

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information —enter all requested information
1a Name of plan SABAN COMMUNITY CLINIC 403(B) EMPLOYER RETIREMENT PROTOCOL, LLC	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 05/01/1999
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) THE LOS ANGELES FREE CLINIC 8405 BEVERLY BLVD LOS ANGELES, CA 90048	2b Employer Identification Number (EIN) 95-2539105 2c Plan Sponsor's telephone number 323-330-1648 2d Business code (see instructions) 621498

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2023	CHANTAL WASHINGTON
	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 (2022)
v. 220413

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		5 347
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) 276
a(2) Total number of active participants at the end of the plan year		6a(2) 313
b Retired or separated participants receiving benefits		6b 1
c Other retired or separated participants entitled to future benefits.....		6c 70
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 384
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 384
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 292
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 20
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: 2L 2G 2F 2T		
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) ☒ 1 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan SABAN COMMUNITY CLINIC 403(B) EMPLOYER RETIREMENT PROTOCOL, LLC	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE LOS ANGELES FREE CLINIC	D Employer Identification Number (EIN) 95-2539105

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

(a) Name of insurance carrier THE VARIABLE ANNUITY LIFE INSURANCE CO.
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	59747	161	01/01/2022	12/31/2022

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end..... **4** 1407994**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 1401182**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)** 37283
(3) Interest credited during the year **7c(3)**
(4) Transferred from separate account **7c(4)** 37605
(5) Other (specify below) **7c(5)**
▶(6) Total additions **7c(6)** 74888**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 1476070**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 67744
(2) Administration charge made by carrier **7e(2)** 332
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)**
▶(5) Total deductions **7e(5)** 68076**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 1407994

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan SABAN COMMUNITY CLINIC 403(B) EMPLOYER RETIREMENT PROTOCOL, LLC	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE LOS ANGELES FREE CLINIC	D Employer Identification Number (EIN) 95-2539105

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VOYA RETIREMENT INSURANCE & ANNUITY
71-0294708

(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)

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(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?
26 64	SERVICE PROVIDER	17765	Yes ☒ No ☐	Yes ☒ No ☐	249	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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 2022 This Form is Open to Public Inspection		
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>				
A Name of plan <u>SABAN COMMUNITY CLINIC 403(B) EMPLOYER RETIREMENT PROTOCOL, LLC</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> B Three-digit plan number (PN) ► </td> <td style="width: 20%; padding: 5px; text-align: center;"> 001 </td> </tr> </table>		B Three-digit plan number (PN) ►	001
B Three-digit plan number (PN) ►	001			
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE LOS ANGELES FREE CLINIC</u>	D Employer Identification Number (EIN) <u>95-2539105</u>			

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....		1b(1)	
(2) Participant contributions.....		1b(2)	
(3) Other.....		1b(3)	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	
(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)	
(B) Common.....		1c(4)(B)	
(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)	150455162061
(9) Value of interest in common/collective trusts.....		1c(9)	
(10) Value of interest in pooled separate accounts		1c(10)	
(11) Value of interest in master trust investment accounts.....		1c(11)	
(12) Value of interest in 103-12 investment entities		1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)	1402918612426896
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	14011821407994
(15) Other		1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	15580823	13996951

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	15580823	13996951
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	354631	
(B) Participants	2a(1)(B)	1066162	
(C) Others (including rollovers)	2a(1)(C)	366006	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1786799
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	6072	
(F) Other	2b(1)(F)	37283	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		43355
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	211896	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		211896
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-2923895
c Other income	2c		662
d Total income. Add all income amounts in column (b) and enter total	2d		-881183
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	684581	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		684581
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	18108	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		18108
j Total expenses. Add all expense amounts in column (b) and enter total	2j		702689
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-1583872
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: GREEN HASSON & JANKS LLP

(2) EIN: 95-1777440

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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan SABAN COMMUNITY CLINIC 403(B) EMPLOYER RETIREMENT PROTOCOL, LLC		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE LOS ANGELES FREE CLINIC		D Employer Identification Number (EIN) 95-2539105
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 71-0294708		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:	
a	The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a
b	The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b
c	The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:	
a	The corresponding number for the plan year immediately preceding the current plan year.....	15a
b	The corresponding number for the second preceding plan year.....	15b
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:	
a	Enter the number of employers who withdrew during the preceding plan year	16a
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐	

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

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

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

SABAN COMMUNITY CLINIC
403(B) EMPLOYER RETIREMENT PLAN
EIN 95-2539105 PN 001

FINANCIAL STATEMENTS

YEARS ENDED
DECEMBER 31, 2022 AND 2021

**SABAN COMMUNITY CLINIC
403(B) EMPLOYER RETIREMENT PLAN**

FINANCIAL STATEMENTS

**YEARS ENDED
DECEMBER 31, 2022 AND 2021**

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WE ARE AN INDEPENDENT MEMBER OF
THE GLOBAL ADVISORY
AND ACCOUNTING NETWORK

**AUDIT
AND
ASSURANCE**

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of the
Saban Community Clinic 403(b)
Employer Retirement Plan

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

We have performed audits of the financial statements of the Saban Community Clinic 403(b) Employer Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our 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 certifications from a qualified institution as of December 31, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

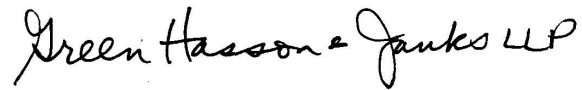
Other Matter - Supplementary Schedule Required by ERISA

The supplementary Schedule H, Line 4i Schedule of Assets (Held at End of Year) as of December 31, 2022 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 supplementary schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplementary 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 supplementary schedule, we evaluated whether the supplementary schedule, other than the information agreed to or derived from the certified investment information, including their 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 supplementary schedule, other than the information in the supplementary schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplementary 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).

