

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

Part II	Basic Plan Information —enter all requested information
1a Name of plan KOOTENAI CLINIC 403(B) PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 11/01/2012
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) KOOTENAI CLINIC, LLC 2003 KOOTENAI HEALTH WAY COEUR D ALENE, ID 83814	2b Employer Identification Number (EIN) 45-4069155 2c Plan Sponsor's telephone number 208-625-4620 2d Business code (see instructions) 622000

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.	08/20/2025	CYNDY DONATO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 244
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) 197
a(2) Total number of active participants at the end of the plan year		6a(2) 211
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 35
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 246
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 246
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 205
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2G 2M 2T 3D 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan KOOTENAI CLINIC 403(B) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 KOOTENAI CLINIC, LLC	D Employer Identification Number (EIN) 45-4069155

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

(a) Name of insurance carrier NEW YORK LIFE
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5582869	66915	GA80193	246	01/01/2022	12/31/2022

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	809432
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c	Additions: (1) Contributions deposited during the year	7c(1)	58774	
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)	11237	
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below)	7c(5)	820633	

▶ **TRANSFER FROM OTHER INVESTMENT FUNDS**

(6) Total additions	7c(6)	890644
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	1700076
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e Deductions:

e	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	601090	
	(2) Administration charge made by carrier	7e(2)	-1661	
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below)	7e(4)	529582	

▶ **TRANSFER TO OTHER INVESTMENT FUNDS**

(5) Total deductions	7e(5)	1129011
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	571065
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan KOOTENAI CLINIC 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 KOOTENAI CLINIC, LLC	D Employer Identification Number (EIN) 45-4069155	

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)

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	7026	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 64 65 71	RECORDKEEPER	6084	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DFA INT'L SMALL CAP VALUE 6300 BEE CAVES ROAD AUSTIN, TX 78746	0.02%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DFA INVESTMENT GRADE PORTFOLIO INST 6300 BEE CAVES ROAD AUSTIN, TX 78746	0.02%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DFA GLOBAL REAL ESTATE SEC PORTFOLI 6300 BEE CAVES ROAD AUSTIN, TX 78746	0.02%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DFA SHORT DURATION REAL RETURN INST 6300 BEE CAVES ROAD AUSTIN, TX 78746	0.02%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OAKMARK INTL INVESTOR CL 111 SOUTH WACKER DR. CHICAGO, IL 60606	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MATTHEWS CHINA DIV FUND INVESTOR CL 4 EMBARCADERO SAN FRANCISCO, CA 94111	0.40%	

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.
PGIM HIGH YIELD Z - PRUDENTIAL MUTU 22-3703799	0.25%

(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.
PGIM TOTAL RTN BD Z - PRUDENTIAL MU 22-3703799	0.25%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>KOOTENAI CLINIC 403(B) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>KOOTENAI CLINIC, LLC</u>	D Employer Identification Number (EIN) <u>45-4069155</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	55313
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	138254	186522
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)	20616	0
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	27880308	23459250
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	809432	571065
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	28848610	24272150

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	28848610	24272150
---	-----------	----------	----------

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)	109406	
(B) Participants	2a(1)(B)	3618772	
(C) Others (including rollovers)	2a(1)(C)	364244	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4092422
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2323	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	326	
(F) Other	2b(1)(F)	11237	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		13886
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1276192	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1276192
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-6392081
c Other income	2c		1661
d Total income. Add all income amounts in column (b) and enter total	2d		-1007920
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3555430	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3555430
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	7026	
(4) Other	2i(4)	6084	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		13110
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3568540
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-4576460
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: CLIFTONLARSONALLEN, LLP

(2) EIN: 41-0746749

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a	X		2725080

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

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan KOOTENAI CLINIC 403(B) PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 KOOTENAI CLINIC, LLC		D Employer Identification Number (EIN) 45-4069155
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-3532603		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....		☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?.....		☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....		☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....		☐ Yes ☐ No
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
☐ Yes.
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
☐ No. Other. Provide explanation _____

KOOTENAI CLINIC 403(B) PLAN
FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES
AS OF DECEMBER 31, 2022 - 2015 (AUDITED) AND
2014 (UNAUDITED) AND FOR THE YEARS ENDED
DECEMBER 31, 2022 - 2015 (AUDITED)



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**KOOTENAI CLINIC 403(B) PLAN
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INDEPENDENT AUDITORS' REPORT

Investment Committee
Kootenai Clinic 403(b) Plan
Coeur d'Alene, Idaho

Report on the Audit of the 2022 - 2015 Financial Statements

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

We have performed audits of the accompanying 2022 – 2015 financial statements of Kootenai Clinic 403(b) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 - 2015 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 audits of Kootenai Clinic 403(b) 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 qualified institutions as of and for the years ended December 31, 2022 - 2015, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Kootenai Clinic 403(b) 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 2022 – 2015 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Kootenai Clinic 403(b) Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the 2022 – 2015 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Kootenai Clinic 403(b) 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 Kootenai Clinic 403(b) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2022 - 2015 and schedules of delinquent participant contributions for the years ended December 31, 2022 - 2015 are presented for purposes of additional analysis and are 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

Report on Comparative Information – 2014 Financial Statements

Management is responsible for the accompanying financial statements which comprise of the statement of net assets available for benefits of Kootenai Clinic 403(b) Plan as of December 31, 2014, and the related notes to the financial statement in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the American Institute of Certified Public Accountants. We did not audit or review the 2014 financial statement nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, or provide any form of assurance on the 2014 financial statement.



