

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

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

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	ROBERT WILCOX
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 223
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) 179
a(2) Total number of active participants at the end of the plan year		6a(2) 166
b Retired or separated participants receiving benefits		6b 1
c Other retired or separated participants entitled to future benefits.....		6c 41
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 208
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 3
f Total. Add lines 6d and 6e		6f 211
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 209
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2R 2S 2T 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 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 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 LAKEVIEW CLINIC LTD, RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LAKEVIEW CLINIC, LTD	D Employer Identification Number (EIN) 41-1340895	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

COMPASS CAPITAL MANAGEMENT INC.

41-1611668

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	289515	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ONEAMERICA RETIREMENT SERVICES, LLC

46-5378846

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 36 37 38 50 64	NONE	27663	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MATRIX TRUST COMPANY

75-3182674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21 25 62	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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
MATRIX TRUST COMPANY	19 21 25 62	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ONEAMERICA RETIREMENT SERVICES, LLC 46-5378846	ONEAMERICA HAS AN AGREEMENT WITH MATRIX TRUST COMPANY TO PAY \$1,500 ANNUAL TRUST AND CUSTODY FEE PLUS 1 BASIS POINT ON MARKET VALUE ANNUALIZED MONTHLY.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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:	LURIE, LLP
b EIN:	41-0721734
c Position:	ACCOUNTANT
d Address:	2501 SOUTH WAYZATA BOULEVARD MINNEAPOLIS, MN 55405
e Telephone:	612-377-4404

Explanation: EISNERAMPER LLP ACQUIRED LURIE, LLP EFFECTIVE 9/16/2022.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>LAKEVIEW CLINIC LTD, RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LAKEVIEW CLINIC, LTD</u>	D Employer Identification Number (EIN) <u>41-1340895</u>	

Part I	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	672437
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....		1b(1)	16657431766412
(2) Participant contributions.....		1b(2)	965520
(3) Other.....		1b(3)	77795144551
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	
(2) U.S. Government securities		1c(2)	1158354210690175
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other		1c(3)(B)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common.....		1c(4)(B)	4648202233716727
(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)	332004355442
(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)	6251088548414812
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other		1c(15)	69436976119123

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	129698964	101207279

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	102991	74414
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	102991	74414

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	129595973	101132865
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2016411	
(B) Participants	2a(1)(B)	1276958	
(C) Others (including rollovers)	2a(1)(C)	113932	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3407301
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	261025	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	17582	
(F) Other	2b(1)(F)	166384	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		444991
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	436244	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1389470	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1825714
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	8033207	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	8275296	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-242089
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-11090931	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-11090931

		(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)		-12768858
c Other income	2c		31622
d Total income. Add all income amounts in column (b) and enter total	2d		-18392250
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9753680	
(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)		9753680
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)	27663	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	289515	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		317178
j Total expenses. Add all expense amounts in column (b) and enter total	2j		10070858
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-28463108
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: EISNERAMPER LLP

(2) EIN: 87-1363769

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan LAKEVIEW CLINIC LTD, RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 LAKEVIEW CLINIC, LTD		D Employer Identification Number (EIN) 41-1340895
Part I 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): 75-3182674		
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:	14a		
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).....		14b	
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)			14c
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)			
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:	15a		
a The corresponding number for the plan year immediately preceding the current plan year.....		15b	
b The corresponding number for the second preceding plan year.....			
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:	16a		
a Enter the number of employers who withdrew during the preceding plan year		16b	
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.....			
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐			

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

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

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

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

**LAKEVIEW CLINIC, LTD.
RETIREMENT SAVINGS PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2022 and 2021
(with supplemental information)

LAKEVIEW CLINIC, LTD. RETIREMENT SAVINGS PLAN

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator, Participants and Beneficiaries of the
Lakeview Clinic, Ltd. Retirement Savings Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 Financial Statements

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

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2022 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2022, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion on the 2022 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2022 Financial Statements section:

- the amounts and disclosures in the accompanying 2022 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2022 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



"EisnerAmper" is the brand name under which EisnerAmper LLP and Eisner Advisory Group LLC provide professional services. EisnerAmper LLP and Eisner Advisory Group LLC are independently owned firms that practice in an alternative practice structure in accordance with the AICPA Code of Professional Conduct and applicable law, regulations and professional standards. EisnerAmper LLP is a licensed CPA firm that provides attest services, and Eisner Advisory Group LLC and its subsidiary entities provide tax and business consulting services. Eisner Advisory Group LLC and its subsidiary entities are not licensed CPA firms.

Basis for Opinion on the 2022 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2022 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2022 Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the 2022 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) audit of the 2022 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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



- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2022 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matters

2022 Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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



In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditors' Report on the 2021 Financial Statements

The 2021 financial statements of the Plan were audited by predecessor auditors. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by a qualified institution. Their report dated October 14, 2022, indicated that (a) the amounts and disclosures in the 2021 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2021 supplemental schedule, other than the information in the 2021 supplemental schedule that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2021 supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determines meets the requirements of ERISA Section 103(a)(3)(C).