A handwritten signature in black ink, reading "Green Hasson & Janks LLP". The signature is written in a cursive, flowing style.

October 11, 2023
Los Angeles, California

**SABAN COMMUNITY CLINIC
403(B) EMPLOYER RETIREMENT PLAN**

**STATEMENTS OF NET ASSETS
AVAILABLE FOR BENEFITS**

	December 31	
	2022	2021
ASSETS:		
Investments (Participant Directed):		
Investments at Fair Value:		
Investment Accounts	\$ 13,834,890	\$ 15,430,368
Receivables:		
Notes Receivable from Participants	162,061	150,455
<i>NET ASSETS AVAILABLE FOR BENEFITS</i>	<i>\$ 13,996,951</i>	<i>\$ 15,580,823</i>

The Accompanying Notes are an Integral Part of These Financial Statements

**SABAN COMMUNITY CLINIC
403(B) EMPLOYER RETIREMENT PLAN**

**STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
Year Ended December 31, 2022**

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment Income:

Interest and Dividend Income \$ 249,179

Interest Income on Notes Receivable from Participants 6,072

Contributions:

Participants \$ 1,066,162

Employer 354,631

Rollovers 366,006

TOTAL CONTRIBUTIONS 1,786,799

TOTAL ADDITIONS 2,042,050

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Net Depreciation in Fair Value of Investments

(Including Realized and Unrealized Gains and Losses) (2,923,233)

Benefits Paid to Participants (684,581)

Administrative Expenses (18,108)

TOTAL DEDUCTIONS (3,625,922)

NET DECREASE IN NET ASSETS

AVAILABLE FOR BENEFITS (1,583,872)

Net Assets Available for Benefits - Beginning of Year 15,580,823

NET ASSETS AVAILABLE FOR

BENEFITS - END OF YEAR \$ 13,996,951

The Accompanying Notes are an Integral Part of These Financial Statements

**SABAN COMMUNITY CLINIC
403(B) EMPLOYER RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021**

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Saban Community Clinic 403(b) Employer Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan agreement, including the Summary Plan Description, for a more complete description of the Plan's provisions.

(a) GENERAL

The Plan is a defined contribution 403(b) plan which covers all employees of The Los Angeles Free Clinic dba Saban Community Clinic (the Organization). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. All employees are eligible to join the Plan upon hire, aside from certain nonresident aliens who have no earned income from sources within the United States or employees who are enrolled as students and regularly attending classes offered by the employer. The Plan became effective on May 1, 1999 and was restated and most recently amended effective March 1, 2021 to change the Plan's third party administrator from Standard Insurance Company's Group (Standard) to VOYA Retirement and Insurance Company (VOYA).

(b) CONTRIBUTIONS

A participant may elect to contribute a percentage or a fixed dollar amount up to their annual compensation, subject to IRS limitations, not to exceed \$20,500 for the year ended December 31, 2022. Participants who have attained the age of 50 by the Plan year end may also make catch-up contributions of \$6,500 during the year ended December 31, 2022. In addition, the Plan allows for special catch-up contributions for employees with 15 years of service. The Plan includes an automatic enrollment feature, whereby the Organization will automatically withhold 2%, increasing annually by 1% to a maximum of 15% of compensation, unless the employee makes a contrary election.

The Organization will match 50% of the participant's elective deferral, up to a maximum of 4% of employee compensation deferred. A participant must have completed at least one year of service, defined as completing 1,000 working hours, in order to be eligible for the Organization's matching contribution. The Organization's matching contribution is invested directly into the participant's Plan balance. The amount of contribution made by the Organization is within the Organization's discretion and may vary from year to year.

(c) PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's and the Organization's contributions, and an allocation of Plan earnings. The benefit to which a participant is entitled is the vested benefit that can be provided from the participant's account balance.

**SABAN COMMUNITY CLINIC
403(B) EMPLOYER RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021**

NOTE 1 - DESCRIPTION OF THE PLAN (continued)

(d) VESTING

Participants are immediately vested in their voluntary contributions and actual earnings thereon. The Organization's match vests over a five year period. The Plan has no forfeitures as of December 31, 2022.

(e) NOTES RECEIVABLE FROM PARTICIPANTS

Participants may borrow up to 50% of their vested account balance subject to a minimum amount of \$1,000 and a maximum of \$50,000. Loan terms range from one to five years, or longer for the purchase of a primary residence. Notes receivable from participants are secured by the participant's vested interest in the Plan. Notes receivable from participants bear interest at a rate which is comparable to commercial lending institutions as determined quarterly by the Plan administrator. Interest rates on outstanding notes receivable from participants at December 31, 2022 ranged from 1.00% to 4.50%. Principal and interest are paid directly to the custodian.

(f) PAYMENT OF BENEFITS

On termination of service, a participant may elect to receive a single lump-sum payment of the value of his or her account, or annual installments for a period not exceeding ten years. Benefits are recorded when paid. There were no benefit claims for participants separated from service that have not yet been paid as of December 31, 2022.

