

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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, a single-employer plan, a DFE, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension.
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: SACRAMENTO ENT MEDICAL GROUP INC. PROFIT SHARING PLAN
1b Three-digit plan number (PN): 004
1c Effective date of plan: 01/01/1996
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 94-1693523
2c Plan Sponsor's telephone number: 916-736-6670
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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	199
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	129
	6a(2)	133
	6b	0
	6c	68
	6d	201
	6e	0
	6f	201
	6g(1)	198
	6g(2)	201
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 2E 2G 2J 2K 2R 2S 2T 3D

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 1
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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 SACRAMENTO ENT MEDICAL GROUP INC. PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 SACRAMENTO EAR NOSE AND THROAT SURGICAL AND MEDICAL GROUP INC		D Employer Identification Number (EIN) 94-1693523

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

1 Coverage Information:

(a) Name of insurance carrier
STANDARD INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	811710	201	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	4 502442
5	Current value of plan's interest under this contract in separate accounts at year end.....	5
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input checked="" type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 655643
c	Additions: (1) Contributions deposited during the year	7c(1) 23836
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 10989
	(4) Transferred from separate account	7c(4) 24056
	(5) Other (specify below)..... ▶	7c(5)
	(6) Total additions	7c(6) 58881
d	Total of balance and additions (add lines 7b and 7c(6))	7d 714524
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)
	(2) Administration charge made by carrier.....	7e(2) 4
	(3) Transferred to separate account	7e(3) 212078
	(4) Other (specify below)..... ▶	7e(4)
(5) Total deductions	7e(5) 212082	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 502442

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan SACRAMENTO ENT MEDICAL GROUP INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 SACRAMENTO EAR NOSE AND THROAT SURGICAL AND MEDICAL GROUP INC	D Employer Identification Number (EIN) 94-1693523	

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)..... 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

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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)

CAPFINANCIAL PARTNERS, LLC

26-0058143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	65723	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STANCORP

93-1253576

(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?
12 15 18	RECORDKEEPER	34003	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SCHWAB

25-1838406

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	CUSTODY	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	4653	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

BENEFIT RESOURCES, INC.

68-0198481

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	TPA	4300	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STANCORP FINANCIAL GROUP

93-1253576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	RECORDKEEPER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	75	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>SACRAMENTO ENT MEDICAL GROUP INC. PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SACRAMENTO EAR NOSE AND THROAT SURGICAL AND MEDICAL GROUP INC</u>	D Employer Identification Number (EIN) <u>94-1693523</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: COHEN & STEERS U.S. REALTY FUND

b Name of sponsor of entity listed in (a): COHEN & STEERS COLLECTIVE INVESTMENT TRUST

c EIN-PN <u>46-3411346-064</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL EQUITY FUND FEE CLASS

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

c EIN-PN <u>38-4139853-631</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>252537</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRUST MFS FROWTH CITCLS

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

c EIN-PN <u>38-4126293-596</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SACRAMENTO ENT MEDICAL GROUP INC. PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 SACRAMENTO EAR NOSE AND THROAT SURGICAL AND MEDICAL GROUP INC	D Employer Identification Number (EIN) 94-1693523

Part I	Asset and Liability Statement
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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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	3534	407880
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1159727	1104754
(2) Participant contributions	1b(2)	25188	3700
(3) Other	1b(3)	54024	24810
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	795621	175366
(2) U.S. Government securities	1c(2)	6483739	4807020
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1030711	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	8304518	8341555
(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)	17111839	19714711
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	655643	502442
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	35624544	35082238
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	35624544	35082238

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)	1086137	
(B) Participants.....	2a(1)(B)	980342	
(C) Others (including rollovers).....	2a(1)(C)	11704	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2078183
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	9945	
(B) U.S. Government securities.....	2b(1)(B)	164846	
(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)	24810	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		199601
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	38783	
(B) Common stock.....	2b(2)(B)	199353	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	174749	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		412885
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	12498375	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	12072655	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		425720
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	932426	
(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)		1503211
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5552026

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5963504	
(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)		5963504
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)	10698	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	120130	
(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)		130828
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6094332

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-542306
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: **WILLIAMS AND OLDS CPAS**

(2) EIN: **01-0560759**

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.)		X	
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.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		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?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>SACRAMENTO ENT MEDICAL GROUP INC. PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SACRAMENTO EAR NOSE AND THROAT SURGICAL AND MEDICAL GROUP INC</u>	D Employer Identification Number (EIN) <u>94-1693523</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
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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): 20-3619658 33-6134835

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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 Q702751A.

**SACRAMENTO ENT
MEDICAL GROUP, INC. 401(k)
PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS AND
INDEPENDENT AUDITOR'S REPORT**

DECEMBER 31, 2024 AND 2023

**SACRAMENTO ENT MEDICAL GROUP, INC. 401(k)
PROFIT SHARING PLAN**

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INDEPENDENT AUDITOR’S REPORT

**To The Plan Trustees of
Sacramento ENT Medical Group, Inc.
401(k) Profit Sharing Plan**

Opinion on the Financial Statements

We have audited the financial statements of Sacramento ENT Medical Group, Inc. 401(k) Profit Sharing Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Profit-Sharing Plan as of December 31, 2024 and 2023, and the changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion on the Financial Statements

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with GAAS, 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Assets (held at end of year) as of December 31, 2024 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Beebout, Williams & Olds CPAs

Carmichael, California
October 14, 2025

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**SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2024 AND 2023**

	2024	2023
ASSETS:		
Cash and cash equivalents	\$ 583,246	\$ 799,155
Investments:		
Investments at fair value	32,863,286	32,930,807
Investments at contract value	502,442	655,643
Total investments	33,365,728	33,586,450
Receivables:		
Employer contributions	1,104,754	1,159,727
Participant contributions	3,700	25,188
Interest and dividend income receivable	24,810	54,024
Total receivables	1,133,264	1,238,939
TOTAL ASSETS	35,082,238	35,624,544
LIABILITIES:		
	-	-
TOTAL LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	\$ 35,082,238	\$ 35,624,544

See accompanying notes to financial statements.

**SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS**

FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
ADDITIONS:		
Additions to net assets attributed to:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ 2,861,357	\$ 3,164,298
Interest and dividends	612,486	600,126
Total investment income	3,473,843	3,764,424
Contributions:		
Employer	1,086,137	1,122,276
Participants	980,342	1,039,614
Rollover	11,704	7,880
Total contributions	2,078,183	2,169,770
TOTAL ADDITIONS	5,552,026	5,934,194
DEDUCTIONS:		
Deductions from net assets attributed to:		
Benefits paid to participants	5,963,504	1,006,049
Administrative expenses	130,828	107,373
TOTAL DEDUCTIONS	6,094,332	1,113,422
NET INCREASE (DECREASE) IN NET ASSETS	(542,306)	4,820,772
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	35,624,544	30,803,772
End of year	\$ 35,082,238	\$ 35,624,544

See accompanying notes to financial statements.

**SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE A - DESCRIPTION OF THE PLAN

The following description of the Sacramento ENT Medical Group, Inc. 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

General: The plan is a defined contribution plan covering all full-time employees of Sacramento ENT Medical Group, Inc., (the Company) and its wholly owned subsidiaries who have one year of service, minimum age 21, and minimum 1,000 hours of service annually. The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). All investments are participant directed.

Contributions: The Plan allows for employee salary deferrals up to IRS limits. The IRS imposes limits on the amount participants can contribute as salary deferrals during a calendar year. For 2024 and 2023, the maximum deferral limit is \$23,000 and \$22,500, respectively. In addition, if participants are at least age 50 by December 31 of the calendar year, they also may make a special catch-up contribution in addition to the maximum deferral limit described above. For 2024 and 2023, the catch-up contribution limit is \$7,500 and \$6,500, respectively.

Effective January 1, 2019, the Plan was amended to a Safe Harbor plan. The Company will make a Safe Harbor employer contribution at 3% of eligible compensation. The Plan also allows for Company discretionary profit-sharing contributions. Participants direct the investment of their contributions as well as employer contributions into various investment options offered by the Plan. Additional profit-sharing amounts may be contributed at the option of the Company's board of directors. The Company made safe harbor contributions of \$337,481 and profit-sharing contributions of \$748,656 to the plan, totaling \$1,086,137 for the year ended December 31, 2024. The Company made safe harbor contributions of \$309,012 and profit-sharing contributions of \$813,264 to the plan, totaling \$1,122,276 for the year ended December 31, 2023. Contributions are subject to certain IRS limitations.

Funding Policy: Company profit sharing contributions to the Plan are voluntary and at the discretion of the Company's Board of Directors, with the exception of the safe harbor contribution. Company contributions for any plan year may not exceed 20% of an eligible participant's compensation, subject to certain limitations. Employee contributions are permitted. The Company's profit sharing contributions comply with the minimum funding requirements of ERISA.

Participant Accounts: Each participant's account is credited with the participant's contributions and allocations of (a) the Company's profit-sharing contribution and, (b) Plan earnings (losses), and charged with an allocation of any administrative expenses paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are vested immediately in the safe harbor contribution and their salary reduction contributions plus actual earnings thereon. Upon termination for any reason other than death, disability or retirement, a participant shall be entitled to a portion of his account balance derived from profit sharing contributions in accordance with the following vesting schedule:

**SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE A - DESCRIPTION OF THE PLAN – Continued

<u>Years of Service</u>	<u>Vested percent</u>
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Participants are credited with a year of vesting service for each year in which they work at least 1,000 hours. A participant shall be entitled to 100% of their account balance derived from qualified non elective employer contributions and related rollover contributions.

Payment of Benefits: Upon termination of employment, participants with vested account balances less than \$5,000 will receive their distribution in a lump sum as soon as administratively feasible. If upon termination of employment with a vested account balance that exceeds \$5,000, the Plan will commence distributions to the participant in the manner elected by the participant and allowed by the Plan. On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant’s vested interest in his or her account, or annual installment amounts equal to the participant’s vested interest in his or her account.

Investment Options: Upon enrollment in the Plan, participants may direct his or her contributions in any increments to the investment options of their choice.

Forfeited Accounts: Forfeited non-vested accounts totaled \$15,487 and \$12,782 for the years ended December 31, 2024 and 2023, respectively. These accounts will be used to reduce the future employer contributions. Employer contributions were reduced by \$22,794 and \$38,551 for the years ended December 31, 2024 and 2023, respectively, from forfeited non-vested accounts.

NOTE B - SUMMARY OF ACCOUNTING POLICIES

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

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

**SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE B - SUMMARY OF ACCOUNTING POLICIES – Continued

Use of Estimates: The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Such estimates relate primarily to the valuation of investments not traded on an established market. Actual results could differ from those estimates.

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.

Cash Equivalents: All highly liquid investments with a maturity of six months or less are considered to be cash equivalents.

Investments Valuation and Income Recognition: Investments are reported at fair value, except for fully-benefit responsive investment contracts. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note C 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 purchased and sold as well as held during the year.

Payment of Benefits: Benefits are recorded when paid.

Expenses: Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Investment related expenses are included in the net appreciation of fair value of investments.

NOTE C - FAIR VALUE MEASUREMENTS

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal market for the asset or liability in an orderly transaction between market participants on the measurement date. U.S. GAAP establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

**SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE C - FAIR VALUE MEASUREMENTS – Continued

U.S. GAAP prescribes three levels of inputs that may be used to measure fair value:

Level 1 - Quoted prices in active markets for identical assets or liabilities, which are considered to be most reliable.

Level 2 - Observable market-based inputs or unobservable inputs that are corroborated by market data.

Level 3 - Unobservable inputs reflecting the reporting entity's own assumptions, which require the most judgment.

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

Corporate stocks and exchange-traded funds: Valued at closing price reported on the active market in which the individual securities are traded.

Certificates of deposit and money market funds: Valued at cost plus accrued interest which approximates fair value due to the short-term nature of these investments.

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

Government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Collective investment fund: Valued at the net asset value or equivalent based on units of the collective investment fund. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is generally based on the fair value of the underlying investments held by the collective investment fund less its liabilities. This practical expedient is not used when it is determined to be probable that the collective investment fund will sell the investment for an amount different than the reported NAV.

