp	34,267.41	45,649.15
	Common Stock	Cisco Systems Inc	48,220.72	69,263.41
	Common Stock	CITIZEN FINL GROUP INC: CFG	34,811.06	33,783.75
	Common Stock	Comcast Corp CL A New	21,554.33	28,386.12
	Common Stock	Corning Inc	23,901.74	22,077.39
	Common Stock	COSTCO WHOLESALE CO.	21,051.30	37,468.20
	Common Stock	Crown Castle Intl Corp New	52,477.32	67,631.76
	Common Stock	Daily Journal Corp	105,105.93	367,431.90
	Common Stock	DFEQX	221,051.96	219,744.95

Common Stock	DFFVX	4,028.89	7,782.45
Common Stock	DFGBX	349,893.60	343,670.15
Common Stock	DIAGEO PLC F SPONSORED ADR: DEO	18,350.72	25,316.10
Common Stock	Eaton Corp PLC	22,811.15	39,402.96
Common Stock	Eli Lilly & Co	34,596.04	59,111.08
Common Stock	Eversource Energy	17,373.94	19,014.82
Common Stock	Exxon Mobile Corp.	245,720.77	453,295.52
Common Stock	GOLMAN SACHS	45,132.68	50,860.00
Common Stock	HERSHEY CO	19,205.71	25,151.10
Common Stock	Home Depot Inc	68,162.05	122,842.96
Common Stock	HOME DEPOT INC.	27,662.89	44,821.08
Common Stock	Honeywell Intl Inc	12,282.74	17,723.35
Common Stock	ILLINOIS TOOL WORKS	23,297.23	31,837.20
Common Stock	Illinois Tool Works Inc	24,734.00	37,513.60
Common Stock	Intl Business Machines	335,917.01	415,682.60
Common Stock	Intuit Inc	13,752.12	31,517.78
Common Stock	JOHNSON & JOHNSON	24,534.40	28,568.69
Common Stock	JPMorgan Chase & Co	55,685.13	93,268.15
Common Stock	KLA Corp	11,213.70	11,182.86
Common Stock	Kraft Heinz Company (KHC)	251,633.10	324,930.90
Common Stock	Lockheed Martin Corp	37,900.18	36,962.64
Common Stock	Marsh & McLennan COS Inc	34,075.88	59,620.26
Common Stock	Mastercard Inc CL A	18,508.58	24,074.44
Common Stock	McDonalds Corp	37,376.93	54,686.28
Common Stock	Medtronic PLC	55,192.36	55,345.75
Common Stock	Merck & Company Inc New	88,983.03	87,216.32
Common Stock	Meta Platforms Inc CL A	17,004.04	27,244.35
Common Stock	META PLATFORMS INC CLASS A	7,416.78	14,799.40
Common Stock	MICROSOFT CORP.	36,350.11	61,210.24
Common Stock	Microsopft Corp	79,200.63	141,927.04
Common Stock	Mondelez International Inc Cl A	62,311.28	77,383.77
Common Stock	MORGAN STANLEY	45,053.40	50,200.00
Common Stock	Nextera Energy Inc	59,351.45	92,239.68
Common Stock	NEXTERA ENERGY INC.	21,542.66	30,435.36
Common Stock	Nike Inc CL B	13,001.80	23,333.80
Common Stock	NUCOR CORP: NUE	40,851.25	49,084.50
Common Stock	Paychex Inc	28,311.12	54,190.50
Common Stock	Paypal Holdings Inc	19,269.95	25,835.46
Common Stock	PENNYMAC MTG INVT TR	30,526.48	28,681.15
Common Stock	Pepsico Inc	60,230.82	78,343.21
Common Stock	PFIZER INC: PFE	21,547.34	23,856.20
Common Stock	Phillips 66	13,131.39	14,347.08
Common Stock	Pnc Financial Services Group Inc	25,236.58	49,929.48
Common Stock	PROCTER & GAMBLE	22,104.71	29,771.56
Common Stock	Procter & Gamble Co	62,999.30	79,336.30
Common Stock	Prologis Inc	31,524.49	55,727.16
Common Stock	Qualcomm Inc	42,815.42	64,735.98
