Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) _____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan
SACRAMENTO ENT MEDICAL GROUP INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 01/01/1996

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
SACRAMENTO EAR NOSE AND THROAT SURGICAL AND MEDICAL GROUP INC

1111 EXPOSITION BLVD., BLDG. 700
SACRAMENTO, CA 95815

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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	ETHAN PINESCHI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	204
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	134
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	130
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	63
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	193
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	193
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	201
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	193
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	20
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 Characteristic 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 Characteristic Codes in the instructions:

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
SACRAMENTO ENT MEDICAL GROUP INC. 401(K) 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	193	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	450486
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.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	502442
c	Additions: (1) Contributions deposited during the year	7c(1)	15651		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	12729		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	301887		
	▶ TRANSFER FROM TRUST				
	(6)Total additions			7c(6)	330267
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	832709
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	4152		
	(2) Administration charge made by carrier	7e(2)	17		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	378054		
	▶ TRANSFERRED TO TRUST				
	(5) Total deductions			7e(5)	382223
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	450486

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)**	
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)**	
(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)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
SACRAMENTO ENT MEDICAL GROUP INC. 401(K) 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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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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	0	Yes [X] No [ ]	Yes [X] No [ ]	78124	Yes [ ] No [ ]

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

STANDARD RETIREMENT SERVICES

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?
27	RECORDKEEPER	5751	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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		Yes [X] No [ ]	Yes [X] No [ ]	8388	Yes [ ] No [ ]

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)

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?
10	RECORDKEEPER	33725	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
SACRAMENTO ENT MEDICAL GROUP INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 004

C Plan or DFE 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 on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

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

b Name of sponsor of entity listed in (a): STANDARD INSURANCE COMPANY

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)
93-0242990-005	P	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
SACRAMENTO ENT MEDICAL GROUP INC. 401(K) 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

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	407880	3554
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1104754	1052635
(2) Participant contributions	1b(2)	3700	6015
(3) Other	1b(3)	24810	31657
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	175366	1011627
(2) U.S. Government securities	1c(2)	4807020	4235356
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	8341555	9895014
(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)	19714711	23522887
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	502442	450486
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	35082238	40209231
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		21100
1k Total liabilities (add all amounts in lines 1g through1j)	1k		21100
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	35082238	40188131

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)	1035702	
(B) Participants	2a(1)(B)	1053206	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2088908
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	12479	
(B) U.S. Government securities	2b(1)(B)	115007	
(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)	31657	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		159143
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	32425	
(B) Common stock	2b(2)(B)	88801	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	163385	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		284611
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	10077284	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	9446408	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		630876
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	723062	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		723062

		(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)		2341958
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		6228558
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1003786	
(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)		1003786
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)	9301	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	109578	
(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)		118879
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1122665
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		5105893
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] 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: BEEBOUT, WILLIAM & OLDS, CPAS **(2)** EIN: 83-0534566

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**	X		19082
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		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?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
SACRAMENTO ENT MEDICAL GROUP INC. 401(K) 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 Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 82-3967259 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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702751A .

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

FINANCIAL STATEMENTS AND INDEPENDENT AUDITOR'S REPORT

DECEMBER 31, 2025 AND 2024

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

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BW&O CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

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

Opinion

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, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its 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

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 within one year after the date that the financial statements are available to be issued.

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

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 there is a substantial likelihood

that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the 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 Schedule H, line 4a – schedule of delinquent participant contributions for the year ended December 31, 2025, Schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2025, and Schedule H, line 4j – schedule of reportable transactions for the year ended December 31, 2025 are presented for the purpose 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

El Dorado Hills, California
October 14, 2026

Document Ref: 77KCO-AE5Z8-W3XQU-TBWGX

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2025 AND 2024

	2025	2024
Assets		
Cash and cash equivalents	$ 1,015,181	$ 583,246
Investments:		
Investments at fair value	37,653,257	32,863,286
Investments at contract value	450,486	502,442
Total investments	38,103,743	33,365,728
Receivables:		
Employer contributions	1,052,635	1,104,754
Participant contributions	6,015	3,700
Interest and dividends	31,657	24,810
Total receivables	1,090,307	1,133,264
Total assets	**40,209,231**	**35,082,238**
Liabilities		
Employer contribution deposited in error	21,100	—
Total liabilities	**21,100**	**—**
Net assets available for benefits	**$ 40,188,131**	**$ 35,082,238**

See accompanying notes to financial statements.

