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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] 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:
- [X] 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
OTOLARYNGOLOGY ASSOCIATES LLC, 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan
01/17/1996

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
OTOLARYNGOLOGY ASSOCIATES, LLC

10201 N. ILLINOIS ST.
SUITE 110
CARMEL, IN 46290

2b Employer Identification Number (EIN)
35-1966829

2c Plan Sponsor's telephone number
317-819-2812

2d Business code (see instructions)
621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	JOHN D. COMPTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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**	236
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)**	206
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	159
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	28
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	187
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	187
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	142
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	162
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2A 2S 2E 3D 2G 2J 2K 2F 2T

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) [X] 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) [X] 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) [X] **R** (Retirement Plan Information)
(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
(4) [ ] **DCG** (Individual Plan Information) – Number Attached ______
(5) [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) [X] **H** (Financial Information)
(2) [ ] **I** (Financial Information – Small Plan)
(3) [ ] **A** (Insurance Information) – Number Attached ______
(4) [X] **C** (Service Provider Information)
(5) [X] **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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code______________________

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan
OTOLARYNGOLOGY ASSOCIATES LLC, 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OTOLARYNGOLOGY ASSOCIATES, LLC

D Employer Identification Number (EIN)
35-1966829

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] 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

THE VANGUARD GROUP

23-1945930

(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)

THE VANGUARD GROUP, INC.

23-1945930

(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 99 15 64 50 52 68	NONE	16647	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan
OTOLARYNGOLOGY ASSOCIATES LLC, 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
OTOLARYNGOLOGY ASSOCIATES, LLC

D Employer Identification Number (EIN)
35-1966829

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

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO STABLE VALUE RETIREMENT CL1

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

c EIN-PN 27-3868124-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2271796

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2024** **This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan
OTOLARYNGOLOGY ASSOCIATES LLC, 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OTOLARYNGOLOGY ASSOCIATES, LLC

D Employer Identification Number (EIN)
35-1966829

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	50	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	750247	500357
(2) Participant contributions	1b(2)	3826	0
(3) Other	1b(3)	13120	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2668	512983
(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)	189885	164035
(9) Value of interest in common/collective trusts	1c(9)	2561011	2271796
(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)	38749368	44367969
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	42270175	47817140
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 through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	42270175	47817140

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)	979838	
(B) Participants	2a(1)(B)	898708	
(C) Others (including rollovers)	2a(1)(C)	494567	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2373113
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	27906	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	12272	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		40178
(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)	1693266	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1693266
(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)		64959
(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)		3675273
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		7846789

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2283177	
(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)		2283177
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	16647	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		16647
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2299824

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		5546965
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) [X] 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) [X] 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: L.M. HENDERSON & COMPANY, LLP **(2)** EIN: 20-5520612

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

	During the plan year:		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**	X		32289
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		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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 [X] 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)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan
OTOLARYNGOLOGY ASSOCIATES LLC, 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
OTOLARYNGOLOGY ASSOCIATES, LLC

D Employer Identification Number (EIN)
35-1966829

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): 45-0404698 94-1687665

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**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _______% Private Equity: _______% Investment-Grade Debt and Interest Rate Hedging Assets: _______%
High-Yield Debt: _______% Real Assets: _______% Cash or Cash Equivalents: _______% Other: _______%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.______________________________

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703678A .

Otolaryngology Associates, LLC, 401(k) Plan

FINANCIAL STATEMENTS

Years Ended December 31, 2024 and December 31, 2023

L | M | H

L. M. HENDERSON & COMPANY LLP
CERTIFIED PUBLIC ACCOUNTANTS / ADVISORS

Otolaryngology Associates, LLC, 401(k) Plan

Table of Contents
December 31, 2024 and December 31, 2023

NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

L | M | H

L. M. HENDERSON & COMPANY LLP
CERTIFIED PUBLIC ACCOUNTANTS / ADVISORS

"Serving Our Clients Since 1948"

James J. Cline, Jr.
Jason L. Confer
Jude A. Thompson
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Independent Auditor's Report

To the Board of Trustees of
Otolaryngology Associates, LLC, 401(k) Plan

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

We have performed audits of the accompanying financial statements of Otolaryngology Associates, LLC, 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and December 31, 2023, 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 Otolaryngology Associates, LLC, 401(k) 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 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 Ascensus Trust Company and Newport Trust Company, LLC as of December 31, 2024 and for the period from February 1, 2024 to December 31, 2024, and Bank of America, N.A. as of December 31, 2023 and for the period from January 1, 2023 to January 31, 2024 stating that the certified investment information, as described in the notes to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Otolaryngology Associates, LLC, 401(k) Plan to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Otolaryngology Associates, LLC, 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audits in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Otolaryngology Associates, LLC, 401(k) 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 Otolaryngology Associates, LLC, 401(k) 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 audits, significant findings, and certain internal control-related matters that we identified during the audits.

Supplemental Schedules Required by ERISA

The supplemental schedules are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

L.M. Henderson & Company, L.L.P.

Certified Public Accountants
Indianapolis, Indiana

October 10, 2025

Otolaryngology Associates, LLC, 401(k) Plan

Statements of Net Assets Available for Benefits

at December 31, 2024 and December 31, 2023

	December 31, 2024	December 31, 2023
ASSETS:		
Investments at fair value	$ 47,152,748	$ 41,310,379
Total investments	47,152,748	41,310,379
Receivables:		
Employee contribution	-	3,826
Employer contribution	500,357	750,247
Notes receivable from participants	164,035	189,885
Revenue sharing receivable	-	13,120
Accrued income receivable	-	2,718
Total receivables	664,392	959,796
Total assets	47,817,140	42,270,175
NET ASSETS AVAILABLE FOR BENEFITS	$ 47,817,140	$ 42,270,175

See Notes to Financial Statements.