The preceding methods 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 assumption to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

**SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE C - FAIR VALUE MEASUREMENTS – Continued

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

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Investments at fair value:				
Corporate common stock	\$ 8,849,373	\$ -	\$ -	\$ 8,849,373
Government securities	-	4,299,203	-	4,299,203
Certificates of deposit	-	-	-	-
Registered investment companies	18,970,431	-	-	18,970,431
	\$ 27,819,804	\$ 4,299,203	\$ -	\$ 32,119,007
Investments measured at NAV (a)				744,279
Total Investments at Fair Value				\$ 32,863,286

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Investments at fair value:				
Corporate common stock	\$ 8,380,456	\$ -	\$ -	\$ 8,380,456
Government securities	-	6,483,739	-	6,483,739
Certificates of deposit	1,030,711	-	-	1,030,711
Registered investment companies	16,544,421	-	-	16,544,421
	\$ 25,955,588	\$ 6,483,739	\$ -	\$ 32,439,327
Investments measured at NAV (a)				491,480
Total Investments at Fair Value				\$ 32,930,807

(a) In accordance with Subtopic 820-10 as amended by ASU 2015-07, certain investments that were measured at NAV per share (or its equivalent) as a practical expedient 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.

**SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE C - FAIR VALUE MEASUREMENTS – Continued

The following table sets forth additional disclosures of the Plan’s investments whose fair value is estimated using net asset value per share (or its equivalent) as of December 31, 2024 and 2023:

As of December 31, 2024

<u>Investment</u>	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Collective investment fund	\$ 744,279	-	Daily	Daily

As of December 31, 2023

<u>Investment</u>	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Collective investment fund	\$ 491,480	-	Daily	Daily

NOTE D - GUARANTEED INVESTMENT CONTRACT

The Plan offers the option to invest in a guaranteed annuity contract with Standard Insurance Company (The Standard) called the Standard Stable Asset Fund A (“SSAF A”) with key features:

1. Contract value represents contributions made, less withdrawals and administrative expenses, plus interest credited. Daily liquidity at contract value is available for participant contributions and withdrawals.
2. The plan’s SSAF A ’s contract value is a general liability against Standard Insurance Company on the plan’s behalf.
3. There are no particular segregated or identifiable assets of Standard Insurance Company ascribed to the plan’s SSAF A.

The Standard believes that, within a retirement plan, contract value is an appropriate measurement for the plan’s SSAF A for reporting and financial statement purposes, and that contract value approximates fair value.

Contract value represents contributions made, less withdrawals and administrative expenses, plus interest credited. Net deposits invested in the SSAF A become part of Standard Insurance Company’s general account, and there are no particular segregated or identifiable assets ascribed to the plan’s investment. Net deposits and interest credited become liabilities against Standard Insurance Company on the plan’s behalf. Daily liquidity is available for participant contributions and withdrawals at contract value regardless of market conditions. Contract value is guaranteed by the full faith and credit of Standard Insurance Company; there are no wrap contracts supporting the liquidity of the fund. The fund is neither a mutual fund nor a bank product. Standard Insurance Company’s obligations are not insured by the FDIC or any other federal government agency.

**SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE D - GUARANTEED INVESTMENT CONTRACTS – Continued

Crediting rates for the plan's SSAF A are set by Standard Insurance Company using a process similar to that used by banks or other insurance companies for similar products. They quarterly declare a crediting rate for all assets in the fund during the coming quarter. This crediting rate takes into account yield forecasts from their asset advisory group and the margins required for their business. The crediting rate is declared in advance and is reset quarterly. The fund's declared crediting rate will never be below 1 percent annually. Management approval is required for all crediting rates. The fund's NAV increases with the daily equivalent of the crediting rate and the plan's unit value increases along with the fund's NAV offset by the plan's asset management fees. Past crediting rates are not indicative of future rates. As an asset in a retirement plan, the plan's SSAF A provides participants with liquidity at contract value for daily transactions including transfers between funds. The Standard believes contract value is an appropriate measurement for the plan's SSAF A for reporting and financial statement purposes, and contract value approximates fair value.

Other information:

- Daily liquidity is available for participant contributions and withdrawals at contract value regardless of market conditions. These transactions are valued at the fund's NAV, which is established through the inputs described above.
- Certain events may limit the ability of the plan to transact at contract value. Such events include termination of the contract, spin-offs, divestitures, layoffs, corporate relocation, partial or total plan termination, retirement incentive programs, and the liberalization of plan withdrawal or transfer rules. Upon occurrence of any of these events, a market value adjustment or other withdrawal restrictions may apply. The plan sponsor may choose to pay the market value adjustment directly, if applicable, so that participants' contract values are not affected. If the plan sponsor views the occurrence of any of these events as probable as of the measurement date, details about market value adjustments or other withdrawal restrictions can be obtained through the plan's account manager.
- The Standard may terminate the contract with 30 days advance written notice to the contract owner for reasonable cause, which includes the contract owner's failure to abide by state or federal law, failure to render performance necessary to comply with the terms of the contract, failure to maintain assets of at least \$25,000, plan disqualification, and failure to adopt the plan in a reasonable period of time. Upon termination by The Standard, a market value adjustment or other withdrawal restrictions may apply. The plan sponsor may choose to pay the market value adjustment directly, if applicable, so that participants' contract values are not affected.
- The Standard's position is that the average yield earned by the entire fund and the actual interest rate credited to participants are the same. When considering the plan's SSAF A's crediting rate, the yield earned on assets in Standard Insurance Company's general account is not relevant. The crediting rate is part of The Standard's obligation to the plan, no matter how The Standard's assets perform. There are no particular segregated or identifiable assets ascribed to the plan's SSAF A.

**SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE E - RELATED PARTY TRANSACTIONS

Standard Insurance Company, a third-party administrator, manages a group annuity investment contract. Investment transactions in these investments are considered to be exempt party-in-interest transactions under the Department of Labor's rules and regulations. Certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

NOTE F - PLAN TERMINATION

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

NOTE G - CERTIFIED INVESTMENTS

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2024 and 2023, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the years ended December 31, 2024 and 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by Standard Insurance Company (the trustee of the Plan).

NOTE H - TAX STATUS

The Plan has been reviewed by the Internal Revenue Service by a letter dated March 31, 2014, under a volume submitter program and has been determined to be acceptable under Section 401(a) of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the trustees of the Plan and the Plan administrator believe that the Plan is being operated in compliance with the applicable provisions of the Internal Revenue Code; therefore, no provision for income taxes has been included in the accompanying financial statements.

