

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☒ special extension (enter description) <u>FL HURRICANE IAN DR-4673-FL</u>
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>MEDICAL CENTER CLINIC 401(K) RETIREMENT 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>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1982</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>59-2193856</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>850-474-8000</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>002</u>	1c Effective date of plan <u>07/01/1982</u>		2b Employer Identification Number (EIN) <u>59-2193856</u>		2c Plan Sponsor's telephone number <u>850-474-8000</u>		2d Business code (see instructions) <u>621111</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>										
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2b Employer Identification Number (EIN) <u>59-2193856</u>											
2c Plan Sponsor's telephone number <u>850-474-8000</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>WEST FLORIDA MEDICAL CENTER CLINIC, P.A.</u> <u>8333 N. DAVIS HIGHWAY</u> <u>PENSACOLA, FL 32514</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.	12/29/2022	JENNIFER TAFT
	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	634
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)	310
a(2) Total number of active participants at the end of the plan year		6a(2)	282
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	297
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	579
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	579
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	579
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	26
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: 2F 2G 2J 2K 2R 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan MEDICAL CENTER CLINIC 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 WEST FLORIDA MEDICAL CENTER CLINIC, P.A.	D Employer Identification Number (EIN) 59-2193856	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

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

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

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

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	43332	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SALTMARSH CLEVELAND & GUND

900 NORTH 12TH AVENUE
PENSACOLA, FL 32501

59-2922169

(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?
10	AUDITING	11200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HANCOCK WHITNEY

64-0169065

(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	8663	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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65 71	RECORDKEEPER	-8295	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ABF SM CAP VAL R5 DST ASSET MANAGER SOLUTIONS, INC. KANSAS CITY, MO 64105	.04	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRP DIV GROWTH - T. ROWE PRICE SERV 52-2269240	.15	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ABERDEEN EMERGING MARKETS FD INSTL 1735 MARKET STREET PHILADELPHIA, PA 19103	.15	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SEVEN CANYONS WORLD INNOVATORS INVE 505 WAKARA WAY SALT LAKE CITY, UT 84108	.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ARTISAN INTL SMALL MID FUND ADVISOR 875 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202	.15	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ARTISAN DEVELOPING WORLD FD INVESTO 875 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202	.39	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ARTISAN GLOBAL OPPORTUNITIES INV 875 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202	.39	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ARTISAN INTL VALUE FUND INV CL 875 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202	.39	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARON GLOBAL ADVANTAGE FD RETAIL 767 5TH AVENUE NEW YORK, NY 10153	.40	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARON EMERGING MARKETS FUND INSTL 767 5TH AVENUE NEW YORK, NY 10153	.15	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARON EMERGING MARKETS FUND RETAIL 767 5TH AVENUE NEW YORK, NY 10153	.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COHEN & STEERS REALTY SHARES 280 PARK AVENUE NEW YORK, NY 10017	.40	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COLUMBIA DIVIDEND INCOME CL A 225 FRANKLIN ST BOSTON, MA 02110	.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DOUBLELINE TOTAL RETURN BOND FD CL 777 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202	.06	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DRIEHAUS EMERGING MARKETS 25 EAST ERIE STREET CHICAGO, IL 60611	.40	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EATON VANCE GLOBAL MACRO ABSL TE TWO INTERNATIONAL PLACE RT BOSTON, MA 02110	\$16.00	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JP MORGAN MID CAP VALUE FUND CLASS 1111 POLARIS PARKWAY COLUMBUS, OH 43240	.08	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GUGGENHEIM TOTAL RETURN BOND CL P 9601 BLACKWELL RD. ROCKVILLE, MD 20850	.40	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OAKMARK SELECT ADVISOR FUND 111 SOUTH WACKER DR CHICAGO, IL 60606	.35	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OAKMARK INTL ADVISOR FUND 111 SOUTH WACKER DR CHICAGO, IL 60606	.15	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENT INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HARTFORD WORLD BOND FUND CL Y 100 MATSONFORD RD RADNOR, PA 19087	.10	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN INCOME FUND CLASS I 1111 POLARIS PARKWAY COLUMBUS, OH 43240	.08	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JANUS HENDERSON TRITON T 151 DETROIT ST. DENVER, CO 80206	.35	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JOHN HANCOCK SEAPORT LONG/SHORT CL 601 CONGRESS ST. 9TH FL BOSTON, MA 02210	.10	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LAZARD GLOBAL LISTEDINFRASTRUCTURE	30 ROCKEFELLER PLAZA NEW YORK, NY 10112	.40
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STANLEY DISCOVERY PORT CL A	522 FIFTH AVENUE NEW YORK, NY 10036	.40
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STANLEY GROWTH PORTFOLIO A	522 FIFTH AVENUE NEW YORK, NY 10036	.40

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STA INST INC INCEPTION PORT 522 FIFTH AVENUE NEW YORK, NY 10036	.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STANLEY INSTLINTERNTL OPP CL 522 FIFTH AVENUE NEW YORK, NY 10036	.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO REAL RETURN CLASS A 1633 BROADWAY NEW YORK, NY 10019	.40	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO INTL BD FD USDOLLAR HEDGED A 1633 BROADWAY NEW YORK, NY 10019	.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PARADIGM MICRO CAP FUND 9 ELK STREET ALBANY, NY 12207	.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PARNASSUS ENDEAVOR FUND ONE MARKET STREET SAN FRANCISCO, CA 94105	.40	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PARNASSUS MID CAP ONE MARKET STREET SAN FRANCISCO, CA 94105	.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO COMMODITY REALRETURN STRAT A 1633 BROADWAY NEW YORK, NY 10019	.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO INCOME FUND CL A 1633 BROADWAY NEW YORK, NY 10019	.40	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE COMM & TECHNOLOGY INVE 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	.15	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE BLUE CHIP GROWTH INC 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	.15	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE QM US SML CAP GRWTH EQ 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	.15	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SPROTT GOLD EQUITY FUND INVESTOR 200 BAY STREET TORONTO, TORONTO CA M5J 2J1 CA	.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
STERLING CAPITAL SPECIAL OPP CLASS 434 FAYETTEVILLE ST RALEIGH, NC 27601	.10	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
THRIVENT MID CAP STOCK FUND CL S 4321 N BALLARD ROAD APPELTON, WI 54919-0001	.15	

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

A Name of plan <u>MEDICAL CENTER CLINIC 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>WEST FLORIDA MEDICAL CENTER CLINIC, P.A.</u>	D Employer Identification Number (EIN) <u>59-2193856</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MANAGED INCOME PORTFOLIO</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>04-3022712-024</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1431824</u>
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)

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
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>MEDICAL CENTER CLINIC 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WEST FLORIDA MEDICAL CENTER CLINIC, P.A.</u>	D Employer Identification Number (EIN) <u>59-2193856</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	18500
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	569577	1541273
(2) Participant contributions.....	1b(2)	143596	153160
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	10381545	10938665
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	53260
(B) Common	1c(4)(B)	3261355	3917088
(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)	1388658	1431824
(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)	88975762	101926126
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	-112	-1703

		(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	104720381 119978193
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	104720381 119978193

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)	2341807
	(B) Participants	2a(1)(B)	1908811
	(C) Others (including rollovers).....	2a(1)(C)	943287
(2)	Noncash contributions.....	2a(2)	0
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	5193905
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1667
	(B) U.S. Government securities	2b(1)(B)	0
	(C) Corporate debt instruments	2b(1)(C)	0
	(D) Loans (other than to participants)	2b(1)(D)	0
	(E) Participant loans.....	2b(1)(E)	0
	(F) Other	2b(1)(F)	0
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	1667
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	2391
	(B) Common stock	2b(2)(B)	31249
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	3387924
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	3421564
(3)	Rents	2b(3)	0
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2178946
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1934877
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	244069
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0
	(B) Other	2b(5)(B)	144630
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	144630

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		13070
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		13009367
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		0
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		22028272
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	6716718	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		6716718
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	43333	
(4) Other.....	2i(4)	10409	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		53742
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6770460
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		15257812
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

Part III Accountant's Opinion

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

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

(1) ☒ 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: **SALTMARSH, CLEVELAND & GUND**

(2) EIN: **59-2922169**

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

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>MEDICAL CENTER CLINIC 401(K) RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WEST FLORIDA MEDICAL CENTER CLINIC, P.A.</u>	D Employer Identification Number (EIN) <u>59-2193856</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6788299</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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



Saltmarsh

Saltmarsh, Cleaveland & Gund

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

**MEDICAL CENTER CLINIC
401(k) RETIREMENT PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020

**MEDICAL CENTER CLINIC
401(k) RETIREMENT PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020

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INDEPENDENT AUDITOR'S REPORT

To the Finance Committee of
the Medical Center Clinic
401(k) Retirement Plan

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

We have performed an audit of the accompanying financial statements of Medical Center Clinic 401(k) Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Medical Center Clinic 401(k) Retirement 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 and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

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

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

To the Finance Committee of
the Medical Center Clinic
401(k) Retirement Plan

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

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Medical Center Clinic 401(k) Retirement 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 Financial Statements

Management is responsible for the preparation and fair presentation of these 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 Medical Center Clinic 401(k) Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

To the Finance Committee of
the Medical Center Clinic
401(k) Retirement Plan

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- 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 Medical Center Clinic 401(k) Retirement 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 Medical Center Clinic 401(k) Retirement 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.