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and December 31, 2023

	Year Ended December 31, 2024	Year Ended December 31, 2023
ADDITIONS:		
Investment income:		
Net appreciation in fair value of investments	$ 3,740,232	$ 5,036,430
Interest, dividends, and capital gains	1,721,172	1,544,498
Total investment income	5,461,404	6,580,928
Interest income on notes receivable from participants	12,272	12,401
Contributions:		
Employee contributions	898,708	862,417
Employer contributions, net of forfeitures	979,838	1,119,299
Rollover contributions	494,567	-
Total contributions	2,373,113	1,981,716
Total additions	7,846,789	8,575,045
DEDUCTIONS:		
Benefits paid to participants	2,283,177	4,134,190
Deemed distributions of participant loans	-	2,527
Administrative expenses	16,647	1,153
Total deductions	2,299,824	4,137,870
NET INCREASE	5,546,965	4,437,175
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	42,270,175	37,833,000
End of year	$ 47,817,140	$ 42,270,175

See Notes to Financial Statements.

Notes to Financial Statements

December 31, 2024 and December 31, 2023

Note 1: PLAN DESCRIPTION

The following description of Otolaryngology Associates, LLC, 401(k) Plan (the Plan), is provided for general information purposes only. More complete information regarding the Plan's provisions may be found in the Summary Plan Description.

General: The Plan is a defined contribution plan covering substantially all employees for Otolaryngology Associates, LLC (Plan sponsor) who have attained age 18 and have completed one year of service, are not covered under a collective bargaining agreement, are not nonresident aliens, as defined, and are not leased employees, as defined. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions: Once an employee has one year of service, they can participate in the Plan with Pretax and Roth contributions. Any participant who is age 50 by the end of the Plan year may contribute additional "catch-up" contributions. Participants may also contribute, in the form of a direct rollover, amounts representing distributions from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Plan sponsor contributes a safe harbor matching contribution equal to 100% of the amount of the participant's elective deferrals that do not exceed 3% of the participant's compensation, plus 50% of the amount of the participant's elective deferrals that exceed 3% of the participant's compensation but do not exceed 5% of the participant's compensation. For the years ended December 31, 2024 and December 31, 2023, the Plan sponsor made nonelective profit-sharing contributions for all eligible employees. The Plan sponsor contributions are invested in a manner that is consistent with participant contributions. All contributions are subject to certain limitations.

The Plan follows Financial Accounting Standards Board's (FASB) Accounting Standards Codification (ASC) Topic 326, *Financial Instruments – Credit Losses*. The standard requires recognition of an allowance that reflects a current estimate of credit losses expected to be incurred over the life of the asset. As of December 31, 2024 and December 31, 2023, there were no allowances for uncollectible receivables for either year end.

Participant Accounts: Each participant's account is credited with the participant's contribution, the Plan sponsor's safe harbor matching contribution and allocation of the Plan sponsor's profit-sharing contribution, if any, Plan earnings and certain administrative expenses. Allocations are based on participant earnings or contributions or account balances, as defined. The benefit to which a participant is entitled is the vested benefit that can be provided from the participant's vested account. Investment revenue sharing of $17,267 and $52,534 was allocated to Plan participants during 2024 and 2023, respectively, see also Note 8.

Vesting: Participants are immediately vested in their 401(k), safe harbor matching and rollover contributions plus actual earnings thereon. Vesting in profit sharing contributions is based on years of credited service. A participant is 100% vested after six years of credited service.

Investment Options: Upon enrollment in the Plan, participants direct the investment of their contributions into a variety of investment options, as more fully described in the Plan's literature. Participants may change their investment options at any time.

Payment of Benefits: Upon termination of service, a participant may elect to receive the value of the vested portion of their account either as a lump-sum amount or installment payments. In addition, participants may make withdrawals upon reaching a normal retirement age of 65, early retirement age of 59½ or by determination that a financial hardship, as defined, has been incurred. A participant is entitled to a distribution of 100% of his or her account balance upon retirement, death, or disability.

Note 1: PLAN DESCRIPTION (continued)

Notes Receivable from Participants: Active participants may borrow from their accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their vested account balance, whichever is less. Notes receivable terms generally range from one to five years, unless the note qualifies as a home purchase, as defined. The loans are secured by the balance in the participant's account and bear interest at a reasonable rate commensurate with local prevailing rates as determined by the Plan administrator. At December 31, 2024 and December 31, 2023, interest rates ranged from 4.25% to 9.50%. Principal and interest are paid through payroll deduction.

Forfeited Accounts: At December 31, 2024 and December 31, 2023, remaining forfeited non-vested accounts totaled $-0- and $9,221, respectively. These accounts can be used to reduce future employer matching contributions or for the payment of Plan expenses. During December 31, 2024 and December 31, 2023, $82,721 and $1,300 were used to reduce employer contributions, respectively.

Plan Termination: Although it has not expressed any intent to do so, the Plan sponsor has the right to terminate the Plan subject to the provisions of ERISA. In the event of a Plan termination, participants will become 100% vested in their accounts.

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Significant accounting policies followed by the Plan are listed below:

Basis of Accounting: The accompanying financial statements 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, and actual results may differ from these estimates.

