

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ 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 AUSTIN EAR, NOSE & THROAT CLINIC 401(K) PROFIT SHARING PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 07/01/1970
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) BUTLER AND BURNS EAR NOSE & THROAT ASSOC 3705 MEDICAL PARKWAY, STE. 320 AUSTIN, TX 78705
2b	Employer Identification Number (EIN) 74-1667506
2c	Plan Sponsor's telephone number 512-454-0392
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.	10/14/2024	BRYAN MANFULL
	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	5 112
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 73 6a(2) 80 6b 1 6c 31 6d 112 6e 0 6f 112 6g(1) 106 6g(2) 99 6h 2
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 2K 2A 3D 2R

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
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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
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan AUSTIN EAR, NOSE & THROAT CLINIC 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BUTLER AND BURNS EAR NOSE & THROAT ASSOC	D Employer Identification Number (EIN) 74-1667506

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).....

X

YesNo
- b

If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b)

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b)

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

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

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

GRACE CAPITAL MANAGEMENT GROUP LLC

26-4564534

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	25663	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
60 64 65 71	RECORDKEEPER	11481	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FKLN MTL GLB DISC Z - FRANKLIN TEM 94-3167260	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
H & W SM CAP VALUE I - US BANCORP 39-0281260	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVS DIVRS DIVD R5 - INVESCO INVES 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.35%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPM MIDCAP VALUE L - DST ASSET MAN 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LD ABBETT HIGH YLD I - BNY MELLON 500 ROSS STREET 15253-4426 PITTSBURGH, PA 53442	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NUVEEN REAL ESTATE I - SS&C GLOBAL 2000 CROWN COLONY DRIVE QUINCY, MA 02169	0.25%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SWAN DEFINED RISK I - ULTIMUS FUND 31-1663251	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ANGEL OAK MULTI STRATEGY INC INSTL 400 CITY CENTER OSHKOSH, WI 54901	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DFA INTERNATIONAL CORE EQUITY 6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DFA US CORE EQUITY II 6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DFA EMERGING MRKTS CORE EQU PORTF 6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DFA ONE YEAR FIXED INCOME PRTF INS 6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DFA REAL ESTATE SEC PRTF INSTL 6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DFA FIVE YEAR GLBL FIXED INC PRTF 6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DFA COMMODITY STRATEGY PORT INSTL 6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DFA SHORT TERM EXTENDED QUAL INSTL 6300 BEE CAVES ROAD BUILDING ONE AUSTIN, TX 78746	0.02%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DOUBLELINE TOTAL RETURN BOND FD CL 777 EAST WISCONSIN AVE MILWAUKEE, WI 53202	0.06%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DOUBLELINE EMERGING MRTKS FIXED IN 777 EAST WISCONSIN AVE MILWAUKEE, WI 53202	0.06%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FPA CRESCENT FUND 11601 WILSHIRE BLVD STE 1200 LOS ANGELES, CA 90025	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GOLDMAN SACHS GQG PART INTERNTL OP 71 S. WACKER DR 4TH FL CHICAGO, IL 60606	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SIERRA TACTICAL ALL ASSET FUND INS 3420 OCEAN PARK BLVD SANTA MONICA, CA 90405	0.10%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DYNAMIC INTL OPPOR FD CLASS I 13215 BEE CAVE PKWY AUSTIN, TX 78738	0.08%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COUNTERPOINT TACTICAL INCOME CL I 12760 HIGH BLUFF DR STE 280 SAN DIEGO, CA 92130	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
RIVERNORTH/DOUBLE LINE STRATEGIC I 325 NORTH LASALLE ST STE 645 CHICAGO, IL 60654	0.15%	

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(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WESTWOOD INCOME OPPORTUNITY FD INS 1 FREEDOM VALLEY DR OAKS, PA 19456		0.15%	
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL		60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
APPLESEED FUND INSTITUTIONAL 161 NORTH CLARK ST. STE 2200 CHICAGO, IL 60601		0.12%	
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
For calendar plan year 2023 or fiscal plan year beginning <u>01/01/2023</u> and ending <u>12/31/2023</u>		
A Name of plan <u>AUSTIN EAR, NOSE & THROAT CLINIC 401(K) PROFIT SHARING 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>BUTLER AND BURNS EAR NOSE & THROAT ASSOC</u>	D Employer Identification Number (EIN) <u>74-1667506</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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1439488	1542667
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	3131430	3449823
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	12386354	11960694
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	16957272	16953184
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	16957272	16953184

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)	608402	
(B) Participants	2a(1)(B)	462444	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1070846
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	67639	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		67639
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	45451	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	433549	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		479000
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	602352	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	573176	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		29176
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	685202	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1414029
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		3745892

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3710247	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3710247
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Recordkeeping fees.....	2i(3)	14070	
(4) IQPA audit fees.....	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	25663	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		39733
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3749980

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-4088
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BAUER AND COMPANY, LLC**

(2) EIN: **47-1743368**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
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.)	☒	☐	262740
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.)	☐	☒	
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.)	☐	☒	
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.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	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?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
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.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☒	☐	1316
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
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.	☐	☒	

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 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan AUSTIN EAR, NOSE & THROAT CLINIC 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BUTLER AND BURNS EAR NOSE & THROAT ASSOC	D Employer Identification Number (EIN) 74-1667506	

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

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107		
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.)
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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
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9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
---------	--

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

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) 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) 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)	14a 14b 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 b The corresponding number for the second preceding plan year	15a 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 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	16a 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) and (b): a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____% b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
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: _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☒ Design-based safe harbor method ☐ "Prior year" ADP test ☒ "Current year" ADP test ☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q702438A</u> .	