To the Finance Committee of
the Medical Center Clinic
401(k) Retirement Plan

Supplemental Schedule Required by ERISA

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

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

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).



Pensacola, Florida
October 17, 2022

INDEPENDENT AUDITOR'S REPORT

To the Finance Committee of
the Medical Center Clinic
401(k) Retirement Plan

We were engaged to audit the accompanying financial statements of Medical Center Clinic 401(k) Retirement Plan, which comprise the statement of net assets available for benefits as of December 31, 2020, and the related statement of changes in net assets available for benefits for the year then ended, and related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on the 2020 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2020, that the information provided to the plan administrator by the trustee is complete and accurate.

To the Finance Committee of
the Medical Center Clinic
401(k) Retirement Plan

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2020 financial statements. Accordingly, we do not express an opinion on the 2020 financial statements.

Report on Form and Content in Compliance With DOL Rules and Regulations for 2020 Financial Statements

The form and content of the information included in the 2020 financial statements, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink, reading "Saltmarsh Cleveland & Gund". The signature is written in a cursive, flowing style.

Pensacola, Florida
October 17, 2022

**MEDICAL CENTER CLINIC
401(k) RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2021 AND 2020**

	<u>2021</u>	<u>2020</u>
Investments, at Fair Value:		
Mutual funds	\$ 98,161,534	\$ 87,133,826
Self-directed brokerage accounts	18,690,402	15,484,723
Common/collective trust fund	<u>1,431,824</u>	<u>1,388,658</u>
Total investments	<u>118,283,760</u>	<u>104,007,207</u>
Receivables:		
Employee contributions	153,160	143,596
Employer contributions	<u>1,541,273</u>	<u>569,577</u>
Total receivables	<u>1,694,433</u>	<u>713,173</u>
Net Assets Available for Benefits	<u><u>\$ 119,978,193</u></u>	<u><u>\$ 104,720,380</u></u>

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

**MEDICAL CENTER CLINIC
401(k) RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2021 AND 2020**

	<u>2021</u>	<u>2020</u>
Additions:		
Investment income -		
Interest and dividends	\$ 3,436,302	\$ 2,645,295
Net appreciation in fair value of investments	<u>13,398,066</u>	<u>15,484,031</u>
Total investment income	<u>16,834,368</u>	<u>18,129,326</u>
Contributions -		
Employee	1,908,811	1,923,368
Rollover	943,287	-
Employer	<u>2,341,807</u>	<u>2,358,637</u>
Total contributions	<u>5,193,905</u>	<u>4,282,005</u>
Other income	<u>-</u>	<u>32,927</u>
Total additions	<u>22,028,273</u>	<u>22,444,258</u>
Deductions:		
Benefits paid to participants	6,716,718	6,610,480
Administrative expenses	<u>53,742</u>	<u>28,681</u>
Total deductions	<u>6,770,460</u>	<u>6,639,161</u>
Net increase	15,257,813	15,805,097
Net Assets Available for Benefits:		
Beginning of year	<u>104,720,380</u>	<u>88,915,283</u>
End of year	<u><u>\$ 119,978,193</u></u>	<u><u>\$ 104,720,380</u></u>

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

**MEDICAL CENTER CLINIC
401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of the Medical Center Clinic 401(k) Retirement Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General:

The Plan is a defined contribution plan covering substantially all employees of the West Florida Medical Center Clinic (the “Clinic”) who have attained age 21 and completed 12 months with 1,000 hours of service. Leased employees are excluded from the Plan. It is subject to provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Contributions:

Participants may elect to contribute up to 75% of their annual eligible compensation as pre-tax contributions. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may make after-tax Roth 401(k) contributions to the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Clinic makes safe harbor matching contributions of 100% of applicable pre-tax contributions up to the first 3% of included compensation, plus 50% of applicable contributions up to the next 2% of included compensation. Additional discretionary matching contributions, not to exceed 6% of included compensation, may be contributed at the option of the Clinic. Contributions are subject to certain limitations.

Participant Accounts:

Each participant’s account is credited with the participant’s contribution, the Clinic’s matching and discretionary contributions, and allocations of Plan earnings, and charged with withdrawals, administrative expenses, and an allocation of Plan losses. Allocations are based on participant earnings or account balances, 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 100% vested in the balances of their voluntary contributions (if any) and the 401(k) safe harbor match of the Clinic plus actual earnings thereon. Vesting in the 401(k) discretionary contribution is based on years of continuous service. A participant is 100% vested after six years of credited service.

**MEDICAL CENTER CLINIC
401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Forfeited Accounts:

Forfeitures of participants' nonvested accounts may be used to reduce the Clinic's contributions to the Plan. During 2021 and 2020, the Clinic's contributions were reduced by \$50,038 and \$35,331, respectively, from forfeited nonvested accounts. At December 31, 2021 and 2020, forfeited nonvested accounts totaled \$15,856 and \$21,077, respectively.

Payment of Benefits:

Distributions to the participants or beneficiaries take place upon the employee's separation of service, retirement, disability, or death. Distributions equal to the value of the participant's vested interest in his or her account will be made in a lump-sum amount, in installment or annuity payments, or rolled over into another qualified retirement plan. A participant may also request a distribution from his/her elective deferral account in case of hardship as detailed in the Plan provisions.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting:

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

Use of Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition:

The Plan's investments are stated at fair value. See Note 3 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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**MEDICAL CENTER CLINIC
401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Payment of Benefits:

Benefits are recorded when paid.

Administrative Expenses:

Administrative expenses are paid by the Plan or the Clinic as provided in the Plan document.

Subsequent Events:

The Plan has evaluated subsequent events through October 17, 2022, which is the date the financial statements were available to be issued.

NOTE 3 - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board Accounting Standards Codification ("ASC") 820, *Fair Value Measurements*, defines fair value, establishes a framework for measuring fair value, and requires disclosures about fair value measurements. The guidance establishes a fair value hierarchy about the assumptions used to measure fair value and clarifies assumptions about risk and the effect of a restriction on the sale or use of an asset.

**MEDICAL CENTER CLINIC
401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

ASC 820 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. ASC 820 also 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. Three levels of inputs may be used to measure fair value:

Level 1: Quoted prices (unadjusted) or identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect a plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

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

Following is a description of the valuation methodologies used for financial instruments measured at fair value:

Mutual funds: Valued at the quoted net asset value ("NAV") of shares held by the Plan at year-end.

Self-directed brokerage accounts: Accounts primarily consist of mutual funds, common stocks, bonds, and limited partnerships that are valued based on the closing price reported on the active market where the individual securities are traded.

Common/collective trust fund: Valued at the NAV as reported by the investment manager. The NAV is used as a practical expedient to estimate fair value. Participant transactions may occur daily at the reported NAV, with no advance notice requirements.

**MEDICAL CENTER CLINIC
401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

The following table presents the financial instruments carried at fair value as of December 31, 2021 and 2020:

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 98,161,534	\$ -	\$ -	\$ 98,161,534
Self-directed brokerage accounts	18,690,402	-	-	18,690,402
	<u>\$ 116,851,936</u>	<u>\$ -</u>	<u>\$ -</u>	<u>116,851,936</u>
Investments measured at NAV:				
Common/collective trust fund				<u>1,431,824</u>
Total, December 31, 2021				<u>\$ 118,283,760</u>
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 87,133,826	\$ -	\$ -	\$ 87,133,826
Self-directed brokerage accounts	15,484,723	-	-	15,484,723
	<u>\$ 102,618,549</u>	<u>\$ -</u>	<u>\$ -</u>	<u>102,618,549</u>
Investments measured at NAV:				
Common/collective trust fund				<u>1,388,658</u>
Total, December 31, 2020				<u>\$ 104,007,207</u>

NOTE 4 - INCOME TAX STATUS

The Plan uses a prototype plan sponsored by Warren Averett Benefit Consultants, LLC, who received an opinion letter from the Internal Revenue Service (“IRS”), dated June 30, 2020, which states that the prototype document satisfies the applicable provisions of the Internal Revenue Code (“IRC”). The Plan itself has not received a determination letter from the IRS. The prototype plan document has been amended since receiving the opinion letter. However, the Plan’s management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan’s financial statements.

**MEDICAL CENTER CLINIC
401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 5 - RELATED PARTY TRANSACTIONS

Certain Plan investments are managed by Fidelity Investments. Fidelity Management Trust Company (“Fidelity”), a subsidiary of Fidelity Investments, is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. The fair value of investments managed by Fidelity Investments at December 31, 2021 and 2020, totaled \$79,786,008 and \$85,908,114, respectively.

NOTE 6 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Clinic has the right under the Plan to terminate the Plan, subject to the provisions of ERISA, by delivering written notice of such termination to Fidelity. A complete discontinuance of the Clinic’s contributions to the Plan shall constitute a termination. Upon any termination (full or partial) or complete discontinuance of contributions, all amounts credited to the affected participants’ accounts shall become 100% vested.

NOTE 7 - RISK 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.

During the year ended December 31, 2021, Coronavirus Disease 2019 (“COVID-19”) continued to be a pandemic. As a result, economic uncertainties have arisen that may affect the Plan’s operations. While the impact of those uncertainties is not expected to have a material effect on the Plan’s operations, the exact impact cannot be estimated at this time.