(g) FORFEITURES

Forfeitures of terminated participants' non-vested accounts can be used to reduce future employer contributions and administrative expenses. During the year ended December 31, 2022 the Organization did not apply available forfeitures to reduce employer contributions or administrative expenses. Total available forfeitures at December 31, 2022 amounted to \$4,091.

(h) ADMINISTRATIVE EXPENSES

The Organization absorbs significant costs of the Plan, including Plan administration fees and accounting costs. Transaction charges are paid by the participants.

**SABAN COMMUNITY CLINIC
403(B) EMPLOYER RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021**

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

(a) BASIS OF ACCOUNTING

The financial statements of the Plan are prepared under the accrual method of accounting.

(b) USE OF ESTIMATES

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions. Those estimates and assumptions affect the reported amounts of assets and liabilities, and the reported revenues and expenses during the reporting period. Although management believes its estimates are appropriate, changes in assumptions utilized in preparing such estimates could cause these estimates to change sometime in the future.

(c) RISKS AND UNCERTAINTIES

The Plan utilizes various investment instruments including mutual funds and fixed annuities. Investment instruments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment instruments, it is reasonably possible that changes in the values of investment instruments will occur in the near term and that such change could materially affect the amounts reported in the financial statements.

(d) INVESTMENT VALUATION AND INCOME RECOGNITION

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for disclosure of fair value measurements and contract value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (or depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Investments are valued at fair value as determined by VOYA and Variable Annuity Life Insurance Company (VALIC), the custodians of the Plan, as of December 31, 2022 and 2021.

**SABAN COMMUNITY CLINIC
403(B) EMPLOYER RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021**

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(e) NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document.

(f) SUBSEQUENT EVENTS

The Plan has evaluated events and transactions occurring subsequent to the statement of net assets available for benefits date of December 31, 2022, for items that should potentially be recognized or disclosed in these financial statements. No such events or transactions occurred. The evaluation was conducted through October 11, 2023, the date these financial statements were available to be issued.

NOTE 3 - INVESTMENTS

The Plan's funds are maintained by VOYA and VALIC. The Plan's funds are credited with actual earnings on the underlying investments and charged for Plan withdrawals. The Plan's funds in the financial statements as of December 31, 2022 and 2021 are the values as reported to the Plan by VOYA and VALIC.

A participant may direct contributions to any of the investment options maintained by VOYA and VALIC. Participants may change their investment options at their discretion.

The following was certified as being complete and accurate by VOYA and VALIC:

- Investments and notes receivable from participants as shown in the statements of net assets available for benefits as of December 31, 2022 and 2021.
- Interest and dividend income on investments, net depreciation in fair value of investments and interest income on notes receivable from participants as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2022.
- Supplementary Schedule of Assets (Held at End of Year) as of December 31, 2022.

**SABAN COMMUNITY CLINIC
403(B) EMPLOYER RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021**

NOTE 3 - INVESTMENTS (continued)

The Plan's independent auditor did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the statements of net assets available for benefits and statement of changes in net assets available for benefits and the supplementary schedule of assets (Held at End of Year).

NOTE 4 - FAIR VALUE MEASUREMENTS

The Plan adopted the fair value accounting standards for those assets that are re-measured and reported at fair value at each reporting period. This standard establishes a single authoritative definition of fair value, sets out a framework for measuring fair value based on inputs used, and requires additional disclosures about fair value measurements. This standard applies to fair value measurements already required or permitted by existing standards.

The three levels of the fair value hierarchy under the standard are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

**SABAN COMMUNITY CLINIC
403(B) EMPLOYER RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021**

NOTE 4 - FAIR VALUE MEASUREMENTS (continued)

The following table presents information about the Plan's assets that are measured at fair value on a recurring basis at December 31, 2022 and 2021, respectively, and indicates the fair value hierarchy of the valuation techniques utilized to determine such fair value:

	Year Ended December 31	Fair Value Measurements Using		
		Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
2022:				
Mutual Funds	\$ 12,426,896	\$ 12,426,896	\$ -	\$ -
Fixed Annuities	1,407,994	-	1,407,994	-
TOTAL INVESTMENTS	\$ 13,834,890	\$ 12,426,896	\$ 1,407,994	\$ -
2021:				
Mutual Funds	\$ 14,029,186	\$ 14,029,186	\$ -	\$ -
Fixed Annuities	1,401,182	-	1,401,182	-
TOTAL INVESTMENTS	\$ 15,430,368	\$ 14,029,186	\$ 1,401,182	\$ -

The following is a description of the valuation methodologies used for assets measured at fair value:

- **Mutual Funds:** Valued at the closing price reported on the active market on which the funds are traded.
- **Fixed Annuities:** Invests in general account assets of VALIC to provide fixed return investment growth and is credited with interest at rates set by VALIC. Inputs include quoted prices for similar assets and liabilities in active markets, and inputs other than quoted prices that are observable for the asset or liability, such as interest rates and yield curves that are observable at commonly quoted intervals.

There have been no changes in the methodologies used at December 31, 2022 and 2021.

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

**SABAN COMMUNITY CLINIC
403(B) EMPLOYER RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021**

NOTE 5 - TAX STATUS

The IRS has determined and informed the Plan by a letter dated June 30, 2020, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan Administrator and Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with applicable requirements of the IRC, and therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 6 - EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain investment instruments are managed by VOYA or VALIC, the custodians as defined by the Plan. Therefore, these transactions qualify as exempt party-in-interest transactions, during 2022 and 2021. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund.