Investment Valuation and Income Recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The Plan Trustee determines the Plan's valuation policies utilizing information provided by the investment Trustee. See Note 4 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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

Payment of Benefits: Benefits are recorded when paid.

Notes to Financial Statements
December 31, 2024 and December 31, 2023

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Administrative Expenses: During the year ended December 31, 2024 and December 31, 2023, the administrative expenses were paid solely by the Plan.

Note 3: INVESTMENTS

The following information included in the accompanying financial statements and supplementary information was obtained from data that has been certified as complete and accurate by Ascensus Trust Company and Newport Trust Company, LLC at December 31, 2024 and December 31, 2023, in accordance with Section 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

	December 31, 2024	December 31, 2023
Investments, at fair value:		
Mutual funds/ETFs	$ 44,367,969	$ 38,749,368
Money market fund	512,983	-
Common collective trust funds	2,271,796	2,561,011
Total	$ 47,152,748	$ 41,310,379

During the years ended December 31, 2024 and December 31, 2023, the Plan's investments (including investments bought, sold, and held during the year) appreciated by $3,740,232 and $5,036,430, respectively.

Interest and dividends reported by the Trustee for the years ended December 31, 2024 and December 31, 2023 were $1,721,172 and $1,544,498, respectively. Interest income from notes receivable from participants reported by the Trustee for the years ended December 31, 2024 and December 31, 2023 was $12,272 and $12,401, respectively.

Note 4: FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurements,* establishes a framework for measuring fair value. The framework 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Notes to Financial Statements

December 31, 2024 and December 31, 2023

Note 4: FAIR VALUE MEASUREMENTS (continued)

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 assets or liabilities;
- Inputs that are derived principally from or corroborated by observable market data by correlation of other means.

If the assets or liabilities has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the assets or liabilities.

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

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

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2024 and December 31, 2023.

Mutual funds/Money market fund/ETFs: The fair values of these investments are determined by obtaining quoted prices on nationally recognized securities exchanges (level 1 inputs).

Common collective trust fund: The fair values are based on the net asset value (NAV) of units of the common collective trust. The NAV, as provided by the Trustee, is used as a practical expedient to estimating fair value. The NAV is based upon the fair value of the underlying investments comprising the Trust less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

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

Notes to Financial Statements
December 31, 2024 and December 31, 2023

Note 4: FAIR VALUE MEASUREMENTS (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and December 31, 2023:

	Fair Value Measurements at Reporting Date			
	Level 1	Level 2	Level 3	Total
December 31, 2024				
Investments:				
Mutual funds/ETFs	$ 44,367,969	$ -	$ -	$ 44,367,969
Money market fund	512,983	-		512,983
Total assets in the fair value hierarchy	44,880,952	-	-	44,880,952
Investments measured at net asset value*:				
Common collective trust fund	-	-	-	2,271,796
Total assets at fair value	$ 44,880,952	$ -	$ -	$ 47,152,748

	Fair Value Measurements at Reporting Date			
	Level 1	Level 2	Level 3	Total
December 31, 2023				
Investments:				
Mutual funds/ETFs	$ 38,749,368	$ -	$ -	$ 38,749,368
Total assets in the fair value hierarchy	38,749,368	-	-	38,749,368
Investments measured at net asset value*:				
Common collective trust funds	-	-	-	2,561,011
Total assets at fair value	$ 38,749,368	$ -	$ -	$ 41,310,379

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

Investments Measured Using The Net Asset Value Per Share Practical Expedient

For investments in certain entities that calculate the NAV per share as the investment's fair value measurement, the following table provides an overview, by major category, of the nature and risks associated with such investments as well as whether it is probable those investments are being sold at amounts different from their reported net asset value per share based on redemption restrictions, if any, as of December 31, 2024 and December 31, 2023.

Notes to Financial Statements
December 31, 2024 and December 31, 2023

Note 4: FAIR VALUE MEASUREMENTS (continued)

Investment Category	Fair Value 2024	Fair Value 2023	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Period Notice
Common collective trust:					
Fixed income trusts [1]	$ 2,271,796	$ 2,561,011	$ -	Daily	None

[1]... Invesco Fixed Income's stable value product is a fixed income strategy that is designed to provide daily liquidity and principal preservation. Stable value returns are generated by actively managing a diversified portfolio of investment grade, fixed, and floating-rate securities. The fund uses a building block approach to portfolio construction by investing in a series of commingled fixed income portfolios to build each stable value portfolio.

Changes in Fair Value Levels

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period.

We evaluate the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2024 and December 31, 2023, there were no transfers in or out of Levels 2 or 3.

Note 5: TAX STATUS

In a letter dated March 31, 2008, the Internal Revenue Service has determined and informed that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

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 (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and December 31, 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan is subject to examinations for a period of three years from the date the Form 5500 was filed.

Note 6: PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor Regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer and certain others. All professional fees for the administration and audit of the Plan are paid by the Plan or Plan sponsor. Certain accounting and administrative functions are performed by officers or employees of the Plan sponsor. No such officer or employee receives compensation from the Plan for such services. Additionally, the Plan held notes receivable from participants totaling $164,035 and $189,885 at December 31, 2024 and December 31, 2023, respectively, which qualify as party-in-interest transactions. Deemed distributions of participant loans totaled $-0- and $2,527 for the years ended December 31, 2024 and December 31, 2023, respectively.