CliftonLarsonAllen LLP

Spokane, Washington
May 19, 2025

KOOTENAI CLINIC 403(B) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2022 - 2015 (AUDITED) AND 2014 (UNAUDITED)

	(Audited)							(Unaudited)	
	2022	2021	2020	2019	2018	2017	2016	2015	2014
ASSETS									
INVESTMENTS (at Fair Value)									
Short-Term Funds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 105,719	\$ 63,332
Mutual Funds	23,280,807	27,832,257	23,656,064	17,368,075	12,263,596	10,364,894	6,831,851	4,684,070	3,865,833
Self-Directed Brokerage Accounts	364,965	186,305	44,010	-	-	-	-	-	10,834
Total Investments at Fair Value	23,645,772	28,018,562	23,700,074	17,368,075	12,263,596	10,364,894	6,831,851	4,789,789	3,939,999
INVESTMENTS (at Contract Value)	571,065	809,432	1,172,667	830,265	265,498	46,799	45,511	-	-
RECEIVABLES									
Employer Discretionary Receivable	55,313	-	-	-	-	-	-	-	-
Notes Receivable from Participants	-	20,616	44,453	31,588	40,186	52,506	75,499	79,861	9,290
Total Receivables	55,313	20,616	44,453	31,588	40,186	52,506	75,499	79,861	9,290
Total Assets	24,272,150	28,848,610	24,917,194	18,229,928	12,569,280	10,464,199	6,952,861	4,869,650	3,949,289
NET ASSETS AVAILABLE FOR BENEFITS	\$ 24,272,150	\$ 28,848,610	\$ 24,917,194	\$ 18,229,928	\$ 12,569,280	\$ 10,464,199	\$ 6,952,861	\$ 4,869,650	\$ 3,949,289

See accompanying Notes to Financial Statements.

KOOTENAI CLINIC 403(B) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2022 – 2015 (AUDITED)

	(Audited)							
	2022	2021	2020	2019	2018	2017	2016	2015
ADDITIONS:								
INVESTMENT INCOME (LOSS)								
Net Appreciation (Depreciation) in Fair Value of Investments	\$ (6,392,081)	\$ 2,572,700	\$ 2,809,084	\$ 2,248,241	\$ (1,646,097)	\$ 1,040,568	\$ 260,320	\$ (224,612)
Interest and Dividends	1,289,752	1,237,093	751,615	784,568	861,587	439,379	229,887	212,324
Total Investment Income (Loss)	(5,102,329)	3,809,793	3,560,699	3,032,809	(784,510)	1,479,947	490,207	(12,288)
INTEREST INCOME ON NOTES RECEIVABLE FROM PARTICIPANTS	326	867	1,057	736	1,082	2,494	3,248	2,220
CONTRIBUTIONS								
Employee Deferrals	3,618,772	3,229,083	3,355,906	2,779,798	2,438,990	2,118,778	1,730,534	1,478,237
Employee Rollovers	364,244	381,871	2,070,262	920,027	814,461	557,683	103,718	203,104
Employer Discretionary	55,313	-	-	-	-	-	-	-
Employer Match	54,093	-	-	-	-	-	-	-
Total Contributions	4,092,422	3,610,954	5,426,168	3,699,825	3,253,451	2,676,461	1,834,252	1,681,341
OTHER INCOME	1,661	1,415	15,325	6,751	3,505	343	-	-
Net Additions	(1,007,920)	7,423,029	9,003,249	6,740,121	2,473,528	4,159,245	2,327,707	1,671,273
DEDUCTIONS:								
BENEFITS PAID TO PARTICIPANTS	3,555,430	3,477,344	2,302,613	1,076,692	366,671	646,816	241,167	748,747
ADMINISTRATIVE EXPENSES	13,110	14,269	13,370	2,781	1,776	1,091	3,329	2,165
Total Deductions	3,568,540	3,491,613	2,315,983	1,079,473	368,447	647,907	244,496	750,912
NET INCREASE (DECREASE)	(4,576,460)	3,931,416	6,687,266	5,660,648	2,105,081	3,511,338	2,083,211	920,361
NET ASSETS AVAILABLE FOR BENEFITS:								
Beginning of Year	28,848,610	24,917,194	18,229,928	12,569,280	10,464,199	6,952,861	4,869,650	3,949,289
End of Year	\$ 24,272,150	\$ 28,848,610	\$ 24,917,194	\$ 18,229,928	\$ 12,569,280	\$ 10,464,199	\$ 6,952,861	\$ 4,869,650

See accompanying Notes to Financial Statements.

**KOOTENAI CLINIC 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 - 2015 (AUDITED) AND 2014 (UNAUDITED)**

NOTE 1 DESCRIPTION OF PLAN

The following description of Kootenai Clinic 403(b) Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions. The Plan name changed subsequent to December 31, 2022 to Kootenai Health 403(b) Plan.