**Austin Ear, Nose & Throat Clinic 401(k) Profit Sharing Plan
Financial Statements and Supplemental Schedules
(With Independent Auditor's Report)
December 31, 2023 and 2022**

Austin Ear, Nose & Throat Clinic 401(k) Profit Sharing Plan
Index to Financial Statements and Supplemental Schedules
December 31, 2023 and 2022

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FINANCIAL STATEMENTS

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SUPPLEMENTAL SCHEDULES

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Independent Auditors' Report

To the Plan Administrator
of Austin Ear, Nose & Throat Clinic 401(k) Profit Sharing Plan:

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

We have performed an audit of the accompanying financial statements of Austin Ear, Nose & Throat Clinic 401(k) Profit Sharing Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, 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 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of December 31, 2023 and 2022, and for the year ended December 31, 2023 stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

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



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

Supplemental Schedules Required by ERISA

The supplemental schedules of Assets Held for Investment Purposes at End of Year as of December 31, 2023 and Delinquent Participant Contributions 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, 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 form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules 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).

Bauer & Company, LLC

BAUER & COMPANY, LLC

Austin, Texas

October 14, 2024

Austin Ear, Nose & Throat Clinic 401(k) Profit Sharing Plan
Statements of Net Assets Available for Benefits
December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
Assets		
Investments, at fair value	\$ 16,953,184	\$ 16,957,272
Receivables:		
Participant contributions receivable	40,798	12,815
Employer contributions receivable	720,718	616,483
Corrective employer contributions receivable	5,078	11,362
Total receivables	<u>766,594</u>	<u>640,660</u>
Total assets	17,719,778	17,597,932
Liabilities		
Excess contributions payable	<u>-</u>	<u>17,962</u>
Total liabilities	<u>-</u>	<u>17,962</u>
Net assets available for benefits	\$ <u><u>17,719,778</u></u>	\$ <u><u>17,579,970</u></u>

See accompanying notes and independent auditors' report.

Austin Ear, Nose & Throat Clinic 401(k) Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2023

Additions to net assets attributable to:

Investment income

Net appreciation in fair value of investments \$ 2,196,046

Dividends 479,000

Total investment income 2,675,046

Contributions:

Participants 490,427

Employer 724,315

Total contributions 1,214,742

Total additions 3,889,788

Deductions from net assets attributable to:

Benefits paid to participants 3,710,247

Administrative expenses 39,733

3,749,980

Net increase 139,808

Net assets available for benefits:

Beginning of the year 17,579,970

End of year \$ 17,719,778

See accompanying notes and independent auditors' report.

Austin Ear, Nose & Throat Clinic 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2023 and 2022

Note 1 – Description of the Plan

The following description of the Austin Ear, Nose & Throat Clinic 401(k) Profit Sharing Plan (the “Plan”) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan’s provisions.

General

Butler and Burns Ear Nose & Throat Association (the “Plan Sponsor”) adopted the Plan effective July 1, 1970.

The Plan is a defined contribution plan covering substantially all eligible employees of the Plan Sponsor, as defined by the Plan Document. Participation in the Plan is at the election of the employee. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

Entry into the Plan begins on the first day of each plan year and on the first day the seventh month of each plan year coinciding with or next following the date the eligibility conditions are satisfied.

Administration

The Plan is administered by the Plan Sponsor (the “Plan Administrator”). Plan assets are held by Fidelity Management Trust Company (the “Trustee”). The financial records of the Plan are maintained by Fidelity Workplace Services, LLC (the “Recordkeeper”).

Participant Contributions

Contributions are made to the Plan by the Plan Sponsor on behalf of each eligible participant based upon the participant’s elected compensation deferral through payroll deductions. The Plan Sponsor funds the contributions at the end of each payroll period. Eligible participants may elect to contribute 1% to 75% of their eligible compensation, in whole percentages, to the Plan up to the statutory limit of \$22,500 for 2023, as permitted by the Internal Revenue Code of 1986, as amended (“IRC”). Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

Participants age 50 and older as of December 31 of the Plan year are permitted to make elective catch-up deferrals in accordance with Section 414(v) of the IRC.

Employer Contributions

The Plan Sponsor makes a safe harbor employer contribution equal to 3% of compensation to all eligible participants. The Plan has recorded employer contributions receivable related to the safe harbor employer totaling \$251,967 and \$213,652 as of December 31, 2023 and 2022, respectively.

The Plan Sponsor may also elect to make a discretionary profit-sharing contribution in an amount to be determined by the board of directors of the Plan Sponsor for each plan year. The Plan has recorded employer contributions receivable related to the discretionary profit-sharing employer totaling \$468,751 and \$402,831 as of December 31, 2023 and 2022, respectively.

Participants are not required to make participant contributions in order to receive safe harbor employer contributions or discretionary profit-sharing contributions.

Austin Ear, Nose & Throat Clinic 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2023 and 2022

Note 1 – Description of the Plan (continued)

Participant Accounts

Individual accounts are maintained for each plan participant. Each participant's account is credited with the participant's contribution and allocations of (a) the Plan Sponsor's contribution and, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Rollovers and Transfers

Participants who have a balance in another qualified employee benefit plan, as described in Section 401(a) of the IRC, may transfer or rollover the lump sum values of their account directly into the Plan, provided it meets the requirements of the IRC.

Vesting

Participants are immediately vested in their contributions and safe harbor employer matching contributions plus actual earnings thereon. The employer discretionary profit-sharing contributions are 100% vested after six years of credited service as summarized below:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than two years	0%
Two years	20%
Three years	40%
Four years	60%
Five years	80%
Six years or more	100%

Forfeited Accounts

The portion of the participant's employer contribution accounts that are not vested upon termination of service shall be forfeited as of the earlier of (i) the date the vested portion is distributed or (2) the date the participant incurs a five-consecutive-year period of severance from his or her original termination date.

As of December 31, 2023 and 2022, the available forfeited non-vested accounts totaled \$19,386 and \$30,287, respectively. These accounts may be used to reduce future plan administrative expenses and employer contributions. During the year ended December 31, 2023, \$12,770 of forfeitures were used to reduce employer expenses.

