

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) HURRICANE MILTON IR-2024-264
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 MEDICAL CENTER CLINIC 401(K) RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 07/01/1982
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) WEST FLORIDA MEDICAL CENTER CLINIC, P.A. 8333 N. DAVIS HIGHWAY PENSACOLA, FL 32514
2b	Employer Identification Number (EIN) 59-2193856
2c	Plan Sponsor's telephone number 800-874-4542
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.	11/20/2024	JENNIFER TAFT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	11/20/2024	JENNIFER TAFT
	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	5 633
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) 257 6a(2) 314 6b 0 6c 280 6d 594 6e 6f 594 6g(1) 576 6g(2) 594 6h 5
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2F 2G 2J 2K 2R 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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 _____
- (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 MEDICAL CENTER CLINIC 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 WEST FLORIDA MEDICAL CENTER CLINIC, P.A.	D Employer Identification Number (EIN) 59-2193856	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65 71	RECORDKEEPER	61220	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	28306	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

HANCOCK WHITNEY BANK

64-0169065

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	28306	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SPROTT GOLD EQUITY FUND INVESTOR 200 BAY ST STE 2600 TORONTO, ON M5J 2J1 CA	.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
THRIVENT MID CAP STOCK FUND CL S 4321 N BALLARD ROAD APPLETON, WI 54919-0001	.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.	
PERFORMANCE TRUST TOTAL RETRN BND I 500 WEST MADISON STE 470 CHICAGO, IL 60661	.40	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GQG PARTNERS GLOBAL QUALITY EQUITY 1 FREEDOM VALLEY DR OAKS, PA 19456	.12	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SEVEN CANYONS WORLD INNOVATORS INVE 505 WAKARA WAY STE 300 SALT LAKE CITY, UT 84108	.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ARTISAN INTL SMALL MID FUND ADVISOR 875 E WISCONSIN AVE STE 800 MILWAUKEE, WI 53202	.15	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STANLEY GROWTH PORTFOLIO A 522 FIFTH AVE 4TH FL NEW YORK, NY 10036	.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STA INST INC INCEPTION PORT 522 FIFTH AVE 4TH FL NEW YORK, NY 10036	.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STANLEY INSTLINTERNTL OPP CL 522 FIFTH AVE 4TH FL NEW YORK, NY 10036	.40	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LAZARD GLOBAL LISTED INFRASTRUCTURE 30 ROCKEFELLER PLAZA 57TH FL NEW YORK, NY 10112	.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MATTHEWS EMERG MRKTSSM COMPANIES IN 4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO, CA 94111	.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STANLEY DISCOVERY PORT CL A 522 FIFTH AVE 4TH FL NEW YORK, NY 10036	.40	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ARTISAN HIGH INCOME FUND ADVISOR 875 E WISCONSIN AVE STE 800 MILWAUKEE, WI 53202	.15	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ARTISAN GLOBAL OPPORTUNITIES INV 875 EAST WISCONSIN AVENUE SUITE 800 MILWAUKEE, WI 53202	.39	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ARTISAN INTL VALUE FUND INV CL 875 EAST WISCONSIN AVENUE SUITE 800 MILWAUKEE, WI 53202	.39	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
EATON VANCE GLOBAL MACRO ABSLTE RT	TWO INTERNATIONAL PLACE BOSTON, MA 02110	\$16.00
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GUGGENHEIM TOTAL RETURN BOND CL P	9601 BLACKWELL RD SUITE 500 ROCKVILLE, MD 20850	.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.
JPMORGAN INCOME FUND CLASS I	1111 POLARIS PARKWAY COLUMBUS, OH 43240	.15

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BROWN INTERNATIONAL SMALL COMPANY I 1290 BROADWAY STE 1100 DENVER, CO 80203	.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.	
CAUSEWAY INTERNATIONAL VALUE INVEST P. O. BOX 1100 OAKS, PA 19456	.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COHEN & STEERS REALTY SHARES 280 PARK AVE 10TH FL NEW YORK, NY 10017	.40	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARON GLOBAL ADVANTAGE FD RETAIL 767 5TH AVE 49TH FL NEW YORK, NY 10153	.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARON EMERGING MARKETS FUND RETAIL 767 5TH AVE 49TH FL NEW YORK, NY 10153	.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK STRATEGIC INCOME OPPTS 40 EAST 52ND ST NEW YORK, NY 10022	.15	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PARNASSUS VALUE EQUITY INVESTOR 1 MARKET ST STEUART TOWER STE 1600 SAN FRANCISCO, CA 94105	.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO INCOME FUND CL A 1633 BROADWAY NEW YORK, NY 10019	.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO COMMODITIES PLUS STRATEGY CL 1633 BROADWAY NEW YORK, NY 10019	.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.	
PIMCO REAL RETURN CLASS A 1633 BROADWAY NEW YORK, NY 10019	.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO INTL BD FD USDOLLAR HEDGED A 1633 BROADWAY NEW YORK, NY 10019	.40	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PARADIGM MICRO CAP FUND 9 ELK ST ALBANY, NY 12007	.40	

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:

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		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 MEDICAL CENTER CLINIC 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 WEST FLORIDA MEDICAL CENTER CLINIC, P.A.	D Employer Identification Number (EIN) 59-2193856	

Part I	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)	1575481	1665436
(2) Participant contributions	1b(2)	153459	160475
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	13675284	8001969
(2) U.S. Government securities	1c(2)	197614	150695
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	5
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	43380	54936
(B) Common	1c(4)(B)	1846953	2777583
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	1622727	1607472
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	76291120	95573815
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	271

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	95406018	109992657
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
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	95406018	109992657

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)	2534093	
(B) Participants	2a(1)(B)	2170230	
(C) Others (including rollovers)	2a(1)(C)	10053	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4714376
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	541724	
(B) U.S. Government securities	2b(1)(B)	1125	
(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)		542849
(2) Dividends: (A) Preferred stock	2b(2)(A)	5125	
(B) Common stock	2b(2)(B)	25175	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1781071	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1811371
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1135352	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1047750	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		87602
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	388198	
(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)		26843
(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)		14725078
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		22296317

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7580542	
(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)		7580542
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)	53723	
(4) IQPA audit fees.....	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	62956	
(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)	12457	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		129136
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7709678

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		14586639
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6788299 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)? If the plan is a defined benefit plan, go to line 8.	☐ Yes ☐ No ☐ N/A
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.	
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a
b Enter the amount contributed by the employer to the plan for this plan year	6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c
If you completed line 6c, skip lines 8 and 9.	
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes ☐ No ☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes ☐ No ☐ N/A

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

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
---------	--

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes ☐ No

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
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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>Q703933A</u> .	