General

The Plan is a defined contribution plan covering employees of Kootenai Clinic LLC, (the Company) immediately upon hire. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). During 2022, the Plan was amended to include employees of Kootenai Health Staffing LLC.

The Plan was amended subsequent to December 31, 2022 which resulted in changes related to normal retirement age, certain eligibility clarifications and certain loan provisions.

Contributions

Eligible participants are permitted to elect to have a percentage, limited by Plan provisions, of their compensation contributed as pretax 401(k) or Roth contributions to the Plan. Beginning in June 2022, the Plan added an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3% of eligible compensation, and their contributions invested in the designated default fund until changed by the participant. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan also allows for voluntary after-tax contributions.

Beginning in June 2022, the Company will provide a matching contribution for those participants who satisfy the eligibility requirements (excludes union and leased employees, nonresident aliens and physicians). Participants who are eligible can receive up to 100% of the amount they contributed to the Plan for each payroll up to the first 6% of compensation. Company matching contributions were \$54,093 for the year ended December 31, 2022 and \$-0- for all years prior.

The Company may, at its discretion, elect to make a nonelective contribution to the Plan. Company nonelective contributions were \$55,313 for the year ending December 31, 2022 and \$-0- for all years prior.

Participants may also contribute amounts representing distributions from other qualified retirement plans (rollovers) Participants direct the investment of contributions into various investment options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

Each participant's account is credited with the participant's contributions and Company contributions, and allocations of Plan earnings or losses. Participant accounts are charged with an allocation of administrative expenses paid by the Plan. Allocations of Company contributions, investment income (loss), and administrative expenses are based on

**KOOTENAI CLINIC 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 - 2015 (AUDITED) AND 2014 (UNAUDITED)**

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Participant Accounts (continued)

participants' compensation 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 accounts.

Investment Options

Participants may direct their contributions into any of the funds offered by the Plan, which are currently held at Fidelity. These funds include a variety of investment options with various objectives and degrees of financial risk. Prior to April 2015, T. Rowe Price Trust Company held the Plan's investments.

Vesting

Participants are immediately vested in their deferral and rollover contributions, including the earnings on those amounts. Vesting in discretionary Company contributions is based on years of continuous service. Participants are fully vested in such contributions upon the completion of six years of service. Participants are also fully vested upon reaching their normal retirement age, disability, or death.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The notes are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

Upon termination of service due to death, disability, or retirement, a participant may elect to receive the value of the vested interest in their account in the form of a lump sum distribution or installments. The Plan allows for in-service distributions if a participant reaches age 59½ and hardship distributions subject to Plan provisions. If a participant terminates employment and the participant's account balance does not exceed \$1,000, the Plan administrator will authorize the benefit payment without the participant's consent. If the balance of the terminated participant's account is between \$1,000 and \$5,000, the Plan Sponsor may authorize that the benefit payment be rolled into an individual retirement account in the participant's name.

Forfeited Accounts

Forfeited nonvested accounts can be used to pay administrative expenses and to reduce future Company contributions. Forfeited nonvested accounts as of December 31, 2022 totaled \$32,545 and as of December 31, 2021 – 2014 they totaled \$-0-. There were no forfeitures used to pay administrative expenses or reduce Company contributions for the years ended December 31, 2022 - 2015.

**KOOTENAI CLINIC 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 - 2015 (AUDITED) AND 2014 (UNAUDITED)**

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 accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on the 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.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded on the accrual basis. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

Payment of Benefits

Benefits to participants are recorded when paid.

Plan Expenses

Certain expenses of maintaining the Plan are paid directly by the Company. Fees related to the administration of notes receivable from participants and distributions are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation (depreciation) in fair value of investments.

Subsequent Events

Subsequent events were evaluated through May 19, 2025, the date the financial statements were available to be issued.

**KOOTENAI CLINIC 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 - 2015 (AUDITED) AND 2014 (UNAUDITED)**

NOTE 3 CERTIFICATIONS BY THE QUALIFIED INSTITUTIONS

Fidelity Management Trust Company, the qualified institution of the Plan, has supplied the Plan administrator with certifications as to the completeness and accuracy of all investment information and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2022 - 2015, the statements of changes in net assets available for benefits for the years ended December 31, 2022 - 2015 and the supplemental schedules of assets (held at end of year) as of December 31, 2022 - 2015. T. Rowe Price Trust Company, a qualified institution of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of all investment information and notes receivable from participants reflected on the accompanying statement of net assets available for benefits as of December 31, 2014 and the statement of changes in net assets available for benefits for the period from January 1 through April 1, 2015.

NOTE 4 FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

KOOTENAI CLINIC 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 - 2015 (AUDITED) AND 2014 (UNAUDITED)

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

Short-Term Funds – Valued at the daily closing price as reported by the fund. The short-term investments represent interest-bearing cash.

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

Self-Directed Brokerage Accounts – Consist of interest-bearing cash and mutual funds and are invested at the direction of the participant. These are valued as described above.