NOTE 7 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Organization has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event the Plan is terminated, the assets will be allocated to each participant in the proportion each account balance bears to the total of all account balances.

**SABAN COMMUNITY CLINIC
403(B) EMPLOYER RETIREMENT PLAN**

SUPPLEMENTARY SCHEDULE

DECEMBER 31, 2022

**SABAN COMMUNITY CLINIC
403(B) EMPLOYER RETIREMENT PLAN
EIN 95-2539105 PLAN NUMBER 001**

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
As of December 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Date	(d) Cost **	(e) Current Value
*	The Variable Annuity Life Insurance Company	Aggressive Growth Lifestyle Fund	\$	124,951
		American Beacon Broadway Large Cap Growth		33,941
		Ariel Appreciation Fund		266,056
		Ariel Fund		176,334
		Blue Chip Growth Fund		40,394
		Core Bond Fund		115,440
		Dividend Value Fund		28,733
		Emerging Economies Fund		54,499
		Fixed Account Plus		994,874
		Global Real Estate Fund		14,203
		Global Strategy Fund		1,019
		Government Securities Fund		4,087
		Growth Fund		46,719
		GS VIT GOV MONEY MKT FD INST		41,394
		High Yield Bond Fund		40,724
		Inflation Protected Fund		24,636
		International Growth Fund		29,852
		International Value Fund		178,007
		International Equities Index Fund		83,828
		International Opportunities Fund		74,157
		International Socially Responsible Fund		116,758
		Large Capital Growth Fund		18,244
		Mid Cap Index Fund		232,080
		Mid Cap Strategic Growth Fund		165,047
		Mid Cap Value Fund		56,992
		Moderate Growth Lifestyle Fund		93,094
		NASDAQ-100(R) Index Fund		478,146
		Science and Technology Fund		488,979
		Short Term Fixed Account		413,120
		Small Cap Growth Fund		223,445
		Small Cap Index Fund		87,580
		Small Cap Special Value Fund		17,449
		Small Cap Value Fund		23,853
		Stock Index Fund		250,130
		Systemic Core Fund		42,131
		Systemic Value Fund		37,947
		US Socially Responsible Fund		105,205
		Vanguard Lifestrategy Conservative Fund		8,334
		Vanguard Lifestrategy Growth Fund		4,298
		Vanguard Lifestrategy Moderate Growth Fund		10,052
		Vanguard Long-Term Treasury Fund		5,095
		Vanguard Long-Term Inv. Grade Fund		21,915
		Vanguard Wellington Fund		38,380
		Vanguard Windsor II Fund		374,212
		VC I Capital Appreciation Fund		13,014
		VC I Conservative Growth Lifestyle Fund		207,456

(continued next page)

See Independent Auditor's Report

**SABAN COMMUNITY CLINIC
403(B) EMPLOYER RETIREMENT PLAN
EIN 95-2539105 PLAN NUMBER 001**

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
As of December 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Date	(d) Cost **	(e) Current Value
	American Funds	Europacific Growth Fund R6	\$	128,175
		American Funds American Balanced R6		293,461
	American Century	Small Cap Fund R6		12,000
	Allspring	Special Mid Cap Fund Ins		86,862
	Fidelity	International Index Fund		332,021
		Small Cap Ind Fund		310,258
		US Bond Index Fund		75,934
		500 Index Fund		1,188,232
	Janus Henderson	Flexible Bond Fund		506,525
		Enterprise Fund I		156,703
	JP Morgan	Equity Income R6		361,603
	T Rowe Price	Blue Chip Growth I		170,808
		QM US SC GrEq I		17,219
	TIAA CREF	Lifecycle Index 2020		182,598
		Lifecycle Index 2025		294,158
		Lifecycle Index 2030		167,193
		Lifecycle Index 2035		523,167
		Lifecycle Index 2040		312,175
		Lifecycle Index 2045		931,156
		Lifecycle Index 2050		768,601
		Lifecycle Index 2055		509,432
		Lifecycle Index 2060		202,479
		Lifecycle Index 2065		18,034
	Vanguard	Federal Money Market Fund		379,292
*	Total Participant Loans	Interest Ranging from 1.00% to 4.50%, Secured by Vested Interest in Plan, Maturing on Various Dates through April 2027		162,061
	TOTAL		\$	13,996,951

* Party-in-Interest

** Participant-Directed Investments

See Independent Auditor's Report

Attachment to 2022 Form 5500
Schedule H, line 4i - Schedule of Assets
(Held at End of Year)
SABAN COMMUNITY CLINIC 403 (B) EMPLOYER
RETIREMENT PLAN
EIN95-2630105
Plan#001
As Of December 31, 2022