Saltmarsh

Saltmarsh, Cleaveland & Gund

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

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

FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

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

FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
the Medical Center Clinic
401(k) Retirement Plan

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

We have performed audits of the accompanying financial statements of the Medical Center Clinic 401(k) Retirement 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). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Medical Center Clinic 401(k) Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2023 and 2022, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the 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 Board of Directors
Medical Center Clinic 401(k) Retirement Plan

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

Basis for Opinion

We conducted our audits 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 Medical Center Clinic 401(k) Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

The Board of Directors
Medical Center Clinic 401(k) Retirement Plan

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Medical Center Clinic 401(k) Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Medical Center Clinic 401(k) Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2023, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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



Pensacola, Florida
October 9, 2024

**MEDICAL CENTER CLINIC
401(k) RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2023 AND 2022**

	<u>2023</u>	<u>2022</u>
Investments, at Fair Value:		
Mutual funds	\$ 86,753,585	\$ 75,873,731
Self-directed brokerage accounts	19,805,689	16,180,620
Common/collective trust fund	<u>1,607,472</u>	<u>1,622,727</u>
Total investments	<u>108,166,746</u>	<u>93,677,078</u>
Receivables:		
Employee contributions	160,475	153,459
Employer contributions	<u>1,665,436</u>	<u>1,575,481</u>
Total receivables	<u>1,825,911</u>	<u>1,728,940</u>
Net Assets Available for Benefits	<u><u>\$ 109,992,657</u></u>	<u><u>\$ 95,406,018</u></u>

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

**MEDICAL CENTER CLINIC
401(k) RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2023 AND 2022**

	<u>2023</u>	<u>2022</u>
Additions to Net Assets Attributed to:		
Investment income (loss) -		
Interest and dividends	\$ 2,381,062	\$ 1,837,800
Net appreciation (depreciation) in fair value of investments	<u>15,200,879</u>	<u>(21,553,367)</u>
Total investment income (loss)	<u>17,581,941</u>	<u>(19,715,567)</u>
Contributions -		
Employee	2,170,230	2,008,952
Rollover	10,053	162,935
Employer	<u>2,534,093</u>	<u>2,378,222</u>
Total contributions	<u>4,714,376</u>	<u>4,550,109</u>
Total additions (reductions)	<u>22,296,317</u>	<u>(15,165,458)</u>
Deductions from Net Assets Attributed to:		
Benefits paid to participants	7,580,542	9,279,691
Administrative expenses	<u>129,136</u>	<u>127,026</u>
Total deductions	<u>7,709,678</u>	<u>9,406,717</u>
Net increase (decrease)	14,586,639	(24,572,175)
Net Assets Available for Benefits:		
Beginning of year	<u>95,406,018</u>	<u>119,978,193</u>
End of year	<u>\$ 109,992,657</u>	<u>\$ 95,406,018</u>

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

**MEDICAL CENTER CLINIC
401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022**

NOTE 1 - DESCRIPTION OF PLAN

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

General:

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

Contributions:

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

Participant Accounts:

Each participant’s account is credited with the participant’s contribution, the Clinic’s matching and discretionary contributions, and allocations of Plan earnings, and charged with withdrawals, administrative expenses, and an allocation of Plan losses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Vesting:

Participants are 100% vested in the balances of their voluntary contributions (if any) and the 401(k) safe harbor match of the Clinic plus actual earnings thereon. Vesting in the 401(k) discretionary contribution is based on years of continuous service. A participant is 100% vested after six years of credited service.

**MEDICAL CENTER CLINIC
401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022**

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Forfeited Accounts:

Forfeitures of participants' nonvested accounts may be used to reduce the Clinic's contributions to the Plan. During 2023 and 2022, the Clinic's contributions were reduced by \$70,901 and \$72,194, respectively, from forfeited nonvested accounts. At December 31, 2023 and 2022, forfeited nonvested accounts totaled \$3,794 and \$7,755, respectively.

Payment of Benefits:

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting:

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

Use of Estimates:

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

Investment Valuation and Income Recognition:

The Plan's investments are stated at fair value. See Note 3 for discussion of fair value measurements.

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

Payment of Benefits:

Benefits are recorded when paid.

**MEDICAL CENTER CLINIC
401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022**

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Administrative Expenses:

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

Subsequent Events:

The Plan has evaluated subsequent events through October 9, 2024, which is the date the financial statements were available to be issued.

NOTE 3 - FAIR VALUE MEASUREMENTS

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

ASC 820 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. ASC 820 also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. Three levels of inputs may be used to measure fair value:

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

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

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

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

**MEDICAL CENTER CLINIC
401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022**

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

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

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

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

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

The following table presents the financial instruments carried at fair value as of December 31, 2023 and 2022:

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 86,753,585	\$ -	\$ -	\$ 86,753,585
Self-directed brokerage accounts	19,805,689	-	-	19,805,689
	<u>\$ 106,559,274</u>	<u>\$ -</u>	<u>\$ -</u>	<u>106,559,274</u>
Investments measured at NAV:				
Common/collective trust fund				<u>1,607,472</u>
Total, December 31, 2023				<u>\$ 108,166,746</u>
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 75,873,731	\$ -	\$ -	\$ 75,873,731
Self-directed brokerage accounts	16,180,620	-	-	16,180,620
	<u>\$ 92,054,351</u>	<u>\$ -</u>	<u>\$ -</u>	<u>92,054,351</u>
Investments measured at NAV:				
Common/collective trust fund				<u>1,622,727</u>
Total, December 31, 2022				<u>\$ 93,677,078</u>

**MEDICAL CENTER CLINIC
401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022**

NOTE 4 - INCOME TAX STATUS

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

NOTE 5 - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Fidelity Investments. Fidelity Management Trust Company (“Fidelity”), a subsidiary of Fidelity Investments, is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. The fair value of investments managed by Fidelity Investments at December 31, 2023 and 2022, totaled \$66,711,669 and \$53,864,857, respectively.

