

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
--	---	---

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 SACRAMENTO ENT MEDICAL GROUP INC. PROFIT SHARING PLAN	1b	Three-digit plan number (PN) ▶ 004
		1c	Effective date of plan 01/01/1996
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) SACRAMENTO EAR NOSE AND THROAT SURGICAL AND MEDICAL GROUP INC 1111 EXPOSITION BLVD., BLDG. 700 SACRAMENTO, CA 95815	2b	Employer Identification Number (EIN) 94-1693523
		2c	Plan Sponsor's telephone number 916-736-6670
		2d	Business code (see instructions) 621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2023	JEFF DUDLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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		5 189
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) 134
a(2) Total number of active participants at the end of the plan year		6a(2) 119
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 65
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 184
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 184
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 184
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 22
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2G 2J 2K 2R 2S 2T 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 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
--	--	--

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan	B Three-digit plan number (PN)	004
SACRAMENTO ENT MEDICAL GROUP INC. PROFIT SHARING PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
SACRAMENTO EAR NOSE AND THROAT SURGICAL AND MEDICAL GROUP INC		
94-1693523		

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

1 Coverage Information:

(a) Name of insurance carrier
STANDARD INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	811710	184	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

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	729851
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..... Specify nature of costs ▶	6d	

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	312203
--	-----------	--------

c Additions: (1) Contributions deposited during the year	7c(1)	18941	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	7134	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)	488297	

▶ **TRANSFER FROM TRUST**

(6) Total additions	7c(6)	514372
---------------------------	--------------	--------

d Total of balance and additions (add lines 7b and 7c(6))	7d	826575
---	-----------	--------

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	33350	
(2) Administration charge made by carrier	7e(2)	120	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)	63254	

▶ **TRANSFER TO TRUST**

(5) Total deductions	7e(5)	96724
----------------------------	--------------	-------

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	729851
---	-----------	--------

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 SACRAMENTO ENT MEDICAL GROUP INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 SACRAMENTO EAR NOSE AND THROAT SURGICAL AND MEDICAL GROUP INC	D Employer Identification Number (EIN) 94-1693523	

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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)

CAPFINANCIAL PARTNERS, LLC

26-0058143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	54615	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STANCORP

93-1253576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 18	RECORDKEEPER	30693	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BENEFIT RESOURCES, INC.

68-0198481

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	TPA	5349	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SCHWAB

25-1838406

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	CUSTODY	0	Yes ☒ No ☐	Yes ☒ No ☐	3976	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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 SACRAMENTO ENT MEDICAL GROUP INC. PROFIT SHARING PLAN		B Three-digit plan number (PN) ►	004
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SACRAMENTO EAR NOSE AND THROAT SURGICAL AND MEDICAL GROUP INC		D Employer Identification Number (EIN) 94-1693523	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	COHEN & STEERS U.S. REALTY FUND
--	--

b Name of sponsor of entity listed in (a):	COHEN & STEERS COLLECTIVE INVESTMENT TRUST
---	---

c EIN-PN 46-3411346-064	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56701
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	INTERNATIONAL EQUITY FUND FEE CLASS
--	--

b Name of sponsor of entity listed in (a):	WILMINGTON TRUST
---	-------------------------

c EIN-PN 38-4139853-631	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 128382
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:	WILMINGTON TRUST MFS FROWTH CITCLS
--	---

b Name of sponsor of entity listed in (a):	WILMINGTON TRUST
---	-------------------------

c EIN-PN 38-4126293-596	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 235724
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:	
--	--

b Name of sponsor of entity listed in (a):	
---	--

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	
--	--

b Name of sponsor of entity listed in (a):	
---	--

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	
--	--

b Name of sponsor of entity listed in (a):	
---	--

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	
--	--

b Name of sponsor of entity listed in (a):	
---	--

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

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

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

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

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

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

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	10285	36845
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	1144651	1150240
(2) Participant contributions.....	1b(2)	4000	27224
(3) Other.....	1b(3)	28905	43069
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	510841	572953
(2) U.S. Government securities	1c(2)	6067517	5002458
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	20021	625781
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	8433670	7597377
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(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)	17545898	15017974
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	312203	729851
(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	34077991	30803772

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	500	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	500	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	34077491	30803772
---	-----------	----------	----------

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)	1150240	
(B) Participants	2a(1)(B)	978612	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2128852
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4342	
(B) U.S. Government securities	2b(1)(B)	140034	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	43069	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		187445
(2) Dividends: (A) Preferred stock	2b(2)(A)	23152	
(B) Common stock	2b(2)(B)	87400	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	195208	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		305760
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	8334492	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	8050695	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		283797
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-3542426	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-3542426

		(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)		-1966576
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-2603148
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	555420	
(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)		555420
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)	8411	
(3) Investment advisory and management fees	2i(3)	106740	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		115151
j Total expenses. Add all expense amounts in column (b) and enter total	2j		670571
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-3273719
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **WILLIAMS AND OLDS CPAS**

(2) EIN: **01-0560759**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
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.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 SACRAMENTO ENT MEDICAL GROUP INC. PROFIT SHARING PLAN		B Three-digit plan number (PN) ► 004
C Plan sponsor's name as shown on line 2a of Form 5500 SACRAMENTO EAR NOSE AND THROAT SURGICAL AND MEDICAL GROUP INC		D Employer Identification Number (EIN) 94-1693523
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 20-3619658 33-6134835		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 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 _____



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

**FINANCIAL STATEMENTS AND
INDEPENDENT AUDITOR'S REPORT**

DECEMBER 31, 2022 AND 2021

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

TABLE OF CONTENTS

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

INDEPENDENT AUDITOR'S REPORT

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

Opinion on the Financial Statements

We have audited the financial statements of Sacramento ENT Medical Group, Inc. 401(k) Profit Sharing Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Profit-Sharing Plan as of December 31, 2022 and 2021, and the changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion on the Financial Statements

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 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.

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

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, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits 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.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Assets (held at end of year) as of December 31, 2022 are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 has been subjected to the auditing procedures applied in the audits 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.



In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.


Sacramento, California
October 12, 2023

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

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2022 AND 2021**

	<u>2022</u>	<u>2021</u>
ASSETS:		
Cash and cash equivalents	\$ 85,215	\$ 438,098
Investments:		
Investments at fair value	28,768,173	32,150,134
Investments at contract value	<u>729,851</u>	<u>312,203</u>
Total investments	<u>29,498,024</u>	<u>32,462,337</u>
Receivables:		
Employer contributions	1,150,240	1,144,651
Participant contributions	27,224	4,000
Interest and dividend income receivable	<u>43,069</u>	<u>28,905</u>
Total receivables	<u>1,220,533</u>	<u>1,177,556</u>
TOTAL ASSETS	30,803,772	34,077,991
LIABILITIES:		
Other payables	<u>-</u>	<u>500</u>
TOTAL LIABILITIES	<u>-</u>	<u>500</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 30,803,772</u>	<u>\$ 34,077,491</u>

See accompanying notes to the financial statements.