EisnerAmper LLP

EISNERAMPER LLP
Philadelphia, Pennsylvania
October 13, 2023



LAKEVIEW CLINIC, LTD. RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Benefits

	December 31,	
	2022	2021
ASSETS:		
Investments at fair value	\$ 98,940,837	\$ 127,520,146
Cash, non-interest bearing	37	6,724
Notes receivable from participants	355,442	332,004
Receivables:		
Dividends and interest	144,551	77,795
Employer contributions	1,766,412	1,665,743
Participant contributions	-	96,552
Total receivables	<u>1,910,963</u>	<u>1,840,090</u>
Total assets	<u>101,207,279</u>	<u>129,698,964</u>
LIABILITIES		
Accrued expenses	<u>74,414</u>	<u>102,991</u>
Total liabilities	<u>74,414</u>	<u>102,991</u>
Net assets available for benefits	<u>\$ 101,132,865</u>	<u>\$ 129,595,973</u>

LAKEVIEW CLINIC, LTD. RETIREMENT SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2022

Additions to (deductions from) net assets available for benefits:

Investment income / (loss):

Net realized/unrealized depreciation in value of investments	\$ (22,628,885)
Interest and dividends	792,791
Other income	18,961
	<u>(21,817,133)</u>

Interest income on notes receivable from participants	<u>17,582</u>
---	---------------

Contributions:

Participants	1,276,958
Employer	2,016,411
Rollovers	113,932
Total contributions	<u>3,407,301</u>

Benefits paid to participants	(9,753,680)
Administrative expenses	(317,178)

Net decrease	(28,463,108)
---------------------	---------------------

Net assets available for benefits:

Beginning of year	<u>129,595,973</u>
End of year	<u><u>\$ 101,132,865</u></u>

LAKEVIEW CLINIC, LTD. RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31 2022 and 2021

NOTE A - PLAN DESCRIPTION

The following description of the Lakeview Clinic, LTD. Retirement Savings Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

[1] General:

The Plan is a defined contribution plan covering all full-time employees of Lakeview Clinic, Ltd. (the “Company”) who have completed one year of service and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The trustee of the Plan is Matrix Trust Company and the recordkeeper is OneAmerica Retirement Services, LLC.

[2] Contributions:

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

The Company may make discretionary profit-sharing contributions as determined annually by the Company’s board of directors. The Company’s profit-sharing contribution is allocated to participants based on a pre-determined formula, as defined by the Plan, depending on whether the Plan is top heavy or not. For the year ended December 31, 2022, the Company made a \$2,016,412 profit sharing contribution to the Plan.

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

[3] Participant accounts:

Each participant’s account is credited with the participant’s contribution and the Company’s contributions, as well as allocations of Plan earnings. Discretionary contributions are allocated in the same proportion that each participant’s eligible compensation bears to the total eligible compensation of all participants based on a pre-determined formula, as defined by the Plan, depending on whether the Plan is top heavy or not. Participant accounts are charged with Plan losses and an allocation of administrative expenses that are paid by the Plan. Plan earnings and losses are allocated based on account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

[4] Vesting:

Participants are always 100% vested in all contributions.

LAKEVIEW CLINIC, LTD. RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31 2022 and 2021

NOTE A - PLAN DESCRIPTION (CONTINUED)

[5] Notes receivable from participants:

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Participants may borrow from their fund accounts a minimum of \$1,000 and up to a maximum of the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the vested balance in the participant's account. Loan terms range from one to five years; however, terms may exceed five years for the purchase of a primary residence. Only one loan is permitted to be outstanding at any time. The loan interest rate is set at the prime rate plus 1%. The prime rate was 7.5% and 3.25% at December 31, 2022 and 2021, respectively. Interest rates on outstanding loans range from 4.25% to 8.50% at December 31, 2022. Principal and interest are paid rateably through payroll deductions. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

[6] Payment of benefits:

A participant or a participant's beneficiary is entitled to 100% of the account balance in the event of permanent disability, death, or retirement. In addition, participants may obtain hardship withdrawals, as defined by the Plan. Vested benefits that exceed \$5,000, exclusive of any rollover contributions, are distributed either in a single lump-sum payment or instalments over a period not more than the participant's life expectancy. Vested benefits of \$5,000 or less, exclusive of any rollover contributions, are distributed in a single lump-sum as soon as practicable after the event occurs that entitles a participant to a distribution. Participants may elect to receive the distribution in cash or rollover to an IRA or to another qualified plan. If no election is made, vested benefits between \$1,000 and \$5,000 automatically roll over to an IRA selected by the Plan administrator, and vested benefits of \$1,000 or less are distributed in a lump sum as cash.

[7] Forfeitures:

There were no forfeited nonvested accounts at December 31, 2022 and 2021.

NOTE B - THE PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

[1] Basis of accounting:

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

[2] Use of estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and when applicable, disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

[3] Investment valuation and income recognition:

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investment committee determines the Plan's valuation policies utilizing information provided by the investment advisers, trustees/custodians, and insurance company. See Note D for a discussion of fair value measurements.

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

LAKEVIEW CLINIC, LTD. RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31 2022 and 2021

NOTE B - THE PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

[4] Payment of benefits:

Benefits are recorded when paid.

[5] Plan expenses:

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

NOTE C - INVESTMENT CERTIFICATION

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, Matrix Trust Company, the trustee of the Plan, has certified to the completeness and accuracy of all investments and related investment activity and notes receivable from participants, and related activity in the accompanying statements of net assets available for benefits as of December 31, 2022 and 2021, the statement of changes in net assets available for benefits for the year ended December 31, 2022, and the accompanying supplemental schedule of assets (held at end of year) as of December 31, 2022.