Payment of Benefits

Benefits become available to participants on the earliest of four events: (1) termination of employment, (2) death of the participant (benefits are payable to the participants' spouse or beneficiary), (3) disability of the participant, or (4) the participant's retirement.

A participant may receive the value of the vested balance in his or her account as a lump-sum distribution, partial withdrawals, annuities, or may roll the amount over into another qualified plan. If the vested account balance is \$5,000 or less, but greater than \$1,000, the Plan Administrator may direct the Trustee to distribute the amount to another qualified plan benefitting the participant. Vested account balances less than \$1,000 are automatically paid out either through lump-sum distribution or rollover into another qualified plan. Participants are permitted to remain in the Plan if their account balance exceeds \$5,000.

Austin Ear, Nose & Throat Clinic 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2023 and 2022

Note 1 – Description of the Plan (continued)

The benefits can be left in the Plan until the participant retires. Benefits cease to vest upon termination of employment. Non-vested benefits will be forfeited on such date. However, the participant is required to begin taking minimum distributions no later than April 1 of the calendar year following the calendar year the participant turns 70 ½ or terminates employment, whichever is later.

In-service distributions are permitted at any time and specifically due to hardship and once a participant reaches age 59 ½, as defined in the Plan and subject to the satisfaction of the Plan Administrator.

On termination of employment due to death prior to retirement, 100% of the Plan Sponsors contributions become immediately vested. The value of the account shall be paid in accordance with the above stated distribution procedure.

Upon participant obtaining the normal retirement age 65, while still employed, 100% of the Plan Sponsors contributions become immediately vested. Should a participant reach age 65 and not elect to terminate employment, the participant can take an in-service distribution from the vested account balance.

If the participant becomes disabled and is eligible for Social Security disability benefits or is determined disabled by a physician selected by the Plan Administrator, the full value of the participant's account becomes 100% vested and shall be paid in accordance with the above-stated distribution procedure.

Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor 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% vested in their accounts and distributions would be made as soon as administratively practical after the Plan terminates.

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

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 Retirement Plan Committee determines the Plan's valuation policies utilizing information provided by the investment adviser and Trustee. See Note 5 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 bought and sold as well as held during the Plan year.

Austin Ear, Nose & Throat Clinic 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2023 and 2022

Note 2 – Summary of Significant Accounting Policies (continued)

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and 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. Investment-related expenses are included in net appreciation of fair value of investments.

Risks and Uncertainties

Financial instruments which potentially subject the Plan to concentrations of credit risk consist primarily of investment securities in which the Plan invests. 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.

Subsequent Events

The Plan has evaluated subsequent events through October 14, 2024, the date the financial statements were available to be issued.

Note 3 – Information certified by the Trustee

The Plan Sponsor has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments, at fair value, as shown in the statements of net assets available for benefits, as of December 31, 2023 and 2022.
- Net appreciation in fair value of investments and interest and dividend income, as shown in the statement of changes in net assets available for benefits, for the year ended December 31, 2023.
- Schedule of Assets (Held at End of Year) – Form 5500, Schedule H, Part IV, Line 4i as of December 31, 2023.

The Plan's independent auditor did not perform auditing procedures with respect to the certified information, except for comparing such information to the related information included in the financial statements and supplemental schedule of assets (held at end of year).

Note 4 – Tax Status

The Plan Sponsor has not applied for a determination letter from the Internal Revenue Service ("IRS") to determine if the Plan is designed in accordance with applicable sections of the IRC. The Plan document is based upon a non-standardized pre-approved profit-sharing plan with cash or deferred arrangement (CODA) plan instrument from FMR LLC, which received an IRS opinion letter dated June 30, 2020. The plan instrument has been updated for legislative and regulatory changes.

Austin Ear, Nose & Throat Clinic 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2023 and 2022

Note 4 – Tax Status (continued)

The Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is subject to income tax examinations for three years.

Note 5 – Fair Value Measurements

The Plan follows a framework for measuring fair value, which 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 asset's 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 maximize the use of observable inputs and minimize the use of unobservable inputs.

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

- Level one — 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 two — 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; and 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 three — Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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, 2023 and 2022.

Money market: Fair value is estimated to be carrying value.

Mutual funds: Mutual funds are valued at the daily closing price as reported by the fund. The mutual funds are registered with the Securities and Exchange Commission and 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.

Self-directed brokerage fund: The underlying investments, which consist primarily of interest-bearing cash accounts, individual corporate common stocks and mutual funds, are valued at the closing price reported on the open market. The underlying investments held by the Plan are deemed to be actively traded.

Austin Ear, Nose & Throat Clinic 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2023 and 2022

Note 5 – Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

	Level 1	Level 2	Level 3	Total
Money market	\$ 154,349	\$ -	\$ -	\$ 154,349
Mutual funds	7,889,115	-	-	7,889,115
Self-directed brokerage link fund	8,909,720	-	-	8,909,720
Total Plan investments	<u>\$ 16,953,184</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 16,953,184</u>

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

	Level 1	Level 2	Level 3	Total
Money market	\$ 199,258	\$ -	\$ -	\$ 199,258
Mutual funds	7,182,742	-	-	7,182,742
Self-directed brokerage link fund	9,575,272	-	-	9,575,272
Total Plan investments	<u>\$ 16,957,272</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 16,957,272</u>

Note 6 – Related-Party and Parties in Interest Transactions

Certain plan investments are shares of mutual funds managed by the Trustee or its affiliates. Fees incurred by the Plan for related investment management services are included in administrative expenses and net appreciation in fair value of investments. Certain fees incurred by the Plan for recordkeeping and audit fees are included in administrative expenses. Transactions such as these qualify as party-in-interest transactions. The Plan Sponsor pays directly certain other fees related to the Plan's operations.