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

**STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS**

FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ADDITIONS:		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ (5,225,205)	\$ 1,858,985
Interest and dividends	493,205	1,060,226
Total investment income	<u>(4,732,000)</u>	<u>2,919,211</u>
Contributions:		
Employer	1,150,240	1,146,751
Participants	978,612	962,836
Total contributions	<u>2,128,852</u>	<u>2,109,587</u>
TOTAL ADDITIONS	(2,603,148)	5,028,798
DEDUCTIONS:		
Deductions from net assets attributed to:		
Benefits paid to participants	555,420	828,237
Administrative expenses	115,151	182,427
TOTAL DEDUCTIONS	<u>670,571</u>	<u>1,010,664</u>
NET INCREASE IN NET ASSETS	(3,273,719)	4,018,134
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	34,077,491	30,059,357
End of year	<u>\$ 30,803,772</u>	<u>\$ 34,077,491</u>

See accompanying notes to the financial statements.

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

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

NOTE A - DESCRIPTION OF THE PLAN

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

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

Contributions: The Plan allows for employee salary deferrals up to IRS limits. The IRS imposes limits on the amount participants can contribute as salary deferrals during a calendar year. For 2022 and 2021, the maximum deferral limit is \$20,500 and \$19,500, respectively. In addition, if participants are at least age 50 by December 31 of the calendar year, they also may make a special catch-up contribution in addition to the maximum deferral limit described above. For 2022 and 2021, the catch-up contribution limit is \$6,500.

Effective January 1, 2019, the Plan was amended to a Safe Harbor plan. The Company will make a Safe Harbor employer contribution at 3% of eligible compensation. The Plan also allows for Company discretionary profit-sharing contributions. Participants direct the investment of their contributions as well as employer contributions into various investment options offered by the Plan. Additional profit-sharing amounts may be contributed at the option of the Company's board of directors. The Company made safe harbor contributions of \$341,246 and profit-sharing contributions of \$808,994 to the plan, totaling \$1,150,240 for the year ended December 31, 2022. The Company made safe harbor contributions of \$364,597 and profit-sharing contributions of \$782,154 to the plan, totaling \$1,146,751 for the year ended December 31, 2021. Contributions are subject to certain IRS limitations.

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

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

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

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

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

NOTE A - DESCRIPTION OF THE PLAN - Continued

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

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

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

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

Forfeited Accounts: Forfeited non-vested accounts totaled \$48,081 and \$36,525 for the years ended December 31, 2022 and 2021, respectively. These accounts will be used to reduce the future employer contributions. Employer contributions were reduced by \$0 and \$20,000 for the years ended December 31, 2022 and 2021, respectively, from forfeited non-vested accounts.

NOTE B - SUMMARY OF ACCOUNTING POLICIES

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

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

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

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

NOTE B - SUMMARY OF ACCOUNTING POLICIES - Continued

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

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

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

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

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

Payment of Benefits: Benefits are recorded when paid.

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

NOTE C – FAIR VALUE MEASUREMENTS

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

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

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021**

NOTE C - FAIR VALUE MEASUREMENTS - Continued

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

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

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

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

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

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

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

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

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

NOTE C - FAIR VALUE MEASUREMENTS - Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2022 and 2021:

Assets at Fair Value as of December 31, 2022				
	Level 1	Level 2	Level 3	Total
Self-directed brokerage accounts:				
Corporate common stock	\$ 7,659,063	\$ -	\$ -	\$ 7,659,063
Government securities	-	5,002,458	-	5,002,458
Money market funds	524,582	-	-	524,582
Certificate of deposits	645,359	-	-	645,359
Registered investment companies	14,880,010	-	-	14,880,010
	\$ 23,709,014	\$ 5,002,458	\$ -	\$ 28,711,472
Investments measured at NAV (a)				56,701
Total Investments at Fair Value				\$ 28,768,173

Assets at Fair Value as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Self-directed brokerage accounts:				
Corporate common stock	\$ 8,423,208	\$ -	\$ -	\$ 8,423,208
Corporate preferred stock	735,701	-	-	735,701
Certificates of deposit	-	20,021	-	20,021
Exchange-traded funds	2,037,263	-	-	2,037,263
Government securities	-	6,708,746	-	6,708,746
Money market funds	573,767	-	-	573,767
Registered investment companies	13,541,078	-	-	13,541,078
	\$ 24,737,250	\$ 7,302,534	\$ -	\$ 32,039,784
Investments measured at NAV (a)				110,350
Total Investments at Fair Value				\$ 32,150,134

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

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

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

NOTE C - FAIR VALUE MEASUREMENTS - Continued

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as of December 31, 2022 and 2021:

As of December 31, 2022

<u>Investment</u>	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Collective investment fund	\$ 56,701	-	Daily	Daily

As of December 31, 2021

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

NOTE D - GUARANTEED INVESTMENT CONTRACT

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

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

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

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

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

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

NOTE D - GUARANTEED INVESTMENT CONTRACTS - Continued

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

Other information:

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

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

**NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021**

NOTE E - RELATED PARTY TRANSACTIONS

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

NOTE F - PLAN TERMINATION

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

NOTE G - RISKS AND UNCERTAINTIES

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

NOTE H - CERTIFIED INVESTMENTS

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2022 and 2021, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the years ended December 31, 2022 and 2021, was obtained by management and agreed to or derived from information certified as complete and accurate by Standard Insurance Company (the trustee of the Plan).

NOTE I - TAX STATUS

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

NOTE J - SUBSEQUENT EVENTS

In preparing the financial statements, the Plan has evaluated subsequent events and transactions that occurred after the balance sheet date through October 12, 2023, the date that the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

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

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

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SCHEDULE H, LINE 4i
AS OF DECEMBER 31, 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 value	(d) Cost	(e) Current Value
	Abbott Laboratories	Common Stock	**	38,427
	Abbvie Inc	Common Stock	**	86,623
	ABBVIE INC	Common Stock	**	69,654
	Accenture PLC Ireland CL A NEW	Common Stock	**	37,624
	Activision Blizzard Inc	Common Stock	**	15,540
	Adobe Inc	Common Stock	**	20,528
	ADVANCED MICRO DEVICE	Common Stock	**	23,317
	Air Products & Chemicals Inc	Common Stock	**	76,140
	Alibaba Group Holding Limited	Common Stock	**	974,275
	Alphabet Inc CL A	Common Stock	**	13,499
	Alphabet Inc CL C	Common Stock	**	19,521
	ALPHABET INC. CLASS A	Common Stock	**	40,586
	ALPHABET INC. CLASS C	Common Stock	**	51,463
	AMAZON.COM INC.	Common Stock	**	42,000
	American Tower Corp New	Common Stock	**	13,983
	ANNALY CAP MGMT INC	Common Stock	**	19,098
	Apple Inc	Common Stock	**	30,144
	APPLE INC.	Common Stock	**	55,350
	Automatic Data Processing Inc	Common Stock	**	67,359
	Berkshire Hathaway Inc CL B New	Common Stock	**	13,283
	Berkshire Hathaway Inc. B	Common Stock	**	356,471
	Blackrock Inc	Common Stock	**	57,399
	BLACKSTONE GROUP INC.	Common Stock	**	27,228
	Broadcom Inc	Common Stock	**	71,569
	Byd Company Limited Shs H	Common Stock	**	187,913
	Chevron Corp	Common Stock	**	87,591
	Cisco Systems Inc	Common Stock	**	37,016
	CITIZEN FINL GROUP INC: CFG	Common Stock	**	28,150
	Corning Inc	Common Stock	**	28,490
	COSTCO WHOLESALE CO.	Common Stock	**	30,129
	CROWN CASTLE INTL CO	Common Stock	**	32,825
	Crown Castle Intl Corp New	Common Stock	**	41,641
	Daily Journal Corp	Common Stock	**	258,025
	DIAGEO PLC F SPONSORED ADR: DEO	Common Stock	**	20,492
	Eaton Corp PLC	Common Stock	**	43,789
	ELEVANCE HEALTH INC.	Common Stock	**	31,291
	Eli Lilly & Co	Common Stock	**	60,364
	Eversource Energy	Common Stock	**	21,295