Note 7: INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2024 and December 31, 2023, Note 3, and the supplemental Schedule H, line 4i - Schedule of Assets (Held at End of Year) at December 31, 2024; and the related investment activity reflected in the statements of changes in net assets available for benefits for the year ended December 31, 2024 and December 31, 2023.

Note 8: REVENUE HOLDING ACCOUNT

The Plan established a non-allocated account balance of investments which earns investment income. The purpose of this account is to earn investment income that is adequate to satisfy the obligation of plan expenses. If income from these investments exceeds the need for plan expenses, the earnings can be allocated to the participants. The balance in this account totaled $245,092 and $220,803 at December 31, 2024 and December 31, 2023, respectively. In the years ended December 31, 2024 and December 31, 2023, $-0- and $1,153 was used to pay plan expenses, respectively.

Note 9: SUBSEQUENT EVENTS

The Plan administrator has evaluated subsequent events through the date of the Independent Auditor's Report, the date the financial statements were available to be issued, and has determined that no material events occurred that would require disclosure in the financial statements.

Otolaryngology Associates, LLC, 401(k) Plan

SUPPLEMENTARY INFORMATION

Year Ended December 31, 2024

EIN: 35-1966829 PN: 001

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions at December 31, 2024 :

Participant Contributions Transferred Late To Plan	Totals that Constitute Nonexempt Prohibited Transactions			
☐ Check here if Late Participant Loan Repayments are Included:	Contributions not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 32,289	$ -	$ 32,289	$ -	$ -

EIN: 35-1966829 PN: 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) at December 31, 2024:

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including interest rate, maturity date, par or quantity	(d) Cost	(e) Current Value
MUTUAL FUNDS/ETFs:				
*	The Vanguard Group, Inc.	Vanguard 500 Index Fund	**	$ 8,142,170
*	The Vanguard Group, Inc.	Vanguard Target Retirement 2035 Fund	**	5,763,241
*	The Vanguard Group, Inc.	Vanguard Target Retirement 2040 Fund	**	5,088,328
*	The Vanguard Group, Inc.	Vanguard Target Retirement 2025 Fund	**	3,861,964
*	The Vanguard Group, Inc.	Vanguard Total Bond Market Index Fund	**	3,157,733
*	The Vanguard Group, Inc.	Vanguard Total International Stock Index Fund	**	2,351,711
	T. Rowe Price Associates, Inc.	T. Rowe Price Blue Chip Growth Fund	**	2,309,251
*	The Vanguard Group, Inc.	Vanguard Small-Cap Index Fund	**	2,172,178
*	The Vanguard Group, Inc.	Vanguard Target Retirement 2030 Fund	**	2,136,756
*	The Vanguard Group, Inc.	Vanguard Target Retirement 2045 Fund	**	1,646,188
	MFS Investment Management	MFS Mid Cap Growth Fund	**	1,587,853
	Goldman Sachs Asset Management	Goldman Sachs International Equity Insights Fund	**	1,383,722
*	The Vanguard Group, Inc.	Vanguard Equity Income Fund	**	1,027,374
*	The Vanguard Group, Inc.	Vanguard Mid-Cap Value Index Fund	**	936,418
*	The Vanguard Group, Inc.	Vanguard Target Retirement 2055 Fund	**	741,042
	Capital Research and Management Company	American Funds Washington Mutual Investors Fund	**	653,859
*	The Vanguard Group, Inc.	Vanguard Target Retirement 2050 Fund	**	421,859
	Voya Investment Management	Voya Intermediate Bond Fund	**	307,469
*	The Vanguard Group, Inc.	Vanguard High-Yield Corporate Fund	**	285,177
*	The Vanguard Group, Inc.	Vanguard Target Retirement 2060 Fund	**	135,031
	Janus Henderson Investors	Janus Henderson Triton Fund	**	93,633
	Macquarie Asset Management	Macquarie Emerging Markets Fund	**	81,424
	Principal Global Investors	Principal SmallCap Value II Fund	**	44,748
*	The Vanguard Group, Inc.	Vanguard Target Retirement 2065 Fund	**	16,956
*	The Vanguard Group, Inc.	Vanguard Target Retirement 2020 Fund	**	14,005
*	The Vanguard Group, Inc.	Vanguard Inflation-Protected Securities Fund	**	4,406
*	The Vanguard Group, Inc.	Vanguard Target Retirement Income Fund	**	2,906
	American Century Investments	American Century Real Estate Fund	**	567
	Total Mutual Funds/ETFs			44,367,969
COMMON COLLECTIVE TRUST FUND:				
	Invesco Advisers, Inc.	Invesco Stable Value Retirement Fund	**	2,271,796
MONEY MARKET FUND:				
*	The Vanguard Group, Inc.	Vanguard Federal Money Market	**	512,983
*	Notes receivable from participants	Varying interest rates ranging from 4.25% - 9.50%; maturing through 2029	n/a	164,035
	Total Schedule of Assets (Held at End of Year)			$ 47,316,783

* Denotes party-in-interest
** Investment is participant directed, therefore historical cost is not required

Otolaryngology Associates, LLC, 401(k) Plan

FINANCIAL STATEMENTS

Years Ended December 31, 2024 and December 31, 2023

L | M | H

L. M. HENDERSON & COMPANY LLP
CERTIFIED PUBLIC ACCOUNTANTS / ADVISORS

Otolaryngology Associates, LLC, 401(k) Plan

Table of Contents

December 31, 2024 and December 31, 2023

NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

L | M | H

L. M. Henderson & Company LLP
Certified Public Accountants / Advisors

"Serving Our Clients Since 1948"