**MEDICAL CENTER CLINIC
401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

NOTE 8 - INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED INFORMATION)

Fidelity holds the Plan's investment assets and executes transactions therein. Financial information relating to the Plan's assets held by Fidelity as of December 31, 2021 and 2020, and for the years then ended, is included in the accompanying financial statements and is based on information provided by the trustee. This information, which has not been audited by independent auditors, is summarized below:

	<u>2021</u>	<u>2020</u>
Net Assets:		
Investments, at Fair Value:		
Mutual funds	\$ 98,161,534	\$ 87,133,826
Self-directed brokerage accounts	18,690,402	15,484,723
Common/collective trust fund	<u>1,431,824</u>	<u>1,388,658</u>
	<u>\$ 118,283,760</u>	<u>\$ 104,007,207</u>
Changes in Net Assets:		
Interest and dividends	\$ 3,436,302	\$ 2,645,295
Net appreciation in fair value of investments	<u>13,398,066</u>	<u>15,484,031</u>
	<u>\$ 16,834,368</u>	<u>\$ 18,129,326</u>

SUPPLEMENTAL SCHEDULE

**MEDICAL CENTER CLINIC
401(k) RETIREMENT PLAN
EMPLOYER IDENTIFICATION NUMBER: 59-2193856; PLAN NUMBER 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021**

(a)	(b) Identify of Issuer, 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
	Self-directed Brokerage Accounts:	(see attached schedule)		
*	Fidelity Investments	Self-directed Accounts		\$ 5,035,362
	Other	Self-directed Accounts		13,655,040
				<u>18,690,402</u>
	Fidelity Investments:	Common/Collective Trust Fund:		
*		Fidelity Managed Income Portfolio		1,431,824
		Mutual Funds:		
*		Fidelity Mid Cap Index		870,851
*		Fidelity Real Estate Index		890,065
*		Fidelity International Index		3,007,095
*		Fidelity Freedom Index Inc Instl Prem		658,005
*		Fidelity Freedom Index 2005 Instl Prem		84,513
*		Fidelity Freedom Index 2010 Instl Prem		162,843
*		Fidelity Freedom Index 2015 Instl Prem		424,211
*		Fidelity Freedom Index 2020 Instl Prem		1,822,613
*		Fidelity Freedom Index 2025 Instl Prem		3,519,657
*		Fidelity Freedom Index 2030 Instl Prem		2,849,714
*		Fidelity Freedom Index 2035 Instl Prem		6,564,633
*		Fidelity Freedom Index 2040 Instl Prem		4,976,000
*		Fidelity Freedom Index 2045 Instl Prem		3,508,058
*		Fidelity Freedom Index 2050 Instl Prem		2,160,217
*		Fidelity Freedom Index 2055 Instl Prem		944,800
*		Fidelity Freedom Index 2060 Instl Prem		195,546
*		Fidelity Freedom Index 2065 Instl Prem		155,090
*		Fidelity Global Ex US Index		1,172,664
*		Fidelity 500 Index		11,771,241
*		Fidelity Large Cap Growth Index		26,035,214
*		Fidelity Large Cap Value Index		1,545,792
	Vanguard:	Vanguard Total Bond Market Index Adm		4,315,761
		Vanguard Cash Reserves Federal MM Adm		8,490,602
		Vanguard Small Cap Index Adm		2,938,839
		Vanguard Mid-Cap Growth Index Adm		466,043
		Vanguard Small Cap Growth Index Adm		287,092
		Vanguard Small Cap Value Index Adm		1,685,364
		Vanguard Mid-Cap Value Index Adm		957,770
	American Funds:	American Funds Europacific Growth R6		1,490,362
		American Funds American Balanced R6		<u>4,210,879</u>
				<u>\$ 118,283,760</u>

* Represents investment with a known party-in-interest.

** Cost information is not required for participant-directed investments.

SUMMARY OF NET TRUST ASSETS

TOTAL PLAN ASSETS AS OF 12/31/2021

CUSIP #	SECURITY DESCRIPTION	SHARE BALANCE	PRICE	TOTAL MARKET VALUE	HISTORICAL COST
	CASH				
316067107	FIDELITY CASH RESERVES	2,448,063.130	\$1.00	\$2,448,063.13	\$2,448,063.13
	COMMON STOCK				
30303M102	FACEBOOK INC COM USD0.000006 CL A	200.000	\$336.35	\$67,270.00	\$26,822.37
345370860	FORD MTR CO DEL COM	1.000	\$20.77	\$20.77	\$13.22
35671D857	FREEMPORT MCMORAN COPPER & GOLD CL B	300.000	\$41.73	\$12,519.00	\$4,092.35
358054104	FRESHWORKS INC CLASS A COM	600.000	\$26.26	\$15,756.00	\$28,497.19
37929C103	GLIATECH INC	200.000	\$0.00	\$0.00	\$3,480.58
389638107	GRAYSCALE ETHEREUM TR ETH SHS	240.000	\$32.36	\$7,766.40	\$9,602.06
395392103	GREENROSE ACQUISITION CORP COM	52.000	\$3.25	\$169.00	\$517.92
39985X203	GROWLIFE INC COM NEW	27.000	\$0.02	\$0.50	\$78.55
42236C408	HEARTSOFT INC	11,500.000	\$0.00	\$0.00	\$21,882.51
437076102	HOME DEPOT INC NFS IS A SPECIALIST	100.000	\$415.01	\$41,501.00	\$3,627.17
44501Q104	HUMBL INC COM	539.000	\$0.28	\$150.97	\$1,498.42
44852D108	HUYA INC ADS EACH REP 1 ORD SHS CL A	1,000.000	\$6.94	\$6,940.00	\$26,000.00
458140100	INTEL CORP NFS LLC IS A MARKET	2.012	\$51.50	\$103.62	\$72.62
46625H100	J P MORGAN CHASE & CO	150.886	\$158.35	\$23,892.80	\$24,426.00
49714P108	KINSALE CAP GROUP INC COM	48.025	\$237.89	\$11,424.67	\$9,916.80
617446448	MORGAN STANLEY DEAN WITTER & CO FRMLY	587.914	\$98.16	\$57,709.64	\$49,720.57
62914V106	NIO INC ADS EACH REP 1 ORD SHS	301.000	\$31.68	\$9,535.68	\$10,836.87
655107100	NOBLE ROMANS INC	10,000.000	\$0.42	\$4,180.00	\$14,008.00
655844108	NORFOLK SOUTHERN CRP NFS LLC IS A	100.807	\$297.71	\$30,011.25	\$26,579.44
656568508	NORTEL NETWORKS CORP NEW COM	100.000	\$0.00	\$0.00	\$40,094.43
670346105	NUCOR CORP NFS IS A SPECIALIST	200.000	\$114.15	\$22,830.00	\$20,500.00
67066G104	NVIDIA CORP NFS LLC IS A MARKET	1.000	\$294.11	\$294.11	\$204.04
68389X105	ORACLE CORPORATION NFS LLC IS A MARKET	500.000	\$87.21	\$43,605.00	\$10,380.66
695127100	PACIRA PHARMACEUTICALS INC	50.000	\$60.17	\$3,008.50	\$3,257.95
70450Y103	PAYPAL HLDGS INC COM	100.000	\$188.58	\$18,858.00	\$29,097.00
71715W106	PHARMAGEN INC COM	1,000.000	\$0.00	\$0.00	\$1,812.95
74609P104	PURATION INC COM	420.000	\$0.01	\$3.57	\$46.95
74767V109	QUANTUMSCAPE CORP COM CL A	200.000	\$22.19	\$4,438.00	\$5,878.20
7591EP100	REGIONS FINL CORP	1,594.000	\$21.80	\$34,749.20	\$34,409.95
767204100	RIO TINTO PLC SPON ADR	1,135.063	\$66.94	\$75,981.12	\$73,611.15
81141R100	SEA LIMITED ADS EACH REP ONE CLASS A ORD	100.000	\$223.71	\$22,371.00	\$32,431.00
819047101	SHAKE SHACK INC CL A	75.000	\$72.16	\$5,412.00	\$3,634.42
82509L107	SHOPIFY INC NPV SUBORDINATED A	25.000	\$1,377.39	\$34,434.75	\$26,925.00
83088M102	SKYWORKS SOLUTIONS INC COM	259.634	\$155.14	\$40,279.62	\$20,207.20
83304A106	SNAP INC CL A	900.000	\$47.03	\$42,327.00	\$67,642.92
83422N105	SOLID POWER INC CLASS A COM	200.000	\$8.74	\$1,748.00	\$2,078.00
852234103	SQUARE INC CL A	75.000	\$161.51	\$12,113.25	\$18,251.25
87161C501	SYNOVUS FINANCIAL CORP COM USD1 (POST	400.000	\$47.87	\$19,148.00	\$7,282.19
89417E109	TRAVELERS COS INC COM	84.000	\$156.43	\$13,140.12	\$0.00
89788C104	TRULIEVE CANNABIS CORP COM NPV	11,420.000	\$26.05	\$297,535.54	\$463,969.21
90184L102	TWITTER INC COM USD0.000005	100.000	\$43.22	\$4,322.00	\$7,412.95
907818108	UNION PACIFIC CORP NFS LLC IS A	101.008	\$251.93	\$25,446.95	\$21,991.63
91680M107	UPSTART HLDGS INC COM	100.000	\$151.30	\$15,130.00	\$23,243.77
94106L109	WASTE MANAGEMENT INC NFS LLC IS A	100.725	\$166.90	\$16,811.00	\$15,138.80
G5494J103	LINDE PLC COM USD0.001	1.000	\$346.43	\$346.43	\$312.96
G56462198	LORAL SPACE & COMMUNICATIONS LTD	100.000	\$0.00	\$0.00	\$27,923.66
G66721104	NORWEGIAN CRUISE LINE HLDGS LTD COM	607.000	\$20.74	\$12,589.18	\$27,973.99
G9470A102	VTEX COM USD0.0001 CL A	1,000.000	\$10.72	\$10,720.00	\$30,510.16
00206R102	AT&T INC COM	2,480.000	\$24.60	\$61,008.00	\$60,157.67
00287Y109	ABBVIE INC COM USD0.01	102.259	\$135.40	\$13,845.87	\$12,028.97
009066101	AIRBNB INC COM CL A	250.000	\$166.49	\$41,622.50	\$40,000.00
01609W102	ALIBABA GROUP HLDG LTD	151.000	\$118.79	\$17,937.29	\$30,504.07
023135106	AMAZON.COM INC NFS LLC IS A MARKET	48.000	\$3,334.34	\$160,048.32	\$68,139.42
03768E105	APOLLO GLOBAL MGMT INC COM CL A	15.105	\$72.43	\$1,094.06	\$1,204.35
037833100	APPLE COMPUTER INC NFS LLC IS A MARKET	6,695.834	\$177.57	\$1,188,979.24	\$141,701.16
05156X884	AURORA CANNABIS INC COM NPV(POST REV	31.000	\$5.41	\$167.71	\$2,982.26
06777U101	BARNES & NOBLE ED INC COM	632.000	\$6.81	\$4,303.92	\$0.00