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

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

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SCHEDULE H, LINE 4i
AS OF DECEMBER 31, 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 value	(d) Cost	(e) Current Value
	Exxon Mobile Corp.	Common Stock	**	342,812
	F.N.B. CORP 7.25%PFD	Common Stock	**	24,990
	Fidelity National Information Services Inc	Common Stock	**	19,609
	Goldman Sachs Group	Common Stock	**	71,916
	GOLMAN SACHS	Common Stock	**	42,412
	Grainger W W Inc	Common Stock	**	17,800
	HERSHEY CO	Common Stock	**	30,104
	Home Depot Inc	Common Stock	**	87,177
	HOME DEPOT INC.	Common Stock	**	34,113
	ILLINOIS TOOL WORKS	Common Stock	**	28,419
	Illinois Tool Works Inc	Common Stock	**	33,045
	Intuit Inc	Common Stock	**	29,581
	JOHNSON & JOHNSON	Common Stock	**	29,501
	Keurig DR Pepper Inc	Common Stock	**	36,623
	Kinder Morgan Inc	Common Stock	**	11,228
	KLA Corp	Common Stock	**	18,852
	Kraft Heinz Company (KHC)	Common Stock	**	368,466
	LINDE PLC	Common Stock	**	16,961
	Lockheed Martin Corp	Common Stock	**	48,163
	Marsh & McLennan COS Inc	Common Stock	**	54,112
	Mastercard Inc CL A	Common Stock	**	23,298
	McDonalds Corp	Common Stock	**	52,970
	Medtronic PLC	Common Stock	**	35,440
	Merck & Company Inc New	Common Stock	**	124,819
	META PLATFORMS INC CLASS A	Common Stock	**	5,295
	MICROSOFT CORP.	Common Stock	**	43,647
	Microsopft Corp	Common Stock	**	84,417
	Mondelez International Inc Cl A	Common Stock	**	73,182
	MORGAN STANLEY	Common Stock	**	43,562
	Morgan Stanley	Common Stock	**	73,866
	Nextera Energy Inc	Common Stock	**	73,902
	Nike Inc CL B	Common Stock	**	16,381
	NUCOR CORP: NUE	Common Stock	**	28,339
	Paychex Inc	Common Stock	**	31,895
	PENNYMAC MTG INVT TR	Common Stock	**	20,505
	Pepsico Inc	Common Stock	**	83,284
	Phillips 66	Common Stock	**	20,400

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

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

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SCHEDULE H, LINE 4i
AS OF DECEMBER 31, 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 value	(d) Cost	(e) Current Value
	Pnc Financial Services Group Inc	Common Stock	**	68,388
	Posco Holdings Inc.	Common Stock	**	339,348
	PROCTER & GAMBLE	Common Stock	**	27,584
	Procter & Gamble Co	Common Stock	**	77,750
	Prologis Inc	Common Stock	**	46,783
	Qualcomm Inc	Common Stock	**	37,490
	QUALCOMM INC.	Common Stock	**	69,482
	Raytheon Technologies Corp	Common Stock	**	12,817
	Realty Income Corp	Common Stock	**	48,714
	REALTY INCOME CORP	Common Stock	**	28,861
	S&P GLOBAL INC.	Common Stock	**	21,436
	Sempra	Common Stock	**	49,298
	Starbucks Corp	Common Stock	**	72,317
	STARBUCKS CORP.	Common Stock	**	59,421
	Stryker Corp	Common Stock	**	23,471
	TARGET CORP.	Common Stock	**	33,236
	Tencent Holdings Limited	Common Stock	**	250,211
	Texas Instruments Inc	Common Stock	**	56,670
	Tractor Supply Co	Common Stock	**	13,948
	TRUIST FINANCIAL	Common Stock	**	41,377
	Truist Financial Corp	Common Stock	**	62,307
	Truist Financial Corp	Common Stock	**	70,161
	U S Bancorp DE New	Common Stock	**	43,915
	UNION PACIFIC CORP.	Common Stock	**	26,919
	United Parcel Servcies Inc CL B	Common Stock	**	49,197
	Unitedhealth Group Inc	Common Stock	**	20,147
	UNITEDHEALTH GRP INC	Common Stock	**	17,496
	VERIZON COMMUNICATN	Common Stock	**	28,880
	VISA Inc CL A	Common Stock	**	27,840
	VISA INC. CLASS A	Common Stock	**	35,319
	Wabash Natl Corp.	Common Stock	**	56,749
	WASTE MANAGEMENT INC.	Common Stock	**	32,631
	WEC Energy Group Inc	Common Stock	**	28,597
	Wells Fargo	Common Stock	**	308,601
	WELLS FARGO & C 75%PFD	Common Stock	**	23,700
	Williams Cos Inc Del	Common Stock	**	26,353
	ZIONS	Common Stock	**	40,981
	Zions Bancorp	Common Stock	**	69,490
				<u>7,659,062</u>