NOTE 6 - PLAN TERMINATION

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

NOTE 7 - RISK AND UNCERTAINTIES

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

**MEDICAL CENTER CLINIC
401(k) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022**

NOTE 8 - INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED INFORMATION)

Fidelity holds the Plan's investment assets and executes transactions therein. Financial information relating to the Plan's assets held by Fidelity as of December 31, 2023 and 2022, and for the years then ended, is included in the accompanying financial statements and is based on information provided by the trustee. This information, which has not been audited by independent auditors, is summarized below:

	<u>2023</u>	<u>2022</u>
Net Assets:		
Investments, at Fair Value:		
Mutual funds	\$ 86,753,585	\$ 75,873,731
Self-directed brokerage accounts	19,805,689	16,180,620
Common/collective trust fund	<u>1,607,472</u>	<u>1,622,727</u>
	<u>\$ 108,166,746</u>	<u>\$ 93,677,078</u>
 Changes in Net Assets:		
Interest and dividends	\$ 2,381,062	\$ 1,837,800
Net appreciation (depreciation) in fair value of investments	<u>15,200,879</u>	<u>(21,553,367)</u>
	<u>\$ 17,581,941</u>	<u>\$ (19,715,567)</u>

SUPPLEMENTAL SCHEDULE

**MEDICAL CENTER CLINIC
401(k) RETIREMENT PLAN
EMPLOYER IDENTIFICATION NUMBER: 59-2193856; PLAN NUMBER 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023**

(a)	(b) Identify of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	**(d) Cost	(e) Current Value
	Self-directed Brokerage Accounts:	(see attached schedule)		
*	Fidelity Investments	Self-directed Accounts		\$ 2,9
	Other	Self-directed Accounts		16,8
				<u>19,8</u>
	Fidelity Investments:	Common/Collective Trust Fund:		
*		Fidelity Managed Income Portfolio		1,6
		Mutual Funds:		
*		Fidelity Mid Cap Index		6
*		Fidelity Real Estate Index		6
*		Fidelity International Index		4,0
*		Fidelity Freedom Index Inc Instl Prem		5
*		Fidelity Freedom Index 2010 Instl Prem		
*		Fidelity Freedom Index 2015 Instl Prem		4
*		Fidelity Freedom Index 2020 Instl Prem		1,6
*		Fidelity Freedom Index 2025 Instl Prem		3,2
*		Fidelity Freedom Index 2030 Instl Prem		2,7
*		Fidelity Freedom Index 2035 Instl Prem		3,0
*		Fidelity Freedom Index 2040 Instl Prem		4,5
*		Fidelity Freedom Index 2045 Instl Prem		3,7
*		Fidelity Freedom Index 2050 Instl Prem		2,4
*		Fidelity Freedom Index 2055 Instl Prem		1,0
*		Fidelity Freedom Index 2060 Instl Prem		2
*		Fidelity Freedom Index 2065 Instl Prem		
*		Fidelity Global Ex US Index		1,3
*		Fidelity 500 Index		10,8
*		Fidelity Large Cap Growth Index		19,2
*		Fidelity Large Cap Value Index		1,4
	Vanguard:	Vanguard Total Bond Market Index Adm		5,4
		Vanguard Cash Reserves Federal MM Adm		6,1
		Vanguard International Growth Fund Adm		1,7
		Vanguard Small Cap Index Adm		3,3
		Vanguard Mid-Cap Growth Index Adm		5
		Vanguard Small Cap Growth Index Adm		3
		Vanguard Small Cap Value Index Adm		2,6
		Vanguard Mid-Cap Value Index Adm		6
	American Funds	American Funds American Balanced R6		<u>3,6</u>
				<u>\$ 108,1</u>