NOTE I - SUBSEQUENT EVENTS

In preparing the financial statements, the Plan has evaluated subsequent events and transactions that occurred after the balance sheet date through October 14, 2025, the date that the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

**SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN**

EIN# 94-1693523
PLAN #004

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SCHEDULE H, LINE 4i
AS OF DECEMBER 31, 2024**

(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
	Common Stock	Abbvie Inc	75,298	116,927
	Common Stock	Accenture PLC Ireland CL A NEW	19,609	35,179
	Common Stock	Adobe Inc	22,881	27,125
	Common Stock	Air Products & Chemicals Inc	45,393	51,627
	Common Stock	Alphabet Inc CL A	10,742	28,963
	Common Stock	Alphabet Inc CL C	14,726	41,897
	Common Stock	Apple Inc	14,825	46,328
	Common Stock	Automatic Data Processing Inc	53,060	88,990
	Common Stock	Berkshire Hathaway Inc CL B New	7,725	19,491
	Common Stock	Booking Holdings Inc	25,948	49,684
	Common Stock	Broadcom Inc	45,785	218,857
	Common Stock	Chevron Corp	49,539	65,757
	Common Stock	Cisco Systems Inc	14,312	18,352
	Common Stock	CME Group Inc CL A	39,605	42,498
	Common Stock	Corning Inc	33,812	41,865
	Common Stock	Dell Technologies Inc CL C	28,824	42,063
	Common Stock	Eaton Corp PLC	43,878	88,609
	Common Stock	Eli Lilly & Co	57,488	134,328
	Common Stock	Exxon Mobil Corp	36,608	34,315
	Common Stock	Fastenal Co	13,465	17,402
	Common Stock	Fiserv Inc	24,189	41,084
	Common Stock	General Dynamics Corp	22,610	20,552
	Common Stock	Grainger W W Inc	12,470	27,405
	Common Stock	Home Depot Inc	53,951	80,132
	Common Stock	HP Inc	28,828	26,006
	Common Stock	Illinois Tool Works Inc	24,540	37,020
	Common Stock	Intuit Inc	23,859	47,766
	Common Stock	Johnson & Johnson	48,669	46,568
	Common Stock	JPMorgan Chase & Co	51,733	66,879
	Common Stock	Keurig DR Pepper Inc	42,802	38,672
	Common Stock	Kinder Morgan Inc	18,989	29,428
	Common Stock	Lockheed Martin Corp	40,060	50,052
	Common Stock	Marsh & McLennan COS Inc	38,238	74,768
	Common Stock	Mastercard Inc CL A	18,509	35,280
	Common Stock	McDonalds Corp	57,940	79,140
	Common Stock	McKesson Corp	11,732	14,818
	Common Stock	Merck & Company Inc New	90,722	100,375
	Common Stock	Microsoft Corp	78,793	134,037
	Common Stock	Mondelez International Inc CI A	89,852	90,073
	Common Stock	Nextera Energy Inc	64,104	74,558
	Common Stock	Nvidia Corp	21,646	64,459
	Common Stock	Oneok Inc	25,673	31,626
	Common Stock	Paychex Inc	24,609	43,749
	Common Stock	Pepsico Inc	86,483	88,195
	Common Stock	Phillips 66	38,063	43,977
	Common Stock	PNC Financial Services Group Inc	57,183	81,961
	Common Stock	PPL Corp	41,366	45,249
	Common Stock	Procter & Gamble Co	76,286	94,052
	Common Stock	Prologis Inc	27,713	25,897
	Common Stock	Qualcomm Inc	25,642	31,799
	Common Stock	Realty Income Corp	59,089	49,778
	Common Stock	RTX Corp	18,110	21,408
	Common Stock	Salesforce Inc	31,873	40,454
	Common Stock	Sempra	49,865	67,720
	Common Stock	Stryker Corp	17,614	34,565
	Common Stock	Texas Instruments Inc	40,472	63,378
	Common Stock	Travelers Cos Inc	71,656	90,093
	Common Stock	United Parcel Servcies Inc CL B	20,811	13,114
	Common Stock	VISA Inc CL A	23,862	42,349
	Common Stock	WEC Energy Group Inc	27,488	28,682

**SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN**

EIN# 94-1693523
PLAN #004

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SCHEDULE H, LINE 4i
AS OF DECEMBER 31, 2024**