Document Ref: 77KCO-AE5Z8-W3XQU-TBWGX

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, 2025 AND 2024

	2025	2024
Additions		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$ 3,695,896	$ 2,861,357
Interest and dividends	443,754	612,486
Total investment income	4,139,650	3,473,843
Contributions:		
Employer	1,035,702	1,086,137
Participants	1,053,206	980,342
Rollover	—	11,704
Total contributions	2,088,908	2,078,183
Total additions	**6,228,558**	**5,552,026**
Deductions		
Deductions from net assets attributed to:		
Benefits paid to participants	1,003,786	5,963,504
Administrative expenses	118,879	130,828
Total deductions	**1,122,665**	**6,094,332**
Net increase (decrease) in net assets	**5,105,893**	**(542,306)**
Net assets available for benefits:		
Beginning of year	35,082,238	35,624,544
End of year	**$ 40,188,131**	**$ 35,082,238**

See accompanying notes to financial statements.

Document Ref: 77KCO-AE5Z8-W3XQU-TBWGX

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025 AND 2024

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 Plan agreement and 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 Ear, Nose and Throat Surgical and Medical Group, Inc., doing business as Sacramento ENT Medical Group, Inc. (the Company) and its wholly owned subsidiaries who have one year of service, have attained age 21, and complete a minimum of 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 participant pre-tax and Roth salary deferrals up to Internal Revenue Service (IRS) limits. For 2025 and 2024, the maximum deferral limit was $23,500 and $23,000, respectively. In addition, participants who are at least age 50 by December 31 of the calendar year may make a catch-up contribution in addition to the maximum deferral limit. For 2025 and 2024, the catch-up contribution limit was $7,500, and for 2025 participants who attained age 60 to 63 during the year were eligible for a higher catch-up limit of $11,250. Participants may also contribute amounts representing distributions from other qualified plans (rollover contributions).

Effective January 1, 2019, the Plan was amended to a safe harbor plan. The Company makes a safe harbor employer contribution equal to 3% of eligible compensation. The Plan also allows for discretionary Company profit-sharing contributions at the option of the Company's board of directors. For the year ended December 31, 2025, the Company made safe harbor contributions of $392,707 and profit-sharing contributions of $659,928, less forfeitures applied of $16,933, totaling $1,035,702. The Company made safe harbor contributions of $337,481 and profit-sharing contributions of $748,656, totaling $1,086,137, for the year ended December 31, 2024. Contributions are subject to certain IRS limitations.

Delinquent Participant Contributions: During 2025, participant contributions of $19,082 withheld from a June 30, 2025 off-cycle payroll ($503), the July 11, 2025 payroll ($3,079, remitted August 18, 2025) and the October 24, 2025 payroll ($15,500) were not remitted to the Plan within the time frame required by Department of Labor Regulation 2510.3-102. The Company intends to remit the related lost earnings to the Plan. See the supplemental Schedule H, line 4a – schedule of delinquent participant contributions.

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.

Participant Accounts: Each participant's account is credited with the participant's contributions and allocations of (a) the Company's safe harbor and profit-sharing contributions and (b) Plan earnings (losses), and is charged with withdrawals and 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.

NOTE A - DESCRIPTION OF THE PLAN - Continued

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

Years of service	Vested percentage
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 is entitled to 100% of the account balance derived from qualified nonelective employer contributions and related rollover contributions.

Payment of Benefits: Upon termination of employment, participants with vested account balances less than $7,000 will receive a lump-sum distribution as soon as administratively feasible. If the vested account balance exceeds this amount, 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. The Plan also permits hardship withdrawals in accordance with Plan provisions.

Investment Options: Upon enrollment in the Plan, participants may direct their contributions in any increments to the investment options of their choice. In May 2025, the Plan replaced the American Funds target-date mutual funds offered through the Charles Schwab Trust Bank custodial account with the Great Gray Capital Group target-date collective investment trusts.

Forfeited Accounts: Forfeited nonvested accounts totaled $51,819 and $15,487 for the years ended December 31, 2025 and 2024, respectively. The 2025 amount includes $32,467 forfeited from the brokerage account of a terminated participant and transferred to the forfeiture account. Forfeitures will be used to reduce future employer contributions. Employer contributions were reduced by $16,933 and $22,794 for the years ended December 31, 2025 and 2024, respectively, from forfeited nonvested accounts. At December 31, 2025 and 2024, unallocated forfeitures in the forfeiture account totaled $55,136 and $19,393, respectively.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

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.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Use of Estimates: The preparation of financial statements in accordance with 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 and Cash Equivalents: All highly liquid investments with an original maturity of three months or less, including money market funds, are considered to be cash equivalents.