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

2022 (Audited)				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 23,280,807	\$ -	\$ -	\$ 23,280,807
Self-Directed Brokerage Accounts	364,965	-	-	364,965
Total Investments at Fair Value	<u>\$ 23,645,772</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 23,645,772</u>
2021 (Audited)				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 27,832,257	\$ -	\$ -	\$ 27,832,257
Self-Directed Brokerage Accounts	186,305	-	-	186,305
Total Investments at Fair Value	<u>\$ 28,018,562</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 28,018,562</u>
2020 (Audited)				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 23,656,064	\$ -	\$ -	\$ 23,656,064
Self-Directed Brokerage Accounts	44,010	-	-	44,010
Total Investments at Fair Value	<u>\$ 23,700,074</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 23,700,074</u>
2019 (Audited)				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 17,368,075	\$ -	\$ -	\$ 17,368,075

KOOTENAI CLINIC 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 - 2015 (AUDITED) AND 2014 (UNAUDITED)

NOTE 4 FAIR VALUE OF INVESTMENTS (CONTINUED)

2018 (Audited)				
	Level 1	Level 2	Level 3	Total
Mutual Funds	<u>\$ 12,263,596</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 12,263,596</u>
2017 (Audited)				
	Level 1	Level 2	Level 3	Total
Mutual Funds	<u>\$ 10,364,894</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 10,364,894</u>
2016 (Audited)				
	Level 1	Level 2	Level 3	Total
Mutual Funds	<u>\$ 6,831,851</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 6,831,851</u>
2015 (Audited)				
	Level 1	Level 2	Level 3	Total
Short-Term Funds	\$ 105,719	\$ -	\$ -	\$ 105,719
Mutual Funds	4,684,070	-	-	4,684,070
Total Investments at Fair Value	<u>\$ 4,789,789</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 4,789,789</u>
2014 (Unaudited)				
	Level 1	Level 2	Level 3	Total
Short-Term Funds	\$ 63,332	\$ -	\$ -	\$ 63,332
Mutual Funds	3,865,833	-	-	3,865,833
Self-Directed Brokerage Accounts	10,834	-	-	10,834
Total Investments at Fair Value	<u>\$ 3,939,999</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 3,939,999</u>

NOTE 5 GUARANTEED INVESTMENT CONTRACT

The Plan has a benefit-responsive guaranteed investment contract with New York Life Insurance Company (the Insurance Company). The Insurance Company maintains the contributions in a general account. The account was credited with earnings on the underlying investments and was charged for participant withdrawals and administrative expenses. New York Life Insurance Company is contractually obligated to repay the principal and a specified interest rate that was guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 1%. The crediting rate is reviewed on a quarterly basis for resetting. The guaranteed investment contract does not permit the Insurance Company to terminate the agreement prior to the scheduled maturity date.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

KOOTENAI CLINIC 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 - 2015 (AUDITED) AND 2014 (UNAUDITED)

NOTE 5 GUARANTEED INVESTMENT CONTRACT (CONTINUED)

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

The guaranteed investment contract does not permit the Insurance Company to terminate the agreement prior to the schedule maturity date.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include: (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, and (4) a material amendment to the agreement without the consent of the issuer.

NOTE 6 RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the 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.

NOTE 7 PLAN TERMINATION

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

KOOTENAI CLINIC 403(B) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 - 2015 (AUDITED) AND 2014 (UNAUDITED)

NOTE 8 PLAN TAX STATUS

The Plan is placing reliance on an opinion letter from the IRS on the prototype plan indicating that the Plan is designed in accordance with the applicable section of the IRC. The Plan has been amended since receiving the opinion letter. However, the Plan administrator believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 9 PARTY-IN-INTEREST TRANSACTIONS

T. Rowe Price Trust Company and Fidelity Management Trust Company are the qualified institutions as defined by the Plan, and, therefore, the investment transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 10 NONEXEMPT TRANSACTIONS

The Company failed to remit employee 401(k) deferral contributions and loan repayments for certain payroll periods within the timeframe prescribed by the Department of Labor. These are deemed prohibited transactions in accordance with ERISA and the IRC. The Company is intending to correct the prohibited transactions.

KOOTENAI CLINIC 403(B) PLAN
E.I.N. 45-4069155 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2022 (AUDITED)