(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
	Common Stock	Williams Cos Inc Del	68,574	103,586
	Common Stock	GOLDMAN SACHS	51,189	52,785
	Common Stock	MORGAN STANLEY	51,139	54,740
	Common Stock	TRUIST FINANCIAL	54,903	51,635
	Common Stock	ZIONS	54,362	55,177
	Common Stock	Alibaba Group Holding Limited	614,236	720,376
	Common Stock	AMC Networks Incorporated Class A (AMCX)	60,177	76,685
	Common Stock	Berkshire Hathaway Inc. B	90,453	466,878
	Common Stock	Byd Company Limited Shs H	13,234	260,034
	Common Stock	Carters Incorporated	245,843	252,363
	Common Stock	Daily Journal Corp	105,106	585,030
	Common Stock	Exxon Mobile Corp.	98,399	334,328
	Common Stock	Fox Factory HLDG Corporation	440,986	403,166
	Common Stock	Kraft Heinz Company (KHC)	156,666	189,450
	Common Stock	Polaris Incorporated	469,721	442,291
	Common Stock	Wabash Natl Corp.	18,575	43,013
	Common Stock	Wells Fargo	114,663	359,629
	Common Stock	Whirlpool Corporation	110,892	144,588
	Common Stock	Goldman Sachs Group	83,563	89,505
	Common Stock	Morgan Stanley	84,414	92,820
	Common Stock	Truist Financial Corp	95,222	87,555
	Common Stock	Zions Bancorp	94,688	93,561
	Common Stock	AVUV	46,937	50,099
	Common Stock	DFAE	2,900	2,841
	Common Stock	DFGR	1,983	2,043
	Common Stock	Ishares TR 0-3 Month Treasury	508,595	507,820
	Government Securities	U.S. TRSY INFLATION NTE 01.15.2025	192,396	199,620
	Government Securities	U.S. TRSY INFLATION NTE 07.15.2029	188,297	171,428
	Government Securities	US Tsy 0% 09/04/2025	302,646	306,290
	Government Securities	US Tsy 0% 12/26/2025	283,153	283,348
	Government Securities	US Tsy 1.75% 03/15/2025	383,000	397,984
	Government Securities	US Tsy 2.75% 06/30/2025	253,490	258,136
	Government Securities	US Tsy 1.375% 08/50	25,159	12,683
	Government Securities	US Tsy 1.625% 11/50	12,777	6,782
	Government Securities	US Tsy 1.875% 02/51	41,962	25,602
	Government Securities	US Tsy 2% 08/51	34,977	20,576
	Government Securities	US Tsy 2% 02/50	59,438	30,209
	Government Securities	US Tsy 2.25% 08/49	16,851	10,532
	Government Securities	US Tsy 2.25% 02/52	62,146	38,223
	Government Securities	US Tsy 2.5% 02/46	67,689	45,790
	Government Securities	US Tsy 2.5% 05/46	47,983	37,443
	Government Securities	US Tsy 2.75% 11/47	35,895	25,969
	Government Securities	US Tsy 2.875% 05/49	10,225	7,094
	Government Securities	Us tsy 3% 02/48	39,944	30,084
	Government Securities	US Tsy 3% 02/49	27,678	20,379
	Government Securities	US Tsy 3% 05/45	19,667	15,113
	Government Securities	Us Tsy 3% 08/48	54,731	40,915
	Government Securities	Us Tsy 3% 08/52	33,338	25,134
	Government Securities	US Tsy 3.125 08/44	71,387	55,890
	Government Securities	US Tsy 3.125% 02/43	73,113	59,227
	Government Securities	US Tsy 3.5% 02/39	259,153	227,784
	Government Securities	US Tsy 3.625% 08/43	34,081	28,804
	Government Securities	US Tsy 3.625% 02/53	15,175	13,010
	Government Securities	US Tsy 3.625% 05/53	20,456	18,720
	Government Securities	US Tsy 3.75% 11/43	22,385	19,802
	Government Securities	US Tsy 4% 11/52	60,884	50,569
	Government Securities	US Tsy 4.125% 08/53	12,681	11,592
	Government Securities	US Tsy 4.25% 11/40	19,802	18,800
	Government Securities	US Tsy 4.5% 05/38	49,070	49,227
	Government Securities	US Tsy 4.25% 02/54	51,451	48,404
	Government Securities	US Tsy 4.625% 05/54	11,067	10,703
	Government Securities	US Tsy 4.5% 08/39	19,516	19,463
	Government Securities	US Tsy 4.625% 02/40	68,359	67,922
	Government Securities	UST Bond 1.625% 11/50	18,923	9,913
	Government Securities	UST Bond 1.875% 02/51	43,768	27,272
	Government Securities	UST Bond 2% 02/50	50,191	26,142
	Government Securities	UST Bond 2% 08/51	24,297	14,289

**SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN**

EIN# 94-1693523
PLAN #004

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SCHEDULE H, LINE 4i
AS OF DECEMBER 31, 2024**

(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
	Government Securities	UST Bond 2.25% 02/52	47,977	29,729
	Government Securities	UST Bond 2.25% 08/49	22,788	14,249
	Government Securities	UST Bond 2.5% 02/46	53,567	36,222
	Government Securities	UST Bond 2.5% 05/46	46,255	36,081
	Government Securities	UST Bond 2.75% 11/47	19,303	14,038
	Government Securities	UST Bond 3% 02/48	39,000	29,350
	Government Securities	UST Bond 3% 02/49	41,537	30,568
	Government Securities	UST Bond 3% 05/45	10,815	8,312
	Government Securities	UST Bond 3% 08/52	19,047	14,363
	Government Securities	UST Bond 3.125% 05/48	22,890	17,985
	Government Securities	UST Bond 3.125% 08/44	57,580	45,023
	Government Securities	UST Bond 3.625% 02/44	35,067	29,520
	Government Securities	UST Bond 3.625% 02/53	10,429	8,944
	Government Securities	UST Bond 3.625% 05/53	13,339	12,209
	Government Securities	UST Bond 3.75% 11/43	16,562	14,636
	Government Securities	UST Bond 4% 11/52	56,713	47,081
	Government Securities	UST Bond 4.25% 02/54	61,415	57,537
	Government Securities	US Treasury Bill 0%12/26/2025	345,542	345,780
	Government Securities	US Treasury Bill 2.750% 06/30/2025	272,978	277,992
	Government Securities	US Treasury Bill 3.5% 09/15/2025	142,621	144,229
	Government Securities	US Treasury Note 1.750% 03/15/2025	287,250	298,488
	Registered Investment Co	Amer Euro Pac Grth	64,256	64,157
	Registered Investment Co	Amer New World	92,789	93,619
	Registered Investment Co	Columbia Dividend Income	114,726	111,357
	Registered Investment Co	GS GQG Partners	61,874	64,028
	Registered Investment Co	Ishare Core S&P 500	147,713	186,023
	Registered Investment Co	JP Morgan Equity Income	117,158	109,158
	Registered Investment Co	JP Morgan Large Cap	97,429	93,709
	Registered Investment Co	Vanguard Russell 1000	83,297	94,416
	Registered Investment Co	Vanguard Small Cap	40,463	44,530
	Registered Investment Co	Vanguard Small Cap Value	57,621	62,427
	Registered Investment Co	DFAPX	308,434	281,032
	Registered Investment Co	US Tsy 2.5% 05/46	126,145	161,957
	Registered Investment Co	Us tsy 2.5% 05/46	258,573	250,296
	Registered Investment Co	Us Tsy 2.75% 08/47	376,597	348,583
	Registered Investment Co	US Tsy 2.75% 11/47	161,702	167,074
	Registered Investment Co	US TSY 2.75% 11/47	115,297	159,980
	Registered Investment Co	US Tsy 2.875% 05/49	150	2,434
	Registered Investment Co	US Tsy 2.875% 05/49	-	-
	Registered Investment Co	Us tsy 3% 02/48	82,211	198,598
	Registered Investment Co	US Tsy 3% 02/48	149,147	156,671
	Registered Investment Co	US Tsy 3% 02/49	90	1,900
	Registered Investment Co	US Tsy 3% 02/49	30,450	47,581
	Registered Investment Co	US Tsy 3% 05/42	58,072	99,564
	Registered Investment Co	US Tsy 3% 05/45	41,844	50,683
	Registered Investment Co	US Tsy 3% 05/45	126,285	115,859
	Registered Investment Co	Us Tsy 3% 08/48	164,442	167,476
	Registered Investment Co	US Tsy 3% 08/48	194,982	204,566
	Registered Investment Co	Us Tsy 3% 08/52	110,815	115,491
	Registered Investment Co	US Tsy 3% 08/52	230,177	336,136
	Registered Investment Co	US Tsy 3.125 08/44	195,066	201,643
	Registered Investment Co	US Tsy 3.125% 02/42	174,293	168,767
	Registered Investment Co	US Tsy 3.125% 02/43	71,615	62,503
	Registered Investment Co	US Tsy 3.125% 02/43	158,991	136,448
	Registered Investment Co	US Tsy 3.125% 08/44	56,181	86,589

**SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN**

EIN# 94-1693523
PLAN #004

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SCHEDULE H, LINE 4i
AS OF DECEMBER 31, 2024**

(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
	Registered Investment Co	US Tsy 3.5% 02/39	150,753	168,586
	Registered Investment Co	US Tsy 3.5% 02/39	76,701	82,058
	Registered Investment Co	US Tsy 3.625% 02/44	95,138	114,548
	Registered Investment Co	US Tsy 3.625% 02/53	209,906	206,750
	Registered Investment Co	US Tsy 3.625% 02/53	60,766	50,638
	Registered Investment Co	US Tsy 3.625% 05/53	78,276	77,326
	Registered Investment Co	US Tsy 3.625% 08/43	262,930	232,971
	Registered Investment Co	US Tsy 3.625% 08/43	80,302	77,321
	Registered Investment Co	US Tsy 3.75% 11/43	142,541	140,389
	Registered Investment Co	US Tsy 4% 11/52	11,803,508	13,374,589
	Collective Investment FundsCohen	US Tsy 4% 11/52	103,379	113,284
	Collective Investment FundsInternational	US Tsy 4.125% 08/53	223,792	252,537
	Collective Investment FundsMFS	US Tsy 4.25% 05/39	363,608	378,458
			<u>28,481,398</u>	<u>32,863,286</u>
*	Standard Ins Co Stable Asset	Unallocated Ins Contract	468,091	502,442
	Money Market	BLF FEDFUND CASH RESERVE	6,836	6,836
	Money Market	BLF FEDFUND CASH RESERVICE	3,185	3,184
	Money Market	Cash/ Money Market	81,407	81,407
	Money Market	Dreyfus Govt Instl Fd	76,595	76,595
	Money Market	FDIC Insured Deposit Account	2,768	2,768
	Money Market	Money Market/ Schwab Advantage	398,900	398,900
	Money Market	RJ Bank Deposit Program	13,556	13,556
			<u>583,247</u>	<u>583,246</u>
			<u>29,532,736</u>	<u>33,948,974</u>

* Represents a party-in-interest to the Plan

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► Sacramento ENT Medical Group, Inc. 401(k) Profit Sharing Plan

Employer Identification Number: ► 94-1693523

For plan year (beginning/ending): ► 1/1/2024-12/31/2024

Plan number: ►

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(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
	Money Market	BLF FEDFUND CASH RESERVE	6,836.00	6,836.00
	Money Market	BLF FEDFUND CASH RESERVIC	3,185.00	3,185.00
	Money Market	Cash/ Money Market	81,406.74	81,406.74
	Money Market	Dreyfus Govt Instl Fd	76,594.63	76,594.63
	Money Market	FDIC Insured Deposit Account	2,767.81	2,767.81
	Money Market	Money Market/ Schwab Advantage	398,899.70	398,899.70
	Money Market	RJ Bank Deposit Program	13,556.23	13,556.23
	Common Stock	Abbvie Inc	75,298.34	116,926.60
	Common Stock	Accenture PLC Ireland CL A NEW	19,608.56	35,179.00
	Common Stock	Adobe Inc	22,881.06	27,125.48
	Common Stock	Air Products & Chemicals Inc	45,392.73	51,627.12
	Common Stock	Alphabet Inc CL A	10,741.99	28,962.90
	Common Stock	Alphabet Inc CL C	14,726.31	41,896.80
	Common Stock	Apple Inc	14,824.71	46,327.70
	Common Stock	Automatic Data Processing Inc	53,059.53	88,989.92
	Common Stock	Berkshire Hathaway Inc CL B New	7,724.65	19,491.04
	Common Stock	Booking Holdings Inc	25,948.14	49,684.20
	Common Stock	Broadcom Inc	45,785.00	218,856.96
	Common Stock	Chevron Corp	49,538.60	65,757.36
	Common Stock	Cisco Systems Inc	14,311.85	18,352.00
	Common Stock	CME Group Inc CL A	39,605.03	42,498.09
	Common Stock	Corning Inc	33,812.17	41,865.12
	Common Stock	Dell Technologies Inc CL C	28,824.01	42,062.60
	Common Stock	Eaton Corp PLC	43,877.54	88,609.29
	Common Stock	Eli Lilly & Co	57,487.57	134,328.00
	Common Stock	Exxon Mobil Corp	36,607.80	34,314.83
	Common Stock	Fastenal Co	13,465.21	17,402.22
	Common Stock	Fiserv Inc	24,189.07	41,084.00
	Common Stock	General Dynamics Corp	22,610.06	20,552.22
	Common Stock	Grainger W W Inc	12,470.45	27,405.30
	Common Stock	Home Depot Inc	53,951.39	80,131.94
	Common Stock	HP Inc	28,827.89	26,006.11
	Common Stock	Illinois Tool Works Inc	24,539.64	37,019.76
	Common Stock	Intuit Inc	23,858.81	47,766.00