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

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

SUMMARY OF NET TRUST ASSETS

TOTAL PLAN ASSETS AS OF 12/31/2023

CUSIP #	SECURITY DESCRIPTION	SHARE BALANCE	PRICE	TOTAL MARKET VALUE	HISTORICAL COST
	CASH				
316067107	FIDELITY CASH RESERVES	1,844,159.750	\$1.00	\$1,844,159.75	\$1,844,159.75
	COMMON STOCK				
767204100	RIO TINTO PLC SPON ADR	1,351.200	\$74.46	\$100,610.35	\$87,436.98
81141R100	SEA LIMITED ADS EACH REP ONE CLASS A ORD	100.000	\$40.50	\$4,050.00	\$32,431.00
819047101	SHAKE SHACK INC CL A	75.000	\$74.12	\$5,559.00	\$3,634.42
82509L107	SHOPIFY INC NPV SUBORDINATED A	250.000	\$77.90	\$19,475.00	\$26,925.00
83088M102	SKYWORKS SOLUTIONS INC COM	272.116	\$112.42	\$30,591.28	\$21,521.36
83422N105	SOLID POWER INC CLASS A COM	200.000	\$1.45	\$290.00	\$2,078.00
87161C501	SYNOVUS FINANCIAL CORP COM USD1 (POST	400.000	\$37.65	\$15,060.00	\$7,282.19
87612E106	TARGET CORP NFS IS A SPECIALIST	101.705	\$142.42	\$14,484.83	\$13,333.97
89417E109	TRAVELERS COS INC COM	84.000	\$190.49	\$16,001.16	\$0.00
89788C104	TRULIEVE CANNABIS CORP COM NPV	11,420.000	\$5.19	\$59,325.76	\$463,969.21
907818108	UNION PACIFIC CORP NFS LLC IS A	105.927	\$245.62	\$26,017.79	\$23,051.60
931427108	WALGREENS BOOTS ALLIANCE INC COM	523.600	\$26.11	\$13,671.20	\$13,793.45
934423104	WARNER BROS DISCOVERY INC COM	599.000	\$11.38	\$6,816.62	\$0.00
94106L109	WASTE MANAGEMENT INC NFS LLC IS A	104.141	\$179.10	\$18,651.65	\$15,690.90
G56462198	LORAL SPACE & COMMUNICATIONS LTD	100.000	\$0.00	\$0.00	\$27,923.66
G9470A102	VTEX COM USD0.0001 CL A	1,000.000	\$6.88	\$6,880.00	\$30,510.16
00206R102	AT&T INC COM	2,480.000	\$16.78	\$41,614.40	\$60,157.67
00287Y109	ABBVIE INC COM USD0.01	110.609	\$154.97	\$17,141.08	\$13,252.61
01609W102	ALIBABA GROUP HLDG LTD	150.000	\$77.51	\$11,626.50	\$30,325.95
023135106	AMAZON.COM INC NFS LLC IS A MARKET	500.000	\$151.94	\$75,970.00	\$1,684.97
03769M106	APOLLO GLOBAL MGMT INC COM	15.859	\$93.19	\$1,477.90	\$1,255.22
037833100	APPLE COMPUTER INC NFS LLC IS A MARKET	1,200.000	\$192.53	\$231,036.00	\$55,885.97
06777U101	BARNES & NOBLE ED INC COM	632.000	\$1.49	\$941.68	\$0.00
084670702	BERKSHIRE HATHAWAY INC DEL CL B NEW	3,305.000	\$356.66	\$1,178,761.30	\$805,879.64
138035704	CANOPY GROWTH CORPORATION COM NPV	7.000	\$5.11	\$35.77	\$1,971.13
097023105	BOEING CO NFS IS A SPECIALIST	101.000	\$260.66	\$26,326.66	\$20,457.29
11135F101	BROADCOM INC COM	53.513	\$1,116.25	\$59,733.89	\$26,633.78
13765Y103	CANNABIST CO HOLDINGS INC. COM	5,000.000	\$0.44	\$2,199.00	\$27,570.00
15961R105	CHARGEPOINT HOLDINGS INC COM CL A	1.000	\$2.34	\$2.34	\$9.94
172967424	CITIGROUP INC COM NEW	1,960.974	\$51.44	\$100,872.50	\$159,702.88
184499101	CLEAN ENERGY FUELS CORP	3,000.000	\$3.83	\$11,490.00	\$23,280.00
20030N101	COMCAST CORP NEW CL A	968.000	\$43.85	\$42,446.80	\$0.00
20717M103	CONFLUENT INC CLASS A COM	500.000	\$23.40	\$11,700.00	\$22,635.00
23126M102	CURALEAF HOLDINGS INC SUB VTG SHS	10,000.000	\$4.18	\$41,786.00	\$150,981.26
23243T105	CYBER-CARE INC NFS LLC IS A MARKET	100.000	\$0.00	\$0.00	\$1,024.36
254687106	DISNEY WALT CO DEL (HOLDING COMPANY)	100.000	\$90.29	\$9,029.00	\$3,703.39
27032B209	EARTHSHELL CORP COM NEW	16.000	\$0.00	\$0.00	\$407.56
29275G101	ENERNORTH INDS INC ISIN #CA29275G1019	400.000	\$0.00	\$0.00	\$4,505.95
459200101	INTL BUSINESS MACH NFS IS A SPECIALIST	125.000	\$163.55	\$20,443.75	\$20,366.25
44501Q104	HUMBL INC COM	539.000	\$0.00	\$0.49	\$1,498.42
44852D108	HUYA INC ADS EACH REP 1 ORD SHS CL A	1,000.000	\$3.66	\$3,660.00	\$26,000.00
458140100	INTEL CORP NFS LLC IS A MARKET	2.147	\$50.25	\$107.89	\$77.16
46625H100	J P MORGAN CHASE & CO	160.197	\$170.10	\$27,249.51	\$25,673.89
49714P108	KINSALE CAP GROUP INC COM	48.205	\$334.91	\$16,144.34	\$9,968.76
594918104	MICROSOFT CORP NFS LLC IS A MARKET	100.000	\$376.04	\$37,604.00	\$36,737.23
62914V106	NIO INC ADS EACH REP 1 ORD SHS	401.000	\$9.07	\$3,637.07	\$11,625.65
655107100	NOBLE ROMANS INC	10,000.000	\$0.28	\$2,800.00	\$14,008.00
655844108	NORFOLK SOUTHERN CRP NFS LLC IS A	105.382	\$236.38	\$24,910.20	\$27,643.13
656568508	NORTEL NETWORKS CORP NEW COM	100.000	\$0.00	\$0.00	\$40,094.43
67066G104	NVIDIA CORP NFS LLC IS A MARKET	301.000	\$495.22	\$149,061.22	\$103,097.04
68389X105	ORACLE CORPORATION NFS LLC IS A MARKET	500.000	\$105.43	\$52,715.00	\$10,380.66
695127100	PACIRA PHARMACEUTICALS INC	50.000	\$33.74	\$1,687.00	\$3,257.95
70450Y103	PAYPAL HLDGS INC COM	100.000	\$61.41	\$6,141.00	\$29,097.00
71715W106	PHARMAGEN INC COM	1,000.000	\$0.00	\$0.00	\$1,812.95
74609P104	PURATION INC COM	420.000	\$0.00	\$0.00	\$46.95
74767V109	QUANTUMSCAPE CORP COM CL A	200.000	\$6.95	\$1,390.00	\$5,878.20
7591EP100	REGIONS FINL CORP	1,594.000	\$19.38	\$30,891.72	\$34,409.95