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d) Cost	(e) Current Value
Allspq Spec MdCp VI Fd Ins	Registered Investment Company		\$86,862
AmCen Small Cap Value Fund R6	Registered Investment Company		\$12,000
American Funds Am Balanced R6	Registered Investment Company		\$293,461
American Funds EuroPacific R6	Registered Investment Company		\$128,175
Fid US Bd Id Fd	Registered Investment Company		\$75,934
Fidelity 500 Index Fund	Registered Investment Company		\$1,188,233
Fidelity Intl Index Fnd	Registered Investment Company		\$332,021
Fidelity Sm Cp Ind Fd	Registered Investment Company		\$310,258
Janus Hndr Enterprise Fund I	Registered Investment Company		\$156,703
Janus Hndr Flexible Bond Fd N	Registered Investment Company		\$506,626
JPMorgan Equity Income Fund R6	Registered Investment Company		\$361,603
TIAA-CREF Lifcyc In 2085 F Ins	Registered Investment Company		\$18,034
TIAA-CREF Lifcyc In 2020 F Ins	Registered Investment Company		\$182,598
TIAA-CREF Lifcyc In 2025 F Ins	Registered Investment Company		\$294,158
TIAA-CREF Lifcyc In 2030 F Ins	Registered Investment Company		\$167,193
TIAA-CREF Lifcyc In 2035 F Ins	Registered Investment Company		\$523,167
TIAA-CREF Lifcyc In 2040 F Ins	Registered Investment Company		\$312,175
TIAA-CREF Lifcyc In 2045 F Ins	Registered Investment Company		\$931,156
TIAA-CREF Lifcyc In 2050 F Ins	Registered Investment Company		\$768,601
TIAA-CREF Lifcyc In 2055 F Ins	Registered Investment Company		\$509,432
TIAA-CREF Lifcyc In 2060 F Ins	Registered Investment Company		\$202,479
TRwPr Blue Chip Growth Fnd I	Registered Investment Company		\$170,808
TRwPr Intg US Sm-Cap Gr Eq I	Registered Investment Company		\$17,219
Vangrd Federal Mny Mkt Fd Inv	Registered Investment Company		\$379,292
FIXED ACCOUNT PLUS	Fixed Annuities		\$994,874
SHORT TERM FIXED ACCOUNT	Variable Annuities		\$413,120
AGGRESSIVE GROWTH LIFESTYLE	Variable Annuities		\$124,951
AMER BEACON BRDWH LRG CP GRW I	Variable Annuities		\$33,941
ARIEL APPRECIATION FUND	Variable Annuities		\$266,056
ARIEL FUND	Variable Annuities		\$176,334
BLUE CHIP GROWTH FUND	Variable Annuities		\$40,394
CORE BOND FUND	Variable Annuities		\$115,440
DIVIDEND VALUE	Variable Annuities		\$28,733
EMERGING ECONOMIES	Variable Annuities		\$54,499
GLOBAL REAL ESTATE FUND	Variable Annuities		\$14,203
GLOBAL STRATEGY	Variable Annuities		\$1,019
GOVERNMENT SECURITIES FUND	Variable Annuities		\$4,087
GROWTH FUND	Variable Annuities		\$46,719
GS VIT GOV MONEY MKT FD INST	Variable Annuities		\$41,394
HIGH YIELD BOND FUND	Variable Annuities		\$40,724
INFLATION PROTECTED FUND	Variable Annuities		\$24,636
INTERNATIONAL GROWTH FUND	Variable Annuities		\$29,852
INTERNATIONAL VALUE FUND	Variable Annuities		\$178,007
INTERNATL EQUITIES INDEX FUND	Variable Annuities		\$83,828
INTL OPPORTUNITIES	Variable Annuities		\$74,157
INTL SOCIALLY RESPONSIBLE FUND	Variable Annuities		\$116,758
LARGE CAPITAL GROWTH	Variable Annuities		\$18,244
MID CAP INDEX FUND	Variable Annuities		\$232,080
MID CAP STRATEGIC GWTH	Variable Annuities		\$165,047
MID CAP VALUE FUND	Variable Annuities		\$56,992
MODERATE GROWTH LIFESTYLE	Variable Annuities		\$93,094
NASDAQ-100(R) INDEX FUND	Variable Annuities		\$478,146
SCIENCE & TECHNOLOGY FUND	Variable Annuities		\$488,979
SMALL CAP GROWTH FUND	Variable Annuities		\$223,445
SMALL CAP INDEX FUND	Variable Annuities		\$87,580
SMALL CAP SPECIAL VALUE FUND	Variable Annuities		\$17,449
SMALL CAP VALUE FUND	Variable Annuities		\$23,853
STOCK INDEX FUND	Variable Annuities		\$250,130
SYSTEMATIC CORE FUND	Variable Annuities		\$42,131
SYSTEMATIC VALUE	Variable Annuities		\$37,947
US SOCIALLY RESPONSIBLE FUND	Variable Annuities		\$105,205
VANGUARD LIFESTRATEGY CONSER	Variable Annuities		\$8,334
VANGUARD LIFESTRATEGY GROWTH	Variable Annuities		\$4,298
VANGUARD LIFESTRATEGY MODERA	Variable Annuities		\$10,052
VANGUARD LONG-TERM TREASURY	Variable Annuities		\$5,095
VANGUARD LT INV-GRADE FUND	Variable Annuities		\$21,915
VANGUARD WELLINGTON FUND INC	Variable Annuities		\$38,380
VANGUARD WINDSOR II	Variable Annuities		\$374,212
VC I CAPITAL APPRECIATION	Variable Annuities		\$13,014
VC I CONSERV GROWTH LIFESTYLE	Variable Annuities		\$207,456
	Participants Loans - Rates 1.00% to 4.25%		\$162,061
TOTAL			\$13,996,951

* denotes party-in-interest

Column (d) is not required as the Plan's investments are totally participant directed.