SUMMARY OF NET TRUST ASSETS

TOTAL PLAN ASSETS AS OF 12/31/2021

CUSIP #	SECURITY DESCRIPTION	SHARE BALANCE	PRICE	TOTAL MARKET VALUE	HISTORICAL COST
084670702	BERKSHIRE HATHAWAY INC DEL CL B NEW	2,675.000	\$299.00	\$799,825.00	\$392,860.30
097023105	BOEING CO NFS IS A SPECIALIST	1,101.000	\$201.32	\$221,653.32	\$253,357.68
11135F101	BROADCOM INC COM	50.670	\$665.41	\$33,716.32	\$24,761.39
138035100	CANOPY GROWTH CORPORATION COM NPV	75.000	\$8.73	\$654.75	\$1,971.13
172967424	CITIGROUP INC COM NEW	1,467.898	\$60.39	\$88,646.36	\$135,406.26
184499101	CLEAN ENERGY FUELS CORP	3,000.000	\$6.13	\$18,390.00	\$23,280.00
197309107	COLUMBIA CARE INC COM NPV	5,000.000	\$2.86	\$14,302.50	\$27,570.00
20030N101	COMCAST CORP NEW CL A	968.000	\$50.33	\$48,719.44	\$0.00
23126M102	CURALEAF HOLDINGS INC SUB VTG SHS	10,000.000	\$8.95	\$89,459.00	\$150,981.26
23243T105	CYBER-CARE INC NFS LLC IS A MARKET	100.000	\$0.00	\$0.00	\$1,024.36
254687106	DISNEY WALT CO DEL (HOLDING COMPANY)	100.000	\$154.89	\$15,489.00	\$3,703.39
27032B209	EARTHSHELL CORP COM NEW	16.000	\$0.00	\$0.00	\$407.56
29275G101	ENERNORTH INDS INC ISIN #CA29275G1019	400.000	\$0.00	\$0.00	\$4,505.95
294600101	EQUITRANS MIDSTREAM CORPORATIO COM	2,581.642	\$10.34	\$26,694.18	\$20,581.64
29977X105	EVERCOMMERCE INC COM	250.000	\$15.75	\$3,937.50	\$4,562.50
	CORPORATE BOND				
00208JAE8	ATP OIL & GAS CORP SR 2LIEN NT	37,000.000	\$0.00	\$0.37	\$37,101.03
	EXTERNAL FUND				
003021714	ABERDEEN EMERGING MARKETS INSTL SEVEN CANYONS WORLD INNOVATORS INVESTOR	8,535.804	\$17.24	\$147,157.26	\$149,994.92
02110A571	ARTISAN INTL SMALL MID FUND ADVISOR	2,593.593	\$19.89	\$51,586.56	\$67,959.78
04314H485	ARTISAN DEVELOPING WORLD FD INVESTOR CL	4,247.824	\$20.52	\$87,165.35	\$62,264.51
04314H626	ARTISAN OPP'ISTIC GROWTH INVESTOR SHRS	2,458.730	\$21.87	\$53,772.43	\$64,668.24
04314H824	ARTISAN OPP'ISTIC GROWTH INVESTOR SHRS	2,081.806	\$36.97	\$76,964.37	\$58,532.35
04314H881	ARTISAN INTL VALUE FUND	1,065.373	\$42.27	\$45,033.32	\$34,419.59
06828M843	BARON GLOBAL ADVANTAGE FD RETAIL	954.016	\$51.68	\$49,303.55	\$50,000.00
06828M876	BARON EMERGING MARKETS FUND INSTL	3,873.778	\$17.58	\$68,101.02	\$61,705.89
06828M884	BARON EMERGINIG MARKETS FUND RETAIL	3,814.214	\$17.51	\$66,786.89	\$48,918.74
192476109	COHEN & STEERS REALTY SHARES INC	1,280.660	\$83.48	\$106,909.50	\$77,659.97
19765N278	COLUMBIA DIVIDEND INCOME CL A	2,579.876	\$31.60	\$81,524.08	\$59,011.28
256206103	DODGE & COX INTERNATL STOCK FUND	2,265.264	\$47.29	\$107,124.33	\$85,683.41
256210105	DODGE & COX INCOME	21,040.773	\$14.06	\$295,833.27	\$297,483.28
256219106	DODGE & COX STOCK	1,181.303	\$245.26	\$289,726.37	\$243,307.91
258620103	DOUBLELINE TOTAL RETURN BOND FD CL I	11,259.311	\$10.40	\$117,096.83	\$121,266.10
262028301	DRIEHAUS EMERGING MARKETS	933.723	\$41.20	\$38,469.39	\$30,504.10
277923728	EATON VANCE GLOBAL MACRO FUND CL I	18,260.440	\$8.58	\$156,674.58	\$163,594.08
31761R211	VULCAN VAL PARTNERS SM CAP INSTL CLASS	1,291.542	\$21.26	\$27,458.18	\$24,112.27
339183105	JP MORGAN MID-CAP VALUE FUND SEL SHS	2,288.327	\$40.93	\$93,661.22	\$90,577.01
40169J879	GUGGENHEIM TOTAL RETURN BOND CL P	3,903.301	\$28.53	\$111,361.18	\$104,875.79
413838715	OAKMARK SELECT ADVISOR FUND	172.324	\$64.12	\$11,049.41	\$8,101.07
413838731	OAKMARK INTL ADVISOR FUND	4,680.553	\$28.04	\$131,242.71	\$132,573.77
41664M185	HARTFORD WORLD BOND FUND CL Y	13,947.085	\$10.43	\$145,468.10	\$148,036.86
46637K224	JPMORGAN INCOME FUND CLASS I	15,752.302	\$9.39	\$147,914.12	\$150,399.39
471023549	JANUS TRITON FUND	1,406.412	\$33.44	\$47,030.42	\$33,331.29
47803P476	JOHN HANCOCK SEAPORT FUND CL I	55,245.976	\$12.14	\$670,686.15	\$709,571.63
52106N442	LAZARD US GL LISTED INFRASTRUCTURE OPEN	5,439.668	\$16.51	\$89,808.92	\$80,111.75
61744J564	MORGAN STA INST US LGE CAP GRWTH POR B	1,132.265	\$67.88	\$76,858.15	\$96,194.69
61744J614	MORGAN STA INST INC. SMALL CO GRWTH CL P	4,208.374	\$13.20	\$55,550.54	\$74,788.83
617440599	MORGAN STAN INSTL TR MID CAP GRWTH ADV CL	3,368.438	\$19.24	\$64,808.75	\$102,516.36
61756E826	MORGAN STANLEY INSTL INTERNTL OPP CL A	1,983.695	\$37.49	\$74,368.73	\$81,591.08
693391120	PIMCO REAL RETURN CLASS A	3,764.200	\$12.32	\$46,374.94	\$42,666.79
693391245	PIMCO FOREIGN BOND CLASS A	9,550.029	\$10.74	\$102,567.31	\$102,479.39
69901E500	PARADIGM MICRO CAP FUND	1,066.194	\$54.57	\$58,182.21	\$50,641.06
701765869	PARNASSUS WORKPLACE	2,039.191	\$54.03	\$110,177.49	\$82,658.50
701765885	PARNASSUS MID CAP	1,085.246	\$45.20	\$49,053.12	\$33,218.15
722005584	PIMCO COMM REAL RETURN STRAT CL A	4,074.758	\$6.12	\$24,937.52	\$52,852.82
72201F474	PIMCO INCOME FD CL A	10,476.630	\$11.94	\$125,090.96	\$126,098.00
741454102	T ROWE PRICE MEDIA & TELECOMMUNICATIONS	2,380.439	\$182.60	\$434,668.16	\$191,618.97
77954Q106	T ROWE PRICE BLUE CHIP GROWTH INC	939.725	\$177.82	\$167,101.90	\$106,694.83