SUMMARY OF NET TRUST ASSETS

TOTAL PLAN ASSETS AS OF 12/31/2023

CUSIP #	SECURITY DESCRIPTION	SHARE BALANCE	PRICE	TOTAL MARKET VALUE	HISTORICAL COST
294600101	EQUITRANS MIDSTREAM CORPORATIO COM	3,018.820	\$10.18	\$30,731.59	\$23,903.88
30303M102	FACEBOOK INC COM USD0.000006 CL A	200.000	\$353.96	\$70,792.00	\$26,822.37
31609A503	FIDELITY ENHANCED MID CAP ETF	1,775.540	\$27.30	\$48,472.24	\$0.00
35671D857	FREEPORT MCMORAN COPPER & GOLD CL B	301.000	\$42.57	\$12,813.57	\$4,130.72
37929C103	GLIATECH INC	200.000	\$0.00	\$0.00	\$3,480.58
395392103	GREENROSE ACQUISITION CORP COM	52.000	\$0.00	\$0.02	\$517.92
42236C408	HEARTSOFT INC	11,500.000	\$0.00	\$0.00	\$21,882.51
437076102	HOME DEPOT INC NFS IS A SPECIALIST	100.000	\$346.55	\$34,655.00	\$3,627.17
	CORPORATE BOND				
00208JAE8	ATP OIL & GAS CORP SR 2LIEN NT	37,000.000	\$0.00	\$4.81	\$37,101.03
	EXTERNAL FUND				
00774Q692	GQG PARTNERS GLOBAL QUALITY EQUITY INSTL	21,045.958	\$16.47	\$346,626.93	\$322,983.05
	VANGUARD TOTAL STOCK MARKET INDEX				
922908728	ADMIRAL	13,941.294	\$115.49	\$1,610,080.04	\$1,459,782.62
04314H485	ARTISAN INTL SMALL MID FUND ADVISOR	14,307.187	\$17.41	\$249,088.13	\$246,085.28
04314H717	ARTISAN HIGH INCOME FUND ADVISOR	53,581.174	\$9.03	\$483,838.00	\$461,112.68
04314H824	ARTISAN OPP'ISTIC GROWTH INVESTOR SHRS	1,098.271	\$30.90	\$33,936.57	\$30,900.86
04314H881	ARTISAN INTL VALUE FUND	885.466	\$45.84	\$40,589.76	\$28,999.67
06828M843	BARON GLOBAL ADVANTAGE FD RETAIL	971.721	\$30.70	\$29,831.83	\$50,473.96
06828M884	BARON EMERGINIG MARKETS FUND RETAIL	3,830.776	\$13.93	\$53,362.71	\$49,140.50
09260B382	BLACKROCK STRATEGIC INCOME OPPTS INSTL	52,933.371	\$9.43	\$499,161.69	\$487,223.42
	BROWN INTERNATIONAL SMALL COMPANY				
115291742	INVEST	2,002.403	\$22.52	\$45,094.12	\$50,000.00
14949P109	CAUSEWAY INTERNATNAL VALUE INVESTOR	1,977.169	\$19.42	\$38,396.62	\$36,264.21
192476109	COHEN & STEERS REALTY SHARES INC	782.217	\$63.46	\$49,639.49	\$47,504.81
256206103	DODGE & COX INTERNATL STOCK FUND	5,772.074	\$49.16	\$283,755.16	\$257,605.62
256206301	DODGE & COX GLOBAL BOND FUND	3,313.894	\$10.94	\$36,254.00	\$37,638.75
256210105	DODGE & COX INCOME	24,439.623	\$12.62	\$308,428.04	\$340,221.74
256219106	DODGE & COX STOCK	1,179.327	\$243.55	\$287,225.09	\$245,874.07
277923728	EATON VANCE GLOBAL MACRO FUND CL I	44,882.256	\$8.22	\$368,932.14	\$385,014.40
40169J879	GUGGENHEIM TOTAL RETURN BOND CL P	2,330.139	\$23.79	\$55,434.01	\$62,101.06
46637K224	JPMORGAN INCOME FUND CLASS I	56,696.411	\$8.35	\$473,415.03	\$492,419.50
52106N442	LAZARD US GL LISTED INFRASTRUCTURE OPEN	3,932.799	\$15.29	\$60,132.50	\$57,966.81
577125206	MATTHEWS ASIA SMALL COMPANIES FUND	2,033.903	\$25.52	\$51,905.20	\$50,610.91
61744J564	MORGAN STA INST US LGE CAP GRWTH POR B	1,763.018	\$34.41	\$60,665.45	\$122,665.41
61744J614	MORGAN STA INST INC. SMALL CO GRWTH CL P	9,103.552	\$8.22	\$74,831.20	\$129,854.57
	MORGAN STAN INSTL TR MID CAP GRWTH ADV				
617440599	CL	7,377.342	\$10.27	\$75,765.30	\$167,516.36
61756E826	MORGAN STANLEY INSTL INTERNTL OPP CL A	2,882.779	\$23.17	\$66,793.99	\$106,410.92
693390601	PIMCO SHORT TERM	27,701.611	\$9.58	\$265,381.43	\$265,886.59
693391120	PIMCO REAL RETURN CLASS A	3,191.736	\$10.03	\$32,013.11	\$35,979.92
693391245	PIMCO FOREIGN BOND CLASS A	6,327.344	\$9.87	\$62,450.89	\$67,463.78
69901E500	PARADIGM MICRO CAP FUND	952.790	\$51.07	\$48,658.99	\$45,254.71
701765869	PARNASSUS WORKPLACE	1,260.620	\$50.54	\$63,711.73	\$51,460.87
72201F474	PIMCO INCOME FD CL A	5,944.217	\$10.62	\$63,127.58	\$70,583.43
72202E484	PIMCO COMMODITIES PLUS STRATEGY CL I-3	6,526.576	\$6.46	\$42,161.68	\$40,962.54
85208P105	SPROTT GOLD FUND INVESTOR	266.029	\$42.71	\$11,362.10	\$21,741.22
885882662	THRIVENT MID CAP STOCK FUND CL S	940.043	\$34.19	\$32,140.07	\$26,125.67
89833W394	PERFORMANCE TRUST TOTAL RETURN BOND	44,218.473	\$19.68	\$870,219.55	\$856,039.48
921908604	VANGUARD DIVIDEND GROWTH INVESTOR CL	1,397.259	\$37.21	\$51,992.01	\$51,221.13
921908877	VANGUARD REIT INDEX ADMIRAL	53.740	\$125.15	\$6,725.56	\$6,478.61
921921300	VANGUARD EQUITY INCO ME ADMIRAL FD	3,085.492	\$84.27	\$260,014.41	\$282,328.78
921935102	VANGUARD WELLINGTON FUND	1,256.017	\$41.35	\$51,936.30	\$54,042.17
922031810	VANGUARD INTERMDIATE TERM CORP ADMIRAL	24,884.753	\$8.68	\$215,999.66	\$216,584.44
922908710	VANGUARD 500 INDEX ADMIRAL	360.039	\$439.99	\$158,413.56	\$155,017.47
	SEVEN CANYONS WORLD INNOVATORS				
02110A571	INVESTOR	2,593.593	\$13.20	\$34,235.43	\$67,959.78
	FIDELITY FUND				
315910315	FIDELITY INT'L GROWTH FUND	1,942.552	\$19.15	\$37,199.87	\$21,354.43
316464106	FIDELITY VALUE	2,010.522	\$14.36	\$28,871.10	\$21,206.45
315911693	FID TOTAL MKT INDEX INSTL PREMIUM CLASS	231.573	\$131.75	\$30,509.74	\$19,145.51