Common Stock	QUALCOMM INC.	68,728.76	115,573.84
Common Stock	Realty Income Corp	34,330.34	40,734.71

Common Stock	S&P GLOBAL INC.	21,187.50	30,203.52
Common Stock	Sempra	40,009.14	42,858.72
Common Stock	Starbucks Corp	36,112.09	56,262.57
Common Stock	STARBUCKS CORP.	47,146.17	70,065.03
Common Stock	Stryker Corp	17,613.52	25,672.32
Common Stock	TAIWAN SEMICONDUCTR F SPONSORE	49,187.75	79,524.91
Common Stock	TARGET CORP.	30,929.20	51,611.12
Common Stock	Texas Instruments Inc	57,363.11	91,973.36
Common Stock	Tractor Supply Co	7,932.84	14,793.20
Common Stock	TRUIST FINANCIAL	48,800.00	51,500.00
Common Stock	Truist Financial Corp	41,312.41	66,337.15
Common Stock	U S Bancorp DE New	19,334.69	31,792.22
Common Stock	UNION PACIFIC CORP.	23,390.67	32,750.90
Common Stock	United Parcel Servcies Inc CL B	41,046.83	45,225.74
Common Stock	Unitedhealth Group Inc	12,671.72	14,562.06
Common Stock	Verizon Communications Inc	21,696.67	20,368.32
Common Stock	VERIZON COMMUNICATN	41,067.00	38,086.68
Common Stock	VISA Inc CL A	23,861.53	29,039.14
Common Stock	VISA INC. CLASS A	33,486.04	36,840.70
Common Stock	Wabash Natl Corp.	18,574.62	49,014.72
Common Stock	WASTE MANAGEMENT INC.	22,380.72	34,715.20
Common Stock	WEC Energy Group Inc	28,325.08	30,479.98
Common Stock	Wells Fargo	200,732.02	426,734.12
Common Stock	CROWN CASTLE INTL CO	40,079.15	50,515.08
Common Stock	REALTY INCM CORP	26,808.57	32,573.45
Exchange-traded Funds	INVESCO CLEANTECH ETF: PZD become	29,297.41	35,150.90
Exchange-traded Funds	PROSHARES ULTRASHT 20 PLS YR TRS'	250,621.16	214,334.10
Government Securities	U.S. TRSY INFLATION NTE 01.15.2025	168,541.15	187,633.15
Government Securities	U.S. TRSY INFLATION NTE 07.15.2029	164,951.15	181,749.13
Government Securities	US Tsy 0% 04/21/2022	279,935.60	279,938.40
Government Securities	US Tsy 0%04/21/2022	144,933.30	144,968.10
Government Securities	US Tsy 1.375% 08/50	33,911.50	30,646.88
Government Securities	US Tsy 1.375% 08/50	25,158.90	22,766.25
Government Securities	US Tsy 1.625% 11/50	33,097.58	31,651.88
Government Securities	US Tsy 1.625% 11/50	12,777.21	12,102.19
Government Securities	US Tsy 1.875% 02/51	60,956.35	66,288.13
Government Securities	US Tsy 1.875% 02/51	41,962.01	45,511.25
Government Securities	US Tsy 2% 02/50	79,801.87	75,121.56
Government Securities	US Tsy 2% 02/50	59,437.78	52,788.12
Government Securities	US Tsy 2% 08/51	50,536.20	53,007.50
Government Securities	US Tsy 2% 08/51	34,976.63	36,697.50
Government Securities	US Tsy 2.25% 08/49	28,750.80	31,043.59
Government Securities	US Tsy 2.25% 08/49	16,851.26	18,197.97
Government Securities	US Tsy 2.5% 02/46	106,322.69	118,117.96
Government Securities	US Tsy 2.5% 02/46	67,689.01	73,961.72
Government Securities	Us tsy 2.5% 05/46	78,489.84	99,450.00
Government Securities	US Tsy 2.5% 05/46	47,983.20	60,775.00
Government Securities	Us Tsy 2.75% 08/47	27,917.00	33,739.69