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Independent Auditor's Report

To the Board of Trustees of
Otolaryngology Associates, LLC, 401(k) Plan

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

We have performed audits of the accompanying financial statements of Otolaryngology Associates, LLC, 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and December 31, 2023, 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 Otolaryngology Associates, LLC, 401(k) 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 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 Ascensus Trust Company and Newport Trust Company, LLC as of December 31, 2024 and for the period from February 1, 2024 to December 31, 2024, and Bank of America, N.A. as of December 31, 2023 and for the period from January 1, 2023 to January 31, 2024 stating that the certified investment information, as described in the notes to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Otolaryngology Associates, LLC, 401(k) Plan to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Otolaryngology Associates, LLC, 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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

In performing audits in accordance with generally accepted auditing standards, we:
- Exercise professional judgment and maintain professional skepticism throughout the audits.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audits in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Otolaryngology Associates, LLC, 401(k) 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 Otolaryngology Associates, LLC, 401(k) 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 audits, significant findings, and certain internal control-related matters that we identified during the audits.

Supplemental Schedules Required by ERISA

The supplemental schedules are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

L.M. Henderson & Company, L.L.P.

Certified Public Accountants
Indianapolis, Indiana

October 10, 2025

Statements of Net Assets Available for Benefits

at December 31, 2024 and December 31, 2023

	December 31, 2024	December 31, 2023
ASSETS:		
Investments at fair value	$ 47,152,748	$ 41,310,379
Total investments	47,152,748	41,310,379
Receivables:		
Employee contribution	-	3,826
Employer contribution	500,357	750,247
Notes receivable from participants	164,035	189,885
Revenue sharing receivable	-	13,120
Accrued income receivable	-	2,718
Total receivables	664,392	959,796
Total assets	47,817,140	42,270,175
NET ASSETS AVAILABLE FOR BENEFITS	$ 47,817,140	$ 42,270,175

See Notes to Financial Statements.

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and December 31, 2023

	Year Ended December 31, 2024	Year Ended December 31, 2023
ADDITIONS:		
Investment income:		
Net appreciation in fair value of investments	$ 3,740,232	$ 5,036,430
Interest, dividends, and capital gains	1,721,172	1,544,498
Total investment income	5,461,404	6,580,928
Interest income on notes receivable from participants	12,272	12,401
Contributions:		
Employee contributions	898,708	862,417
Employer contributions, net of forfeitures	979,838	1,119,299
Rollover contributions	494,567	-
Total contributions	2,373,113	1,981,716
Total additions	7,846,789	8,575,045
DEDUCTIONS:		
Benefits paid to participants	2,283,177	4,134,190
Deemed distributions of participant loans	-	2,527
Administrative expenses	16,647	1,153
Total deductions	2,299,824	4,137,870
NET INCREASE	5,546,965	4,437,175
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	42,270,175	37,833,000
End of year	$ 47,817,140	$ 42,270,175

See Notes to Financial Statements.

Notes to Financial Statements
December 31, 2024 and December 31, 2023

Note 1: PLAN DESCRIPTION

The following description of Otolaryngology Associates, LLC, 401(k) Plan (the Plan), is provided for general information purposes only. More complete information regarding the Plan's provisions may be found in the Summary Plan Description.

General: The Plan is a defined contribution plan covering substantially all employees for Otolaryngology Associates, LLC (Plan sponsor) who have attained age 18 and have completed one year of service, are not covered under a collective bargaining agreement, are not nonresident aliens, as defined, and are not leased employees, as defined. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions: Once an employee has one year of service, they can participate in the Plan with Pretax and Roth contributions. Any participant who is age 50 by the end of the Plan year may contribute additional "catch-up" contributions. Participants may also contribute, in the form of a direct rollover, amounts representing distributions from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Plan sponsor contributes a safe harbor matching contribution equal to 100% of the amount of the participant's elective deferrals that do not exceed 3% of the participant's compensation, plus 50% of the amount of the participant's elective deferrals that exceed 3% of the participant's compensation but do not exceed 5% of the participant's compensation. For the years ended December 31, 2024 and December 31, 2023, the Plan sponsor made nonelective profit-sharing contributions for all eligible employees. The Plan sponsor contributions are invested in a manner that is consistent with participant contributions. All contributions are subject to certain limitations.

The Plan follows Financial Accounting Standards Board's (FASB) Accounting Standards Codification (ASC) Topic 326, *Financial Instruments – Credit Losses*. The standard requires recognition of an allowance that reflects a current estimate of credit losses expected to be incurred over the life of the asset. As of December 31, 2024 and December 31, 2023, there were no allowances for uncollectible receivables for either year end.

Participant Accounts: Each participant's account is credited with the participant's contribution, the Plan sponsor's safe harbor matching contribution and allocation of the Plan sponsor's profit-sharing contribution, if any, Plan earnings and certain administrative expenses. Allocations are based on participant earnings or contributions or account balances, as defined. The benefit to which a participant is entitled is the vested benefit that can be provided from the participant's vested account. Investment revenue sharing of $17,267 and $52,534 was allocated to Plan participants during 2024 and 2023, respectively, see also Note 8.

Vesting: Participants are immediately vested in their 401(k), safe harbor matching and rollover contributions plus actual earnings thereon. Vesting in profit sharing contributions is based on years of credited service. A participant is 100% vested after six years of credited service.