SUMMARY OF NET TRUST ASSETS

TOTAL PLAN ASSETS AS OF 12/31/2021

CUSIP #	SECURITY DESCRIPTION	SHARE BALANCE	PRICE	TOTAL MARKET VALUE	HISTORICAL COST
779917103	T ROWE PRICE DIVERS SMALL CAP GROWTH	645.906	\$46.35	\$29,937.74	\$29,961.79
85208P105	SPROTT GOLD FUND INVESTOR	265.708	\$48.35	\$12,846.98	\$21,728.05
85917L742	STERLING CAPITAL SPECIAL OPP CLASS I	2,851.502	\$34.15	\$97,378.79	\$95,650.04
885882662	THRIVENT MID CAP STOCK FUND CL S	900.916	\$38.04	\$34,270.84	\$24,869.66
921908877	VANGUARD REIT INDEX ADMIRAL	223.381	\$164.27	\$36,694.80	\$34,129.06
921921300	VANGUARD EQUITY INCO ME ADMIRAL FD	326.062	\$92.22	\$30,069.44	\$28,788.15
922031810	VANGUARD INTERMDIATE TERM CORP ADMIRAL	768.090	\$9.95	\$7,642.50	\$7,742.69
922908710	VANGUARD 500 INDEX ADMIRAL	348.628	\$439.83	\$153,337.05	\$150,683.24
922908728	VANGUARD TOTAL STOCK MARKET INDEX ADMIRAL	169.893	\$117.56	\$19,972.62	\$20,145.29
	FIDELITY FUND				
315910315	FIDELITY INT'L GROWTH FUND	8,941.240	\$21.06	\$188,302.51	\$98,659.64
315916783	FIDELITY FLOATING RATE HIGH INCOME	3,799.827	\$9.47	\$35,984.36	\$37,112.03
315911693	FID TOTAL MKT INDEX INSTL PREMIUM CLASS	224.664	\$133.78	\$30,055.55	\$18,333.01
315911743	FID EXTENDED MARKET INDEX INSTL PREMIUM	483.593	\$87.21	\$42,174.15	\$42,967.14
315911750	FIDELITY 500 INDEX INSTITUTIONAL PREM	5,912.025	\$165.32	\$977,375.97	\$539,977.93
315912709	FIDELITY NASDAQ COMPOSITE INDEX	219.324	\$196.82	\$43,167.35	\$22,483.13
316390772	FIDELITY SELECT BIOTECHNOLOGY	2,727.487	\$19.35	\$52,776.87	\$40,358.16
316464106	FIDELITY VALUE	1,807.051	\$14.69	\$26,545.58	\$18,578.29
316390731	FIDELITY SELECT RETAILING	2,822.027	\$23.07	\$65,104.16	\$48,536.82
316390509	FIDELITY SELECT UTILITIES GROWTH	696.960	\$105.05	\$73,215.65	\$54,301.00
316389303	FIDELITY BLUE CHIP GROWTH	316.759	\$183.62	\$58,163.29	\$56,784.90
316389105	FIDELITY OTC PORT	4,161.894	\$19.60	\$81,573.12	\$39,918.22
31635V232	FID L/T TREASURY BOND INDX INST PREM	1,513.934	\$14.75	\$22,330.53	\$20,832.30
316345305	FIDELITY LOW PRICED STOCK	1,629.650	\$53.79	\$87,658.87	\$16,858.20
31617K105	FIDELITY GINNIE MAE	3,027.110	\$11.58	\$35,053.93	\$34,610.83
31617H805	FIDELITY MMKT PREMIUM CLASS	4,533.510	\$1.00	\$4,533.51	\$4,533.51
316146596	FIDELITY CORPORATE BOND FUND	6,426.043	\$12.43	\$79,875.71	\$82,451.91
316146315	FIDELITY GLOBAL EX US INDEX INSTL PREM	1,669.377	\$15.29	\$25,524.77	\$21,085.07
316146265	FID MID CAP INDEX INSTITUTIONAL PREM	6,084.586	\$31.99	\$194,645.91	\$118,999.39
316146182	FIDELITY SMALL CAP INDEX INSTL PREMIUM	6,639.250	\$27.56	\$182,977.73	\$136,044.24
316145200	FIDELITY CONVERTIBLE SECURITIES	0.133	\$36.47	\$4.85	\$3.69
316062108	FIDELITY CAPITAL & INCOME	14,861.101	\$11.21	\$166,592.94	\$152,383.76
31606X605	FIDELITY MID CAP ENHANCED INDEX FUND	2,532.192	\$18.62	\$47,149.42	\$45,708.92
315910737	FIDELITY INTERN'TL SMALL CAP	2,059.194	\$32.30	\$66,511.97	\$63,585.09
	OPTION				
5647479CW	PUT (BABA) ALIBABA GROUP	(1.000)	\$583.00	(\$583.00)	\$0.00
5639379CA	PUT (BA) BOEING CO COM	(2.000)	\$113.00	(\$226.00)	\$0.00
5617909OK	PUT (AAPL) APPLE INC	(1.000)	\$1.00	(\$1.00)	\$0.00
5613209LL	PUT (NVDA) NVIDIA CORPORATION	(1.000)	\$1.00	(\$1.00)	\$0.00
5173449UQ	PUT (LIN) LINDE PLC COM	(2.000)	\$33.00	(\$66.00)	\$0.00
4917429JH	CALL (AAPL) APPLE INC COM	(3.000)	\$72.00	(\$216.00)	\$0.00
4912409GG	CALL (AAPL) APPLE INC COM	(2.000)	\$305.00	(\$610.00)	\$0.00
	PREFERRED STOCK				
03768E402	APOLLO GLOBAL MGMT INC PFD SER B	2,000.000	\$26.63	\$53,260.00	\$53,200.00
	UNIT				
922908629	VANGUARD INDEX FDS VANGUARD MID CAP	1,424.918	\$254.77	\$363,026.36	\$196,149.43
922908553	VANGUARD INDEX FDS FORMERLY VANGUARD	696.116	\$116.01	\$80,756.42	\$61,035.04
922908538	VANGUARD INDEX FDS MID-CAP GROWTH INDEX	1,078.000	\$254.62	\$274,480.36	\$109,893.57
922908512	VANGUARD INDEX FDS MID-CAP VALUE INDEX	3,563.000	\$150.33	\$535,625.79	\$326,207.50
922908363	VANGUARD INDEX FDS FORMERLY VANGUARD	1,396.121	\$436.57	\$609,504.54	\$288,166.46
922042858	VANGUARD INTL EQUITY INDEX FD INC	1,367.458	\$49.46	\$67,634.47	\$65,689.26
921943858	VANGUARD TAX MANAGED FD EUROPE PACIFIC	9,196.940	\$51.06	\$469,595.76	\$372,004.80
78463V107	SPDR GOLD TR GOLD SHS	250.000	\$170.96	\$42,740.00	\$43,597.67
72201R833	PIMCO ETF TR ENHANCED SHORT	1,296.000	\$101.56	\$131,621.76	\$132,011.42
46434V621	ISHARES TRUST CORE DIVID GROWTH ETF	1,589.002	\$55.58	\$88,316.73	\$66,780.17
464287655	ISHARES TR RUSSELL 2000 INDEX FD	3.699	\$222.45	\$822.84	\$820.98
464287507	ISHARES TR S&P MIDCAP 400 INDEX FD	220.080	\$283.08	\$62,300.25	\$50,731.39
46138E727	INVESCO EXCHNG TRADED FD TR II FTSE	5,464.000	\$21.89	\$119,606.96	\$118,575.97
46137V613	INVESCO EXCHANGE TRADED FD TR FTSE	3,698.000	\$171.70	\$634,946.60	\$422,561.40

SUMMARY OF NET TRUST ASSETS

TOTAL PLAN ASSETS AS OF 12/31/2021

CUSIP #	SECURITY DESCRIPTION	SHARE BALANCE	PRICE	TOTAL MARKET VALUE	HISTORICAL COST
46137V597	INVESCO EXCHANGE TRADED FD TR FTSE	354.000	\$191.71	\$67,865.34	\$47,608.64
46090E103	INVESCO QQQ TR UNIT SER 1	100.000	\$397.85	\$39,785.00	\$6,655.55
45781V101	INNOVATIVE INDL PPTYS INC CL A	100.628	\$262.91	\$26,456.11	\$20,756.68
389637109	GRAYSCALE BITCOIN TR BTC SHS ACCD INVS	230.000	\$34.25	\$7,877.50	\$9,268.75
316092808	FIDELITY MSCI INFORMATION	585.555	\$135.40	\$79,284.15	\$55,249.16
26924G508	ETF MANAGERS TR TIERRA XP LATIN	135.918	\$11.08	\$1,505.97	\$3,207.00
04010L103	ARES CAP CORP COM	4,467.508	\$21.19	\$94,666.49	\$78,799.27
00214Q708	ARK ETF TR FINTECH INNOVA	500.000	\$40.85	\$20,425.00	\$26,745.00
00214Q104	ARK ETF TR INNOVATION ETF	500.000	\$94.59	\$47,295.00	\$69,990.00
922908736	VANGUARD INDEX FDS VANGUARD GROWTH	1,430.145	\$320.90	\$458,933.53	\$258,865.79
922908751	VANGUARD INDEX FDS VANGUARD SMALL CAP	955.807	\$226.01	\$216,021.94	\$135,040.98
NET ASSETS :				\$18,671,902.04	
NONINTEREST BEARING CASH				\$18,500.00	\$18,500.00
TOTAL SELF-DIRECTED BROKERAGE :				\$18,690,402.04	

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

Name of Plan: Medical Center Clinic 401(k) Retirement Plan

► Plan Sponsor's Name: West Florida Medical Center Clinic, P.A.