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

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

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. Fees related to the administration of participant accounts and investment advisory fees charged to the Plan are included in administrative expenses. Investment-related expenses embedded in fund operating ratios are included in net appreciation in 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 or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. GAAP establishes a fair value hierarchy that requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. 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.

Level 2 – Observable market-based inputs other than Level 1 prices, 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.

NOTE C - FAIR VALUE MEASUREMENTS - Continued

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, 2025 and 2024.

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

Registered investment companies: Valued at the daily closing price as reported by the fund. Registered investment companies held by the Plan are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The registered investment companies 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 trusts: Valued at the NAV of units of the collective investment trust. The NAV, as provided by the trustee of the collective investment trust, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2025 and 2024:

Assets at Fair Value as of December 31, 2025

	Level 1	Level 2	Level 3	Total
Investments at fair value:				
Corporate common stock and exchange-traded funds	$ 9,895,014	$ —	$ —	$ 9,895,014
Government securities	—	4,235,356	—	4,235,356
Registered investment companies	12,684,852	—	—	12,684,852
Total assets in the fair value hierarchy	$ 22,579,866	$ 4,235,356	$ —	$ 26,815,222
Investments measured at NAV (a)				10,838,035
Total investments at fair value				**$ 37,653,257**

NOTE C - FAIR VALUE MEASUREMENTS - Continued

Assets at Fair Value as of December 31, 2024

	Level 1	Level 2	Level 3	Total
Investments at fair value:				
Corporate common stock and exchange-traded funds	$ 8,849,373	$ —	$ —	$ 8,849,373
Government securities	—	4,299,203	—	4,299,203
Registered investment companies	18,970,431	—	—	18,970,431
Total assets in the fair value hierarchy	$ 27,819,804	$ 4,299,203	$ —	$ 32,119,007
Investments measured at NAV (a)				744,279
Total investments at fair value				**$ 32,863,286**

(a) In accordance with Subtopic 820-10, certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The collective investment trusts held at December 31, 2025 consist primarily of target-date trusts (Great Gray Capital Group target-date series) that invest in a diversified mix of equity and fixed-income strategies whose allocation becomes more conservative as the target retirement date approaches, together with U.S. real estate securities, mid-cap growth equity and international equity trusts. Participants may redeem units daily at NAV, and the Plan has no unfunded commitments to these trusts.

The following tables set forth additional disclosures for the Plan's investments whose fair value is estimated using NAV per share (or its equivalent) as of December 31, 2025 and 2024:

As of December 31, 2025

	Fair value	Unfunded commitments	Redemption frequency	Redemption notice period
Collective investment trusts	$ 10,838,035	—	Daily	Daily

As of December 31, 2024

	Fair value	Unfunded commitments	Redemption frequency	Redemption notice period
Collective investment trusts	$ 744,279	—	Daily	Daily

NOTE D - GUARANTEED INVESTMENT CONTRACT

The Plan offers participants the option to invest in a guaranteed annuity contract with Standard Insurance Company (The Standard) called the Standard Stable Asset Fund A (SSAF A), which has the following 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 contract value is a general liability of Standard Insurance Company on the Plan's behalf.

NOTE D - GUARANTEED INVESTMENT CONTRACT - Continued

3. There are no particular segregated or identifiable assets of Standard Insurance Company ascribed to the Plan's SSAF A.

Net deposits invested in the SSAF A become part of Standard Insurance Company's general account. Net deposits and interest credited become liabilities of Standard Insurance Company on the Plan's behalf. 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. 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.

Crediting rates for the SSAF A are set by Standard Insurance Company using a process similar to that used by banks or other insurance companies for similar products. The Standard declares in advance a crediting rate for all assets in the fund for the coming quarter. The crediting rate takes into account yield forecasts from its asset advisory group and the margins required for its business, and is reset quarterly. The fund's declared crediting rate will never be below 1% annually. Past crediting rates are not indicative of future 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. The crediting rate, calculated as the percentage increase in the fund's NAV over the plan year, was 3.16% and 3.04% for the years ended December 31, 2025 and 2024, respectively.

Other information:

- Daily liquidity is available for participant contributions, withdrawals and transfers at contract value regardless of market conditions.
- 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 the 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. The Plan administrator does not believe that the occurrence of any such event that would limit the Plan's ability to transact at contract value with participants is probable.
- 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 Standard's position is that the average yield earned by the entire fund and the actual interest rate credited to participants are the same. The crediting rate is part of The Standard's obligation to the Plan, regardless of how The Standard's assets perform.