SABAN COMMUNITY CLINIC
403(B) EMPLOYER RETIREMENT PLAN
EIN 95-2539105 PN 001

FINANCIAL STATEMENTS

YEARS ENDED
DECEMBER 31, 2022 AND 2021

**SABAN COMMUNITY CLINIC
403(B) EMPLOYER RETIREMENT PLAN**

FINANCIAL STATEMENTS

**YEARS ENDED
DECEMBER 31, 2022 AND 2021**

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WE ARE AN INDEPENDENT MEMBER OF
THE GLOBAL ADVISORY
AND ACCOUNTING NETWORK

**AUDIT
AND
ASSURANCE**

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of the
Saban Community Clinic 403(b)
Employer Retirement Plan

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

We have performed audits of the financial statements of the Saban Community Clinic 403(b) Employer Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our 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 certifications from a qualified institution as of December 31, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

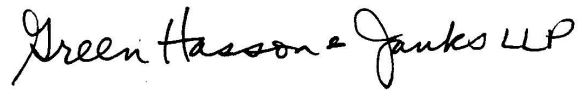
Other Matter - Supplementary Schedule Required by ERISA

The supplementary Schedule H, Line 4i Schedule of Assets (Held at End of Year) as of December 31, 2022 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 supplementary schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplementary 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 supplementary schedule, we evaluated whether the supplementary schedule, other than the information agreed to or derived from the certified investment information, including their 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 supplementary schedule, other than the information in the supplementary schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplementary 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).

A handwritten signature in black ink, reading "Green Hasson & Janks LLP". The signature is written in a cursive, flowing style.

October 11, 2023
Los Angeles, California

**SABAN COMMUNITY CLINIC
403(B) EMPLOYER RETIREMENT PLAN**

STATEMENTS OF NET ASSETS
AVAILABLE FOR BENEFITS

	December 31	
	2022	2021
ASSETS:		
Investments (Participant Directed):		
Investments at Fair Value:		
Investment Accounts	\$ 13,834,890	\$ 15,430,368
Receivables:		
Notes Receivable from Participants	162,061	150,455
<i>NET ASSETS AVAILABLE FOR BENEFITS</i>	<i>\$ 13,996,951</i>	<i>\$ 15,580,823</i>

The Accompanying Notes are an Integral Part of These Financial Statements

**SABAN COMMUNITY CLINIC
403(B) EMPLOYER RETIREMENT PLAN**

**STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
Year Ended December 31, 2022**

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment Income:

Interest and Dividend Income \$ 249,179

Interest Income on Notes Receivable from Participants 6,072

Contributions:

Participants \$ 1,066,162

Employer 354,631

Rollovers 366,006

TOTAL CONTRIBUTIONS 1,786,799

TOTAL ADDITIONS 2,042,050

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Net Depreciation in Fair Value of Investments

(Including Realized and Unrealized Gains and Losses) (2,923,233)

Benefits Paid to Participants (684,581)

Administrative Expenses (18,108)

TOTAL DEDUCTIONS (3,625,922)

**NET DECREASE IN NET ASSETS
AVAILABLE FOR BENEFITS** (1,583,872)

Net Assets Available for Benefits - Beginning of Year 15,580,823

**NET ASSETS AVAILABLE FOR
BENEFITS - END OF YEAR** \$ 13,996,951

The Accompanying Notes are an Integral Part of These Financial Statements

**SABAN COMMUNITY CLINIC
403(B) EMPLOYER RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021**

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Saban Community Clinic 403(b) Employer Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan agreement, including the Summary Plan Description, for a more complete description of the Plan's provisions.

(a) GENERAL

The Plan is a defined contribution 403(b) plan which covers all employees of The Los Angeles Free Clinic dba Saban Community Clinic (the Organization). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. All employees are eligible to join the Plan upon hire, aside from certain nonresident aliens who have no earned income from sources within the United States or employees who are enrolled as students and regularly attending classes offered by the employer. The Plan became effective on May 1, 1999 and was restated and most recently amended effective March 1, 2021 to change the Plan's third party administrator from Standard Insurance Company's Group (Standard) to VOYA Retirement and Insurance Company (VOYA).

(b) CONTRIBUTIONS

A participant may elect to contribute a percentage or a fixed dollar amount up to their annual compensation, subject to IRS limitations, not to exceed \$20,500 for the year ended December 31, 2022. Participants who have attained the age of 50 by the Plan year end may also make catch-up contributions of \$6,500 during the year ended December 31, 2022. In addition, the Plan allows for special catch-up contributions for employees with 15 years of service. The Plan includes an automatic enrollment feature, whereby the Organization will automatically withhold 2%, increasing annually by 1% to a maximum of 15% of compensation, unless the employee makes a contrary election.

The Organization will match 50% of the participant's elective deferral, up to a maximum of 4% of employee compensation deferred. A participant must have completed at least one year of service, defined as completing 1,000 working hours, in order to be eligible for the Organization's matching contribution. The Organization's matching contribution is invested directly into the participant's Plan balance. The amount of contribution made by the Organization is within the Organization's discretion and may vary from year to year.

(c) PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's and the Organization's contributions, and an allocation of Plan earnings. The benefit to which a participant is entitled is the vested benefit that can be provided from the participant's account balance.