Investment Options: Upon enrollment in the Plan, participants direct the investment of their contributions into a variety of investment options, as more fully described in the Plan's literature. Participants may change their investment options at any time.

Payment of Benefits: Upon termination of service, a participant may elect to receive the value of the vested portion of their account either as a lump-sum amount or installment payments. In addition, participants may make withdrawals upon reaching a normal retirement age of 65, early retirement age of 59½ or by determination that a financial hardship, as defined, has been incurred. A participant is entitled to a distribution of 100% of his or her account balance upon retirement, death, or disability.

Notes to Financial Statements
December 31, 2024 and December 31, 2023

Note 1: PLAN DESCRIPTION (continued)

Notes Receivable from Participants: Active participants may borrow from their accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their vested account balance, whichever is less. Notes receivable terms generally range from one to five years, unless the note qualifies as a home purchase, as defined. The loans are secured by the balance in the participant's account and bear interest at a reasonable rate commensurate with local prevailing rates as determined by the Plan administrator. At December 31, 2024 and December 31, 2023, interest rates ranged from 4.25% to 9.50%. Principal and interest are paid through payroll deduction.

Forfeited Accounts: At December 31, 2024 and December 31, 2023, remaining forfeited non-vested accounts totaled $-0- and $9,221, respectively. These accounts can be used to reduce future employer matching contributions or for the payment of Plan expenses. During December 31, 2024 and December 31, 2023, $82,721 and $1,300 were used to reduce employer contributions, respectively.

Plan Termination: Although it has not expressed any intent to do so, the Plan sponsor has the right to terminate the Plan subject to the provisions of ERISA. In the event of a Plan termination, participants will become 100% vested in their accounts.

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Significant accounting policies followed by the Plan are listed below:

Basis of Accounting: The accompanying financial statements 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, and actual results may differ from these estimates.

Investment Valuation and Income Recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The Plan Trustee determines the Plan's valuation policies utilizing information provided by the investment Trustee. See Note 4 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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

Payment of Benefits: Benefits are recorded when paid.

Notes to Financial Statements
December 31, 2024 and December 31, 2023

Note 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Administrative Expenses: During the year ended December 31, 2024 and December 31, 2023, the administrative expenses were paid solely by the Plan.

Note 3: INVESTMENTS

The following information included in the accompanying financial statements and supplementary information was obtained from data that has been certified as complete and accurate by Ascensus Trust Company and Newport Trust Company, LLC at December 31, 2024 and December 31, 2023, in accordance with Section 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

	December 31, 2024	December 31, 2023
Investments, at fair value:		
Mutual funds/ETFs	$ 44,367,969	$ 38,749,368
Money market fund	512,983	-
Common collective trust funds	2,271,796	2,561,011
Total	$ 47,152,748	$ 41,310,379

During the years ended December 31, 2024 and December 31, 2023, the Plan's investments (including investments bought, sold, and held during the year) appreciated by $3,740,232 and $5,036,430, respectively.

Interest and dividends reported by the Trustee for the years ended December 31, 2024 and December 31, 2023 were $1,721,172 and $1,544,498, respectively. Interest income from notes receivable from participants reported by the Trustee for the years ended December 31, 2024 and December 31, 2023 was $12,272 and $12,401, respectively.

Note 4: FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurements,* establishes a framework for measuring fair value. The framework 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Note 4: FAIR VALUE MEASUREMENTS (continued)

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 assets or liabilities;
- Inputs that are derived principally from or corroborated by observable market data by correlation of other means.

If the assets or liabilities has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the assets or liabilities.

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

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

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2024 and December 31, 2023.

Mutual funds/Money market fund/ETFs: The fair values of these investments are determined by obtaining quoted prices on nationally recognized securities exchanges (level 1 inputs).

Common collective trust fund: The fair values are based on the net asset value (NAV) of units of the common collective trust. The NAV, as provided by the Trustee, is used as a practical expedient to estimating fair value. The NAV is based upon the fair value of the underlying investments comprising the Trust less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

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

Notes to Financial Statements
December 31, 2024 and December 31, 2023

Note 4: FAIR VALUE MEASUREMENTS (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and December 31, 2023:

	Fair Value Measurements at Reporting Date			
	Level 1	Level 2	Level 3	Total
December 31, 2024				
Investments:				
Mutual funds/ETFs	$ 44,367,969	$ -	$ -	$ 44,367,969
Money market fund	512,983	-		512,983
Total assets in the fair value hierarchy	44,880,952	-	-	44,880,952
Investments measured at net asset value*:				
Common collective trust fund	-	-	-	2,271,796
Total assets at fair value	$ 44,880,952	$ -	$ -	$ 47,152,748

	Fair Value Measurements at Reporting Date			
	Level 1	Level 2	Level 3	Total
December 31, 2023				
Investments:				
Mutual funds/ETFs	$ 38,749,368	$ -	$ -	$ 38,749,368
Total assets in the fair value hierarchy	38,749,368	-	-	38,749,368
Investments measured at net asset value*:				
Common collective trust funds	-	-	-	2,561,011
Total assets at fair value	$ 38,749,368	$ -	$ -	$ 41,310,379

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

Investments Measured Using The Net Asset Value Per Share Practical Expedient

For investments in certain entities that calculate the NAV per share as the investment's fair value measurement, the following table provides an overview, by major category, of the nature and risks associated with such investments as well as whether it is probable those investments are being sold at amounts different from their reported net asset value per share based on redemption restrictions, if any, as of December 31, 2024 and December 31, 2023.