NOTE D - FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board's ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 Inputs to the valuation methodology include:

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

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

LAKEVIEW CLINIC, LTD. RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31 2022 and 2021

NOTE D - FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

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

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

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

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

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

Self-directed brokerage accounts: Accounts primarily consist of a money market fund and common stock. Which are valued as noted above.

LAKEVIEW CLINIC, LTD. RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31 2022 and 2021

NOTE D - FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2022 and 2021.

Investment Assets at Fair Value as of December 31, 2022				
	Level 1	Level 2	Level 3	Total
Money Market	\$ 6,916,442	\$ -	\$ -	\$ 6,916,442
Mutual funds	\$ 20,736,438	\$ -	\$ -	\$ 20,736,438
Unitized investments*:				
Common stock	\$ 33,666,728	\$ -	\$ -	\$ 33,666,728
Municipal bonds	-	6,119,124	-	6,119,124
U.S. Treasuries/Federal agencies	-	10,690,177	-	10,690,177
Mutual funds	19,462,728	-	-	19,462,728
Money Market	1,273,174	-	-	1,273,174
Self-directed accounts:				
Money market	26,028	-	-	26,028
Common stock	-	-	50,000	50,000
Investments at fair value	<u>\$ 82,081,538</u>	<u>\$ 16,809,301</u>	<u>\$ 50,000</u>	<u>\$ 98,940,839</u>

Investment Assets at Fair Value as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Money Market	\$ 7,307,456	\$ -	\$ -	\$ 7,307,456
Mutual funds	\$ 25,197,918	\$ -	\$ -	\$ 25,197,918
Unitized investments*:				
Common stock	\$ 46,432,020	\$ -	\$ -	\$ 46,432,020
Municipal bonds	-	6,943,700	-	6,943,700
U.S. Treasuries/Federal agencies	-	11,583,544	-	11,583,544
Mutual funds	28,444,331	-	-	28,444,331
Money Market	1,541,175	-	-	1,541,175
Self-directed accounts:				
Money market	20,002	-	-	20,002
Common stock	-	-	50,000	50,000
Investments at fair value	<u>\$ 108,942,902</u>	<u>\$ 18,527,244</u>	<u>\$ 50,000</u>	<u>\$ 127,520,146</u>

LAKEVIEW CLINIC, LTD. RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31 2022 and 2021

NOTE D - FAIR VALUE MEASUREMENTS (CONTINUED)

The following table presents qualitative information about Level 3 fair value measurements as of December 31, 2022 and 2021:

	<u>Fair Value as of December 31, 2022</u>	<u>Fair Value as of December 31, 2021</u>	<u>Valuation Technique</u>	<u>Unobservable Input</u>	<u>Range</u>
Common stock in closely held company	\$ 50,000	\$ 50,000	Market approach	Recent stock sale	90 - 110%

* Unitized investments represent a unitized trust that hold individual investment assets. The value of the trust for the participant is valued at its net asset value. However, since the trust owns the individual assets and they are in the name of the Plan, they are presented within the fair value hierarchy.

NOTE E - RELATED-PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

Certain investments are managed by Compass Capital Management, Inc. Matrix Trust Company is the Plan Trustee and OneAmerica Retirement Services, LLC ("OneAmerica") is the recordkeeper and, therefore, transactions related to these investments qualify as party-in-interest transactions. Fees paid by the Plan to OneAmerica for accounting and administrative services amounted to \$27,662 for the year ended December 31, 2022 and are included in accrued expenses. The fees payable by the Plan to OneAmerica at December 31, 2022 and 2021 is \$5,130 and \$12,244, respectively. The Plan also pays investment advisory fees to Compass Capital Management, Inc. Fees paid by the Plan to Compass Capital Management, Inc. were \$289,515 in 2022. The fees payable by the Plan to Compass Capital Management, Inc. at December 31, 2022 and 2021 is \$69,283 and \$90,747, respectively, and are included in accrued expenses.

Matrix Trust Company ("Matrix") receives revenue sharing credits from certain investment service providers for services Matrix provides to those respective investments. These revenue sharing credits are used to offset certain amounts owed for administrative, recordkeeping, and other services to the Plan. Such amounts are allocated to the accounts of the participants as income. During 2022, participants received \$18,960 from the revenue sharing agreement and the amounts are included in "other income" in the statement of changes in net assets for the year ended December 31, 2022.

NOTE F - TAX STATUS

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

LAKEVIEW CLINIC, LTD. RETIREMENT SAVINGS PLAN

Notes to Financial Statements December 31 2022 and 2021

NOTE G - 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.

Volatility in the financial markets may significantly impact the subsequent valuation of the Plan's investments. Accordingly, the valuation of investments at December 31, 2022 may not necessarily be indicative of amounts that could be realized in a current market exchange.

NOTE H - MUTUAL FUND FEES

Certain investments in mutual funds are subject to sales charges in the form of front-end loads, back-end loads or 12b-1 fees. 12b-1 fees are ongoing fees allowable under Section 12b-1 of the Investment Company Act of 1940. These annual fees are used to pay for marketing and distribution costs of the funds. These fees are deducted prior to the allocation of the Plan's investment earnings activity, and thus not separately identifiable as an expense.