(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
	Common Stock	Johnson & Johnson	48,669.17	46,567.64
	Common Stock	JPMorgan Chase & Co	51,732.88	66,879.09
	Common Stock	Keurig DR Pepper Inc	42,801.77	38,672.48
	Common Stock	Kinder Morgan Inc	18,988.65	29,427.60
	Common Stock	Lockheed Martin Corp	40,059.55	50,051.82
	Common Stock	Marsh & McLennan COS Inc	38,237.90	74,768.32
	Common Stock	Mastercard Inc CL A	18,508.58	35,280.19
	Common Stock	McDonalds Corp	57,940.18	79,139.97
	Common Stock	McKesson Corp	11,732.09	14,817.66
	Common Stock	Merck & Company Inc New	90,722.20	100,375.32
	Common Stock	Microsoft Corp	78,792.64	134,037.00
	Common Stock	Mondelez International Inc CL A	89,852.14	90,072.84
	Common Stock	Nextera Energy Inc	64,103.53	74,557.60
	Common Stock	Nvidia Corp	21,645.81	64,459.20
	Common Stock	Oneok Inc	25,673.30	31,626.00
	Common Stock	Paychex Inc	24,609.18	43,748.64
	Common Stock	Pepsico Inc	86,482.75	88,194.80
	Common Stock	Phillips 66	38,063.16	43,976.98
	Common Stock	PNC Financial Services Group Inc	57,183.25	81,961.25
	Common Stock	PPL Corp	41,366.38	45,249.24
	Common Stock	Procter & Gamble Co	76,285.52	94,051.65
	Common Stock	Prologis Inc	27,712.92	25,896.50
	Common Stock	Qualcomm Inc	25,641.86	31,799.34
	Common Stock	Realty Income Corp	59,089.43	49,778.12
	Common Stock	RTX Corp	18,110.45	21,408.20
	Common Stock	Salesforce Inc	31,872.52	40,453.93
	Common Stock	Sempra	49,864.60	67,719.84
	Common Stock	Stryker Corp	17,613.52	34,564.80
	Common Stock	Texas Instruments Inc	40,471.75	63,378.38
	Common Stock	Travelers Cos Inc	71,656.01	90,092.86
	Common Stock	United Parcel Servcies Inc CL B	20,811.44	13,114.40
	Common Stock	VISA Inc CL A	23,861.53	42,349.36
	Common Stock	WEC Energy Group Inc	27,487.52	28,682.20
	Common Stock	Williams Cos Inc Del	68,573.77	103,585.68
	Common Stock	GOLDMAN SACHS	51,188.52	52,785.00
	Common Stock	MORGAN STANLEY	51,138.78	54,740.00
	Common Stock	TRUIST FINANCIAL	54,903.26	51,635.00
	Common Stock	ZIONS	54,362.09	55,177.00
	Common Stock	Alibaba Group Holding Limited	614,235.65	720,375.84
	Common Stock	AMC Networks Incorporated Class A (AMCX)	60,176.61	76,685.40
	Common Stock	Berkshire Hathaway Inc. B	90,453.06	466,878.40
	Common Stock	Byd Company Limited Shs H	13,234.23	260,034.46
	Common Stock	Carters Incorporated	245,843.03	252,362.83
	Common Stock	Daily Journal Corp	105,105.93	585,029.70

(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
	Common Stock	Exxon Mobile Corp.	98,399.41	334,327.56
	Common Stock	Fox Factory HLDG Corporation	440,986.23	403,166.13
	Common Stock	Kraft Heinz Company (KHC)	156,665.72	189,449.99
	Common Stock	Polaris Incorporated	469,721.28	442,291.12
	Common Stock	Wabash Natl Corp.	18,574.62	43,013.43
	Common Stock	Wells Fargo	114,663.42	359,628.80
	Common Stock	Whirlpool Corporation	110,892.03	144,588.24
	Common Stock	Goldman Sachs Group	83,562.70	89,505.00
	Common Stock	Morgan Stanley	84,414.03	92,820.00
	Common Stock	Truist Financial Corp	95,221.80	87,555.00
	Common Stock	Zions Bancorp	94,688.21	93,561.00
	Common Stock	AVUV	46,936.60	50,099.07
	Common Stock	DFAE	2,900.24	2,841.44
	Common Stock	DFGR	1,983.42	2,043.20
	Common Stock	Ishares TR 0-3 Month Treasury	508,595.17	507,819.84
	Government Securities	U.S. TRSY INFLATION NTE 01.15.2025	192,396.34	199,619.64
	Government Securities	U.S. TRSY INFLATION NTE 07.15.2029	188,297.39	171,428.05
	Government Securities	US Tsy 0% 09/04/2025	302,645.70	306,290.25
	Government Securities	US Tsy 0% 12/26/2025	283,152.80	283,347.50
	Government Securities	US Tsy 1.75% 03/15/2025	383,000.00	397,984.00
	Government Securities	US Tsy 2.75% 06/30/2025	253,489.84	258,135.80
	Government Securities	US Tsy 1.375% 08/50	25,158.90	12,683.13
	Government Securities	US Tsy 1.625% 11/50	12,777.21	6,782.34
	Government Securities	US Tsy 1.875% 02/51	41,962.01	25,601.88
	Government Securities	US Tsy 2% 08/51	34,976.63	20,576.25
	Government Securities	US Tsy 2% 02/50	59,437.78	30,208.75
	Government Securities	US Tsy 2.25% 08/49	16,851.26	10,532.03
	Government Securities	US Tsy 2.25% 02/52	62,146.18	38,223.28
	Government Securities	US Tsy 2.5% 02/46	67,689.01	45,790.31
	Government Securities	US Tsy 2.5% 05/46	47,983.20	37,442.97
	Government Securities	US Tsy 2.75% 11/47	35,894.67	25,969.38
	Government Securities	US Tsy 2.875% 05/49	10,225.16	7,093.75
	Government Securities	Us tsy 3% 02/48	39,943.81	30,083.75
	Government Securities	US Tsy 3% 02/49	27,677.98	20,378.75
	Government Securities	US Tsy 3% 05/45	19,667.27	15,112.50
	Government Securities	Us Tsy 3% 08/48	54,731.00	40,915.00
	Government Securities	Us Tsy 3% 08/52	33,337.50	25,134.38
	Government Securities	US Tsy 3.125 08/44	71,386.56	55,890.00
	Government Securities	US Tsy 3.125% 02/43	73,112.85	59,226.56
	Government Securities	US Tsy 3.5% 02/39	259,153.13	227,784.36
	Government Securities	US Tsy 3.625% 08/43	34,080.92	28,804.38
	Government Securities	US Tsy 3.625% 02/53	15,174.88	13,010.00
	Government Securities	US Tsy 3.625% 05/53	20,456.49	18,719.84
	Government Securities	US Tsy 3.75% 11/43	22,385.44	19,801.56