Note 4: FAIR VALUE MEASUREMENTS (continued)

Investment Category	Fair Value 2024	Fair Value 2023	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Period Notice
Common collective trust:					
Fixed income trusts [1]	$ 2,271,796	$ 2,561,011	$ -	Daily	None

[1]... Invesco Fixed Income's stable value product is a fixed income strategy that is designed to provide daily liquidity and principal preservation. Stable value returns are generated by actively managing a diversified portfolio of investment grade, fixed, and floating-rate securities. The fund uses a building block approach to portfolio construction by investing in a series of commingled fixed income portfolios to build each stable value portfolio.

Changes in Fair Value Levels

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period.

We evaluate the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2024 and December 31, 2023, there were no transfers in or out of Levels 2 or 3.

Note 5: TAX STATUS

In a letter dated March 31, 2008, the Internal Revenue Service has determined and informed that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

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 (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and December 31, 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan is subject to examinations for a period of three years from the date the Form 5500 was filed.

Note 6: PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor Regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer and certain others. All professional fees for the administration and audit of the Plan are paid by the Plan or Plan sponsor. Certain accounting and administrative functions are performed by officers or employees of the Plan sponsor. No such officer or employee receives compensation from the Plan for such services. Additionally, the Plan held notes receivable from participants totaling $164,035 and $189,885 at December 31, 2024 and December 31, 2023, respectively, which qualify as party-in-interest transactions. Deemed distributions of participant loans totaled $-0- and $2,527 for the years ended December 31, 2024 and December 31, 2023, respectively.

Note 7: INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2024 and December 31, 2023, Note 3, and the supplemental Schedule H, line 4i - Schedule of Assets (Held at End of Year) at December 31, 2024; and the related investment activity reflected in the statements of changes in net assets available for benefits for the year ended December 31, 2024 and December 31, 2023.

Note 8: REVENUE HOLDING ACCOUNT

The Plan established a non-allocated account balance of investments which earns investment income. The purpose of this account is to earn investment income that is adequate to satisfy the obligation of plan expenses. If income from these investments exceeds the need for plan expenses, the earnings can be allocated to the participants. The balance in this account totaled $245,092 and $220,803 at December 31, 2024 and December 31, 2023, respectively. In the years ended December 31, 2024 and December 31, 2023, $-0- and $1,153 was used to pay plan expenses, respectively.

Note 9: SUBSEQUENT EVENTS

The Plan administrator has evaluated subsequent events through the date of the Independent Auditor's Report, the date the financial statements were available to be issued, and has determined that no material events occurred that would require disclosure in the financial statements.

Otolaryngology Associates, LLC, 401(k) Plan

SUPPLEMENTARY INFORMATION

Year Ended December 31, 2024

EIN: 35-1966829 PN: 001

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions at December 31, 2024 :

Participant Contributions Transferred Late To Plan	Totals that Constitute Nonexempt Prohibited Transactions			
☐ Check here if Late Participant Loan Repayments are Included:	Contributions not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 32,289	$ -	$ 32,289	$ -	$ -

EIN: 35-1966829 PN: 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) at December 31, 2024:

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including interest rate, maturity date, par or quantity	(d) Cost	(e) Current Value
MUTUAL FUNDS/ETFs:				
*	The Vanguard Group, Inc.	Vanguard 500 Index Fund	**	$ 8,142,170
*	The Vanguard Group, Inc.	Vanguard Target Retirement 2035 Fund	**	5,763,241
*	The Vanguard Group, Inc.	Vanguard Target Retirement 2040 Fund	**	5,088,328
*	The Vanguard Group, Inc.	Vanguard Target Retirement 2025 Fund	**	3,861,964
*	The Vanguard Group, Inc.	Vanguard Total Bond Market Index Fund	**	3,157,733
*	The Vanguard Group, Inc.	Vanguard Total International Stock Index Fund	**	2,351,711
	T. Rowe Price Associates, Inc.	T. Rowe Price Blue Chip Growth Fund	**	2,309,251
*	The Vanguard Group, Inc.	Vanguard Small-Cap Index Fund	**	2,172,178
*	The Vanguard Group, Inc.	Vanguard Target Retirement 2030 Fund	**	2,136,756
*	The Vanguard Group, Inc.	Vanguard Target Retirement 2045 Fund	**	1,646,188
	MFS Investment Management	MFS Mid Cap Growth Fund	**	1,587,853
	Goldman Sachs Asset Management	Goldman Sachs International Equity Insights Fund	**	1,383,722
*	The Vanguard Group, Inc.	Vanguard Equity Income Fund	**	1,027,374
*	The Vanguard Group, Inc.	Vanguard Mid-Cap Value Index Fund	**	936,418
*	The Vanguard Group, Inc.	Vanguard Target Retirement 2055 Fund	**	741,042
	Capital Research and Management Company	American Funds Washington Mutual Investors Fund	**	653,859
*	The Vanguard Group, Inc.	Vanguard Target Retirement 2050 Fund	**	421,859
	Voya Investment Management	Voya Intermediate Bond Fund	**	307,469
*	The Vanguard Group, Inc.	Vanguard High-Yield Corporate Fund	**	285,177
*	The Vanguard Group, Inc.	Vanguard Target Retirement 2060 Fund	**	135,031
	Janus Henderson Investors	Janus Henderson Triton Fund	**	93,633
	Macquarie Asset Management	Macquarie Emerging Markets Fund	**	81,424
	Principal Global Investors	Principal SmallCap Value II Fund	**	44,748
*	The Vanguard Group, Inc.	Vanguard Target Retirement 2065 Fund	**	16,956
*	The Vanguard Group, Inc.	Vanguard Target Retirement 2020 Fund	**	14,005
*	The Vanguard Group, Inc.	Vanguard Inflation-Protected Securities Fund	**	4,406
*	The Vanguard Group, Inc.	Vanguard Target Retirement Income Fund	**	2,906
	American Century Investments	American Century Real Estate Fund	**	567
	Total Mutual Funds/ETFs			44,367,969
COMMON COLLECTIVE TRUST FUND:				
	Invesco Advisers, Inc.	Invesco Stable Value Retirement Fund	**	2,271,796
MONEY MARKET FUND:				
*	The Vanguard Group, Inc.	Vanguard Federal Money Market	**	512,983
*	Notes receivable from participants	Varying interest rates ranging from 4.25% - 9.50%; maturing through 2029	n/a	164,035
	Total Schedule of Assets (Held at End of Year)			$ 47,316,783