NOTE I - PLAN TERMINATION:

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

NOTE J - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 13, 2023, the date at which the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

LAKEVIEW CLINIC, LTD. RETIREMENT SAVINGS PLAN

Employer Identification No. 41-1340895, Plan No. 001
Schedule H of Form 5500
Schedule of Assets (Held at End of Year)
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
	ARKANSAS ST TAXABLE SER A 2.500% DUE 07/01/32	MUNICIPAL BONDS	**	\$ 411,280
	ARLINGTON TX TAXABLE GO PENSION BDS 1.546% DUE 08-15-30	MUNICIPAL BONDS	**	158,950
	BALTIMORE CNTY MD TXBL 2.318% DUE 07-01-25	MUNICIPAL BONDS	**	47,369
	CALIFORNIA ST TXBL 3.500% DUE 04-01-28	MUNICIPAL BONDS	**	187,706
	CALIFORNIA ST TXBL-BID GROUP A 2.500% DUE 10-01-29	MUNICIPAL BONDS	**	172,630
	CALIFORNIA ST TXBL-VARIOUS PURPOSE-BID GROUP 3.050% DUE 04-01-29	MUNICIPAL BONDS	**	135,314
	CLOVIS CA UNIF SCH DIST TXBL-REF 2.603% DUE 08-01-27	MUNICIPAL BONDS	**	90,853
	COLUMBUS OH TXBL-SER C 2.680% DUE 04-01-27	MUNICIPAL BONDS	**	185,412
	DESCHUTES & JEFFERSON CNTYS OR REF 1.525% DUE 05-15-30	MUNICIPAL BONDS	**	117,960
	FAIRFAX CA ELEM SCH DIST TXBL-REF 2.000% DUE 11-01-24	MUNICIPAL BONDS	**	94,795
	FOOTHILL-DE ANZA CA CMNTY CLGD TXBL-ELECTION 2006-SER E 2.696% DUE 08-01-29	MUNICIPAL BONDS	**	175,796
	FREDERICK MD TXBL-REF-SER A 2.600% DUE 03-01-26	MUNICIPAL BONDS	**	328,682
	GREEN BAY WI MET SWR DIST TXBL-REF 2.000% DUE 05-01-30	MUNICIPAL BONDS	**	166,104
	HAMPTON TWP PA SCH DIST TXBL-REF-SER E 1.800% DUE 08-15-31	MUNICIPAL BONDS	**	155,126
	KENOSHA CNTY WI TXBL-REF-SER A 2.000% DUE 03-01-24	MUNICIPAL BONDS	**	48,627
	KENOSHA CNTY WI TXBL-REF-SER A 2.000% DUE 03-01-27	MUNICIPAL BONDS	**	90,112
	LAKE CNTY OHIO CMNTY COLLEGE D GO 3.000% DUE 12-01-23	MUNICIPAL BONDS	**	98,691
	LANCASTER CNTY NE SCH DIST #1 TXBL-REF 2.000% DUE 01-15-29	MUNICIPAL BONDS	**	85,216
	MADISON WI AREA TECH CLG TXBL-REF 2.000% DUE 03-01-28	MUNICIPAL BONDS	**	87,759
	MCALLEN TX TXBL-CTFS OBLIG 2.691% DUE 02-15-26	MUNICIPAL BONDS	**	141,093
	MIDWAY UT GREEN BOND 5.000% DUE 06-15-29	MUNICIPAL BONDS	**	112,771
	MILWAUKEE CNTY WI TXBL-REF-PROM NTS-SER A 2.000% DUE 12-01-28	MUNICIPAL BONDS	**	173,294
	MISSISSIPPI ST TXBL-SER G 3.159% DUE 11-01-25	MUNICIPAL BONDS	**	192,134
	NORTH SAINT PAUL MN TXBL-SER A 3.000% DUE 02-01-30	MUNICIPAL BONDS	**	88,518
	OKLAHOMA CITY OK TXBL 3.000% DUE 03-01-25	MUNICIPAL BONDS	**	97,044
	OKLAHOMA CITY OKLA FOR ISSUES GO LTD 3.000% DUE 03-01-26	MUNICIPAL BONDS	**	191,306
	OXFORD MI CMNTY SCHS TXBL-REF 2.000% DUE 11-01-30	MUNICIPAL BONDS	**	81,043
	ROANOKE VA PUB IMPT REF BDS 2013B 2.727% DUE 07-15-24	MUNICIPAL BONDS	**	48,651
	ROANOKE VA TAXABLE GO PUB IMPT REF 3.000% DUE 04-01-31	MUNICIPAL BONDS	**	130,629