SUMMARY OF NET TRUST ASSETS

TOTAL PLAN ASSETS AS OF 12/31/2023

CUSIP #	SECURITY DESCRIPTION	SHARE BALANCE	PRICE	TOTAL MARKET VALUE	HISTORICAL COST
315911727	FIDELITY INTERNATL INDEX INSTL PREMIUM	212.053	\$47.35	\$10,040.71	\$9,589.76
315911750	FIDELITY 500 INDEX INSTITUTIONAL PREM	1,785.122	\$165.49	\$295,419.84	\$196,654.50
315912709	FIDELITY NASDAQ COMPOSITE INDEX	222.740	\$190.15	\$42,354.01	\$23,017.46
315916783	FIDELITY FLOATING RATE HIGH INCOME	3,790.442	\$9.30	\$35,251.11	\$36,724.23
316062108	FIDELITY CAPITAL & INCOME	5,747.068	\$9.65	\$55,459.21	\$56,434.34
316146315	FIDELITY GLOBAL EX US INDEX INSTL PREM	1,765.610	\$14.08	\$24,859.79	\$22,350.52
316145200	FIDELITY CONVERTIBLE SECURITIES	0.141	\$32.41	\$4.57	\$3.90
316146182	FIDELITY SMALL CAP INDEX INSTL PREMIUM	1,348.492	\$25.04	\$33,766.24	\$27,871.37
316146265	FID MID CAP INDEX INSTITUTIONAL PREM	200.680	\$29.95	\$6,010.37	\$5,590.55
316146331	FIDELITY EMERGING MKTS INDX INSTL PREM	446.956	\$10.05	\$4,491.91	\$4,392.26
316146596	FIDELITY CORPORATE BOND FUND	6,383.361	\$10.53	\$67,216.79	\$80,825.93
31617K105	FIDELITY GINNIE MAE	2,673.109	\$10.26	\$27,426.10	\$30,383.41
316345107	FIDELITY PURITAN	870.802	\$23.30	\$20,289.69	\$18,467.77
316345305	FIDELITY LOW PRICED STOCK	1,258.824	\$44.07	\$55,476.37	\$22,889.20
31635V398	FID US SUSTAINBLTY INDEX FD INSTL CL	3,193.812	\$21.25	\$67,868.51	\$65,600.23
31635V729	FIDELITY LARGE CAP GROWTH INDX ISTL PRM	885.570	\$29.50	\$26,124.32	\$22,431.45
316389105	FIDELITY OTC PORT	2,562.647	\$18.29	\$46,870.81	\$25,002.94
316389832	FIDELITY SMALL CAP VALUE	2,578.686	\$19.78	\$51,006.41	\$54,963.83
316390509	FIDELITY SELECT UTILITIES GROWTH	436.187	\$100.73	\$43,937.12	\$34,856.16
316390772	FIDELITY SELECT BIOTECHNOLOGY	2,741.410	\$17.83	\$48,879.34	\$40,576.38
315910737	FIDELITY INTERN'TL SMALL CAP	1,577.083	\$31.36	\$49,457.32	\$48,621.54
	GOVERNMENT BOND				
912797FW2	UNITED STATES TREAS BILLS ZERO CPN	25,000.000	\$1.00	\$24,992.75	\$24,335.19
91282CFX4	UNITED STATES TREAS SER BL-2024	25,000.000	\$1.00	\$24,908.25	\$24,997.63
912797HZ3	UNITED STATES TREAS BILLS ZERO CPN	101,000.000	\$1.00	\$100,793.96	\$100,586.01
	OPTION				
6134809US	CALL (CHPT) CHARGEPOINT HOLDINGS	10.000	\$70.00	\$700.00	\$7,006.79
6689549DX	CALL (AAPL) APPLE INC	(2.000)	\$1,560.00	(\$3,120.00)	\$0.00
6611709HD	CALL (NVDA) NVIDIA CORPORATION	(1.000)	\$784.00	(\$784.00)	\$0.00
6137099FZ	CALL (NIO) NIO INC SPON ADS	5.000	\$695.00	\$3,475.00	\$3,718.40
	PREFERRED STOCK				
G3730V147	FTAI AVIATION LTD 9.50000%	800.000	\$25.30	\$20,239.92	\$19,664.00
758075808	REDWOOD TRUST INC 10% FXD RT PFD A	400.000	\$24.13	\$9,652.00	\$9,936.00
652526807	NEWTEKONE INC CAL NEWT 28	1,000.000	\$25.04	\$25,044.00	\$24,390.46
	UNIT				
00214Q104	ARK ETF TR INNOVATION ETF	804.057	\$52.37	\$42,108.47	\$84,481.29
922908736	VANGUARD INDEX FDS VANGUARD GROWTH	2,935.059	\$310.88	\$912,451.14	\$658,644.50
26924G409	ETF MANAGERS TR PUREFUND S ISE MO	581.947	\$46.41	\$27,008.16	\$27,279.00
26924G508	ETF MANAGERS TR TIERRA XP LATIN	110.597	\$3.23	\$357.23	\$2,501.20
45781V101	INNOVATIVE INDL PPTYS INC CL A	115.520	\$100.82	\$11,646.73	\$22,236.95
46090E103	INVESCO QQQ TR UNIT SER 1	494.208	\$409.52	\$202,388.06	\$151,644.92
46137V597	INVESCO EXCHANGE TRADED FD TR FTSE	1,770.000	\$37.49	\$66,357.30	\$47,608.64
46137V613	INVESCO EXCHANGE TRADED FD TR FTSE	18,645.000	\$35.20	\$656,304.00	\$427,702.28
46138G649	INVESCO EXCHANGE TRADED FD TR II	13.029	\$168.54	\$2,195.91	\$1,934.80
464287200	ISHARES TR S&P 500 INDEX FD	812.000	\$477.63	\$387,835.56	\$357,486.08
464287507	ISHARES TR S&P MIDCAP 400 INDEX FD	601.913	\$277.15	\$166,820.19	\$147,099.69
464287655	ISHARES TR RUSSELL 2000 INDEX FD	3.810	\$200.71	\$764.71	\$840.80
464287804	ISHARES TRUST S&P SMALLCAP 600 INDEX	289.385	\$108.25	\$31,325.93	\$29,089.74
464287879	ISHARES TR S&P SMALLCAP 600/BARRA	313.000	\$103.07	\$32,260.91	\$30,589.49
46432F842	ISHARES TRUST CORE MSCI EAFE ETF	2,003.051	\$70.35	\$140,914.64	\$122,932.36
46436E718	ISHARES TR 0-3 MNTH TREASRY	2,153.038	\$100.27	\$215,885.12	\$216,459.69
72201R833	PIMCO ETF TR ENHANCED SHORT	1,325.000	\$99.79	\$132,221.75	\$134,953.33
78463V107	SPDR GOLD TR GOLD SHS	250.000	\$191.17	\$47,792.50	\$43,597.67
78464A649	SPDR SER TR LEHMAN AGGREGATE BD	23.000	\$25.64	\$589.72	\$589.03
922042858	VANGUARD INTL EQUITY INDEX FD INC	3,474.457	\$41.10	\$142,800.18	\$142,258.01
922908363	VANGUARD INDEX FDS FORMERLY VANGUARD	3,624.823	\$436.80	\$1,583,322.69	\$1,163,786.37
922908512	VANGUARD INDEX FDS MID-CAP VALUE INDEX	5,310.916	\$145.01	\$770,135.93	\$584,733.05
922908538	VANGUARD INDEX FDS MID-CAP GROWTH INDEX	1,078.000	\$219.57	\$236,696.46	\$109,893.57
922908553	VANGUARD INDEX FDS FORMERLY VANGUARD	808.443	\$88.36	\$71,434.02	\$70,477.40
003261104	ABERDEEN STD INVTS ETF S BBRG ALL COMD	1,751.221	\$19.36	\$33,903.64	\$50,463.69