Note 7 – Prohibited Transactions

During 2022, the Plan Sponsor failed to remit participant contributions in a timely manner. The Plan Sponsor identified 8 payroll dates during the year ended December 31, 2022, where \$138,034 in participant contributions were remitted to the Plan in violation of DOL regulations. The missed earnings and interest are in process of being calculated as of the date of the Independent Auditors' Report and the Plan Sponsor intends to use a self-correction method outside of the DOL's Voluntary Fiduciary Correction Program ("VFCP").

During 2021, the Plan Sponsor failed to remit participant contributions in a timely manner. The Plan Sponsor identified 8 payroll dates during the year ended December 31, 2021, where \$124,706 in participant contributions were remitted to the Plan in violation of DOL regulations. The missed earnings and interest were remitted to the Plan in November 2023 by the Plan Sponsor using a self-correction method outside of the DOL's VFCP.

A summary of nonexempt prohibited transactions related to the delinquent remittances is shown in the attached supplemental schedule of delinquent participant contributions for the year ended December 31, 2023.

Austin Ear, Nose & Throat Clinic 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2023 and 2022

Note 8 – Corrective Employer Contributions Receivable

During the year ended December 31, 2023, the Plan Sponsor identified an instance where 10 eligible active employees did not receive their earned employer safe harbor match due to an administrative error. As of the date of the Independent Auditors' Report, the Plan Sponsor is in the process of determining the correction amount, including missed earnings and interest, and has estimated corrective employer contributions receivable to be \$4,006.

During the year ended December 31, 2023, the Plan Sponsor failed to apply the Plan Document definition of compensation for certain participants. As of the date of the Independent Auditors' Report, the Plan Sponsor is in the process of determining the correction amount, including missed earnings and interest, and has estimated corrective employer contributions receivable to be \$1,072.

During the year ended December 31, 2022, the Plan Sponsor identified instances where 11 eligible active employees did not receive one or more of the following earned employer match amounts: Safe Harbor, discretionary profit-sharing, and top-heavy minimum due to an administrative error. The Plan recorded corrective employer Safe Harbor contributions receivable of \$7,441, corrective employer discretionary profit-sharing contributions receivable of \$2,377, and corrective top-heavy minimum contributions receivable of \$1,544 as of December 31, 2022. In January 2024, the Plan Sponsor took corrective action by transferring the necessary employer contributions from the Plan's forfeiture account and remitted the missed earnings and interest. As a result, no receivable is recorded as of December 31, 2023.

Note 9 – Excess Contributions Payable

The Plan Sponsor incorrectly made duplicate participant contributions to certain participants in the Plan during the year ended December 31, 2022. The Plan recorded a corrective distribution payable of \$17,962 as of December 31, 2022. The Plan Sponsor took corrective action in October and November 2023 by transferring the duplicate contributions to the Plan forfeiture account. These funds will be applied toward future employer matching contributions.

Note 10 – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 at December 31, 2023 and 2022:

	2023	2022
Net assets available for benefits per the financial statements	\$ 17,719,778	\$ 17,579,970
2023 participant contributions receivable	(40,798)	-
2023 employer contributions receivable	(720,718)	-
2023 corrective employer contributions receivable	(5,078)	-
2022 excess contributions payable	-	17,962
2022 participant contributions receivable	-	(12,815)
2022 employer contributions receivable	-	(616,483)
2022 corrective employer contributions receivable	-	(11,362)
Net assets available for benefits per Schedule H on Form 5500	\$ <u>16,953,184</u>	\$ <u>16,957,272</u>

Austin Ear, Nose & Throat Clinic 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2023 and 2022

Note 10 – Reconciliation of Financial Statements to Form 5500 (continued)

The following is a reconciliation of the net increase per the financial statements to net loss per Form 5500 for the year ended December 31, 2023:

Net increase in net assets available for benefits per the financial statements	\$	139,808
2023 participant contributions		(40,798)
2023 employer contributions		(725,796)
2022 participant contributions		12,815
2022 employer contributions		627,845
2022 excess contributions		<u>(17,962)</u>
Net loss per Form 5500	\$	<u><u>(4,088)</u></u>

Austin Ear, Nose & Throat Clinic 401(k) Profit Sharing Plan
Employer Identification Number (EIN) 74-1667506
Plan Number (PN) - 001
Schedule of Assets Held for Investment Purposes at End of Year
Schedule H, Line 4i
December 31, 2023
(Unaudited)