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

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

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SCHEDULE H, LINE 4i
AS OF DECEMBER 31, 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 value	(d) Cost	(e) Current Value
	U.S. TRSY INFLATION NTE 01.15.2025	Government Securities	**	181,105
	U.S. TRSY INFLATION NTE 07.15.2029	Government Securities	**	160,126
	US Tsy 0% 01/26/2023	Government Securities	**	169,578
	US Tsy 0% 01/26/2023	Government Securities	**	164,591
	US Tsy 0% 03/02/2023	Government Securities	**	198,634
	US Tsy 0% 06/15/2023	Government Securities	**	176,371
	US Tsy 0%06/15/2023	Government Securities	**	186,170
	US Tsy 1.375% 08/50	Government Securities	**	14,479
	US Tsy 1.375% 08/50	Government Securities	**	19,491
	US Tsy 1.625% 11/50	Government Securities	**	7,755
	US Tsy 1.625% 11/50	Government Securities	**	20,283
	US Tsy 1.875% 02/51	Government Securities	**	29,282
	US Tsy 1.875% 02/51	Government Securities	**	42,650
	US Tsy 2% 02/50	Government Securities	**	34,409
	US Tsy 2% 02/50	Government Securities	**	48,967
	US Tsy 2% 08/51	Government Securities	**	23,608
	US Tsy 2% 08/51	Government Securities	**	34,101
	US Tsy 2.25% 02/52	Government Securities	**	43,952
	US Tsy 2.25% 02/52	Government Securities	**	57,208
	US Tsy 2.25% 08/49	Government Securities	**	11,969
	US Tsy 2.25% 08/49	Government Securities	**	20,418
	US Tsy 2.375% 02/24	Government Securities	**	77,913
	US Tsy 2.5% 02/46	Government Securities	**	50,114
	US Tsy 2.5% 02/46	Government Securities	**	80,033
	US Tsy 2.5% 05/46	Government Securities	**	41,061
	Us tsy 2.5% 05/46	Government Securities	**	67,191
	Us Tsy 2.75% 08/47	Government Securities	**	22,661
	US Tsy 2.75% 11/47	Government Securities	**	28,906
	US TSY 2.75% 11/47	Government Securities	**	14,063
	US Tsy 2.875% 05/49	Government Securities	**	8,052
	US Tsy 2.875% 05/49	Government Securities	**	15,298
	US Tsy 2.875% 11/23	Government Securities	**	98,359
	Us tsy 3% 02/48	Government Securities	**	33,626
	US Tsy 3% 02/48	Government Securities	**	58,231
	US Tsy 3% 02/49	Government Securities	**	23,083
	US Tsy 3% 02/49	Government Securities	**	46,165
	US Tsy 3% 05/42	Government Securities	**	40,350

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

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

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SCHEDULE H, LINE 4i
AS OF DECEMBER 31, 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 value	(d) Cost	(e) Current Value
	US Tsy 3% 05/45	Government Securities	**	16,472
	US Tsy 3% 05/45	Government Securities	**	14,825
	Us Tsy 3% 08/48	Government Securities	**	45,990
	US Tsy 3% 08/48	Government Securities	**	55,024
	Us Tsy 3% 08/52	Government Securities	**	28,973
	US Tsy 3% 08/52	Government Securities	**	39,735
	US Tsy 3.125 08/44	Government Securities	**	60,773
	US Tsy 3.125% 02/42	Government Securities	**	86,141
	US Tsy 3.125% 02/43	Government Securities	**	63,949
	US Tsy 3.125% 02/43	Government Securities	**	51,159
	US Tsy 3.125% 08/44	Government Securities	**	97,067
	US Tsy 3.5% 02/39	Government Securities	**	244,278
	US Tsy 3.5% 02/39	Government Securities	**	375,812
	US Tsy 3.625% 02/44	Government Securities	**	55,069
	US Tsy 3.625% 08/43	Government Securities	**	31,264
	US Tsy 3.625% 08/43	Government Securities	**	13,793
	US Tsy 3.75 11/43	Government Securities	**	9,367
	US Tsy 3.75% 11/43	Government Securities	**	21,545
	US Tsy 4.25% 05/39	Government Securities	**	410,721
	US Tsy 4.25% 11/40	Government Securities	**	20,444
	US Tsy 4.25% 11/40	Government Securities	**	25,555
	US Tsy 4.5% 05/38	Government Securities	**	53,117
	US Tsy 4.5% 05/38	Government Securities	**	145,541
	US Tsy 4.5% 08/39	Government Securities	**	21,191
	US Tsy 4.625% 02/40	Government Securities	**	74,100
	US Tsy 4.625% 02/40	Government Securities	**	91,282
	US Tsy BILL23	Government Securities	**	54,872
	UST Bond 1.625% 11/50	Government Securities	**	11,335
	UST Bond 1.875% 02/51	Government Securities	**	31,192
	UST Bond 2% 02/50	Government Securities	**	29,777
	UST Bond 2% 08/51	Government Securities	**	16,395
	UST Bond 2.25% 02/52	Government Securities	**	34,185
	UST Bond 2.25% 08/49	Government Securities	**	16,193
	UST Bond 2.5% 02/46	Government Securities	**	39,642
	UST Bond 2.5% 05/46	Government Securities	**	39,568
	UST Bond 2.75% 11/47	Government Securities	**	15,625
	UST Bond 3% 02/48	Government Securities	**	32,806

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

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

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SCHEDULE H, LINE 4i
AS OF DECEMBER 31, 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 value	(d) Cost	(e) Current Value
	UST Bond 3% 02/49	Government Securities	**	34,624
	UST Bond 3% 05/45	Government Securities	**	9,060
	UST Bond 3% 08/52	Government Securities	**	16,556
	UST Bond 3.125% 05/48	Government Securities	**	20,190
	UST Bond 3.125% 08/44	Government Securities	**	48,956
	UST Bond 3.625% 02/44	Government Securities	**	32,123
	UST Bond 3.75% 11/43	Government Securities	**	15,924
				5,002,458
	BLF FEDFUND CASH RESERVE	Money Market	**	18,044
	BLF FEDFUND CASH RESERVICE	Money Market	**	25,189
	Dreyfus Govt Instl Fd	Money Market	**	52,929
	Money Market/ Schwab Advantage	Money Market	**	373,093
	RJ Bank Deposit Program	Money Market	**	55,327
				524,582
	ABBVIE inc. 3.8%25 03/15/25 00287YCX5	Certificate of Deposit	**	48,763
	BRUNSWICK CORP 6.625%PFD 01/15/49	Certificate of Deposit	**	19,578
	CITIGROUP INC 3.875%: 172967MV0	Certificate of Deposit	**	17,050
	CUMMINS INC. 3.65%23 10/01/2023 23102	Certificate of Deposit	**	98,935
	GENUINE PARTS CO 1.75%25 02/01/2025	Certificate of Deposit	**	37,303
	GILEAD sciences, 0.75%23 09/29/2023 3755	Certificate of Deposit	**	72,664
	HONDA MOTOR CO2.271%25F 03/10/25 4	Certificate of Deposit	**	47,241
	LABORATORY CORP O 3.6%25 02/01/25 5	Certificate of Deposit	**	67,637
	MARTIN MARIETTA 0.65%23 07/15/2023	Certificate of Deposit	**	48,834
	ROYAL BANK OF C3.97%24F 07/26/2024 7	Certificate of Deposit	**	73,971
	THE SHERWIN-WILL 4.05%24 08/08/2024	Certificate of Deposit	**	39,416
	WALMART INC. 3.9%25 09/09/25 931142E	Certificate of Deposit	**	73,968
				645,359
	Amer Euro Pac Grth	Registered Investment Company	**	76,969
	Amer Funds New	Registered Investment Company	**	28,157
	Amer New World	Registered Investment Company	**	69,821
	AMERICAN EURO PACIFIC	Registered Investment Company	**	133,247
	AMERICAN FUNDS NEW	Registered Investment Company	**	48,744
	AMERICAN NEW WORLD	Registered Investment Company	**	120,869
	American Smallcap World	Registered Investment Company	**	22,207
	AMERICAN SMALLCAP WORLD	Registered Investment Company	**	38,443
	Blackrock Strat Income Opp	Registered Investment Company	**	115,459
	BLACKROCK STRATEGIC	Registered Investment Company	**	87,792