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost**	Current Value
		<u>Mutual Funds:</u>		
	American Funds	EuroPacific Growth Fund R6		\$ 604,754
	Conestoga	Small Cap Fund		361,442
	Fidelity	Emerging Markets Index Fund		205,273
	Franklin	Small Cap Value Fund R6		429,344
	MFS	Massachusetts Investors Growth Stock Fund R6		482,225
	MFS	Value Fund R6		999,334
	PGIM	High Yield Fund Z		43,215
	PGIM	Total Return Bond Z Fund		522,419
	T. Rowe Price	Capital Appreciation Fund		1,120,427
	T. Rowe Price	Retirement 2005 Fund		60,336
	T. Rowe Price	Retirement 2015 Fund		1,313,328
	T. Rowe Price	Retirement 2020 Fund		518,791
	T. Rowe Price	Retirement 2025 Fund		1,087,294
	T. Rowe Price	Retirement 2030 Fund		3,297,729
	T. Rowe Price	Retirement 2035 Fund		1,375,087
	T. Rowe Price	Retirement 2040 Fund		1,901,971
	T. Rowe Price	Retirement 2045 Fund		2,004,018
	T. Rowe Price	Retirement 2050 Fund		1,020,413
	T. Rowe Price	Retirement 2055 Fund		266,177
	T. Rowe Price	Retirement 2060 Fund		150,403
	T. Rowe Price	Retirement 2065 Fund		5,778
	Vanguard	Extended Market Index Admiral		779,716
	Vanguard	FTSE Social Index Fund Admiral		698,309
	Vanguard	Inflation-Protected Admiral		234,017
	Vanguard	Institutional Index Fund		3,556,528
	Vanguard	Real Estate Index Admiral		125,436
	Vanguard	Total International Stock Admiral		117,043
		Total Mutual Funds		<u>23,280,807</u>
		<u>Self-Directed Brokerage Accounts:</u>		
*	Fidelity	Brokeragelink		364,965
		<u>Fully Benefit-Responsive Investment Contract:</u>		
	New York Life	Insurance Contract		<u>571,065</u>
		Total		<u><u>\$ 24,216,837</u></u>

* Indicates party-in-interest

** Cost omitted for participant-directed accounts

KOOTENAI CLINIC 403(B) PLAN
E.I.N. 45-4069155 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021 (AUDITED)

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
		<u>Mutual Funds:</u>		
	American Funds	EuroPacific Growth Fund R6		\$ 683,206
	Conestoga	Small Cap Fund		581,493
	Franklin	Small Cap Value Fund R6		458,074
	Invesco	Developing Markets Fund R6		346,232
	MFS	Value Fund R6		783,515
	PGIM	High Yield Fund Z		190,150
	PGIM	Total Return Bond Z Fund		586,190
	T. Rowe Price	Capital Appreciation Fund		1,189,601
	T. Rowe Price	Growth Stock Fund		1,041,788
	T. Rowe Price	Retirement 2005 Fund		142,652
	T. Rowe Price	Retirement 2015 Fund		1,508,309
	T. Rowe Price	Retirement 2020 Fund		1,283,671
	T. Rowe Price	Retirement 2025 Fund		1,491,432
	T. Rowe Price	Retirement 2030 Fund		3,598,761
	T. Rowe Price	Retirement 2035 Fund		1,450,968
	T. Rowe Price	Retirement 2040 Fund		2,119,966
	T. Rowe Price	Retirement 2045 Fund		2,392,330
	T. Rowe Price	Retirement 2050 Fund		1,103,864
	T. Rowe Price	Retirement 2055 Fund		97,029
	T. Rowe Price	Retirement 2060 Fund		102,700
	Vanguard	Extended Market Index Admiral		1,152,705
	Vanguard	FTSE Social Index Fund Admiral		733,956
	Vanguard	Inflation-Protected Admiral		485,970
	Vanguard	Institutional Index Fund		3,800,832
	Vanguard	Real Estate Index Admiral		171,358
	Vanguard	Total International Stock Admiral		335,505
		Total Mutual Funds		<u>27,832,257</u>
		<u>Self-Directed Brokerage Accounts:</u>		
*	Fidelity	Brokeragelink		186,305
		<u>Fully Benefit-Responsive Investment Contract:</u>		
	New York Life	Insurance Contract		809,432
*	Participants	Participant Loans Rates of 5.75%	-	<u>20,616</u>
		Total		<u><u>\$ 28,848,610</u></u>
*	Party-in-Interest			
**	Cost Omitted for Participant-Directed Investments			

KOOTENAI CLINIC 403(B) PLAN
E.I.N. 45-4069155 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2020 (AUDITED)

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost**	Current Value
		<u>Mutual Funds:</u>		
	American Funds	EuroPacific Growth Fund R6		\$ 838,615
	Conestoga	Small Cap Fund		499,316
	Goldman Sachs	Small Cap Value Fund Inst		380,732
	Invesco	Developing Markets Fund R6		260,816
	MFS	Value Fund R6		682,513
	PGIM	High Yield Fund Z		120,473
	PGIM	Total Return Bond Z Fund		474,156
	T. Rowe Price	Capital Appreciation Fund		972,320
	T. Rowe Price	Growth Stock Fund		645,333
	T. Rowe Price	Retirement 2005 Fund		91,396
	T. Rowe Price	Retirement 2015 Fund		1,552,502
	T. Rowe Price	Retirement 2020 Fund		1,749,186
	T. Rowe Price	Retirement 2025 Fund		1,642,713
	T. Rowe Price	Retirement 2030 Fund		3,507,496
	T. Rowe Price	Retirement 2035 Fund		1,354,397
	T. Rowe Price	Retirement 2040 Fund		1,886,600
	T. Rowe Price	Retirement 2045 Fund		1,741,088
	T. Rowe Price	Retirement 2050 Fund		876,048
	T. Rowe Price	Retirement 2055 Fund		33,094
	T. Rowe Price	Retirement 2060 Fund		69,806
	Templeton	Global Bond Fund R6		13,618
	Vanguard	Extended Market Index Admiral		578,618
	Vanguard	FTSE Social Index Fund Admiral		359,943
	Vanguard	Inflation-Protected Admiral		499,928
	Vanguard	Institutional Index Fund		2,630,079
	Vanguard	Real Estate Index Admiral		195,278
		Total Mutual Funds		23,656,064
		<u>Self-Directed Brokerage Accounts:</u>		
*	Fidelity	Brokeragelink		44,010
		<u>Fully Benefit-Responsive Investment Contract:</u>		
	New York Life	Insurance Contract		1,172,667
*	Participants	Participant Loans		
		Rates from 4.25 - 5.75%	-	44,453
		Total		<u><u>\$ 24,917,194</u></u>
*	Party-in-Interest			
**	Cost Omitted for Participant-Directed Investments			