Government Securities	US TSY 2.75% 11/47	17,358.21	20,953.13

Government Securities	US Tsy 2.75% 11/47	35,894.67	43,070.31
Government Securities	US Tsy 2.875% 05/49	19,226.27	22,877.19
Government Securities	US Tsy 2.875% 05/49	10,225.16	12,040.63
Government Securities	US Tsy 3% 02/48	69,151.72	86,631.09
Government Securities	Us tsy 3% 02/48	39,943.81	50,026.40
Government Securities	US Tsy 3% 02/49	55,347.21	68,810.00
Government Securities	US Tsy 3% 02/49	27,677.98	34,405.00
Government Securities	US Tsy 3% 05/42	47,970.24	56,790.00
Government Securities	US Tsy 3% 05/45	17,635.15	21,521.25
Government Securities	US Tsy 3% 05/45	19,667.27	23,912.50
Government Securities	US Tsy 3% 08/48	65,459.24	81,928.44
Government Securities	Us Tsy 3% 08/48	54,731.00	68,477.50
Government Securities	US Tsy 3.125 08/44	71,386.56	87,356.25
Government Securities	US Tsy 3.125% 02/42	99,687.50	120,343.75
Government Securities	US Tsy 3.125% 02/43	58,586.95	72,290.62
Government Securities	US Tsy 3.125% 02/43	73,112.85	90,363.28
Government Securities	US Tsy 3.125% 08/44	114,486.47	139,527.34
Government Securities	US Tsy 3.5% 02/39	396,750.00	500,812.48
Government Securities	US Tsy 3.5% 02/39	259,153.13	325,528.11
Government Securities	US Tsy 3.5% 02/39	227,031.25	313,007.80
Government Securities	US Tsy 3.625% 02/44	60,070.55	78,046.87
Government Securities	US Tsy 3.625% 08/43	14,561.70	19,448.44
Government Securities	US Tsy 3.625% 08/43	34,080.92	44,083.13
Government Securities	US Tsy 3.75 11/43	9,731.29	13,209.38
Government Securities	US Tsy 3.75% 11/43	22,385.44	30,381.56
Government Securities	US Tsy 4.25% 05/39	390,995.83	546,068.89
Government Securities	US Tsy 4.25% 05/39	142,842.52	194,340.31
Government Securities	US Tsy 4.25% 11/40	24,753.91	34,492.19
Government Securities	US Tsy 4.25% 11/40	19,801.56	27,593.75
Government Securities	US Tsy 4.5% 05/38	49,070.31	69,757.81
Government Securities	US Tsy 4.5% 05/38	134,500.82	191,136.40
Government Securities	US Tsy 4.5% 08/39	19,515.70	28,193.75
Government Securities	US Tsy 4.625% 02/40	84,187.28	121,882.03
Government Securities	US Tsy 4.625% 02/40	68,359.21	98,939.53
Government Securities	US Tsy 4.625% 02/40	61,408.52	88,902.18
Government Securities	UST Bond 1.625% 11/50	18,922.81	17,687.81
Government Securities	UST Bond 1.875% 02/51	24,297.14	48,479.38
Government Securities	UST Bond 2% 02/50	50,191.35	45,682.03
Government Securities	UST Bond 2% 08/51	43,768.31	25,484.38
Government Securities	UST Bond 2.25% 08/49	22,787.99	24,620.78
Government Securities	UST Bond 2.5% 02/46	46,254.92	58,507.03
Government Securities	UST Bond 2.5% 05/46	53,566.66	58,565.00
Government Securities	UST Bond 2.75% 11/47	19,302.52	23,281.25
Government Securities	UST Bond 3% 02/48	39,000.00	48,806.25
Government Securities	UST Bond 3% 02/49	41,536.66	51,607.50
Government Securities	UST Bond 3% 05/45	10,815.28	13,151.88