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lesser of Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par of Maturity Value	Cost	Current Value	
Money market fund				
Fidelity	Government Money Market Fund	**	<u>\$ 154,349</u>	
Self-directed brokerage fund				
* Fidelity BrokerageLink	Interest-bearing cash accounts, individual corporate common stocks, and mutual funds	**	<u>8,909,720</u>	
Mutual funds				
* Fidelity	Contrafund	**	405,895	
* Fidelity	Balanced Fund	**	1,995,433	
* Fidelity	U.S. Bond Index Fund	**	150,357	
* Fidelity	500 Index Fund	**	714,455	
* Fidelity	Emerging Markets Index Fund	**	203	
* Fidelity	Global ex U.S. Index Fund	**	747	
* Fidelity	Mid Cap Index Fund	**	93,607	
* Fidelity	Real Estate Index Fund	**	40,145	
* Fidelity	Small Cap Index Fund	**	81,914	
* Fidelity	Total Market Index Fund	**	180,840	
* Fidelity	Total International Index Fund	**	77,605	
PIMCO	Income Fund Institutional Class	**	132,570	
PIMCO	Total Return Fund Institutional Class	**	58,426	
Swan Global Investments	Defined Risk Fund Class I Shares	**	307,451	
American Funds	2010 Target Date Retirement Fund Class R-6	**	508,336	
American Funds	2020 Target Date Retirement Fund Class R-6	**	1	
American Funds	2030 Target Date Retirement Fund Class R-6	**	59,474	
American Funds	2040 Target Date Retirement Fund Class R-6	**	72,694	
American Funds	2050 Target Date Retirement Fund Class R-6	**	424,628	
American Funds	2015 Target Date Retirement Fund Class R-6	**	33,819	
American Funds	2025 Target Date Retirement Fund Class R-6	**	289,202	
American Funds	2035 Target Date Retirement Fund Class R-6	**	33,236	
American Funds	2045 Target Date Retirement Fund Class R-6	**	997,885	
American Funds	2055 Target Date Retirement Fund Class R-6	**	89,809	
American Funds	2060 Target Date Retirement Fund Class R-6	**	32,094	
Nuveen Investments	Nuveen Real Estate Securities Fund Class I	**	119,458	
Invesco	Diversified Dividend Fund R5 Class	**	145,111	
Lord Abbett	High Yield Fund Class I	**	158,252	
JPMorgan	Mid Cap Value Fund Class L	**	249,436	
Franklin Templeton	Mutual Global Discovery Fund Class Z	**	212,519	
Hotchkis & Wiley	Small Cap Value Fund Class I	**	39,929	
American Funds	EuroPacific Growth Fund Class R-6	**	183,584	
			<u>7,889,115</u>	
Total assets held for investment purposes			<u><u>\$ 16,953,184</u></u>	

* Party-in-interest

** Self-directed investment

Austin Ear, Nose & Throat Clinic 401(k) Profit Sharing Plan

Employer Identification Number (EIN) 74-1667506

Plan Number (PN) - 001

Schedule of Delinquent Participant Contributions

Schedule H, Line 4a

December 31, 2023

(Unaudited)

Total that Constitute Nonexempt Prohibited Transactions					
Year	Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction Outside VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2022	\$ 138,034	\$ -	\$ -	\$ 138,034	\$ -
2021	\$ 124,706	\$ -	\$ 124,706	\$ -	\$ -

During 2022, the Plan Sponsor failed to remit participant contributions in a timely manner. The Plan Sponsor identified 8 payroll dates during the year ended December 31, 2022, where \$138,034 in participant contributions were remitted to the Plan in violation of Department of Labor ("DOL") regulations. The missed earnings and interest are in process of being calculated as of the date of the Independent Auditors' Report and the Plan Sponsor intends to use a self-correction method outside of the DOL's Voluntary Fiduciary Correction Program ("VFCP").

During 2021, the Plan Sponsor failed to remit participant contributions in a timely manner. The Plan Sponsor identified 8 payroll dates during the year ended December 31, 2021, where \$124,706 in participant contributions were remitted to the Plan in violation of DOL regulations. The missed earnings and interest were remitted to the Plan in November 2023 by the Plan Sponsor using a self-correction method outside of the DOL's VFCP.



**Austin Ear, Nose & Throat Clinic 401(k) Profit Sharing Plan
Financial Statements and Supplemental Schedules
(With Independent Auditor's Report)
December 31, 2023 and 2022**

Austin Ear, Nose & Throat Clinic 401(k) Profit Sharing Plan
Index to Financial Statements and Supplemental Schedules
December 31, 2023 and 2022

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Independent Auditors' Report

To the Plan Administrator
of Austin Ear, Nose & Throat Clinic 401(k) Profit Sharing Plan:

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

We have performed an audit of the accompanying financial statements of Austin Ear, Nose & Throat Clinic 401(k) Profit Sharing Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, 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 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of December 31, 2023 and 2022, and for the year ended December 31, 2023 stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

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



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

Supplemental Schedules Required by ERISA

The supplemental schedules of Assets Held for Investment Purposes at End of Year as of December 31, 2023 and Delinquent Participant Contributions 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, 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 form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules 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).

Bauer & Company, LLC

BAUER & COMPANY, LLC

Austin, Texas

October 14, 2024

Austin Ear, Nose & Throat Clinic 401(k) Profit Sharing Plan
Statements of Net Assets Available for Benefits
December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
Assets		
Investments, at fair value	\$ 16,953,184	\$ 16,957,272
Receivables:		
Participant contributions receivable	40,798	12,815
Employer contributions receivable	720,718	616,483
Corrective employer contributions receivable	5,078	11,362
Total receivables	<u>766,594</u>	<u>640,660</u>
Total assets	17,719,778	17,597,932
Liabilities		
Excess contributions payable	<u>-</u>	<u>17,962</u>
Total liabilities	-	17,962
Net assets available for benefits	\$ <u><u>17,719,778</u></u>	\$ <u><u>17,579,970</u></u>

See accompanying notes and independent auditors' report.

Austin Ear, Nose & Throat Clinic 401(k) Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2023

Additions to net assets attributable to:

Investment income

Net appreciation in fair value of investments \$ 2,196,046

Dividends 479,000

Total investment income 2,675,046

Contributions:

Participants 490,427

Employer 724,315

Total contributions 1,214,742

Total additions 3,889,788

Deductions from net assets attributable to:

Benefits paid to participants 3,710,247

Administrative expenses 39,733

3,749,980

Net increase 139,808

Net assets available for benefits:

Beginning of the year 17,579,970

End of year \$ 17,719,778

See accompanying notes and independent auditors' report.

Austin Ear, Nose & Throat Clinic 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2023 and 2022

Note 1 – Description of the Plan

The following description of the Austin Ear, Nose & Throat Clinic 401(k) Profit Sharing Plan (the “Plan”) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan’s provisions.

General

Butler and Burns Ear Nose & Throat Association (the “Plan Sponsor”) adopted the Plan effective July 1, 1970.