**SABAN COMMUNITY CLINIC
403(B) EMPLOYER RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021**

NOTE 1 - DESCRIPTION OF THE PLAN (continued)

(d) VESTING

Participants are immediately vested in their voluntary contributions and actual earnings thereon. The Organization's match vests over a five year period. The Plan has no forfeitures as of December 31, 2022.

(e) NOTES RECEIVABLE FROM PARTICIPANTS

Participants may borrow up to 50% of their vested account balance subject to a minimum amount of \$1,000 and a maximum of \$50,000. Loan terms range from one to five years, or longer for the purchase of a primary residence. Notes receivable from participants are secured by the participant's vested interest in the Plan. Notes receivable from participants bear interest at a rate which is comparable to commercial lending institutions as determined quarterly by the Plan administrator. Interest rates on outstanding notes receivable from participants at December 31, 2022 ranged from 1.00% to 4.50%. Principal and interest are paid directly to the custodian.

(f) PAYMENT OF BENEFITS

On termination of service, a participant may elect to receive a single lump-sum payment of the value of his or her account, or annual installments for a period not exceeding ten years. Benefits are recorded when paid. There were no benefit claims for participants separated from service that have not yet been paid as of December 31, 2022.

(g) FORFEITURES

Forfeitures of terminated participants' non-vested accounts can be used to reduce future employer contributions and administrative expenses. During the year ended December 31, 2022 the Organization did not apply available forfeitures to reduce employer contributions or administrative expenses. Total available forfeitures at December 31, 2022 amounted to \$4,091.

(h) ADMINISTRATIVE EXPENSES

The Organization absorbs significant costs of the Plan, including Plan administration fees and accounting costs. Transaction charges are paid by the participants.

**SABAN COMMUNITY CLINIC
403(B) EMPLOYER RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021**

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

(a) BASIS OF ACCOUNTING

The financial statements of the Plan are prepared under the accrual method of accounting.

(b) USE OF ESTIMATES

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions. Those estimates and assumptions affect the reported amounts of assets and liabilities, and the reported revenues and expenses during the reporting period. Although management believes its estimates are appropriate, changes in assumptions utilized in preparing such estimates could cause these estimates to change sometime in the future.

(c) RISKS AND UNCERTAINTIES

The Plan utilizes various investment instruments including mutual funds and fixed annuities. Investment instruments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment instruments, it is reasonably possible that changes in the values of investment instruments will occur in the near term and that such change could materially affect the amounts reported in the financial statements.

(d) INVESTMENT VALUATION AND INCOME RECOGNITION

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for disclosure of fair value measurements and contract value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (or depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Investments are valued at fair value as determined by VOYA and Variable Annuity Life Insurance Company (VALIC), the custodians of the Plan, as of December 31, 2022 and 2021.

**SABAN COMMUNITY CLINIC
403(B) EMPLOYER RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021**

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

(e) NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document.

(f) SUBSEQUENT EVENTS

The Plan has evaluated events and transactions occurring subsequent to the statement of net assets available for benefits date of December 31, 2022, for items that should potentially be recognized or disclosed in these financial statements. No such events or transactions occurred. The evaluation was conducted through October 11, 2023, the date these financial statements were available to be issued.

NOTE 3 - INVESTMENTS

The Plan's funds are maintained by VOYA and VALIC. The Plan's funds are credited with actual earnings on the underlying investments and charged for Plan withdrawals. The Plan's funds in the financial statements as of December 31, 2022 and 2021 are the values as reported to the Plan by VOYA and VALIC.

A participant may direct contributions to any of the investment options maintained by VOYA and VALIC. Participants may change their investment options at their discretion.

The following was certified as being complete and accurate by VOYA and VALIC:

- Investments and notes receivable from participants as shown in the statements of net assets available for benefits as of December 31, 2022 and 2021.
- Interest and dividend income on investments, net depreciation in fair value of investments and interest income on notes receivable from participants as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2022.
- Supplementary Schedule of Assets (Held at End of Year) as of December 31, 2022.

**SABAN COMMUNITY CLINIC
403(B) EMPLOYER RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021**

NOTE 3 - INVESTMENTS (continued)

The Plan's independent auditor did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the statements of net assets available for benefits and statement of changes in net assets available for benefits and the supplementary schedule of assets (Held at End of Year).

NOTE 4 - FAIR VALUE MEASUREMENTS

The Plan adopted the fair value accounting standards for those assets that are re-measured and reported at fair value at each reporting period. This standard establishes a single authoritative definition of fair value, sets out a framework for measuring fair value based on inputs used, and requires additional disclosures about fair value measurements. This standard applies to fair value measurements already required or permitted by existing standards.

The three levels of the fair value hierarchy under the standard are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

**SABAN COMMUNITY CLINIC
403(B) EMPLOYER RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

NOTE 4 - FAIR VALUE MEASUREMENTS (continued)

The following table presents information about the Plan's assets that are measured at fair value on a recurring basis at December 31, 2022 and 2021, respectively, and indicates the fair value hierarchy of the valuation techniques utilized to determine such fair value:

	Year Ended December 31	Fair Value Measurements Using		
		Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
2022:				
Mutual Funds	\$ 12,426,896	\$ 12,426,896	\$ -	\$ -
Fixed Annuities	1,407,994	-	1,407,994	-
TOTAL INVESTMENTS	\$ 13,834,890	\$ 12,426,896	\$ 1,407,994	\$ -
2021:				
Mutual Funds	\$ 14,029,186	\$ 14,029,186	\$ -	\$ -
Fixed Annuities	1,401,182	-	1,401,182	-
TOTAL INVESTMENTS	\$ 15,430,368	\$ 14,029,186	\$ 1,401,182	\$ -

The following is a description of the valuation methodologies used for assets measured at fair value:

- **Mutual Funds:** Valued at the closing price reported on the active market on which the funds are traded.
- **Fixed Annuities:** Invests in general account assets of VALIC to provide fixed return investment growth and is credited with interest at rates set by VALIC. Inputs include quoted prices for similar assets and liabilities in active markets, and inputs other than quoted prices that are observable for the asset or liability, such as interest rates and yield curves that are observable at commonly quoted intervals.