* Denotes party-in-interest
** Investment is participant directed, therefore historical cost is not required

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 **2024** **This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning and ending

A Name of plan	**B** Three-digit plan number (PN) ▶
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)

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)**		
(2) Participant contributions	**1b(2)**		
(3) Other	**1b(3)**		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	**1c(1)**		
(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)**		
(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)**		
(14) Value of funds held in insurance company general account (unallocated contracts)	**1c(14)**		
(15) Other	**1c(15)**		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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		
	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 through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l		

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)		
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
	(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)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(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)		
	(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)		

			(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)**		
c	Other income	**2c**		
d	Total income. Add all **income** amounts in column (b) and enter total	**2d**		

Expenses

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

Net Income and Reconciliation

k	Net income (loss). Subtract line **2j** from line **2d**	**2k**		
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: **(2)** EIN:

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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions.)

During the plan year:

			Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**			
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**			
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**			
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**			
e	Was this plan covered by a fidelity bond?	**4e**			
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**			
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**			
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**			
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**			
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**			
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**			
l	Has the plan failed to provide any benefit when due under the plan?	**4l**			
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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 ____________________.

Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name OTOLARYNGOLOGY ASSOCIATES LLC, 401(K) PLAN **EIN:** 35-1966829
Plan Sponsor's Name Otolaryngology Associates, LLC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	American Funds	American Funds Washington Mutual R6	0	653,859
	Vanguard	Vanguard 500 Index Adm	0	8,142,170
	T. Rowe Price	T. Rowe Price Blue Chip Growth I	0	2,309,251
	Vanguard	Vanguard Equity Income Adm	0	1,027,374
	Vanguard	Vanguard Small-Cap Index Adm	0	2,172,178
	Janus Henderson	Janus Henderson Triton N	0	93,633
	Principal	Principal SmallCap Value II R6	0	44,748

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name OTOLARYNGOLOGY ASSOCIATES LLC, 401(K) PLAN **EIN:** 35-1966829
Plan Sponsor's Name Otolaryngology Associates, LLC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Goldman Sachs	Goldman Sachs Intl Eq Insights R6	0	1,383,722
	Vanguard	Vanguard Total Intl Stock Index Adm	0	2,351,711
	Vanguard	Vanguard Total Bond Market Index Adm	0	3,157,733
	Voya	Voya Intermediate Bond R6	0	307,469
	Vanguard	Vanguard Federal Money Market Inv	0	512,983
	Macquarie	Macquarie Emerging Markets R6	0	81,424
	Vanguard	Vanguard High Yield Corp Adm	0	285,177

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Plan Name OTOLARYNGOLOGY ASSOCIATES LLC, 401(K) PLAN **EIN:** 35-1966829
Plan Sponsor's Name Otolaryngology Associates, LLC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Vanguard	Vanguard Inflation-Protected Sec Adm	0	4,406
	MFS	MFS Mid Cap Growth R6	0	1,587,853
	Vanguard	Vanguard Mid-Cap Value Index Adm	0	936,418
	American Century	American Century Real Estate R6	0	567
	Vanguard	Vanguard Target Retirement 2065 Fund	0	16,956
	Vanguard	Vanguard Target Retirement 2060 Fund	0	135,031
	Vanguard	Vanguard Target Retirement 2055 Fund	0	741,042

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Plan Name OTOLARYNGOLOGY ASSOCIATES LLC, 401(K) PLAN **EIN:** 35-1966829
Plan Sponsor's Name Otolaryngology Associates, LLC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Vanguard	Vanguard Target Retirement 2050 Fund	0	421,859
	Vanguard	Vanguard Target Retirement 2045 Fund	0	1,646,188
	Vanguard	Vanguard Target Retirement 2040 Fund	0	5,088,328
	Vanguard	Vanguard Target Retirement 2035 Fund	0	5,763,241
	Vanguard	Vanguard Target Retirement 2030 Fund	0	2,136,786
	Vanguard	Vanguard Target Retirement 2025 Fund	0	3,861,964
	Vanguard	Vanguard Target Retirement 2020 Fund	0	14,005

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name OTOLARYNGOLOGY ASSOCIATES LLC, 401(K) PLAN **EIN:** 35-1966829

Plan Sponsor's Name Otolaryngology Associates, LLC **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Vanguard	Vanguard Target Retirement Income Fund	0	2,879
	Invesco	Invesco Stable Value Retirement CL1	0	2,271,796
	Participant's Loan Account	Various Rates and Maturities	0	164,493