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

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

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SCHEDULE H, LINE 4i
AS OF DECEMBER 31, 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 value	(d) Cost	(e) Current Value
	Capital Work Bond CL F2	Registered Investment Company	**	39,844
	Columbia Dividend Income	Registered Investment Company	**	30,309
	COLUMBIA DIVIDEND INCOME	Registered Investment Company	**	52,473
	DFAPX	Registered Investment Company	**	200,145
	DFCEX	Registered Investment Company	**	124,715
	DFEQX	Registered Investment Company	**	173,403
	DFGBX	Registered Investment Company	**	331,259
	DFGEX	Registered Investment Company	**	126,808
	DFIEX	Registered Investment Company	**	141,124
	DFISX	Registered Investment Company	**	2,050
	DFLVX	Registered Investment Company	**	40,328
	DFQTX	Registered Investment Company	**	119,741
	DFSHX	Registered Investment Company	**	154,234
	DFSVX	Registered Investment Company	**	1,459
	DISVX	Registered Investment Company	**	61,616
	DURPX	Registered Investment Company	**	67,822
	EATON VANCE FLOATING	Registered Investment Company	**	126,767
	EDGEWOOD GROWTH	Registered Investment Company	**	33,193
	Edgewood Growth Fund	Registered Investment Company	**	19,179
	FPA New Income	Registered Investment Company	**	95,154
	GS GQG Partners	Registered Investment Company	**	69,858
	GS GQG PARTNERS	Registered Investment Company	**	120,941
	Ishare Core S&P 500	Registered Investment Company	**	90,289
	ISHARES CORE S&P 500 ETF	Registered Investment Company	**	156,373
	ISHARES EDGE HIGH YIELD	Registered Investment Company	**	82,555
	ISHARES GLOBAL CLEAN	Registered Investment Company	**	29,021
	JP Morgan Equity Income	Registered Investment Company	**	30,248
	JP MORGAN EQUITY INCOME	Registered Investment Company	**	52,365
	JPMorgan Core Bond CL I	Registered Investment Company	**	187,621
	NUVEEN PREFERRED	Registered Investment Company	**	60,531
	PGIM High Yield CL Z	Registered Investment Company	**	58,326
	Pimco Income Fund CL 12	Registered Investment Company	**	109,455
	PIMCO INCOME FUND CL 12	Registered Investment Company	**	83,319
	Pimco Invest Corp Bond Ind	Registered Investment Company	**	93,000
	PROSHARES ULTRASHT 20 PLS YR TRS	Registered Investment Company	**	108,713
	REAL ESTATE SELECT	Registered Investment Company	**	104,881
	Standard Mutual Funds	Registered Investment Company	**	9,570,351
	TCW TOTAL RETURN	Registered Investment Company	**	72,619
	TCW Total Return Bond	Registered Investment Company	**	101,985
	Thornburg LTD Term Income CL I	Registered Investment Company	**	113,027
	TORTOISE NORTH AMERICAN	Registered Investment Company	**	62,713

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

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

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SCHEDULE H, LINE 4i
AS OF DECEMBER 31, 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 value	(d) Cost	(e) Current Value
	Vangard Russell 1000	Registered Investment Company	**	19,237
	VANGAURD INDEX FDS	Registered Investment Company	**	75,319
	Vanguard Mid-Cap Grth Idx FDS	Registered Investment Company	**	43,502
	Vanguard Mid-Cap Val Idx	Registered Investment Company	**	71,542
	VANGUARD MID-CAP VAL IDX	Registered Investment Company	**	123,880
	VANGUARD Russell 1000 ETF	Registered Investment Company	**	33,292
	Vanguard Small Cap	Registered Investment Company	**	24,666
	VANGUARD SMALL CAP	Registered Investment Company	**	42,715
	Vanguard Small Cap Value	Registered Investment Company	**	39,382
	VANGUARD SMALL CAP VALUE	Registered Investment Company	**	68,125
	Western Asset Core Bond CL I	Registered Investment Company	**	121,667
	Western Asset Corp Bond	Registered Investment Company	**	100,579
	WESTERN ASSET CORPORATE	Registered Investment Company	**	74,583
				<u>14,880,010</u>
	COHEN & STEERS US RLTY CIT A	Collective Investment Fund	**	<u>56,701</u>
	* STANDARD INSURANCE COMPANY	Standard Stable Asset A	**	<u>729,851</u>
				<u><u>29,498,024</u></u>

* Represents a party-in-interest to the Plan

** Cost information not required for participant directed investments

Schedule H, Line 4i				
Schedule of Assets (Held At End of Year)				
Name of Plan:				
►	Sacramento ENT Medical Group, Inc. 401(k) Profit Sharing Plan			
Employer Identification Number: ►		94-1693523		
For plan year (beginning/ending): ►		1/1/2022-12/31/2022	Plan number: ►	4
(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Certificate of Deposit	ABBVIE inc. 3.8%25 03/15/25 00287YCX5	50,086.78	48,762.85
	Certificate of Deposit	BRUNSWICK CORP 6.625%PFD 01/15/49	19,871.98	19,578.00
	Certificate of Deposit	CITIGROUP INC 3.875%: 172967MV0	20,430.00	17,050.00
	Certificate of Deposit	CUMMINS INC. 3.65%23 10/01/2023 23102	100,235.96	98,935.20
	Certificate of Deposit	GENUINE PARTS CO 1.75%25 02/01/2025 3	38,165.60	37,303.00
	Certificate of Deposit	GILEAD sciences, 0.75%23 09/29/2023 3755	72,686.50	72,663.75
	Certificate of Deposit	HONDA MOTOR CO2.271%25F 03/10/25 43	48,346.50	47,241.45
	Certificate of Deposit	LABORATORY CORP O 3.6%25 02/01/25 5	69,926.70	67,636.59
	Certificate of Deposit	MARTIN MARIETTA 0.65%23 07/15/2023 5	48,456.00	48,834.00
	Certificate of Deposit	ROYAL BANK OF C3.97%24F 07/26/2024 7	75,090.25	73,970.78
	Certificate of Deposit	THE SHERWIN-WILL 4.05%24 08/08/2024	40,174.80	39,415.80
	Certificate of Deposit	WALMART INC. 3.9%25 09/09/25 931142E	74,613.25	73,967.85
	Common Stock	Abbott Laboratories	32,203.92	38,426.50
	Common Stock	Abbvie Inc	54,890.51	86,622.96
	Common Stock	ABBVIE INC	44,592.88	69,653.91
	Common Stock	Accenture PLC Ireland CL A NEW	26,701.07	37,624.44
	Common Stock	Activision Blizzard Inc	15,057.80	15,539.65
	Common Stock	Adobe Inc	22,881.06	20,528.33
	Common Stock	ADVANCED MICRO DEVICE	24,033.42	23,317.20
	Common Stock	Air Products & Chemicals Inc	58,364.21	76,140.22
	Common Stock	Alibaba Group Holding Limited	1,055,436.58	974,275.40
	Common Stock	Alphabet Inc CL A	10,741.99	13,499.19
	Common Stock	Alphabet Inc CL C	14,726.31	19,520.60
	Common Stock	ALPHABET INC. CLASS A	33,927.47	40,585.80
	Common Stock	ALPHABET INC. CLASS C	45,264.32	51,463.40
	Common Stock	AMAZON.COM INC.	65,535.22	42,000.00
	Common Stock	American Tower Corp New	15,407.03	13,982.76
	Common Stock	ANNALY CAP MGMT INC	30,495.97	19,098.48
	Common Stock	Apple Inc	18,112.01	30,143.76
	Common Stock	APPLE INC.	41,309.65	55,350.18
	Common Stock	Automatic Data Processing Inc	45,056.48	67,358.52
	Common Stock	Berkshire Hathaway Inc CL B New	7,724.65	13,282.70
	Common Stock	Berkshire Hathaway Inc. B	112,398.54	356,470.60
	Common Stock	Blackrock Inc	43,436.49	57,399.03
	Common Stock	BLACKSTONE GROUP INC.	21,204.54	27,227.73
	Common Stock	Broadcom Inc	44,993.72	71,568.64
	Common Stock	Byd Company Limited Shs H	13,234.23	187,913.14