Government Securities	UST Bond 3.125% 05/48	22,890.00	29,985.00
Government Securities	UST Bond 3.125% 08/44	57,580.34	70,370.31
Government Securities	UST Bond 3.625% 02/44	35,067.13	45,527.34

Government Securities	UST Bond 3.75% 11/43	16,561.57	22,455.94
Money Market	BLF FEDFUND CASH RESERVE	12,887.00	12,887.00
Money Market	BLF FEDFUND CASH RESERVICE	8,015.00	8,015.00
Money Market	Dreyfus Govt Instl Fd	57,327.29	57,327.29
Money Market	Money Market/ Schwab Advantage	25,701.20	25,701.20
Money Market	Cash/ Money Market	402,651.82	402,651.82
Money Market	RJ Bank Deposit Program	8,425.20	8,425.20
Money Market	FDIC Insured Deposit Account	6,118.14	6,118.14
Preferred Stock	ZIONS	48,004.69	50,291.00
Preferred Stock	Goldman Sachs Group	83,562.70	99,177.00
Preferred Stock	Morgan Stanley	84,414.03	97,890.00
Preferred Stock	Truist Financial Corp	95,221.80	100,425.00
Preferred Stock	Zions Bancorp	94,688.21	98,067.45
Registered Investment Co	DFAPX	184,890.76	185,762.65
Registered Investment Co	DFCEX	97,485.39	140,788.95
Registered Investment Co	DFGEX	126,757.78	170,304.69
Registered Investment Co	DFIEX	114,279.16	164,194.88
Registered Investment Co	DFISX	-	2,473.40
Registered Investment Co	DFITX	0.19	0.18
Registered Investment Co	DFLVX	34,927.94	40,112.82
Registered Investment Co	DFQTX	49,303.44	134,273.95
Registered Investment Co	DFSHX	144,096.54	157,350.84
Registered Investment Co	DFSVX	-	1,511.76
Registered Investment Co	DISVX	54,897.71	68,298.38
Registered Investment Co	DURPX	44,463.77	66,892.39
Registered Investment Co	Amer Euro Pac Grth	61,664.81	68,663.39
Registered Investment Co	Amer Funds New	17,704.94	23,887.77
Registered Investment Co	Amer New World	27,163.45	34,052.67
Registered Investment Co	AMERICAN EURO PACIFIC	219,610.38	276,901.98
Registered Investment Co	AMERICAN FUNDS NEW	80,267.06	98,043.80
Registered Investment Co	AMERICAN NEW WORLD	117,256.78	137,750.83
Registered Investment Co	American Smallcap World	12,215.02	16,220.68
Registered Investment Co	AMERICAN SMALLCAP WORLD	54,401.54	65,008.11
Registered Investment Co	Blackrock Strat Income Opp	126,354.71	126,228.12
Registered Investment Co	BLACKROCK STRATEGIC	92,904.26	95,980.62
Registered Investment Co	Columbia Dividend Income	13,807.03	17,521.67
Registered Investment Co	COLUMBIA DIVIDEND INCOME	59,286.99	72,697.61
Registered Investment Co	Consumer Discretionary	35,298.95	68,487.40
Registered Investment Co	EATON VANCE FLOATING	136,840.00	136,375.09
Registered Investment Co	EDGEWOOD GROWTH	33,236.77	55,060.11
Registered Investment Co	Edgewood Growth Fund	8,788.26	13,052.41
Registered Investment Co	Ishare Core S&P 500	38,866.30	42,452.11
Registered Investment Co	Ishare Russell 1000	13,016.65	14,362.73
Registered Investment Co	ISHARES CORE S&P 500 ETF	126,680.12	176,009.31
Registered Investment Co	ISHARES EDGE HIGH YIELD	97,819.71	97,403.00