There have been no changes in the methodologies used at December 31, 2022 and 2021.

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

**SABAN COMMUNITY CLINIC
403(B) EMPLOYER RETIREMENT PLAN**

**NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021**

NOTE 5 - TAX STATUS

The IRS has determined and informed the Plan by a letter dated June 30, 2020, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan Administrator and Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with applicable requirements of the IRC, and therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 6 - EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain investment instruments are managed by VOYA or VALIC, the custodians as defined by the Plan. Therefore, these transactions qualify as exempt party-in-interest transactions, during 2022 and 2021. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund.

NOTE 7 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Organization has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event the Plan is terminated, the assets will be allocated to each participant in the proportion each account balance bears to the total of all account balances.

**SABAN COMMUNITY CLINIC
403(B) EMPLOYER RETIREMENT PLAN**

SUPPLEMENTARY SCHEDULE

DECEMBER 31, 2022

**SABAN COMMUNITY CLINIC
403(B) EMPLOYER RETIREMENT PLAN
EIN 95-2539105 PLAN NUMBER 001**

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
As of December 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Date	(d) Cost **	(e) Current Value
*	The Variable Annuity Life Insurance Company	Aggressive Growth Lifestyle Fund American Beacon Broadway Large Cap Growth Ariel Appreciation Fund Ariel Fund Blue Chip Growth Fund Core Bond Fund Dividend Value Fund Emerging Economies Fund Fixed Account Plus Global Real Estate Fund Global Strategy Fund Government Securities Fund Growth Fund GS VIT GOV MONEY MKT FD INST High Yield Bond Fund Inflation Protected Fund International Growth Fund International Value Fund International Equities Index Fund International Opportunities Fund International Socially Responsible Fund Large Capital Growth Fund Mid Cap Index Fund Mid Cap Strategic Growth Fund Mid Cap Value Fund Moderate Growth Lifestyle Fund NASDAQ-100(R) Index Fund Science and Technology Fund Short Term Fixed Account Small Cap Growth Fund Small Cap Index Fund Small Cap Special Value Fund Small Cap Value Fund Stock Index Fund Systemic Core Fund Systemic Value Fund US Socially Responsible Fund Vanguard Lifestrategy Conservative Fund Vanguard Lifestrategy Growth Fund Vanguard Lifestrategy Moderate Growth Fund Vanguard Long-Term Treasury Fund Vanguard Long-Term Inv. Grade Fund Vanguard Wellington Fund Vanguard Windsor II Fund VC I Capital Appreciation Fund VC I Conservative Growth Lifestyle Fund	\$	124,951 33,941 266,056 176,334 40,394 115,440 28,733 54,499 994,874 14,203 1,019 4,087 46,719 41,394 40,724 24,636 29,852 178,007 83,828 74,157 116,758 18,244 232,080 165,047 56,992 93,094 478,146 488,979 413,120 223,445 87,580 17,449 23,853 250,130 42,131 37,947 105,205 8,334 4,298 10,052 5,095 21,915 38,380 374,212 13,014 207,456

(continued next page)

See Independent Auditor's Report

**SABAN COMMUNITY CLINIC
403(B) EMPLOYER RETIREMENT PLAN
EIN 95-2539105 PLAN NUMBER 001**

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
As of December 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Date	(d) Cost **	(e) Current Value
	American Funds	Europacific Growth Fund R6	\$	128,175
		American Funds American Balanced R6		293,461
	American Century	Small Cap Fund R6		12,000
	Allspring	Special Mid Cap Fund Ins		86,862
	Fidelity	International Index Fund		332,021
		Small Cap Ind Fund		310,258
		US Bond Index Fund		75,934
		500 Index Fund		1,188,232
	Janus Henderson	Flexible Bond Fund		506,525
		Enterprise Fund I		156,703
	JP Morgan	Equity Income R6		361,603
	T Rowe Price	Blue Chip Growth I		170,808
		QM US SC GrEq I		17,219
	TIAA CREF	Lifecycle Index 2020		182,598
		Lifecycle Index 2025		294,158
		Lifecycle Index 2030		167,193
		Lifecycle Index 2035		523,167
		Lifecycle Index 2040		312,175
		Lifecycle Index 2045		931,156
		Lifecycle Index 2050		768,601
		Lifecycle Index 2055		509,432
		Lifecycle Index 2060		202,479
		Lifecycle Index 2065		18,034
	Vanguard	Federal Money Market Fund		379,292
*	Total Participant Loans	Interest Ranging from 1.00% to 4.50%, Secured by Vested Interest in Plan, Maturing on Various Dates through April 2027		162,061
	TOTAL		\$	13,996,951

* Party-in-Interest

** Participant-Directed Investments

See Independent Auditor's Report