Common Stock	Chevron Corp	51,799.14	87,591.12
Common Stock	Cisco Systems Inc	34,993.27	37,016.28
Common Stock	CITIZEN FINL GROUP INC: CFG	34,811.06	28,149.55
Common Stock	Corning Inc	34,454.44	28,490.48
Common Stock	COSTCO WHOLESALE CO.	21,051.30	30,129.00
Common Stock	CROWN CASTLE INTL CO	40,079.15	32,824.88
Common Stock	Crown Castle Intl Corp New	49,759.21	41,641.48
Common Stock	Daily Journal Corp	105,105.93	258,025.30
Common Stock	DIAGEO PLC F SPONSORED ADR: DEO	18,350.72	20,491.85
Common Stock	Eaton Corp PLC	30,769.30	43,789.05
Common Stock	ELEVANCE HEALTH INC.	28,731.10	31,291.17
Common Stock	Eli Lilly & Co	26,593.69	60,363.60
Common Stock	Eversource Energy	21,030.49	21,295.36
Common Stock	Exxon Mobile Corp.	98,399.41	342,812.40
Common Stock	F.N.B. CORP 7.25%PFD	25,213.15	24,990.00
Common Stock	Fidelity National Information Services Inc	27,346.03	19,608.65
Common Stock	Goldman Sachs Group	83,562.70	71,916.00
Common Stock	GOLMAN SACHS	51,188.52	42,412.00
Common Stock	Grainger W W Inc	15,348.25	17,800.00
Common Stock	HERSHEY CO	19,205.71	30,104.10
Common Stock	Home Depot Inc	64,033.05	87,177.36
Common Stock	HOME DEPOT INC.	27,662.89	34,112.88
Common Stock	ILLINOIS TOOL WORKS	23,297.23	28,418.70
Common Stock	Illinois Tool Works Inc	24,424.25	33,045.00
Common Stock	Intuit Inc	23,858.81	29,580.72
Common Stock	JOHNSON & JOHNSON	24,534.40	29,500.55
Common Stock	Keurig DR Pepper Inc	38,659.96	36,622.82
Common Stock	Kinder Morgan Inc	11,045.85	11,227.68
Common Stock	KLA Corp	20,764.85	18,851.50
Common Stock	Kraft Heinz Company (KHC)	251,633.10	368,466.21
Common Stock	LINDE PLC	16,026.44	16,961.36
Common Stock	Lockheed Martin Corp	36,011.83	48,162.51
Common Stock	Marsh & McLennan COS Inc	32,597.40	54,111.96
Common Stock	Mastercard Inc CL A	18,058.58	23,297.91
Common Stock	McDonalds Corp	36,830.84	52,969.53
Common Stock	Medtronic PLC	47,523.35	35,440.32
Common Stock	Merck & Company Inc New	92,005.49	124,818.75
Common Stock	META PLATFORMS INC CLASS A	7,416.78	5,294.96
Common Stock	MICROSOFT CORP.	36,350.11	43,647.24
Common Stock	Microsopft Corp	67,159.93	84,416.64
Common Stock	Mondelez International Inc Cl A	58,766.09	73,181.70
Common Stock	MORGAN STANLEY	51,138.78	43,562.00
Common Stock	Morgan Stanley	84,414.03	73,866.00
Common Stock	Nextera Energy Inc	53,145.90	73,902.40
Common Stock	Nike Inc CL B	13,001.80	16,381.40
Common Stock	NUCOR CORP: NUE	20,425.62	28,339.15
Common Stock	Paychex Inc	20,158.50	31,894.56
Common Stock	PENNYMAC MTG INVT TR	30,526.48	20,505.45
Common Stock	Pepsico Inc	62,609.98	83,284.26