Registered Investment Co	Ishares Nasdaq Biotech	14,590.08	19,382.74
Registered Investment Co	Ishares Russell 1000	52,226.74	59,284.46
Registered Investment Co	JP Morgan Equity Income	14,352.41	17,279.95
Registered Investment Co	JP MORGAN EQUITY INCOME	54,486.53	71,077.14

Registered Investment Co	Materials Select Sector	7,918.03	11,145.03
Registered Investment Co	NUVEEN PREFERRED	71,719.00	70,954.32
Registered Investment Co	Pimco Income Fund CL 12	126,686.72	126,269.97
Registered Investment Co	PIMCO INCOME FUND CL 12	96,363.97	96,118.18
Registered Investment Co	Pimco Invest Corp Bond Ind	100,027.65	112,840.00
Registered Investment Co	REAL ESTATE SELECT	136,802.52	147,140.40
Registered Investment Co	Sector Spdr Consumers	7,586.53	11,026.73
Registered Investment Co	Sector Spdr Energy	28,572.23	25,863.00
Registered Investment Co	Sector Spdr Industrial	39,917.69	52,058.52
Registered Investment Co	TCW TOTAL RETURN	87,610.79	89,774.03
Registered Investment Co	TCW Total Return Bond	125,708.74	126,076.38
Registered Investment Co	Tortoise Energy Infra Corp	164,470.85	41,880.00
Registered Investment Co	TORTOISE NORTH AMERICAN	58,674.00	56,464.20
Registered Investment Co	VANGAURD INDEX FDS	56,668.52	99,556.42
Registered Investment Co	Vanguard Financials	19,905.75	25,397.91
Registered Investment Co	Vanguard Health Care	24,460.20	39,696.58
Registered Investment Co	Vanguard Info Tech	44,826.12	112,709.82
Registered Investment Co	Vanguard Mid-Cap Grth Idx FDS	12,868.74	24,443.52
Registered Investment Co	Vanguard Mid-Cap Val Idx	25,772.56	34,726.23
Registered Investment Co	VANGUARD MID-CAP VAL IDX	102,302.78	139,806.90
Registered Investment Co	Vanguard Short-Term	344,588.89	341,560.45
Registered Investment Co	Vanguard Small Cap	9,734.73	9,862.65
Registered Investment Co	VANGUARD SMALL CAP	36,771.17	38,323.44
Registered Investment Co	Vanguard Small Cap Value	16,085.19	16,990.75
Registered Investment Co	VANGUARD SMALL CAP VALUE	52,859.19	67,247.60
Registered Investment Co	Western Asset Corp Bond	124,178.54	125,220.21
Registered Investment Co	WESTERN ASSET CORPORATE	88,004.67	92,854.24
Registered Investment Co	Capital Work Bond CL F2	40,293.16	39,753.30
Registered Investment Co	Eaton Vance Floating Rate CL I	79,029.59	85,645.96
Registered Investment Co	FPA New Income	88,061.44	88,430.01
Registered Investment Co	JPMorgan Core Bond CL I	158,188.37	152,892.15
Registered Investment Co	PGIM High Yield CL Z	55,127.76	60,261.43
Registered Investment Co	Thornburg LTD Term Income CL I	57,708.46	57,383.44
Registered Investment Co	Western Asset Core Bond CL I	109,154.37	107,236.21
Standard Ins Co Stable Assc	Unallocated Ins Contract	312,202.59	312,202.59
Registered Investment Co	Standard Mutual Funds	10,869,017.90	10,869,017.90
Collective Investment Fund	Cohen & Steers US Tlty Cit	110,350.46	110,350.46
Total		28,522,815.55	32,900,435.31