Employer Identification Number: ► 59-2193856

For plan year (beginning/ending): ► January 1, 2021/December 31, 2021 Plan number: ► 002

(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
*	Self-directed Brokerage Accounts:	(see attached schedule)		
	Fidelity Investments	Self-directed Accounts		5,035,362
	Other	Self-directed Accounts		13,655,040
				18,690,402
	Fidelity Investments:	Common Collective/Trust Fund:		
*		Fidelity Managed Income Portfolio		1,431,824
*		Mutual Funds:		
*		Vanguard Tot Bd Mkt Adm		4,315,761
*		Vanguard Cr Fed MM Adm		8,490,602
*		Vanguard Sm Cap Idx Adm		2,938,839
*		Vanguard Md Cp Gr Idx Adm		466,043
*		AF EuroPac Growth R6		1,490,362
*		AF Balanced R6		4,210,879
*		Vanguard Sm Cp Gr Idx Adm		287,092
*		Vanguard Sm Cp VI Idx Adm		1,685,364
*		Vanguard Md Cp Val Idx Adm		957,769
*		Fidelity 500 Index		11,771,241
		Fidelity Glb Ex US Idx		1,172,664
*		Fidelity Mid Cap Idx		870,851
*		Fidelity Real Estate Idx		890,065
*		Fidelity Intl Index		3,007,095
*		Fidelity FDM Idx Inc Ipr		658,005
*		Fidelity FDM Idx 2005 IPR		84,513
*		Fidelity FDM Idx 2010 IPR		162,843
*		Fidelity FDM Idx 2015 IPR		424,211
*		Fidelity FDM Idx 2020 IPR		1,822,613
*		Fidelity FDM Idx 2025 IPR		3,519,657
*		Fidelity FDM Idx 2030 IPR		2,849,714
*		Fidelity FDM Idx 2035 IPR		6,564,633
*		Fidelity FDM Idx 2040 IPR		4,976,000
*		Fidelity FDM Idx 2045 IPR		3,508,058
*		Fidelity FDM Idx 2050 IPR		2,160,217
*		Fidelity FDM Idx 2055 IPR		944,800
*		Fidelity FDM Idx 2060 IPR		195,546
*		Fidelity Lg Cap Gr Idx		26,035,214
*		Fidelity Lg Cap Val Idx		1,545,792
*		Fidelity FDM 2065 IPR		155,090

SUMMARY OF NET TRUST ASSETS

TOTAL PLAN ASSETS AS OF 12/31/2021

CUSIP #	SECURITY DESCRIPTION	SHARE BALANCE	PRICE	TOTAL MARKET VALUE	HISTORICAL COST
	CASH				
316067107	FIDELITY CASH RESERVES	2,448,063.130	\$1.00	\$2,448,063.13	\$2,448,063.13
	COMMON STOCK				
30303M102	FACEBOOK INC COM USD0.000006 CL A	200.000	\$336.35	\$67,270.00	\$26,822.37
345370860	FORD MTR CO DEL COM	1.000	\$20.77	\$20.77	\$13.22
35671D857	FREEMPORT MCMORAN COPPER & GOLD CL B	300.000	\$41.73	\$12,519.00	\$4,092.35
358054104	FRESHWORKS INC CLASS A COM	600.000	\$26.26	\$15,756.00	\$28,497.19
37929C103	GLIATECH INC	200.000	\$0.00	\$0.00	\$3,480.58
389638107	GRAYSCALE ETHEREUM TR ETH SHS	240.000	\$32.36	\$7,766.40	\$9,602.06
395392103	GREENROSE ACQUISITION CORP COM	52.000	\$3.25	\$169.00	\$517.92
39985X203	GROWLIFE INC COM NEW	27.000	\$0.02	\$0.50	\$78.55
42236C408	HEARTSOFT INC	11,500.000	\$0.00	\$0.00	\$21,882.51
437076102	HOME DEPOT INC NFS IS A SPECIALIST	100.000	\$415.01	\$41,501.00	\$3,627.17
44501Q104	HUMBL INC COM	539.000	\$0.28	\$150.97	\$1,498.42
44852D108	HUYA INC ADS EACH REP 1 ORD SHS CL A	1,000.000	\$6.94	\$6,940.00	\$26,000.00
458140100	INTEL CORP NFS LLC IS A MARKET	2.012	\$51.50	\$103.62	\$72.62
46625H100	J P MORGAN CHASE & CO	150.886	\$158.35	\$23,892.80	\$24,426.00
49714P108	KINSALE CAP GROUP INC COM	48.025	\$237.89	\$11,424.67	\$9,916.80
617446448	MORGAN STANLEY DEAN WITTER & CO FRMLY	587.914	\$98.16	\$57,709.64	\$49,720.57
62914V106	NIO INC ADS EACH REP 1 ORD SHS	301.000	\$31.68	\$9,535.68	\$10,836.87
655107100	NOBLE ROMANS INC	10,000.000	\$0.42	\$4,180.00	\$14,008.00
655844108	NORFOLK SOUTHERN CRP NFS LLC IS A	100.807	\$297.71	\$30,011.25	\$26,579.44
656568508	NORTEL NETWORKS CORP NEW COM	100.000	\$0.00	\$0.00	\$40,094.43
670346105	NUCOR CORP NFS IS A SPECIALIST	200.000	\$114.15	\$22,830.00	\$20,500.00
67066G104	NVIDIA CORP NFS LLC IS A MARKET	1.000	\$294.11	\$294.11	\$204.04
68389X105	ORACLE CORPORATION NFS LLC IS A MARKET	500.000	\$87.21	\$43,605.00	\$10,380.66
695127100	PACIRA PHARMACEUTICALS INC	50.000	\$60.17	\$3,008.50	\$3,257.95
70450Y103	PAYPAL HLDGS INC COM	100.000	\$188.58	\$18,858.00	\$29,097.00
71715W106	PHARMAGEN INC COM	1,000.000	\$0.00	\$0.00	\$1,812.95
74609P104	PURATION INC COM	420.000	\$0.01	\$3.57	\$46.95
74767V109	QUANTUMSCAPE CORP COM CL A	200.000	\$22.19	\$4,438.00	\$5,878.20
7591EP100	REGIONS FINL CORP	1,594.000	\$21.80	\$34,749.20	\$34,409.95
767204100	RIO TINTO PLC SPON ADR	1,135.063	\$66.94	\$75,981.12	\$73,611.15
81141R100	SEA LIMITED ADS EACH REP ONE CLASS A ORD	100.000	\$223.71	\$22,371.00	\$32,431.00
819047101	SHAKE SHACK INC CL A	75.000	\$72.16	\$5,412.00	\$3,634.42
82509L107	SHOPIFY INC NPV SUBORDINATED A	25.000	\$1,377.39	\$34,434.75	\$26,925.00
83088M102	SKYWORKS SOLUTIONS INC COM	259.634	\$155.14	\$40,279.62	\$20,207.20
83304A106	SNAP INC CL A	900.000	\$47.03	\$42,327.00	\$67,642.92
83422N105	SOLID POWER INC CLASS A COM	200.000	\$8.74	\$1,748.00	\$2,078.00
852234103	SQUARE INC CL A	75.000	\$161.51	\$12,113.25	\$18,251.25
87161C501	SYNOVUS FINANCIAL CORP COM USD1 (POST	400.000	\$47.87	\$19,148.00	\$7,282.19
89417E109	TRAVELERS COS INC COM	84.000	\$156.43	\$13,140.12	\$0.00
89788C104	TRULIEVE CANNABIS CORP COM NPV	11,420.000	\$26.05	\$297,535.54	\$463,969.21
90184L102	TWITTER INC COM USD0.000005	100.000	\$43.22	\$4,322.00	\$7,412.95
907818108	UNION PACIFIC CORP NFS LLC IS A	101.008	\$251.93	\$25,446.95	\$21,991.63
91680M107	UPSTART HLDGS INC COM	100.000	\$151.30	\$15,130.00	\$23,243.77
94106L109	WASTE MANAGEMENT INC NFS LLC IS A	100.725	\$166.90	\$16,811.00	\$15,138.80
G5494J103	LINDE PLC COM USD0.001	1.000	\$346.43	\$346.43	\$312.96
G56462198	LORAL SPACE & COMMUNICATIONS LTD	100.000	\$0.00	\$0.00	\$27,923.66
G66721104	NORWEGIAN CRUISE LINE HLDGS LTD COM	607.000	\$20.74	\$12,589.18	\$27,973.99
G9470A102	VTEX COM USD0.0001 CL A	1,000.000	\$10.72	\$10,720.00	\$30,510.16
00206R102	AT&T INC COM	2,480.000	\$24.60	\$61,008.00	\$60,157.67
00287Y109	ABBVIE INC COM USD0.01	102.259	\$135.40	\$13,845.87	\$12,028.97
009066101	AIRBNB INC COM CL A	250.000	\$166.49	\$41,622.50	\$40,000.00
01609W102	ALIBABA GROUP HLDG LTD	151.000	\$118.79	\$17,937.29	\$30,504.07
02313S106	AMAZON.COM INC NFS LLC IS A MARKET	48.000	\$3,334.34	\$160,048.32	\$68,139.42
03768E105	APOLLO GLOBAL MGMT INC COM CL A	15.105	\$72.43	\$1,094.06	\$1,204.35
037833100	APPLE COMPUTER INC NFS LLC IS A MARKET	6,695.834	\$177.57	\$1,188,979.24	\$141,701.16
05156X884	AURORA CANNABIS INC COM NPV(POST REV	31.000	\$5.41	\$167.71	\$2,982.26
06777U101	BARNES & NOBLE ED INC COM	632.000	\$6.81	\$4,303.92	\$0.00