Common Stock	Phillips 66	13,127.02	20,399.68
Common Stock	Pnc Financial Services Group Inc	57,754.71	68,388.02
Common Stock	Posco Holdings Inc.	244,703.83	339,348.10
Common Stock	PROCTER & GAMBLE	22,104.71	27,583.92
Common Stock	Procter & Gamble Co	67,946.22	77,750.28
Common Stock	Prologis Inc	41,420.38	46,782.95
Common Stock	Qualcomm Inc	41,293.59	37,489.54
Common Stock	QUALCOMM INC.	68,728.76	69,482.08
Common Stock	Raytheon Technologies Corp	12,485.04	12,816.84
Common Stock	Realty Income Corp	49,268.03	48,714.24
Common Stock	REALTY INCOME CORP	26,808.57	28,860.65
Common Stock	S&P GLOBAL INC.	21,187.50	21,436.16
Common Stock	Sempra	39,384.42	49,298.26
Common Stock	Starbucks Corp	58,436.19	72,316.80
Common Stock	STARBUCKS CORP.	47,146.17	59,420.80
Common Stock	Stryker Corp	17,613.52	23,471.04
Common Stock	TARGET CORP.	30,929.20	33,235.92
Common Stock	Tencent Holdings Limited	209,824.72	250,210.67
Common Stock	Texas Instruments Inc	41,034.80	56,670.46
Common Stock	Tractor Supply Co	7,932.84	13,948.14
Common Stock	TRUIST FINANCIAL	54,903.26	41,377.00
Common Stock	Truist Financial Corp	57,219.80	62,307.44
Common Stock	Truist Financial Corp	95,221.80	70,161.00
Common Stock	U S Bancorp DE New	41,277.06	43,915.27
Common Stock	UNION PACIFIC CORP.	23,390.67	26,919.10
Common Stock	United Parcel Servcies Inc CL B	55,457.74	49,196.72
Common Stock	Unitedhealth Group Inc	17,289.04	20,146.84
Common Stock	UNITEDHEALTH GRP INC	17,235.10	17,495.94
Common Stock	VERIZON COMMUNICATN	41,067.00	28,880.20
Common Stock	VISA Inc CL A	23,861.53	27,839.84
Common Stock	VISA INC. CLASS A	33,486.04	35,319.20
Common Stock	Wabash Natl Corp.	18,574.62	56,748.60
Common Stock	WASTE MANAGEMENT INC.	22,380.72	32,631.04
Common Stock	WEC Energy Group Inc	27,487.52	28,596.80
Common Stock	Wells Fargo	168,249.38	308,601.46
Common Stock	WELLS FARGO & C 75%PFD	24,546.22	23,700.00
Common Stock	Williams Cos Inc Del	26,637.68	26,352.90
Common Stock	ZIONS	54,362.09	40,981.40
Common Stock	Zions Bancorp	94,688.21	69,490.20
Government Securities	U.S. TRSY INFLATION NTE 01.15.2025	181,596.26	181,104.53
Government Securities	U.S. TRSY INFLATION NTE 07.15.2029	177,727.50	160,126.13
Government Securities	US Tsy 0% 01/26/2023	167,994.00	169,578.40
Government Securities	US Tsy 0% 01/26/2023	163,053.00	164,590.80
Government Securities	US Tsy 0% 03/02/2023	197,016.00	198,634.00
Government Securities	US Tsy 0% 06/15/2023	175,330.80	176,371.20
Government Securities	US Tsy 0%06/15/2023	185,071.40	186,169.60
Government Securities	US Tsy 1.375% 08/50	25,158.90	14,478.75
Government Securities	US Tsy 1.375% 08/50	33,911.50	19,490.63
Government Securities	US Tsy 1.625% 11/50	12,777.21	7,755.31

	Government Securities	US Tsy 1.625% 11/50	33,097.58	20,283.13
	Government Securities	US Tsy 1.875% 02/51	41,962.01	29,281.88
	Government Securities	US Tsy 1.875% 02/51	60,956.35	42,649.69
	Government Securities	US Tsy 2% 02/50	59,437.78	34,409.37
	Government Securities	US Tsy 2% 02/50	79,639.26	48,967.18
	Government Securities	US Tsy 2% 08/51	34,976.63	23,608.12
	Government Securities	US Tsy 2% 08/51	50,536.20	34,100.62
	Government Securities	US Tsy 2.25% 02/52	62,146.18	43,952.34
	Government Securities	US Tsy 2.25% 02/52	80,961.77	57,207.81
	Government Securities	US Tsy 2.25% 08/49	16,851.26	11,969.06
	Government Securities	US Tsy 2.25% 08/49	28,750.80	20,417.81
	Government Securities	US Tsy 2.375% 02/24	79,184.96	77,912.50
	Government Securities	US Tsy 2.5% 02/46	67,689.01	50,113.90
	Government Securities	US Tsy 2.5% 02/46	106,322.69	80,032.65
	Government Securities	US Tsy 2.5% 05/46	47,983.20	41,060.94
	Government Securities	Us tsy 2.5% 05/46	78,489.84	67,190.63
	Government Securities	Us Tsy 2.75% 08/47	27,917.00	22,660.78
	Government Securities	US Tsy 2.75% 11/47	35,894.67	28,906.25
	Government Securities	US TSY 2.75% 11/47	17,358.21	14,062.50
	Government Securities	US Tsy 2.875% 05/49	10,225.16	8,051.56
	Government Securities	US Tsy 2.875% 05/49	19,220.73	15,297.97
	Government Securities	US Tsy 2.875% 11/23	99,791.20	98,359.37
	Government Securities	Us tsy 3% 02/48	39,943.81	33,626.40
	Government Securities	US Tsy 3% 02/48	69,151.72	58,231.09
	Government Securities	US Tsy 3% 02/49	27,677.98	23,082.50
	Government Securities	US Tsy 3% 02/49	55,347.21	46,165.00
	Government Securities	US Tsy 3% 05/42	47,970.24	40,350.00
	Government Securities	US Tsy 3% 05/45	19,667.27	16,471.87
	Government Securities	US Tsy 3% 05/45	17,635.15	14,824.69
	Government Securities	Us Tsy 3% 08/48	54,731.00	45,990.00
	Government Securities	US Tsy 3% 08/48	65,458.01	55,023.75
	Government Securities	Us Tsy 3% 08/52	33,337.50	28,973.44
	Government Securities	US Tsy 3% 08/52	45,711.97	39,735.00
	Government Securities	US Tsy 3.125 08/44	71,386.56	60,772.50
	Government Securities	US Tsy 3.125% 02/42	99,687.50	86,140.62
	Government Securities	US Tsy 3.125% 02/43	73,112.85	63,949.22
	Government Securities	US Tsy 3.125% 02/43	58,586.95	51,159.37
	Government Securities	US Tsy 3.125% 08/44	114,478.35	97,067.19
	Government Securities	US Tsy 3.5% 02/39	259,153.13	244,278.11
	Government Securities	US Tsy 3.5% 02/39	396,750.00	375,812.48
	Government Securities	US Tsy 3.625% 02/44	60,070.55	55,068.75
	Government Securities	US Tsy 3.625% 08/43	34,080.92	31,264.06
	Government Securities	US Tsy 3.625% 08/43	14,561.70	13,792.97
	Government Securities	US Tsy 3.75 11/43	9,731.29	9,367.19
	Government Securities	US Tsy 3.75% 11/43	22,385.44	21,544.53
	Government Securities	US Tsy 4.25% 05/39	390,955.19	410,720.63
	Government Securities	US Tsy 4.25% 11/40	19,801.56	20,443.75
	Government Securities	US Tsy 4.25% 11/40	24,753.91	25,554.69
	Government Securities	US Tsy 4.5% 05/38	49,070.31	53,117.19