KOOTENAI CLINIC 403(B) PLAN
E.I.N. 45-4069155 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2019 (AUDITED)

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost**	Current Value
		<u>Mutual Funds:</u>		
	American Funds	EuroPacific Growth Fund R6		\$ 684,430
	Conestoga	Small Cap Fund		336,943
	Goldman Sachs	Small Cap Value Fund Inst		342,683
	Invesco	Developing Markets Fund Y		139,538
	MFS	Value Fund R4		526,304
	PGIM	Total Return Bond Z Fund		709,837
	PGIM	High Yield Fund Z		191,628
	T. Rowe Price	Retirement 2050 Fund		467,272
	T. Rowe Price	Retirement 2005 Fund		51,838
	T. Rowe Price	Retirement 2040 Fund		1,713,109
	T. Rowe Price	Retirement 2030 Fund		1,693,156
	T. Rowe Price	Retirement 2020 Fund		1,659,707
	T. Rowe Price	Retirement 2025 Fund		1,518,855
	T. Rowe Price	Retirement 2015 Fund		1,319,584
	T. Rowe Price	Retirement 2045 Fund		1,286,483
	T. Rowe Price	Retirement 2035 Fund		1,003,514
	T. Rowe Price	Capital Appreciation Fund		605,921
	T. Rowe Price	Growth Stock Fund		375,298
	T. Rowe Price	Retirement 2010 Fund		75,749
	T. Rowe Price	Retirement 2060 Fund		38,656
	T. Rowe Price	Retirement 2055 Fund		23,119
	Templeton	Global Bond Fund		6,146
	Vanguard	500 Index Fund Admiral		1,827,489
	Vanguard	Extended Market Index Admiral		294,308
	Vanguard	Real Estate Index Admiral		195,642
	Vanguard	Inflation-Protected Admiral		174,366
	Vanguard	FTSE Social Index Fund Admiral		106,500
		Total Mutual Funds		17,368,075
		<u>Fully Benefit-Responsive Investment Contract:</u>		
	New York Life	Insurance Contract		830,265
*	Participants	Participant Loans		
		Rates from 4.25% to 4.50%	-	31,588
		Total		<u><u>\$ 18,229,928</u></u>
*	Party-in-Interest			
**	Cost Omitted for Participant-Directed Investments			

KOOTENAI CLINIC 403(B) PLAN
E.I.N. 45-4069155 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2018 (AUDITED)

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost**	Current Value
		<u>Mutual Funds:</u>		
	Allspring	Small Company Growth Admin		\$ 220,095
	American Funds	EuroPacific Growth Fund R6		483,505
	Goldman Sachs	Small Cap Value Fund Inst		239,739
	Invesco	Developing Markets Fund Y		86,068
	MFS	Value Fund R4		344,414
	PGIM	High Yield Fund Z		45,986
	PGIM	Total Return Bond Z Fund		577,710
	T. Rowe Price	Capital Appreciation Fund		359,352
	T. Rowe Price	Growth Stock Fund		493,677
	T. Rowe Price	Retirement 2015 Fund		1,290,552
	T. Rowe Price	Retirement 2020 Fund		1,456,579
	T. Rowe Price	Retirement 2025 Fund		1,138,459
	T. Rowe Price	Retirement 2030 Fund		1,042,779
	T. Rowe Price	Retirement 2035 Fund		712,380
	T. Rowe Price	Retirement 2040 Fund		1,174,910
	T. Rowe Price	Retirement 2045 Fund		745,474
	T. Rowe Price	Retirement 2050 Fund		225,396
	T. Rowe Price	Retirement 2055 Fund		29,828
	T. Rowe Price	Retirement 2060 Fund		14,315
	Templeton	Global Bond Fund		3,829
	Vanguard	500 Index Fund Admiral		1,196,274
	Vanguard	Extended Market Index Admiral		195,771
	Vanguard	Inflation-Protected Admiral		83,420
	Vanguard	Real Estate Index Admiral		103,084
		Total Mutual Funds		<u>12,263,596</u>
		<u>Fully Benefit-Responsive Investment Contract:</u>		
	New York Life	Insurance Contract		265,498
*	Participants	Participant Loans		
		Rates from 4.25% to 4.50%	-	<u>40,186</u>
		Total		<u><u>\$ 12,569,280</u></u>
*	Party-in-Interest			
**	Cost Omitted for Participant-Directed Investments			

KOOTENAI CLINIC 403(B) PLAN
E.I.N. 45-4069155 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2017 (AUDITED)