The Plan is a defined contribution plan covering substantially all eligible employees of the Plan Sponsor, as defined by the Plan Document. Participation in the Plan is at the election of the employee. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

Entry into the Plan begins on the first day of each plan year and on the first day the seventh month of each plan year coinciding with or next following the date the eligibility conditions are satisfied.

Administration

The Plan is administered by the Plan Sponsor (the “Plan Administrator”). Plan assets are held by Fidelity Management Trust Company (the “Trustee”). The financial records of the Plan are maintained by Fidelity Workplace Services, LLC (the “Recordkeeper”).

Participant Contributions

Contributions are made to the Plan by the Plan Sponsor on behalf of each eligible participant based upon the participant’s elected compensation deferral through payroll deductions. The Plan Sponsor funds the contributions at the end of each payroll period. Eligible participants may elect to contribute 1% to 75% of their eligible compensation, in whole percentages, to the Plan up to the statutory limit of \$22,500 for 2023, as permitted by the Internal Revenue Code of 1986, as amended (“IRC”). Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

Participants age 50 and older as of December 31 of the Plan year are permitted to make elective catch-up deferrals in accordance with Section 414(v) of the IRC.

Employer Contributions

The Plan Sponsor makes a safe harbor employer contribution equal to 3% of compensation to all eligible participants. The Plan has recorded employer contributions receivable related to the safe harbor employer totaling \$251,967 and \$213,652 as of December 31, 2023 and 2022, respectively.

The Plan Sponsor may also elect to make a discretionary profit-sharing contribution in an amount to be determined by the board of directors of the Plan Sponsor for each plan year. The Plan has recorded employer contributions receivable related to the discretionary profit-sharing employer totaling \$468,751 and \$402,831 as of December 31, 2023 and 2022, respectively.

Participants are not required to make participant contributions in order to receive safe harbor employer contributions or discretionary profit-sharing contributions.

Austin Ear, Nose & Throat Clinic 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2023 and 2022

Note 1 – Description of the Plan (continued)

Participant Accounts

Individual accounts are maintained for each plan participant. Each participant's account is credited with the participant's contribution and allocations of (a) the Plan Sponsor's contribution and, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Rollovers and Transfers

Participants who have a balance in another qualified employee benefit plan, as described in Section 401(a) of the IRC, may transfer or rollover the lump sum values of their account directly into the Plan, provided it meets the requirements of the IRC.

Vesting

Participants are immediately vested in their contributions and safe harbor employer matching contributions plus actual earnings thereon. The employer discretionary profit-sharing contributions are 100% vested after six years of credited service as summarized below:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than two years	0%
Two years	20%
Three years	40%
Four years	60%
Five years	80%
Six years or more	100%

Forfeited Accounts

The portion of the participant's employer contribution accounts that are not vested upon termination of service shall be forfeited as of the earlier of (i) the date the vested portion is distributed or (2) the date the participant incurs a five-consecutive-year period of severance from his or her original termination date.

As of December 31, 2023 and 2022, the available forfeited non-vested accounts totaled \$19,386 and \$30,287, respectively. These accounts may be used to reduce future plan administrative expenses and employer contributions. During the year ended December 31, 2023, \$12,770 of forfeitures were used to reduce employer expenses.

Payment of Benefits

Benefits become available to participants on the earliest of four events: (1) termination of employment, (2) death of the participant (benefits are payable to the participants' spouse or beneficiary), (3) disability of the participant, or (4) the participant's retirement.

A participant may receive the value of the vested balance in his or her account as a lump-sum distribution, partial withdrawals, annuities, or may roll the amount over into another qualified plan. If the vested account balance is \$5,000 or less, but greater than \$1,000, the Plan Administrator may direct the Trustee to distribute the amount to another qualified plan benefitting the participant. Vested account balances less than \$1,000 are automatically paid out either through lump-sum distribution or rollover into another qualified plan. Participants are permitted to remain in the Plan if their account balance exceeds \$5,000.

Austin Ear, Nose & Throat Clinic 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2023 and 2022

Note 1 – Description of the Plan (continued)

The benefits can be left in the Plan until the participant retires. Benefits cease to vest upon termination of employment. Non-vested benefits will be forfeited on such date. However, the participant is required to begin taking minimum distributions no later than April 1 of the calendar year following the calendar year the participant turns 70 ½ or terminates employment, whichever is later.

In-service distributions are permitted at any time and specifically due to hardship and once a participant reaches age 59 ½, as defined in the Plan and subject to the satisfaction of the Plan Administrator.

On termination of employment due to death prior to retirement, 100% of the Plan Sponsors contributions become immediately vested. The value of the account shall be paid in accordance with the above stated distribution procedure.

Upon participant obtaining the normal retirement age 65, while still employed, 100% of the Plan Sponsors contributions become immediately vested. Should a participant reach age 65 and not elect to terminate employment, the participant can take an in-service distribution from the vested account balance.

If the participant becomes disabled and is eligible for Social Security disability benefits or is determined disabled by a physician selected by the Plan Administrator, the full value of the participant's account becomes 100% vested and shall be paid in accordance with the above-stated distribution procedure.

Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor 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% vested in their accounts and distributions would be made as soon as administratively practical after the Plan terminates.

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

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 Retirement Plan Committee determines the Plan's valuation policies utilizing information provided by the investment adviser and Trustee. See Note 5 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 bought and sold as well as held during the Plan year.

Austin Ear, Nose & Throat Clinic 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2023 and 2022

Note 2 – Summary of Significant Accounting Policies (continued)

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and 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. Investment-related expenses are included in net appreciation of fair value of investments.

Risks and Uncertainties

Financial instruments which potentially subject the Plan to concentrations of credit risk consist primarily of investment securities in which the Plan invests. 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.

Subsequent Events

The Plan has evaluated subsequent events through October 14, 2024, the date the financial statements were available to be issued.