03/16/2024

Plan: 35425

Medical Center Clinic 401(k) Retirement Plan
SUMMARY OF NET TRUST ASSETS

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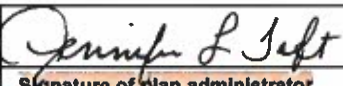
TOTAL PLAN ASSETS AS OF 12/31/2023						
CUSIP #	SECURITY DESCRIPTION	SHARE BALANCE	PRICE	TOTAL MARKET VALUE	HISTORICAL COST	
NET ASSETS :				\$19,805,688.77		

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) _____
B This return/report is:	☐ the first return/report;	☐ the final return/report;
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here	☐	
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;
	☒ special extension (enter description) Hurricane Milton IR-2024-264	☐ the DFVC program;
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 Medical Center Clinic 401(k) Retirement Plan	1b Three-digit plan number (PN) ▶	002
	1c Effective date of plan	07/01/1982
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) West Florida Medical Center Clinic, P.A. 8333 N. Davis Highway US Pensacola FL 32514	2b Employer Identification Number (EIN) 59-2193856	2c Plan Sponsor's telephone number (800) 874-4542
	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		11/20/24	Jennifer Taft
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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 and 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	5 633
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 257
a(2) Total number of active participants at the end of the plan year	6a(2) 314
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 280
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 594
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e
f Total. Add lines 6d and 6e	6f 594
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1) 576
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2) 594
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 5
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2F 2G 2J 2K 2R 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (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 _____
- (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 H, line 4i

Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2023 and ending 12/31/2023

Name of plan

Medical Center Clinic 401(k) Retirement Plan

Employer Identification Number

59-2193856

Three-digit
plan number

002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
		SELFDIRECTED BROKERAGE ACCOUNT		
		FIDELITY CASH RESERVES		1,844,160
		COMMON STOCK		
		RIO TINTO PLC SPON ADR		100,610
		SEA LIMITED ADS EACH REP ONE C		4,050
		SHAKE SHACK INC CL A		5,559
		SHOPIFY INC NPV SUBORDINATED A		19,475
		SKYWORKS SOLUTIONS INC COM		30,591
		SOLID POWER INC CLASS A COM		290
		SYNOVUS FINANCIAL CORP COM USD		15,060
		TARGET CORP NFS IS A SPECIALIS		14,485
		TRAVELERS COS INC COM		16,001
		TRULIEVE CANNABIS CORP COM NPV		59,326
		UNION PACIFIC CORP NFS LLC IS		26,018
		WALGREENS BOOTS ALLIANCE INC C		13,671
		WARNER BROS DISCOVERY INC COM		6,817
		WASTE MANAGEMENT INC NFS LLC I		18,652
		LORAL SPACE & COMMUNICATIONS LT		0
		VTEX COM USD0.0001 CL A		6,880
		AT&T INC COM		41,614
		ABBVIE INC COM USD0.01		17,141
		ALIBABA GROUP HLDG LTD		11,627
		AMAZON.COM INC NFS LLC IS A MA		75,970
		APOLLO GLOBAL MGMT INC COM		1,478
		APPLE COMPUTER INC NFS LLC IS		231,036
		BARNES & NOBLE ED INC COM		942
		BERKSHIRE HATHAWAY INC DEL CL		1,178,761
		CANOPY GROWTH CORPORATION COM		36
		BOEING CO NFS IS A SPECIALIST		26,327
		BROADCOM INC COM		59,734
		CANNABIST CO HOLDINGS INC. COM		2,199
		CHARGEPOINT HOLDINGS INC COM C		2
		CITIGROUP INC COM NEW		100,873
		CLEAN ENERGY FUELS CORP		11,490
		COMCAST CORP NEW CL A		42,447
		CONFLUENT INC CLASS A COM		11,700
		CURALEAF HOLDINGS INC SUB VTG		41,786
		CYBER-CARE INC NFS LLC IS A MA		0
		DISNEY WALT CO DEL (HOLDING CO		9,029

Schedule H, line 4i

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		EARTHSHELL CORP COM NEW		0
		ENERNORTH INDS INC ISIN #CA292		0
		INTL BUSINESS MACH NFS IS A SP		20,444
		HUMBL INC COM		
		HUYA INC ADS EACH REP 1 ORD SH		3,660
		INTEL CORP NFS LLC IS A MARKET		108
		J P MORGAN CHASE & CO		27,250
		KINSALE CAP GROUP INC COM		16,144
		MICROSOFT CORP NFS LLC IS A MA		37,604
		NIO INC ADS EACH REP 1 ORD SHS		3,637
		NOBLE ROMANS INC		2,800
		NORFOLK SOUTHERN CRP NFS LLC I		24,910
		NORTEL NETWORKS CORP NEW COM		0
		NVIDIA CORP NFS LLC IS A MARKE		149,061
		ORACLE CORPORATION NFS LLC IS		52,715
		PACIRA PHARMACEUTICALS INC		1,687
		PAYPAL HLDGS INC COM		6,141
		PHARMAGEN INC COM		0
		PURATION INC COM		0
		QUANTUMSCAPE CORP COM CL A		1,390
		REGIONS FINL CORP		30,892
		EQUITRANS MIDSTREAM CORPORATIO		30,732
		FACEBOOK INC COM USD0.000006 C		70,792
		FIDELITY ENHANCED MID CAP ETF		48,472
		FREEPORT MCMORAN COPPER & GOLD		12,814
		GLIATECH INC		0
		GREENROSE ACQUISITION CORP COM		
		HEARTSOFT INC		0
		HOME DEPOT INC NFS IS A SPECIA		34,655
		CORPORATE BOND		
		ATP OIL & GAS CORP SR 2LIEN NT		5
		EXTERNAL FUND		
		GQG PARTNERS GLOBAL QUALITY EQ		346,627
		VANGUARD TOTAL STOCK MARKET IN		1,610,080
		ARTISAN INTL SMALL MID FUND AD		249,088
		ARTISAN HIGH INCOME FUND ADVIS		483,838
		ARTISAN OPP'ISTIC GROWTH INVES		33,937
		ARTISAN INTL VALUE FUND		40,590
		BARON GLOBAL ADVANTAGE FD RETA		29,832