SUMMARY OF NET TRUST ASSETS

TOTAL PLAN ASSETS AS OF 12/31/2021

CUSIP #	SECURITY DESCRIPTION	SHARE BALANCE	PRICE	TOTAL MARKET VALUE	HISTORICAL COST
084670702	BERKSHIRE HATHAWAY INC DEL CL B NEW	2,675.000	\$299.00	\$799,825.00	\$392,860.30
097023105	BOEING CO NFS IS A SPECIALIST	1,101.000	\$201.32	\$221,653.32	\$253,357.68
11135F101	BROADCOM INC COM	50.670	\$665.41	\$33,716.32	\$24,761.39
138035100	CANOPY GROWTH CORPORATION COM NPV	75.000	\$8.73	\$654.75	\$1,971.13
172967424	CITIGROUP INC COM NEW	1,467.898	\$60.39	\$88,646.36	\$135,406.26
184499101	CLEAN ENERGY FUELS CORP	3,000.000	\$6.13	\$18,390.00	\$23,280.00
197309107	COLUMBIA CARE INC COM NPV	5,000.000	\$2.86	\$14,302.50	\$27,570.00
20030N101	COMCAST CORP NEW CL A	968.000	\$50.33	\$48,719.44	\$0.00
23126M102	CURALEAF HOLDINGS INC SUB VTG SHS	10,000.000	\$8.95	\$89,459.00	\$150,981.26
23243T105	CYBER-CARE INC NFS LLC IS A MARKET	100.000	\$0.00	\$0.00	\$1,024.36
254687106	DISNEY WALT CO DEL (HOLDING COMPANY)	100.000	\$154.89	\$15,489.00	\$3,703.39
27032B209	EARTHSHELL CORP COM NEW	16.000	\$0.00	\$0.00	\$407.56
29275G101	ENERNORTH INDS INC ISIN #CA29275G1019	400.000	\$0.00	\$0.00	\$4,505.95
294600101	EQUITRANS MIDSTREAM CORPORATIO COM	2,581.642	\$10.34	\$26,694.18	\$20,581.64
29977X105	EVERCOMMERCE INC COM	250.000	\$15.75	\$3,937.50	\$4,562.50
	CORPORATE BOND				
00208JAE8	ATP OIL & GAS CORP SR 2LIEN NT	37,000.000	\$0.00	\$0.37	\$37,101.03
	EXTERNAL FUND				
003021714	ABERDEEN EMERGING MARKETS INSTL SEVEN CANYONS WORLD INNOVATORS INVESTOR	8,535.804	\$17.24	\$147,157.26	\$149,994.92
02110A571	ARTISAN INTL SMALL MID FUND ADVISOR	2,593.593	\$19.89	\$51,586.56	\$67,959.78
04314H485	ARTISAN DEVELOPING WORLD FD INVESTOR CL	4,247.824	\$20.52	\$87,165.35	\$62,264.51
04314H626	ARTISAN OPP'ISTIC GROWTH INVESTOR SHRS	2,458.730	\$21.87	\$53,772.43	\$64,668.24
04314H824	ARTISAN OPP'ISTIC GROWTH INVESTOR SHRS	2,081.806	\$36.97	\$76,964.37	\$58,532.35
04314H881	ARTISAN INTL VALUE FUND	1,065.373	\$42.27	\$45,033.32	\$34,419.59
06828M843	BARON GLOBAL ADVANTAGE FD RETAIL	954.016	\$51.68	\$49,303.55	\$50,000.00
06828M876	BARON EMERGING MARKETS FUND INSTL	3,873.778	\$17.58	\$68,101.02	\$61,705.89
06828M884	BARON EMERGINIG MARKETS FUND RETAIL	3,814.214	\$17.51	\$66,786.89	\$48,918.74
192476109	COHEN & STEERS REALTY SHARES INC	1,280.660	\$83.48	\$106,909.50	\$77,659.97
19765N278	COLUMBIA DIVIDEND INCOME CL A	2,579.876	\$31.60	\$81,524.08	\$59,011.28
256206103	DODGE & COX INTERNATL STOCK FUND	2,265.264	\$47.29	\$107,124.33	\$85,683.41
256210105	DODGE & COX INCOME	21,040.773	\$14.06	\$295,833.27	\$297,483.28
256219106	DODGE & COX STOCK	1,181.303	\$245.26	\$289,726.37	\$243,307.91
258620103	DOUBLELINE TOTAL RETURN BOND FD CL I	11,259.311	\$10.40	\$117,096.83	\$121,266.10
262028301	DRIEHAUS EMERGING MARKETS	933.723	\$41.20	\$38,469.39	\$30,504.10
277923728	EATON VANCE GLOBAL MACRO FUND CL I	18,260.440	\$8.58	\$156,674.58	\$163,594.08
31761R211	VULCAN VAL PARTNERS SM CAP INSTL CLASS	1,291.542	\$21.26	\$27,458.18	\$24,112.27
339183105	JP MORGAN MID-CAP VALUE FUND SEL SHS	2,288.327	\$40.93	\$93,661.22	\$90,577.01
40169J879	GUGGENHEIM TOTAL RETURN BOND CL P	3,903.301	\$28.53	\$111,361.18	\$104,875.79
413838715	OAKMARK SELECT ADVISOR FUND	172.324	\$64.12	\$11,049.41	\$8,101.07
413838731	OAKMARK INTL ADVISOR FUND	4,680.553	\$28.04	\$131,242.71	\$132,573.77
41664M185	HARTFORD WORLD BOND FUND CL Y	13,947.085	\$10.43	\$145,468.10	\$148,036.86
46637K224	JPMORGAN INCOME FUND CLASS I	15,752.302	\$9.39	\$147,914.12	\$150,399.39
471023549	JANUS TRITON FUND	1,406.412	\$33.44	\$47,030.42	\$33,331.29
47803P476	JOHN HANCOCK SEAPORT FUND CL I	55,245.976	\$12.14	\$670,686.15	\$709,571.63
52106N442	LAZARD US GL LISTED INFRASTRUCTURE OPEN	5,439.668	\$16.51	\$89,808.92	\$80,111.75
61744J564	MORGAN STA INST US LGE CAP GRWTH POR B	1,132.265	\$67.88	\$76,858.15	\$96,194.69
61744J614	MORGAN STA INST INC. SMALL CO GRWTH CL P	4,208.374	\$13.20	\$55,550.54	\$74,788.83
617440599	MORGAN STAN INSTL TR MID CAP GRWTH ADV CL	3,368.438	\$19.24	\$64,808.75	\$102,516.36
61756E826	MORGAN STANLEY INSTL INTERNTL OPP CL A	1,983.695	\$37.49	\$74,368.73	\$81,591.08
693391120	PIMCO REAL RETURN CLASS A	3,764.200	\$12.32	\$46,374.94	\$42,666.79
693391245	PIMCO FOREIGN BOND CLASS A	9,550.029	\$10.74	\$102,567.31	\$102,479.39
69901E500	PARADIGM MICRO CAP FUND	1,066.194	\$54.57	\$58,182.21	\$50,641.06
701765869	PARNASSUS WORKPLACE	2,039.191	\$54.03	\$110,177.49	\$82,658.50
701765885	PARNASSUS MID CAP	1,085.246	\$45.20	\$49,053.12	\$33,218.15
722005584	PIMCO COMM REAL RETURN STRAT CL A	4,074.758	\$6.12	\$24,937.52	\$52,852.82
72201F474	PIMCO INCOME FD CL A	10,476.630	\$11.94	\$125,090.96	\$126,098.00
741454102	T ROWE PRICE MEDIA & TELECOMMUNICATIONS	2,380.439	\$182.60	\$434,668.16	\$191,618.97
77954Q106	T ROWE PRICE BLUE CHIP GROWTH INC	939.725	\$177.82	\$167,101.90	\$106,694.83