LAKEVIEW CLINIC, LTD. RETIREMENT SAVINGS PLAN

Employer Identification No. 41-1340895, Plan No. 001
Schedule H of Form 5500
Schedule of Assets (Held at End of Year)
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
	ROCKVILLE MD TXBL-REF-SER C 1.000% DUE 06-01-27	MUNICIPAL BONDS	**	85,576
	SAN DIEGO CA CMNTY CLG DIST TAXABLE REF 2.113% DUE 08/01/2031	MUNICIPAL BONDS	**	320,828
	SANTA CLARITA CA CMNTY CLG DIS TXBL-REF 2.632% DUE 08-01-28	MUNICIPAL BONDS	**	88,973
	THURSTON CNTY WA SCH DIST #111 TXBL-REF 0.550% DUE 12-01-25	MUNICIPAL BONDS	**	89,114
	THURSTON CNTY WA SCH DIST #111 TXBL-REF 1.200% DUE 12-01-30	MUNICIPAL BONDS	**	75,439
	TUALATIN VLY OR FIRE & RESCUE TXBL-REF 1.860% DUE 06-01-30	MUNICIPAL BONDS	**	82,016
	VISALIA CA UNIF SCH DIST TAXABLE REF 3.000% DUE 08/01/2027	MUNICIPAL BONDS	**	91,822
	WALNUT VLY CA UNIF SCH DIST TXBL-REF 1.950% DUE 08-01-24	MUNICIPAL BONDS	**	96,026
	WASHINGTON CNTY MD TXBL-REF 2.000% DUE 07-01-23	MUNICIPAL BONDS	**	98,738
	WAUPUN WI REF-SER A 4.000% DUE 08-01-28	MUNICIPAL BONDS	**	105,574
	WEBSTER MASS GO ST QUALIFIED SCH BDS 3.000% DUE 03-01-26	MUNICIPAL BONDS	**	47,184
	WESTCHESTER CNTY NY TXBL-SER B 2.500% DUE 07-01- 24	MUNICIPAL BONDS	**	292,218
	WESTCHESTER CNTY NY TXBL-SER B 2.700% DUE 07-01- 25	MUNICIPAL BONDS	**	191,964
	WSTRN WI TECH CLG DIST TXBL-REF-NEW CLEAN RENEWAL ENE 3.100% DUE 04-01-23	MUNICIPAL BONDS	**	358,787
	US TREASURY NOTE 1.125% DTD 02/16/2021 DUE 02/15/2031	U.S. TREASURIES / FEDERAL AGENCIES	**	734,203
	US TREASURY NOTE 1.50% DTD 02/15/2020 DUE 02/15/2030	U.S. TREASURIES / FEDERAL AGENCIES	**	767,391
	US TREASURY NOTE 1.625% DTD 02/16/2016 DUE 2/15/2026	U.S. TREASURIES / FEDERAL AGENCIES	**	648,211
	US TREASURY NOTE 1.875% DTD 02/15/2022 DUE 02/15/2032	U.S. TREASURIES / FEDERAL AGENCIES	**	763,734
	US TREASURY NOTE 2.00% DTD 02/15/2013 DUE 02/15/2023	U.S. TREASURIES / FEDERAL AGENCIES	**	728,375
	US TREASURY NOTE 2.00% DTD 02/15/2015 DUE 02/15/2025	U.S. TREASURIES / FEDERAL AGENCIES	**	857,250
	US TREASURY NOTE 2.25% DTD 02/15/2017 DUE 02/15/2027	U.S. TREASURIES / FEDERAL AGENCIES	**	698,438
	US TREASURY NOTE 2.625% DTD 02/15/2019 DUE 02/15/2029	U.S. TREASURIES / FEDERAL AGENCIES	**	832,992
	US TREASURY NOTE 2.75% DTD 02/15/2014 DUE 02/15/2024	U.S. TREASURIES / FEDERAL AGENCIES	**	881,367
	US TREASURY NOTE 2.75% DTD 02/15/2018 DUE 02/15/2028	U.S. TREASURIES / FEDERAL AGENCIES	**	658,711
	FFCB NOTE 1.810% DUE 12/01/2031	U.S. TREASURIES / FEDERAL AGENCIES	**	160,458
	FFCB NOTE 2.13% DUE 11/09/2023	U.S. TREASURIES / FEDERAL AGENCIES	**	586,308
	FFCB NOTE 2.35% DUE 08/14/2024	U.S. TREASURIES / FEDERAL AGENCIES	**	335,706

LAKEVIEW CLINIC, LTD. RETIREMENT SAVINGS PLAN

Employer Identification No. 41-1340895, Plan No. 001

Schedule H of Form 5500

Schedule of Assets (Held at End of Year)