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost**	Current Value
		<u>Mutual Funds:</u>		
	Allspring	Small Company Growth Admin		\$ 170,531
	American Funds	EuroPacific Growth Fund R6		424,454
	Goldman Sachs	Small Cap Value Fund Inst		232,173
	Invesco	Developing Markets Fund Y		67,155
	MFS	Value Fund R4		322,889
	PGIM	Total Return Bond Z Fund		454,301
	PGIM	High Yield Fund Z		30,274
	T. Rowe Price	Retirement 2020 Fund		1,434,892
	T. Rowe Price	Retirement 2040 Fund		1,185,079
	T. Rowe Price	Retirement 2025 Fund		1,148,115
	T. Rowe Price	Retirement 2030 Fund		975,553
	T. Rowe Price	Retirement 2035 Fund		647,551
	T. Rowe Price	Retirement 2015 Fund		602,187
	T. Rowe Price	Retirement 2045 Fund		581,700
	T. Rowe Price	Growth Stock Fund		452,090
	T. Rowe Price	Capital Appreciation Fund		292,954
	T. Rowe Price	Retirement 2050 Fund		141,555
	T. Rowe Price	Retirement 2055 Fund		32,288
	Vanguard	500 Index Fund Admiral		922,019
	Vanguard	Extended Market Index Admiral		135,596
	Vanguard	Real Estate Index Admiral		77,044
	Vanguard	Inflation-Protected Admiral		34,494
		Total Mutual Funds		<u>10,364,894</u>
		<u>Fully Benefit-Responsive Investment Contract:</u>		
	New York Life	Insurance Contract		46,799
*	Participants	Participant Loans		
		Rates from 4.25% to 4.50%	-	<u>52,506</u>
		Total		<u><u>\$ 10,464,199</u></u>
*	Party-in-Interest			
**	Cost Omitted for Participant-Directed Investments			

KOOTENAI CLINIC 403(B) PLAN
E.I.N. 45-4069155 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2016 (AUDITED)

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost**	Current Value
		<u>Mutual Funds:</u>		
	Allspring	Small Company Growth Admin		\$ 109,973
	American Funds	EuroPacific Growth Fund R6		292,163
	Goldman Sachs	Small Cap Value Fund Inst		189,790
	Invesco	Developing Markets Fund Y		27,165
	MFS	Value Fund R4		233,086
	PGIM	High Yield Fund Z		20,860
	PGIM	Total Return Bond Z Fund		351,962
	T. Rowe Price	Capital Appreciation Fund		237,697
	T. Rowe Price	Growth Stock Fund		230,074
	T. Rowe Price	Retirement 2015 Fund		465,797
	T. Rowe Price	Retirement 2020 Fund		1,189,083
	T. Rowe Price	Retirement 2025 Fund		825,723
	T. Rowe Price	Retirement 2030 Fund		418,257
	T. Rowe Price	Retirement 2035 Fund		441,238
	T. Rowe Price	Retirement 2040 Fund		638,294
	T. Rowe Price	Retirement 2045 Fund		314,659
	T. Rowe Price	Retirement 2050 Fund		79,165
	T. Rowe Price	Retirement 2055 Fund		26,395
	Vanguard	500 Index Fund Admiral		602,571
	Vanguard	Extended Market Index Admiral		68,246
	Vanguard	Inflation-Protected Admiral		22,369
	Vanguard	Inflation-Protected Admiral		47,284
		Total Mutual Funds		6,831,851
		<u>Fully Benefit-Responsive Investment Contract:</u>		
	New York Life	Insurance Contract		45,511
*	Participants	Participant Loans		
		Rates from 4.25% to 4.50%		75,499
		Total		<u>\$ 6,952,861</u>
*	Party-in-Interest			
**	Cost Omitted for Participant-Directed Investments			

KOOTENAI CLINIC 403(B) PLAN
E.I.N. 45-4069155 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2015 (AUDITED)

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost**	Current Value
		<u>Short-Term</u>		
*	Fidelity	Money Market Trust-Retirement Government II	\$	105,719
		<u>Mutual Funds:</u>		
	Allspring	Small Company Growth Admin		70,632
	American Funds	EuroPacific Growth Fund R6		226,308
	Goldman Sachs	Small Cap Value Fund Inst		90,270
	Invesco	Developing Markets Fund Y		9,431
	PGIM	Total Return Bond Z Fund		241,357
*	T. Rowe Price	Capital Appreciation Adv		94,592
*	T. Rowe Price	Equity Income Fund		133,270
*	T. Rowe Price	Growth Stock Fund		263,199
*	T. Rowe Price	Retirement 2015 Fund		395,117
*	T. Rowe Price	Retirement 2020 Fund		853,959
*	T. Rowe Price	Retirement 2025 Fund		478,120
*	T. Rowe Price	Retirement 2030 Fund		272,869
*	T. Rowe Price	Retirement 2035 Fund		301,996
*	T. Rowe Price	Retirement 2040 Fund		456,980
*	T. Rowe Price	Retirement 2045 Fund		176,458
*	T. Rowe Price	Retirement 2050 Fund		44,569
*	T. Rowe Price	Retirement 2055 Fund		24,477
*	T. Rowe Price	Retirement Balanced Fund		1,376
	TCW	MetWest High Yield Bond M		12,152
	Vanguard	500 Index Fund Admiral		449,955
	Vanguard	Extended Market Index Admiral		53,489
	Vanguard	Inflation-Protected Admiral		11,745
	Vanguard	Real Estate Index Admiral		21,749
		Total Mutual Funds		4,684,070
*	Participants	Participant Loans Rates of 4.25%		79,861
		Total	\$	4,869,650
*	Party-in-Interest			
**	Cost Omitted for Participant-Directed Investments			