Schedule H, line 4i

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		BARON EMERGINIG MARKETS FUND R		53,363
		BLACKROCK STRATEGIC INCOME OPP		499,162
		BROWN INTERNATIONAL SMALL COMP		45,094
		CAUSEWAY INTERNATNAL VALUE INV		38,397
		COHEN & STEERS REALTY SHARES I		49,639
		DODGE & COX INTERNATL STOCK FU		283,755
		DODGE & COX GLOBAL BOND FUND		36,254
		DODGE & COX INCOME		308,428
		DODGE & COX STOCK		287,225
		EATON VANCE GLOBAL MACRO FUND		368,932
		GUGGENHEIM TOTAL RETURN BOND C		55,434
		JPMORGAN INCOME FUND CLASS I		473,415
		LAZARD US GL LISTED INFRASTRUC		60,133
		MATTHEWS ASIA SMALL COMPANIES		51,905
		MORGAN STA INST US LGE CAP GRW		60,665
		MORGAN STA INST INC. SMALL CO		74,831
		MORGAN STAN INSTL TR MID CAP G		75,765
		MORGAN STANLEY INSTL INTERNTL		66,794
		PIMCO SHORT TERM		265,381
		PIMCO REAL RETURN CLASS A		32,013
		PIMCO FOREIGN BOND CLASS A		62,451
		PARADIGM MICRO CAP FUND		48,659
		PARNASSUS WORKPLACE		63,712
		PIMCO INCOME FD CL A		63,128
		PIMCO COMMODITIES PLUS STRATEG		42,162
		SPROTT GOLD FUND INVESTOR		11,362
		THRIVENT MID CAP STOCK FUND CL		32,140
		PERFORMANCE TRUST TOTAL RETURN		870,220
		VANGUARD DIVIDEND GROWTH INVES		51,992
		VANGUARD REIT INDEX ADMIRAL		6,726
		VANGUARD EQUITY INCO ME ADMIRA		260,014
		VANGUARD WELLINGTON FUND		51,936
		VANGUARD INTERMDIATE TERM CORP		216,000
		VANGUARD 500 INDEX ADMIRAL		158,414
		SEVEN CANYONS WORLD INNOVATORS		34,235
		FIDELITY FUND		
		FIDELITY INT'L GROWTH FUND		37,200
		FIDELITY VALUE		28,871
		FID TOTAL MKT INDEX INSTL PREM		30,510

Schedule H, line 4i

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		FIDELITY INTERNATL INDEX INSTL		10,041
		FIDELITY 500 INDEX INSTITUTION		295,420
		FIDELITY NASDAQ COMPOSITE INDE		42,354
		FIDELITY FLOATING RATE HIGH		35,251
		FIDELITY CAPITAL & INCOME		55,459
		FIDELITY GLOBAL EX US INDEX IN		24,860
		FIDELITY CONVERTIBLE SECURITIE		5
		FIDELITY SMALL CAP INDEX INSTL		33,766
		FID MID CAP INDEX INSTITUTIONA		6,010
		FIDELITY EMERGING MKTS INDX IN		4,492
		FIDELITY CORPORATE BOND FUND		67,217
		FIDELITY GINNIE MAE		27,426
		FIDELITY PURITAN		20,290
		FIDELITY LOW PRICED STOCK		55,476
		FID US SUSTAINBLTY INDEX FD IN		67,869
		FIDELITY LARGE CAP GROWTH INDX		26,124
		FIDELITY OTC PORT		46,871
		FIDELITY SMALL CAP VALUE		51,006
		FIDELITY SELECT UTILITIES GROW		43,937
		FIDELITY SELECT BIOTECHNOLOGY		48,879
		FIDELITY INTERN'TL SMALL CAP		49,457
		GOVERNMENT BOND		
		UNITED STATES TREAS BILLS ZERO		24,993
		UNITED STATES TREAS SER BL-202		24,908
		UNITED STATES TREAS BILLS ZERO		100,794
		OPTION		
		CALL (CHPT) CHARGEPOINT HOLDIN		700
		CALL (AAPL) APPLE INC		(3,120)
		CALL (NVDA) NVIDIA CORPORATION		(784)
		CALL (NIO) NIO INC SPON ADS		3,475
		PREFERRED STOCK		
		FTAI AVIATION LTD 9.50000%		20,240
		REDWOOD TRUST INC 10% FXD RT P		9,652
		NEWTEKONE INC CAL NEWT 28		25,044
		UNIT		
		ARK ETF TR INNOVATION ETF		42,108
		VANGUARD INDEX FDS VANGUARD GR		912,451
		ETF MANAGERS TR PUREFUNDS ISE		27,008
		ETF MANAGERS TR TIERRA XP LATI		357

Schedule H, line 4i

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		INNOVATIVE INDL PPTYS INC CL A		11,647
		INVESTCO QQQ TR UNIT SER 1		202,388
		INVESTCO EXCHANGE TRADED FD TR		66,357
		INVESTCO EXCHANGE TRADED FD TR		656,304
		INVESTCO EXCHANGE TRADED FD TR		2,196
		ISHARES TR S&P 500 INDEX FD		387,836
		ISHARES TR S&P MIDCAP 400 INDE		166,820
		ISHARES TR RUSSELL 2000 INDEX		765
		ISHARES TRUST S&P SMALLCAP 600		31,326
		ISHARES TR S&P SMALLCAP 600/BA		32,261
		ISHARES TRUST CORE MSCI EAFE E		140,915
		ISHARES TR 0-3 MNTH TREASRY		215,885
		PIMCO ETF TR ENHANCED SHORT		132,222
		SPDR GOLD TR GOLD SHS		47,793
		SPDR SER TR LEHMAN AGGREGATE B		590
		VANGUARD INTL EQUITY INDEX FD		142,800
		VANGUARD INDEX FDS FORMERLY VA		1,583,323
		VANGUARD INDEX FDS MID-CAP VAL		770,136
		VANGUARD INDEX FDS MID-CAP GRO		236,696
		VANGUARD INDEX FDS FORMERLY VA		71,434
		ABERDEEN STD INVTS ETFS BBRG A		33,904
		FIDELITY INVESTMENTS:		
		COMMON COLLECTIVE/TRUST FUND:		
		FIDELITY MANAGED INCOME PORTFO		1,607,472
		MUTUAL FUNDS:		
		VANG TOT BD MKT ADM		5,448,749
		VANG CR FED MM ADM		6,157,809
		VANG INTL GROWTH ADM		1,703,043
		VANG SM CAP IDX ADM		3,378,549
		VANG MDCPGR IDX ADM		579,212
		AF BALANCED R6		3,672,499
		VANG SMCP GR IDX ADM		326,246
		VANG SMCPVL IDX ADM		2,663,478
		VANG MDCPVAL IDX ADM		672,754
		FID 500 INDEX		10,852,081
		FID GLB EX US IDX		1,340,428
		FID MID CAP IDX		672,602
		FID REAL ESTATE IDX		661,540
		FID INTL INDEX		4,011,850

[illegible]