Note 3 – Information certified by the Trustee

The Plan Sponsor has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments, at fair value, as shown in the statements of net assets available for benefits, as of December 31, 2023 and 2022.
- Net appreciation in fair value of investments and interest and dividend income, as shown in the statement of changes in net assets available for benefits, for the year ended December 31, 2023.
- Schedule of Assets (Held at End of Year) – Form 5500, Schedule H, Part IV, Line 4i as of December 31, 2023.

The Plan's independent auditor did not perform auditing procedures with respect to the certified information, except for comparing such information to the related information included in the financial statements and supplemental schedule of assets (held at end of year).

Note 4 – Tax Status

The Plan Sponsor has not applied for a determination letter from the Internal Revenue Service ("IRS") to determine if the Plan is designed in accordance with applicable sections of the IRC. The Plan document is based upon a non-standardized pre-approved profit-sharing plan with cash or deferred arrangement (CODA) plan instrument from FMR LLC, which received an IRS opinion letter dated June 30, 2020. The plan instrument has been updated for legislative and regulatory changes.

Austin Ear, Nose & Throat Clinic 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2023 and 2022

Note 4 – Tax Status (continued)

The Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is subject to income tax examinations for three years.

Note 5 – Fair Value Measurements

The Plan follows a framework for measuring fair value, which 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 asset's 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 maximize the use of observable inputs and minimize the use of unobservable inputs.

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

- Level one — 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 two — 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; and 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 three — Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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, 2023 and 2022.

Money market: Fair value is estimated to be carrying value.

Mutual funds: Mutual funds are valued at the daily closing price as reported by the fund. The mutual funds are registered with the Securities and Exchange Commission and 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.

Self-directed brokerage fund: The underlying investments, which consist primarily of interest-bearing cash accounts, individual corporate common stocks and mutual funds, are valued at the closing price reported on the open market. The underlying investments held by the Plan are deemed to be actively traded.

Austin Ear, Nose & Throat Clinic 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2023 and 2022

Note 5 – Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

	Level 1	Level 2	Level 3	Total
Money market	\$ 154,349	\$ -	\$ -	\$ 154,349
Mutual funds	7,889,115	-	-	7,889,115
Self-directed brokerage link fund	8,909,720	-	-	8,909,720
Total Plan investments	\$ 16,953,184	\$ -	\$ -	\$ 16,953,184

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

	Level 1	Level 2	Level 3	Total
Money market	\$ 199,258	\$ -	\$ -	\$ 199,258
Mutual funds	7,182,742	-	-	7,182,742
Self-directed brokerage link fund	9,575,272	-	-	9,575,272
Total Plan investments	\$ 16,957,272	\$ -	\$ -	\$ 16,957,272

Note 6 – Related-Party and Parties in Interest Transactions

Certain plan investments are shares of mutual funds managed by the Trustee or its affiliates. Fees incurred by the Plan for related investment management services are included in administrative expenses and net appreciation in fair value of investments. Certain fees incurred by the Plan for recordkeeping and audit fees are included in administrative expenses. Transactions such as these qualify as party-in-interest transactions. The Plan Sponsor pays directly certain other fees related to the Plan's operations.

Note 7 – Prohibited Transactions

During 2022, the Plan Sponsor failed to remit participant contributions in a timely manner. The Plan Sponsor identified 8 payroll dates during the year ended December 31, 2022, where \$138,034 in participant contributions were remitted to the Plan in violation of DOL regulations. The missed earnings and interest are in process of being calculated as of the date of the Independent Auditors' Report and the Plan Sponsor intends to use a self-correction method outside of the DOL's Voluntary Fiduciary Correction Program ("VFCP").

During 2021, the Plan Sponsor failed to remit participant contributions in a timely manner. The Plan Sponsor identified 8 payroll dates during the year ended December 31, 2021, where \$124,706 in participant contributions were remitted to the Plan in violation of DOL regulations. The missed earnings and interest were remitted to the Plan in November 2023 by the Plan Sponsor using a self-correction method outside of the DOL's VFCP.

A summary of nonexempt prohibited transactions related to the delinquent remittances is shown in the attached supplemental schedule of delinquent participant contributions for the year ended December 31, 2023.

Austin Ear, Nose & Throat Clinic 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2023 and 2022

Note 8 – Corrective Employer Contributions Receivable

During the year ended December 31, 2023, the Plan Sponsor identified an instance where 10 eligible active employees did not receive their earned employer safe harbor match due to an administrative error. As of the date of the Independent Auditors' Report, the Plan Sponsor is in the process of determining the correction amount, including missed earnings and interest, and has estimated corrective employer contributions receivable to be \$4,006.

During the year ended December 31, 2023, the Plan Sponsor failed to apply the Plan Document definition of compensation for certain participants. As of the date of the Independent Auditors' Report, the Plan Sponsor is in the process of determining the correction amount, including missed earnings and interest, and has estimated corrective employer contributions receivable to be \$1,072.

During the year ended December 31, 2022, the Plan Sponsor identified instances where 11 eligible active employees did not receive one or more of the following earned employer match amounts: Safe Harbor, discretionary profit-sharing, and top-heavy minimum due to an administrative error. The Plan recorded corrective employer Safe Harbor contributions receivable of \$7,441, corrective employer discretionary profit-sharing contributions receivable of \$2,377, and corrective top-heavy minimum contributions receivable of \$1,544 as of December 31, 2022. In January 2024, the Plan Sponsor took corrective action by transferring the necessary employer contributions from the Plan's forfeiture account and remitted the missed earnings and interest. As a result, no receivable is recorded as of December 31, 2023.

Note 9 – Excess Contributions Payable

The Plan Sponsor incorrectly made duplicate participant contributions to certain participants in the Plan during the year ended December 31, 2022. The Plan recorded a corrective distribution payable of \$17,962 as of December 31, 2022. The Plan Sponsor took corrective action in October and November 2023 by transferring the duplicate contributions to the Plan forfeiture account. These funds will be applied toward future employer matching contributions.