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
	FFCB NOTE 2.37% DUE 04/01/2025	U.S. TREASURIES / FEDERAL AGENCIES	**	381,256
	FFCB NOTE 2.53% DUE 11/23/2027	U.S. TREASURIES / FEDERAL AGENCIES	**	230,918
	FFCB NOTE 2.57% DUE 12/24/2026	U.S. TREASURIES / FEDERAL AGENCIES	**	233,808
	FFCB NOTE 2.63% DUE 08/03/2026	U.S. TREASURIES / FEDERAL AGENCIES	**	94,690
	FFCB NOTE 2.80% DUE 04/09/2029	U.S. TREASURIES / FEDERAL AGENCIES	**	91,358
	FFCB NOTE 2.84% DUE 08/01/2029	U.S. TREASURIES / FEDERAL AGENCIES	**	182,262
	FFCB NOTE 2.875% DUE 01/18/2028	U.S. TREASURIES / FEDERAL AGENCIES	**	283,163
	FFCB NOTE 3.00% DUE 07/09/2024	U.S. TREASURIES / FEDERAL AGENCIES	**	97,314
	FFCB NOTE 3.20% DUE 09/05/2028	U.S. TREASURIES / FEDERAL AGENCIES	**	235,643
	FFCB NOTE 5.13% DUE 09/09/2026	U.S. TREASURIES / FEDERAL AGENCIES	**	102,070
	FFCB NOTE 5.25% DUE 12/28/2027	U.S. TREASURIES / FEDERAL AGENCIES	**	104,551
	BRANDES INTERNATIONAL EQUITY FUND CLASS I	EXCHANGE TRADED FUNDS	**	3,038,807
	DELAWARE SMALL CAP VALUE INSTL	EXCHANGE TRADED FUNDS	**	6,661,476
	FEDERATED GOVERNMENT OBLIGATIONS FUND	EXCHANGE TRADED FUNDS	**	26,028
	FIMM TREASURY ONLY PORTFOLIO	EXCHANGE TRADED FUNDS	**	6,916,442
	FIRST AM GOV OBLIG Z	EXCHANGE TRADED FUNDS	**	1,273,174
	VANGUARD INSTITUTIONAL INDEX I	EXCHANGE TRADED FUNDS	**	20,736,438
	VANGUARD INTERNATIONAL GROWTH INV	EXCHANGE TRADED FUNDS	**	3,044,692
	WASATCH SMALL CAP GROWTH INVESTOR	EXCHANGE TRADED FUNDS	**	6,717,753
	ACCENTURE PLC	COMMON STOCK	**	1,272,827
	ALPHABET INC CL A	COMMON STOCK	**	1,102,875
	AMPHENOL CL A	COMMON STOCK	**	1,468,360
	CHECK POINT SOFTWARE TECHS LTD	COMMON STOCK	**	1,562,492
	CHURCH & DWIGHT	COMMON STOCK	**	1,373,997
	COGNIZANT TECH SOLUTNS CL. A	COMMON STOCK	**	1,161,815
	CVS HEALTH CORP	COMMON STOCK	**	1,365,234
	DANAHER CORP DEL	COMMON STOCK	**	1,417,343
	DISNEY WALT CO	COMMON STOCK	**	1,127,702
	ECOLAB INC	COMMON STOCK	**	1,225,615
	ETOUCHMENU INC	COMMON STOCK	**	50,000
	EXPEDITORS INTL WASH	COMMON STOCK	**	1,253,171
	FASTENAL CO	COMMON STOCK	**	1,341,995
	FEDEX CORP	COMMON STOCK	**	1,257,432
	FISERV INC	COMMON STOCK	**	1,402,852
	ILLINOIS TOOL WORKS INC.	COMMON STOCK	**	1,473,807
	INTERCONTINENTAL EXCHANGE INC	COMMON STOCK	**	1,430,618
	JOHNSON & JOHNSON	COMMON STOCK	**	1,377,870
	MICROSOFT CORPORATION	COMMON STOCK	**	1,278,241
	QUALCOMM	COMMON STOCK	**	1,173,060

LAKEVIEW CLINIC, LTD. RETIREMENT SAVINGS PLAN

Employer Identification No. 41-1340895, Plan No. 001

Schedule H of Form 5500

Schedule of Assets (Held at End of Year)

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
	ROPER TECHNOLOGIES INC	COMMON STOCK	**	1,531,759
	SHERWIN WILLIAMS	COMMON STOCK	**	1,327,861
	STRYKER CORPORATION	COMMON STOCK	**	1,463,273
	THERMO FISHER SCIENTIFIC INC	COMMON STOCK	**	1,475,849
	VISA INC CLASS A SHARES	COMMON STOCK	**	1,436,660
	WALMART INC	COMMON STOCK	**	1,364,020
*	Participant loans	Interest at 4.25% to 8.50%	**	355,442
				<u>\$ 99,296,281</u>

*Party-in-interest as defined by ERISA

**Participant directed

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

DATE December 31, 2022

SPONSOR: Lakeview Clinic, LTD.