Government Securities	US Tsy 4.5% 05/38	134,500.82	145,541.09
Government Securities	US Tsy 4.5% 08/39	19,515.70	21,190.62
Government Securities	US Tsy 4.625% 02/40	68,359.21	74,099.53
Government Securities	US Tsy 4.625% 02/40	84,187.28	91,282.03
Government Securities	US Tsy BILL23	54,402.13	54,871.66
Government Securities	UST Bond 1.625% 11/50	18,922.81	11,334.69
Government Securities	UST Bond 1.875% 02/51	24,297.14	31,191.56
Government Securities	UST Bond 2% 02/50	50,191.35	29,777.34
Government Securities	UST Bond 2% 08/51	43,768.31	16,394.53
Government Securities	UST Bond 2.25% 02/52	47,977.28	34,185.15
Government Securities	UST Bond 2.25% 08/49	22,787.99	16,193.44
Government Securities	UST Bond 2.5% 02/46	46,254.92	39,642.34
Government Securities	UST Bond 2.5% 05/46	53,566.66	39,567.81
Government Securities	UST Bond 2.75% 11/47	19,302.52	15,625.00
Government Securities	UST Bond 3% 02/48	39,000.00	32,806.25
Government Securities	UST Bond 3% 02/49	41,536.66	34,623.75
Government Securities	UST Bond 3% 05/45	10,815.28	9,059.53
Government Securities	UST Bond 3% 08/52	19,046.65	16,556.25
Government Securities	UST Bond 3.125% 05/48	22,890.00	20,190.00
Government Securities	UST Bond 3.125% 08/44	57,580.34	48,955.63
Government Securities	UST Bond 3.625% 02/44	35,067.13	32,123.44
Government Securities	UST Bond 3.75% 11/43	16,561.57	15,924.22
Money Market	BLF FEDFUND CASH RESERVE	18,044.00	18,044.00
Money Market	BLF FEDFUND CASH RESERVICE	25,189.00	25,189.00
Money Market	Cash/ Money Market	59,702.70	59,702.70
Money Market	Dreyfus Govt Instl Fd	52,928.64	52,928.64
Money Market	FDIC Insured Deposit Account	25,512.99	25,512.99
Money Market	Money Market/ Schwab Advantage	373,093.03	373,093.03
Money Market	RJ Bank Deposit Program	55,327.15	55,327.15
Registered Investment Co	Amer Euro Pac Grth	87,347.78	76,968.54
Registered Investment Co	Amer Funds New	33,507.99	28,157.09
Registered Investment Co	Amer New World	78,535.69	69,820.96
Registered Investment Co	AMERICAN EURO PACIFIC	153,150.18	133,246.53
Registered Investment Co	AMERICAN FUNDS NEW	56,828.96	48,743.80
Registered Investment Co	AMERICAN NEW WORLD	134,752.43	120,868.72
Registered Investment Co	American Smallcap World	26,949.26	22,206.76
Registered Investment Co	AMERICAN SMALLCAP WORLD	47,026.38	38,443.29
Registered Investment Co	Blackrock Strat Income Opp	127,406.10	115,459.38
Registered Investment Co	BLACKROCK STRATEGIC	93,703.71	87,792.34
Registered Investment Co	Capital Work Bond CL F2	48,822.09	39,844.18
Registered Investment Co	Columbia Dividend Income	30,653.01	30,309.19
Registered Investment Co	COLUMBIA DIVIDEND INCOME	47,611.99	52,473.31
Registered Investment Co	DFAPX	229,225.29	200,145.45
Registered Investment Co	DFCEX	109,432.47	124,714.98
Registered Investment Co	DFEQX	186,807.55	173,403.10
Registered Investment Co	DFGBX	365,927.79	331,258.86
Registered Investment Co	DFGEX	129,743.83	126,808.29
Registered Investment Co	DFIEX	117,216.45	141,123.61
Registered Investment Co	DFISX	-	2,050.07

	Registered Investment Co	DFITX	0.19	0.14
	Registered Investment Co	DFLVX	39,306.40	40,327.83
	Registered Investment Co	DFQTX	59,230.44	119,741.27
	Registered Investment Co	DFSHX	151,280.17	154,234.04
	Registered Investment Co	DFSVX	-	1,458.60
	Registered Investment Co	DISVX	56,353.08	61,616.14
	Registered Investment Co	DURPX	55,667.23	67,821.59
	Registered Investment Co	EATON VANCE FLOATING	136,840.00	126,766.84
	Registered Investment Co	EDGEWOOD GROWTH	42,546.89	33,193.41
	Registered Investment Co	Edgewood Growth Fund	28,968.20	19,178.74
	Registered Investment Co	FPA New Income	99,657.57	95,153.57
	Registered Investment Co	GS GQG Partners	79,194.13	69,858.09
	Registered Investment Co	GS GQG PARTNERS	137,191.70	120,940.70
	Registered Investment Co	Ishare Core S&P 500	104,591.57	90,289.35
	Registered Investment Co	ISHARES CORE S&P 500 ETF	142,780.99	156,373.47
	Registered Investment Co	ISHARES EDGE HIGH YIELD	97,819.71	82,555.11
	Registered Investment Co	ISHARES GLOBAL CLEAN	29,882.70	29,020.70
	Registered Investment Co	JP Morgan Equity Income	30,582.80	30,248.22
	Registered Investment Co	JP MORGAN EQUITY INCOME	43,998.24	52,365.47
	Registered Investment Co	JPMorgan Core Bond CL I	217,489.39	187,621.43
	Registered Investment Co	NUVEEN PREFERRED	71,719.00	60,530.51
	Registered Investment Co	PGIM High Yield CL Z	64,492.61	58,325.97
	Registered Investment Co	Pimco Income Fund CL 12	126,686.72	109,455.13
	Registered Investment Co	PIMCO INCOME FUND CL 12	95,422.48	83,318.52
	Registered Investment Co	Pimco Invest Corp Bond Ind	100,027.65	93,000.00
	Registered Investment Co	PROSHARES ULTRASHT 20 PLS YR TRSY	66,062.08	108,712.50
	Registered Investment Co	REAL ESTATE SELECT	136,802.52	104,881.20
	Registered Investment Co	TCW TOTAL RETURN	87,503.89	72,619.21
	Registered Investment Co	TCW Total Return Bond	125,708.74	101,984.56
	Registered Investment Co	Thornburg LTD Term Income CL I	119,260.64	113,026.96
	Registered Investment Co	TORTOISE NORTH AMERICAN	58,674.00	62,712.60
	Registered Investment Co	Vangard Russell 1000	25,314.72	19,236.88
	Registered Investment Co	VANGAURD INDEX FDS	66,447.45	75,319.44
	Registered Investment Co	Vanguard Mid-Cap Grth Idx FDS	47,234.10	43,501.92
	Registered Investment Co	Vanguard Mid-Cap Val Idx	70,119.74	71,541.96
	Registered Investment Co	VANGUARD MID-CAP VAL IDX	103,325.85	123,879.84
	Registered Investment Co	VANGUARD Russell 1000 ETF	43,842.28	33,292.48
	Registered Investment Co	Vanguard Small Cap	30,237.46	24,666.42
	Registered Investment Co	VANGUARD SMALL CAP	53,481.68	42,715.02
	Registered Investment Co	Vanguard Small Cap Value	42,071.61	39,382.40
	Registered Investment Co	VANGUARD SMALL CAP VALUE	61,376.68	68,125.20
	Registered Investment Co	Western Asset Core Bond CL I	146,627.59	121,666.61
	Registered Investment Co	Western Asset Corp Bond	124,278.64	100,578.50
	Registered Investment Co	WESTERN ASSET CORPORATE	88,078.90	74,581.73
	Standard Ins Co Stable Asset	Unallocated Ins Contract	710,647.77	729,851.43
	Registered Investment Co	Standard Mutual Funds	9,570,350.89	9,570,350.89
	Collective Investment Funds	Cohen & Steers US Tlty Cit	55,683.60	56,700.97
	Total		28,808,221.01	29,583,239.48