Note 10 – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 at December 31, 2023 and 2022:

	2023	2022
Net assets available for benefits per the financial statements	\$ 17,719,778	\$ 17,579,970
2023 participant contributions receivable	(40,798)	-
2023 employer contributions receivable	(720,718)	-
2023 corrective employer contributions receivable	(5,078)	-
2022 excess contributions payable	-	17,962
2022 participant contributions receivable	-	(12,815)
2022 employer contributions receivable	-	(616,483)
2022 corrective employer contributions receivable	-	(11,362)
Net assets available for benefits per Schedule H on Form 5500	\$ <u>16,953,184</u>	\$ <u>16,957,272</u>

Austin Ear, Nose & Throat Clinic 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2023 and 2022

Note 10 – Reconciliation of Financial Statements to Form 5500 (continued)

The following is a reconciliation of the net increase per the financial statements to net loss per Form 5500 for the year ended December 31, 2023:

Net increase in net assets available for benefits per the financial statements	\$	139,808
2023 participant contributions		(40,798)
2023 employer contributions		(725,796)
2022 participant contributions		12,815
2022 employer contributions		627,845
2022 excess contributions		<u>(17,962)</u>
Net loss per Form 5500	\$	<u><u>(4,088)</u></u>

Austin Ear, Nose & Throat Clinic 401(k) Profit Sharing Plan
Employer Identification Number (EIN) 74-1667506
Plan Number (PN) - 001
Schedule of Assets Held for Investment Purposes at End of Year
Schedule H, Line 4i
December 31, 2023
(Unaudited)

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lesser of Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par of Maturity Value	Cost	Current Value
	Money market fund			
	Fidelity	Government Money Market Fund	**	<u>\$ 154,349</u>
	Self-directed brokerage fund			
*	Fidelity BrokerageLink	Interest-bearing cash accounts, individual corporate common stocks, and mutual funds	**	<u>8,909,720</u>
	Mutual funds			
*	Fidelity	Contrafund	**	405,895
*	Fidelity	Balanced Fund	**	1,995,433
*	Fidelity	U.S. Bond Index Fund	**	150,357
*	Fidelity	500 Index Fund	**	714,455
*	Fidelity	Emerging Markets Index Fund	**	203
*	Fidelity	Global ex U.S. Index Fund	**	747
*	Fidelity	Mid Cap Index Fund	**	93,607
*	Fidelity	Real Estate Index Fund	**	40,145
*	Fidelity	Small Cap Index Fund	**	81,914
*	Fidelity	Total Market Index Fund	**	180,840
*	Fidelity	Total International Index Fund	**	77,605
	PIMCO	Income Fund Institutional Class	**	132,570
	PIMCO	Total Return Fund Institutional Class	**	58,426
	Swan Global Investments	Defined Risk Fund Class I Shares	**	307,451
	American Funds	2010 Target Date Retirement Fund Class R-6	**	508,336
	American Funds	2020 Target Date Retirement Fund Class R-6	**	1
	American Funds	2030 Target Date Retirement Fund Class R-6	**	59,474
	American Funds	2040 Target Date Retirement Fund Class R-6	**	72,694
	American Funds	2050 Target Date Retirement Fund Class R-6	**	424,628
	American Funds	2015 Target Date Retirement Fund Class R-6	**	33,819
	American Funds	2025 Target Date Retirement Fund Class R-6	**	289,202
	American Funds	2035 Target Date Retirement Fund Class R-6	**	33,236
	American Funds	2045 Target Date Retirement Fund Class R-6	**	997,885
	American Funds	2055 Target Date Retirement Fund Class R-6	**	89,809
	American Funds	2060 Target Date Retirement Fund Class R-6	**	32,094
	Nuveen Investments	Nuveen Real Estate Securities Fund Class I	**	119,458
	Invesco	Diversified Dividend Fund R5 Class	**	145,111
	Lord Abbett	High Yield Fund Class I	**	158,252
	JPMorgan	Mid Cap Value Fund Class L	**	249,436
	Franklin Templeton	Mutual Global Discovery Fund Class Z	**	212,519
	Hotchkis & Wiley	Small Cap Value Fund Class I	**	39,929
	American Funds	EuroPacific Growth Fund Class R-6	**	183,584
				<u>7,889,115</u>
	Total assets held for investment purposes			<u>\$ 16,953,184</u>

* Party-in-interest

** Self-directed investment

Austin Ear, Nose & Throat Clinic 401(k) Profit Sharing Plan

Employer Identification Number (EIN) 74-1667506

Plan Number (PN) - 001

Schedule of Delinquent Participant Contributions

Schedule H, Line 4a

December 31, 2023

(Unaudited)

Total that Constitute Nonexempt Prohibited Transactions					
Year	Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction Outside VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
2022	\$ 138,034	\$ -	\$ -	\$ 138,034	\$ -
2021	\$ 124,706	\$ -	\$ 124,706	\$ -	\$ -

During 2022, the Plan Sponsor failed to remit participant contributions in a timely manner. The Plan Sponsor identified 8 payroll dates during the year ended December 31, 2022, where \$138,034 in participant contributions were remitted to the Plan in violation of Department of Labor ("DOL") regulations. The missed earnings and interest are in process of being calculated as of the date of the Independent Auditors' Report and the Plan Sponsor intends to use a self-correction method outside of the DOL's Voluntary Fiduciary Correction Program ("VFCP").

During 2021, the Plan Sponsor failed to remit participant contributions in a timely manner. The Plan Sponsor identified 8 payroll dates during the year ended December 31, 2021, where \$124,706 in participant contributions were remitted to the Plan in violation of DOL regulations. The missed earnings and interest were remitted to the Plan in November 2023 by the Plan Sponsor using a self-correction method outside of the DOL's VFCP.