EIN: 41-1340895

PLAN NUMBER: 001

NAME: Lakeview Clinic, LTD. Retirement Savings Plan

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	ARKANSAS ST TAXABLE SER A 2.500% DUE 07/01/32	MUNICIPAL BONDS	**	411,280
	ARLINGTON TX TAXABLE GO PENSION BDS 1.546% DUE 08-15-30	MUNICIPAL BONDS	**	158,950
	BALTIMORE CNTY MD TXBL 2.318% DUE 07-01-25	MUNICIPAL BONDS	**	47,369
	CALIFORNIA ST TXBL 3.500% DUE 04-01-28	MUNICIPAL BONDS	**	187,706
	CALIFORNIA ST TXBL-BID GROUP A 2.500% DUE 10-01-29	MUNICIPAL BONDS	**	172,630
	CALIFORNIA ST TXBL-VARIOUS PURPOSE-BID GROUP 3.050% DUE 04-01-29	MUNICIPAL BONDS	**	135,314
	CLOVIS CA UNIF SCH DIST TXBL-REF 2.603% DUE 08-01-27	MUNICIPAL BONDS	**	90,853
	COLUMBUS OH TXBL-SER C 2.680% DUE 04-01-27	MUNICIPAL BONDS	**	185,412
	DESCHUTES & JEFFERSON CNTYS OR REF 1.525% DUE 05-15-30	MUNICIPAL BONDS	**	117,960
	FAIRFAX CA ELEM SCH DIST TXBL-REF 2.000% DUE 11-01-24	MUNICIPAL BONDS	**	94,795
	FOOTHILL-DE ANZA CA CMNTY CLGD TXBL-ELECTION 2006-SER E 2.696% DUE 08-01-29	MUNICIPAL BONDS	**	175,796
	FREDERICK MD TXBL-REF-SER A 2.600% DUE 03-01-26	MUNICIPAL BONDS	**	328,682
	GREEN BAY WI MET SWR DIST TXBL-REF 2.000% DUE 05-01-30	MUNICIPAL BONDS	**	166,104
	HAMPTON TWP PA SCH DIST TXBL-REF-SER E 1.800% DUE 08-15-31	MUNICIPAL BONDS	**	155,126
	KENOSHA CNTY WI TXBL-REF-SER A 2.000% DUE 03-01-24	MUNICIPAL BONDS	**	48,627
	KENOSHA CNTY WI TXBL-REF-SER A 2.000% DUE 03-01-27	MUNICIPAL BONDS	**	90,112
	LAKE CNTY OHIO CMNTY COLLEGE D GO 3.000% DUE 12-01-23	MUNICIPAL BONDS	**	98,691
	LANCASTER CNTY NE SCH DIST #1 TXBL-REF 2.000% DUE 01-15-29	MUNICIPAL BONDS	**	85,216
	MADISON WI AREA TECH CLG TXBL-REF 2.000% DUE 03-01-28	MUNICIPAL BONDS	**	87,759
	MCALLEN TX TXBL-CTFS OBLIG 2.691% DUE 02-15-26	MUNICIPAL BONDS	**	141,093
	MIDWAY UT GREEN BOND 5.000% DUE 06-15-29	MUNICIPAL BONDS	**	112,771
	MILWAUKEE CNTY WI TXBL-REF-PROM NTS-SER A 2.000% DUE 12-01-28	MUNICIPAL BONDS	**	173,294
	MISSISSIPPI ST TXBL-SER G 3.159% DUE 11-01-25	MUNICIPAL BONDS	**	192,134
	NORTH SAINT PAUL MN TXBL-SER A 3.000% DUE 02-01-30	MUNICIPAL BONDS	**	88,518
	OKLAHOMA CITY OK TXBL 3.000% DUE 03-01-25	MUNICIPAL BONDS	**	97,044
	OKLAHOMA CITY OKLA FOR ISSUES GO LTD 3.000% DUE 03-01-26	MUNICIPAL BONDS	**	191,306
	OXFORD MI CMNTY SCHS TXBL-REF 2.000% DUE 11-01-30	MUNICIPAL BONDS	**	81,043
	ROANOKE VA PUB IMPT REF BDS 2013B 2.727% DUE 07-15-24	MUNICIPAL BONDS	**	48,651
	ROANOKE VA TAXABLE GO PUB IMPT REF 3.000% DUE 04-01-31	MUNICIPAL BONDS	**	130,629
	ROCKVILLE MD TXBL-REF-SER C 1.000% DUE 06-01-27	MUNICIPAL BONDS	**	85,576
	SAN DIEGO CA CMNTY CLG DIST TAXABLE REF 2.113% DUE 08/01/2031	MUNICIPAL BONDS	**	320,828
	SANTA CLARITA CA CMNTY CLG DIS TXBL-REF 2.632% DUE 08-01-28	MUNICIPAL BONDS	**	88,973
	THURSTON CNTY WA SCH DIST #111 TXBL-REF 0.550% DUE 12-01-25	MUNICIPAL BONDS	**	89,114
	THURSTON CNTY WA SCH DIST #111 TXBL-REF 1.200% DUE 12-01-30	MUNICIPAL BONDS	**	75,439
	TUALATIN VLY OR FIRE & RESCUE TXBL-REF 1.860% DUE 06-01-30	MUNICIPAL BONDS	**	82,016
	VISALIA CA UNIF SCH DIST TAXABLE REF 3.000% DUE 08/01/2027	MUNICIPAL BONDS	**	91,822
	WALNUT VLY CA UNIF SCH DIST TXBL-REF 1.950% DUE 08-01-24	MUNICIPAL BONDS	**	96,026
	WASHINGTON CNTY MD TXBL-REF 2.000% DUE 07-01-23	MUNICIPAL BONDS	**	98,738
	WAUPUN WI REF-SER A 4.000% DUE 08-01-28	MUNICIPAL BONDS	**	105,574
	WEBSTER MASS GO ST QUALIFIED SCH BDS 3.000% DUE 03-01-26	MUNICIPAL BONDS	**	47,184
	WESTCHESTER CNTY NY TXBL-SER B 2.500% DUE 07-01-24	MUNICIPAL BONDS	**	292,218
	WESTCHESTER CNTY NY TXBL-SER B 2.700% DUE 07-01-25	MUNICIPAL BONDS	**	191,964
	WSTRN WI TECH CLG DIST TXBL-REF-NEW CLEAN RENEWAL ENE 3.100% DUE 04-01-23	MUNICIPAL BONDS	**	358,787
	US TREASURY NOTE 1.125% DTD 02/16/2021 DUE 02/15/2031	GOVERNMENT BONDS	**	734,203
	US TREASURY NOTE 1.50% DTD 02/15/2020 DUE 02/15/2030	GOVERNMENT BONDS	**	767,391
	US TREASURY NOTE 1.625% DTD 02/16/2016 DUE 2/15/2026	GOVERNMENT BONDS	**	648,211
	US TREASURY NOTE 1.875% DTD 02/15/2022 DUE 02/15/2032	GOVERNMENT BONDS	**	763,734
	US TREASURY NOTE 2.00% DTD 02/15/2013 DUE 02/15/2023	GOVERNMENT BONDS	**	728,375
	US TREASURY NOTE 2.00% DTD 02/15/2015 DUE 02/15/2025	GOVERNMENT BONDS	**	857,250
	US TREASURY NOTE 2.25% DTD 02/15/2017 DUE 02/15/2027	GOVERNMENT BONDS	**	698,438
	US TREASURY NOTE 2.625% DTD 02/15/2019 DUE 02/15/2029	GOVERNMENT BONDS	**	832,992
	US TREASURY NOTE 2.75% DTD 02/15/2014 DUE 02/15/2024	GOVERNMENT BONDS	**	881,367
	US TREASURY NOTE 2.75% DTD 02/15/2018 DUE 02/15/2028	GOVERNMENT BONDS	**	658,711
	FFCB NOTE 1.810% DUE 12/01/2031	GOVERNMENT BONDS	**	160,458
	FFCB NOTE 2.13% DUE 11/09/2023	GOVERNMENT BONDS	**	586,308
	FFCB NOTE 2.35% DUE 08/14/2024	GOVERNMENT BONDS	**	335,706
	FFCB NOTE 2.37% DUE 04/01/2025	GOVERNMENT BONDS	**	381,256
	FFCB NOTE 2.53% DUE 11/23/2027	GOVERNMENT BONDS	**	230,918
	FFCB NOTE 2.57% DUE 12/24/2026	GOVERNMENT BONDS	**	233,808
	FFCB NOTE 2.63% DUE 08/03/2026	GOVERNMENT BONDS	**	94,690
	FFCB NOTE 2.80% DUE 04/09/2029	GOVERNMENT BONDS	**	91,358