SUMMARY OF NET TRUST ASSETS

TOTAL PLAN ASSETS AS OF 12/31/2021

CUSIP #	SECURITY DESCRIPTION	SHARE BALANCE	PRICE	TOTAL MARKET VALUE	HISTORICAL COST
779917103	T ROWE PRICE DIVERS SMALL CAP GROWTH	645.906	\$46.35	\$29,937.74	\$29,961.79
85208P105	SPROTT GOLD FUND INVESTOR	265.708	\$48.35	\$12,846.98	\$21,728.05
85917L742	STERLING CAPITAL SPECIAL OPP CLASS I	2,851.502	\$34.15	\$97,378.79	\$95,650.04
885882662	THRIVENT MID CAP STOCK FUND CL S	900.916	\$38.04	\$34,270.84	\$24,869.66
921908877	VANGUARD REIT INDEX ADMIRAL	223.381	\$164.27	\$36,694.80	\$34,129.06
921921300	VANGUARD EQUITY INCO ME ADMIRAL FD	326.062	\$92.22	\$30,069.44	\$28,788.15
922031810	VANGUARD INTERMDIATE TERM CORP ADMIRAL	768.090	\$9.95	\$7,642.50	\$7,742.69
922908710	VANGUARD 500 INDEX ADMIRAL	348.628	\$439.83	\$153,337.05	\$150,683.24
922908728	VANGUARD TOTAL STOCK MARKET INDEX ADMIRAL	169.893	\$117.56	\$19,972.62	\$20,145.29
	FIDELITY FUND				
315910315	FIDELITY INT'L GROWTH FUND	8,941.240	\$21.06	\$188,302.51	\$98,659.64
315916783	FIDELITY FLOATING RATE HIGH INCOME	3,799.827	\$9.47	\$35,984.36	\$37,112.03
315911693	FID TOTAL MKT INDEX INSTL PREMIUM CLASS	224.664	\$133.78	\$30,055.55	\$18,333.01
315911743	FID EXTENDED MARKET INDEX INSTL PREMIUM	483.593	\$87.21	\$42,174.15	\$42,967.14
315911750	FIDELITY 500 INDEX INSTITUTIONAL PREM	5,912.025	\$165.32	\$977,375.97	\$539,977.93
315912709	FIDELITY NASDAQ COMPOSITE INDEX	219.324	\$196.82	\$43,167.35	\$22,483.13
316390772	FIDELITY SELECT BIOTECHNOLOGY	2,727.487	\$19.35	\$52,776.87	\$40,358.16
316464106	FIDELITY VALUE	1,807.051	\$14.69	\$26,545.58	\$18,578.29
316390731	FIDELITY SELECT RETAILING	2,822.027	\$23.07	\$65,104.16	\$48,536.82
316390509	FIDELITY SELECT UTILITIES GROWTH	696.960	\$105.05	\$73,215.65	\$54,301.00
316389303	FIDELITY BLUE CHIP GROWTH	316.759	\$183.62	\$58,163.29	\$56,784.90
316389105	FIDELITY OTC PORT	4,161.894	\$19.60	\$81,573.12	\$39,918.22
31635V232	FID L/T TREASURY BOND INDX INST PREM	1,513.934	\$14.75	\$22,330.53	\$20,832.30
316345305	FIDELITY LOW PRICED STOCK	1,629.650	\$53.79	\$87,658.87	\$16,858.20
31617K105	FIDELITY GINNIE MAE	3,027.110	\$11.58	\$35,053.93	\$34,610.83
31617H805	FIDELITY MMKT PREMIUM CLASS	4,533.510	\$1.00	\$4,533.51	\$4,533.51
316146596	FIDELITY CORPORATE BOND FUND	6,426.043	\$12.43	\$79,875.71	\$82,451.91
316146315	FIDELITY GLOBAL EX US INDEX INSTL PREM	1,669.377	\$15.29	\$25,524.77	\$21,085.07
316146265	FID MID CAP INDEX INSTITUTIONAL PREM	6,084.586	\$31.99	\$194,645.91	\$118,999.39
316146182	FIDELITY SMALL CAP INDEX INSTL PREMIUM	6,639.250	\$27.56	\$182,977.73	\$136,044.24
316145200	FIDELITY CONVERTIBLE SECURITIES	0.133	\$36.47	\$4.85	\$3.69
316062108	FIDELITY CAPITAL & INCOME	14,861.101	\$11.21	\$166,592.94	\$152,383.76
31606X605	FIDELITY MID CAP ENHANCED INDEX FUND	2,532.192	\$18.62	\$47,149.42	\$45,708.92
315910737	FIDELITY INTERN'TL SMALL CAP	2,059.194	\$32.30	\$66,511.97	\$63,585.09
	OPTION				
5647479CW	PUT (BABA) ALIBABA GROUP	(1.000)	\$583.00	(\$583.00)	\$0.00
5639379CA	PUT (BA) BOEING CO COM	(2.000)	\$113.00	(\$226.00)	\$0.00
5617909OK	PUT (AAPL) APPLE INC	(1.000)	\$1.00	(\$1.00)	\$0.00
5613209LL	PUT (NVDA) NVIDIA CORPORATION	(1.000)	\$1.00	(\$1.00)	\$0.00
5173449UQ	PUT (LIN) LINDE PLC COM	(2.000)	\$33.00	(\$66.00)	\$0.00
4917429JH	CALL (AAPL) APPLE INC COM	(3.000)	\$72.00	(\$216.00)	\$0.00
4912409GG	CALL (AAPL) APPLE INC COM	(2.000)	\$305.00	(\$610.00)	\$0.00
	PREFERRED STOCK				
03768E402	APOLLO GLOBAL MGMT INC PFD SER B	2,000.000	\$26.63	\$53,260.00	\$53,200.00
	UNIT				
922908629	VANGUARD INDEX FDS VANGUARD MID CAP	1,424.918	\$254.77	\$363,026.36	\$196,149.43
922908553	VANGUARD INDEX FDS FORMERLY VANGUARD	696.116	\$116.01	\$80,756.42	\$61,035.04
922908538	VANGUARD INDEX FDS MID-CAP GROWTH INDEX	1,078.000	\$254.62	\$274,480.36	\$109,893.57
922908512	VANGUARD INDEX FDS MID-CAP VALUE INDEX	3,563.000	\$150.33	\$535,625.79	\$326,207.50
922908363	VANGUARD INDEX FDS FORMERLY VANGUARD	1,396.121	\$436.57	\$609,504.54	\$288,166.46
922042858	VANGUARD INTL EQUITY INDEX FD INC	1,367.458	\$49.46	\$67,634.47	\$65,689.26
921943858	VANGUARD TAX MANAGED FD EUROPE PACIFIC	9,196.940	\$51.06	\$469,595.76	\$372,004.80
78463V107	SPDR GOLD TR GOLD SHS	250.000	\$170.96	\$42,740.00	\$43,597.67
72201R833	PIMCO ETF TR ENHANCED SHORT	1,296.000	\$101.56	\$131,621.76	\$132,011.42
46434V621	ISHARES TRUST CORE DIVID GROWTH ETF	1,589.002	\$55.58	\$88,316.73	\$66,780.17
464287655	ISHARES TR RUSSELL 2000 INDEX FD	3.699	\$222.45	\$822.84	\$820.98
464287507	ISHARES TR S&P MIDCAP 400 INDEX FD	220.080	\$283.08	\$62,300.25	\$50,731.39
46138E727	INVESCO EXCHNG TRADED FD TR II FTSE	5,464.000	\$21.89	\$119,606.96	\$118,575.97
46137V613	INVESCO EXCHANGE TRADED FD TR FTSE	3,698.000	\$171.70	\$634,946.60	\$422,561.40

SUMMARY OF NET TRUST ASSETS

TOTAL PLAN ASSETS AS OF 12/31/2021

CUSIP #	SECURITY DESCRIPTION	SHARE BALANCE	PRICE	TOTAL MARKET VALUE	HISTORICAL COST
46137V597	INVESCO EXCHANGE TRADED FD TR FTSE	354.000	\$191.71	\$67,865.34	\$47,608.64
46090E103	INVESCO QQQ TR UNIT SER 1	100.000	\$397.85	\$39,785.00	\$6,655.55
45781V101	INNOVATIVE INDL PPTYS INC CL A	100.628	\$262.91	\$26,456.11	\$20,756.68
389637109	GRAYSCALE BITCOIN TR BTC SHS ACCD INVS	230.000	\$34.25	\$7,877.50	\$9,268.75
316092808	FIDELITY MSCI INFORMATION	585.555	\$135.40	\$79,284.15	\$55,249.16
26924G508	ETF MANAGERS TR TIERRA XP LATIN	135.918	\$11.08	\$1,505.97	\$3,207.00
04010L103	ARES CAP CORP COM	4,467.508	\$21.19	\$94,666.49	\$78,799.27
00214Q708	ARK ETF TR FINTECH INNOVA	500.000	\$40.85	\$20,425.00	\$26,745.00
00214Q104	ARK ETF TR INNOVATION ETF	500.000	\$94.59	\$47,295.00	\$69,990.00
922908736	VANGUARD INDEX FDS VANGUARD GROWTH	1,430.145	\$320.90	\$458,933.53	\$258,865.79
922908751	VANGUARD INDEX FDS VANGUARD SMALL CAP	955.807	\$226.01	\$216,021.94	\$135,040.98
NET ASSETS :				\$18,671,902.04	