(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
	Government Securities	US Tsy 4% 11/52	60,884.14	50,568.75
	Government Securities	US Tsy 4.125% 08/53	12,681.09	11,592.34
	Government Securities	US Tsy 4.25% 11/40	19,801.56	18,800.00
	Government Securities	US Tsy 4.5% 05/38	49,070.31	49,226.56
	Government Securities	US Tsy 4.25% 02/54	51,450.94	48,403.90
	Government Securities	US Tsy 4.625% 05/54	11,067.46	10,702.66
	Government Securities	US Tsy 4.5% 08/39	19,515.70	19,462.50
	Government Securities	US Tsy 4.625% 02/40	68,359.21	67,921.88
	Government Securities	UST Bond 1.625% 11/50	18,922.81	9,912.66
	Government Securities	UST Bond 1.875% 02/51	43,768.31	27,271.56
	Government Securities	UST Bond 2% 02/50	50,191.35	26,142.19
	Government Securities	UST Bond 2% 08/51	24,297.14	14,289.06
	Government Securities	UST Bond 2.25% 02/52	47,977.28	29,729.22
	Government Securities	UST Bond 2.25% 08/49	22,787.99	14,249.22
	Government Securities	UST Bond 2.5% 02/46	53,566.66	36,222.19
	Government Securities	UST Bond 2.5% 05/46	46,254.92	36,081.40
	Government Securities	UST Bond 2.75% 11/47	19,302.52	14,037.50
	Government Securities	UST Bond 3% 02/48	39,000.00	29,350.00
	Government Securities	UST Bond 3% 02/49	41,536.66	30,568.13
	Government Securities	UST Bond 3% 05/45	10,815.28	8,311.88
	Government Securities	UST Bond 3% 08/52	19,046.65	14,362.50
	Government Securities	UST Bond 3.125% 05/48	22,890.00	17,985.00
	Government Securities	UST Bond 3.125% 08/44	57,580.34	45,022.50
	Government Securities	UST Bond 3.625% 02/44	35,067.13	29,520.31
	Government Securities	UST Bond 3.625% 02/53	10,429.35	8,944.38
	Government Securities	UST Bond 3.625% 05/53	13,338.85	12,208.59
	Government Securities	UST Bond 3.75% 11/43	16,561.57	14,635.94
	Government Securities	UST Bond 4% 11/52	56,712.66	47,081.25
	Government Securities	UST Bond 4.25% 02/54	61,414.61	57,536.72
	Government Securities	US Treasury Bill 0%12/26/2025	345,542.40	345,780.00
	Government Securities	US Treasury Bill 2.750% 06/30/2025	272,978.13	277,992.40
	Government Securities	US Treasury Bill 3.5% 09/15/2025	142,620.55	144,228.60
	Government Securities	US Treasury Note 1.750% 03/15/2025	287,250.00	298,488.00
	Registered Investment Co	Amer Euro Pac Grth	64,256.11	64,156.83
	Registered Investment Co	Amer New World	92,789.15	93,619.27
	Registered Investment Co	Columbia Dividend Income	114,725.61	111,357.46
	Registered Investment Co	GS GQG Partners	61,874.46	64,028.03
	Registered Investment Co	Ishare Core S&P 500	147,713.33	186,022.88
	Registered Investment Co	JP Morgan Equity Income	117,158.49	109,158.03
	Registered Investment Co	JP Morgan Large Cap	97,429.20	93,709.27
	Registered Investment Co	Vanguard Russell 1000	83,297.27	94,416.20
	Registered Investment Co	Vanguard Small Cap	40,463.35	44,529.54
	Registered Investment Co	Vanguard Small Cap Value	57,621.19	62,426.70
	Registered Investment Co	DFAPX	308,433.55	281,031.58

(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
	Registered Investment Co	DFCEX	126,144.53	161,956.91
	Registered Investment Co	DFEQX	258,573.40	250,296.39
	Registered Investment Co	DFGBX	376,597.28	348,582.78
	Registered Investment Co	DFGEX	161,701.95	167,074.12
	Registered Investment Co	DFIEX	115,296.79	159,979.59
	Registered Investment Co	DFISX	150.02	2,434.35
	Registered Investment Co	DFITX	0.21	0.14
	Registered Investment Co	DFQTX	82,210.89	198,597.96
	Registered Investment Co	DFSHX	149,147.12	156,671.27
	Registered Investment Co	DFSVX	89.51	1,900.48
	Registered Investment Co	DISVX	30,449.52	47,580.97
	Registered Investment Co	DURPX	58,072.02	99,564.35
	Registered Investment Co	DFLVX	41,844.27	50,682.69
	Registered Investment Co	AMERICAN EURO PACIFIC	126,285.11	115,859.17
	Registered Investment Co	AMERICAN NEW WORLD	164,441.83	167,476.11
	Registered Investment Co	COLUMBIA DIVIDEND INCOME	194,982.36	204,565.90
	Registered Investment Co	GS GQG PARTNERS	110,814.56	115,490.93
	Registered Investment Co	ISHARES CORE S&P 500 ETF	230,176.85	336,136.28
	Registered Investment Co	JP MORGAN EQUITY INCOME	195,065.50	201,642.51
	Registered Investment Co	JP MORGAN LARGE CAP	174,292.81	168,767.48
	Registered Investment Co	NUVEEN PREFERRED	71,615.19	62,502.58
	Registered Investment Co	REAL ESTATE SELECT	158,991.30	136,447.85
	Registered Investment Co	TORTOISE NORTH AMERICAN	56,180.92	86,588.60
	Registered Investment Co	VANGUARD Russell 1000 ETF	150,753.37	168,585.60
	Registered Investment Co	VANGUARD SMALL CAP	76,700.62	82,057.58
	Registered Investment Co	VANGUARD SMALL CAP VALUE	95,137.90	114,548.04
	Registered Investment Co	AllSpring Core Plus Bond Instl CL	209,905.60	206,749.80
	Registered Investment Co	Capital Work Bond CL F2	60,765.57	50,638.40
	Registered Investment Co	FPA New Income	78,276.02	77,326.35
	Registered Investment Co	JPMorgan Core Bond CL I	262,929.66	232,970.78
	Registered Investment Co	PGIM High Yield CL Z	80,301.88	77,320.74
	Registered Investment Co	Thornburg LTD Term Income CL I	142,540.57	140,389.25
	Standard Ins Co Stable Asset	Unallocated Ins Contract	468,090.60	502,442.54
	Registered Investment Co	Standard Mutual Funds	11,803,508.19	13,374,589.45
	Collective Investment Funds	Cohen & Steers US Realty FD CL	103,379.14	113,284.03
	Collective Investment Funds	International Equity Fund Class R1	223,791.89	252,537.11
	Collective Investment Funds	MFS MID CAP GROWTH CIT CL	363,608.05	378,457.84
	Total		29,532,728.40	33,948,973.91