KOOTENAI CLINIC 403(B) PLAN
E.I.N. 45-4069155 PLAN NO. 001
SCHEDULE H, LINE 4a—SCHEDULE OF DELINQUENT CONTRIBUTIONS
YEARS ENDED DECEMBER 31, 2022 – 2015 (AUDITED)

Year	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2022	Check here if Late Participant Loan Repayments are Included ☒ Yes	\$ 2,725,080	\$ -	\$ -	\$ -
2021	Check here if Late Participant Loan Repayments are Included ☒ Yes	\$ 2,145,167	\$ -	\$ -	\$ -
2020	Check here if Late Participant Loan Repayments are Included ☒ Yes	\$ 1,633,313	\$ -	\$ -	\$ -
2019	Check here if Late Participant Loan Repayments are Included ☒ Yes	\$ 1,303,620	\$ -	\$ -	\$ -
2018	Check here if Late Participant Loan Repayments are Included ☒ Yes	\$ 891,632	\$ -	\$ -	\$ -
2017	Check here if Late Participant Loan Repayments are Included ☒ Yes	\$ 653,120	\$ -	\$ -	\$ -
2016	Check here if Late Participant Loan Repayments are Included ☒ Yes	\$ 500,574	\$ -	\$ -	\$ -
2015	Check here if Late Participant Loan Repayments are Included ☒ Yes	\$ 293,663	\$ -	\$ -	\$ -

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2022****This Form Is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

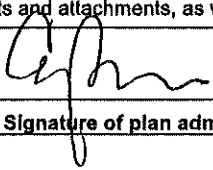
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ☐
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☒ the DFVC program
☐ special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan Kootenai Clinic 403(b) Plan	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 11/01/2012
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) Kootenai Clinic, LLC 2003 Kootenai Health Way Coeur d Alene ID 83814	2b Employer Identification Number (EIN) 45-4069155 2c Plan Sponsor's telephone number 208-625-4620 2d Business code (see instructions) 622000

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		<u>08.20.2025</u>	Cyndy Donato
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	244
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)	197
a(2) Total number of active participants at the end of the plan year		6a(2)	211
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits		6c	35
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	246
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	246
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	205
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2G 2M 2T 3D 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

KOOTENAI CLINIC 403(B) PLAN
E.I.N. 45-4069155 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2022 (AUDITED)

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost**	Current Value
		<u>Mutual Funds:</u>		
	American Funds	EuroPacific Growth Fund R6		\$ 604,754
	Conestoga	Small Cap Fund		361,442
	Fidelity	Emerging Markets Index Fund		205,273
	Franklin	Small Cap Value Fund R6		429,344
	MFS	Massachusetts Investors Growth Stock Fund R6		482,225
	MFS	Value Fund R6		999,334
	PGIM	High Yield Fund Z		43,215
	PGIM	Total Return Bond Z Fund		522,419
	T. Rowe Price	Capital Appreciation Fund		1,120,427
	T. Rowe Price	Retirement 2005 Fund		60,336
	T. Rowe Price	Retirement 2015 Fund		1,313,328
	T. Rowe Price	Retirement 2020 Fund		518,791
	T. Rowe Price	Retirement 2025 Fund		1,087,294
	T. Rowe Price	Retirement 2030 Fund		3,297,729
	T. Rowe Price	Retirement 2035 Fund		1,375,087
	T. Rowe Price	Retirement 2040 Fund		1,901,971
	T. Rowe Price	Retirement 2045 Fund		2,004,018
	T. Rowe Price	Retirement 2050 Fund		1,020,413
	T. Rowe Price	Retirement 2055 Fund		266,177
	T. Rowe Price	Retirement 2060 Fund		150,403
	T. Rowe Price	Retirement 2065 Fund		5,778
	Vanguard	Extended Market Index Admiral		779,716
	Vanguard	FTSE Social Index Fund Admiral		698,309
	Vanguard	Inflation-Protected Admiral		234,017
	Vanguard	Institutional Index Fund		3,556,528
	Vanguard	Real Estate Index Admiral		125,436
	Vanguard	Total International Stock Admiral		117,043
		Total Mutual Funds		<u>23,280,807</u>
		<u>Self-Directed Brokerage Accounts:</u>		
*	Fidelity	Brokeragelink		364,965
		<u>Fully Benefit-Responsive Investment Contract:</u>		
	New York Life	Insurance Contract		<u>571,065</u>
		Total		<u><u>\$ 24,216,837</u></u>

* Indicates party-in-interest

** Cost omitted for participant-directed accounts