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	FFCB NOTE 2.84% DUE 08/01/2029	GOVERNMENT BONDS	**	182,262
	FFCB NOTE 2.875% DUE 01/18/2028	GOVERNMENT BONDS	**	283,163
	FFCB NOTE 3.00% DUE 07/09/2024	GOVERNMENT BONDS	**	97,314
	FFCB NOTE 3.20% DUE 09/05/2028	GOVERNMENT BONDS	**	235,643
	FFCB NOTE 5.13% DUE 09/09/2026	GOVERNMENT BONDS	**	102,070
	FFCB NOTE 5.25% DUE 12/28/2027	GOVERNMENT BONDS	**	104,551
	BRANDES INTERNATIONAL EQUITY FUND CLASS I	MUTUAL FUND	**	3,038,807
	DELAWARE SMALL CAP VALUE INSTL	MUTUAL FUND	**	6,661,476
	FEDERATED GOVERNMENT OBLIGATIONS FUND	MUTUAL FUND	**	25,943
	FIMM TREASURY ONLY PORTFOLIO	MUTUAL FUND	**	6,916,442
	FIRST AM GOV OBLIG Z	MUTUAL FUND	**	1,273,174
	VANGUARD INSTITUTIONAL INDEX I	MUTUAL FUND	**	20,736,438
	VANGUARD INTERNATIONAL GROWTH INV	MUTUAL FUND	**	3,044,692
	WASATCH SMALL CAP GROWTH INVESTOR	MUTUAL FUND	**	6,717,753
	ACCENTURE PLC	STOCK	**	1,272,827
	ALPHABET INC CL A	STOCK	**	1,102,875
	AMPHENOL CL A	STOCK	**	1,468,360
	CHECK POINT SOFTWARE TECHS LTD	STOCK	**	1,562,492
	CHURCH & DWIGHT	STOCK	**	1,373,997
	COGNIZANT TECH SOLUTNS CL. A	STOCK	**	1,161,815
	CVS HEALTH CORP	STOCK	**	1,365,234
	DANAHER CORP DEL	STOCK	**	1,417,343
	DISNEY WALT CO	STOCK	**	1,127,702
	ECOLAB INC	STOCK	**	1,225,615
	ETOUCHMENU INC	STOCK	**	50,000
	EXPEDITORS INTL WASH	STOCK	**	1,253,171
	FASTENAL CO	STOCK	**	1,341,995
	FEDEX CORP	STOCK	**	1,257,432
	FISERV INC	STOCK	**	1,402,852
	ILLINOIS TOOL WORKS INC.	STOCK	**	1,473,807
	INTERCONTINENTAL EXCHANGE INC	STOCK	**	1,430,618
	JOHNSON & JOHNSON	STOCK	**	1,377,870
	MICROSOFT CORPORATION	STOCK	**	1,278,241
	QUALCOMM	STOCK	**	1,173,060
	ROPER TECHNOLOGIES INC	STOCK	**	1,531,759
	SHERWIN WILLIAMS	STOCK	**	1,327,861
	STRYKER CORPORATION	STOCK	**	1,463,273
	THERMO FISHER SCIENTIFIC INC	STOCK	**	1,475,849
	VISA INC CLASS A SHARES	STOCK	**	1,436,660
	WALMART INC	STOCK	**	1,364,020
	LOANS TO VARIOUS PARTICIPANTS	INTEREST RATE RANGE: 4.25% - 8.50%	**	355,442

** Cost omitted for participant directed accounts