NOTE E - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are units of the Standard Stable Asset Fund A, a guaranteed annuity contract issued by Standard Insurance Company. Affiliates of Standard Insurance Company (StanCorp Financial Group and Standard Retirement Services) provide recordkeeping services to the Plan, and Charles Schwab Trust Bank serves as custodian of the Plan's trust account. Benefit Resources, Inc. serves as third-party administrator, and CapFinancial Partners, LLC serves as investment advisor. These entities qualify as parties-in-interest. Transactions in the SSAF A and fees paid by the Plan to these service providers, which are included in administrative expenses, qualify as exempt party-in-interest transactions under ERISA and 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% vested in their accounts.

NOTE G - TAX STATUS

The Plan is a pre-approved plan. The IRS has issued an opinion letter dated June 30, 2020 to the sponsor of the pre-approved plan document stating that the form of the document is acceptable under Section 401(a) of the Internal Revenue Code (IRC). The Plan has been restated onto that document and has been amended since; however, the trustees of the Plan and the Plan administrator believe that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC; therefore, no provision for income taxes has been included in the accompanying financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE H - SUBSEQUENT EVENTS

In preparing the financial statements, the Plan has evaluated subsequent events and transactions that occurred after the statement of net assets available for benefits date through October 14, 2026, the date that the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN
EIN 94-1693523 PLAN 004

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(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 companies			
	American Funds New Perspective R6	Mutual fund	$ 31,852	$ 39,117
	BlackRock Total Return Fund Class K	Mutual fund	587,206	583,494
	Brandywine GLOBAL Corporate Credit IS	Mutual fund	190,076	180,453
	Driehaus Emerging Markets Growth Fund Institutional	Mutual fund	276,217	371,556
	JPMorgan Large Cap Growth R6	Mutual fund	653,686	750,461
	PIMCO Income Fund Institutional Class	Mutual fund	315,365	321,965
	Vanguard Equity Income Fund Admiral Shares	Mutual fund	465,107	499,644
	Vanguard Total Bond Market Index Admiral	Mutual fund	762,598	765,516
	Vanguard Total International Bond Index Admiral	Mutual fund	3,895	3,863
	Vanguard Total International Stock Index Admiral	Mutual fund	581,359	731,931
	Vanguard Total Stock Market Index Fund Admiral	Mutual fund	1,588,218	2,249,709
	Victory Sycamore Small Company Opportunity R6	Mutual fund	316,492	308,819
	Total registered investment companies – custodial trust		5,772,071	6,806,528
	Collective investment trusts			
	Cohen & Steers U.S. Realty Fund Class CT	Collective investment trust	126,298	137,823
	Great Gray Capital Group 2070 TD Trust Class CT	Collective investment trust	3,885	4,000
	Great Gray Capital Group 2010 TD CT	Collective investment trust	188,102	190,760
	Great Gray Capital Group 2015 TD CT	Collective investment trust	3,116	3,402
	Great Gray Capital Group 2020 TD CT	Collective investment trust	42,061	46,580
	Great Gray Capital Group 2025 TD CT	Collective investment trust	1,683,455	1,867,997
	Great Gray Capital Group 2030 TD CT	Collective investment trust	514,534	577,887
	Great Gray Capital Group 2035 TD CT	Collective investment trust	2,229,173	2,551,526

SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN
EIN 94-1693523 PLAN 004

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(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
	Great Gray Capital Group 2040 TD CT	Collective investment trust	1,238,842	1,453,213
	Great Gray Capital Group 2045 TD CT	Collective investment trust	639,212	752,281
	Great Gray Capital Group 2050 TD CT	Collective investment trust	1,136,619	1,346,874
	Great Gray Capital Group 2055 TD CT	Collective investment trust	575,313	673,968
	Great Gray Capital Group 2060 TD CT	Collective investment trust	253,358	299,251
	Great Gray Capital Group 2065 TD CT	Collective investment trust	88,180	102,565
	International Equity Fund Class R1	Collective investment trust	274,646	333,706
	MFS Mid Cap Growth CIT Class CT	Collective investment trust	481,080	496,202
	Total collective investment trusts		9,477,874	10,838,035
	Brokerage accounts			
	Corporate common stock and exchange-traded funds			
	Abbvie Inc	Common stock	70,692	138,008
	Accenture PLC Ireland CL A NEW	Common stock	59,845	60,636
	Adobe Inc	Common stock	22,881	21,349
	Alibaba Group Holding Limited	Common stock	526,023	1,076,928
	Alphabet Inc CL A	Common stock	7,974	34,117
	Alphabet Inc CL C	Common stock	10,685	48,953
	AMC Networks Incorporated Class A (AMCX)	Common stock	37,410	62,128
	Amphenol Corp CL A	Common stock	10,295	10,000
	Apollo Global Management Inc	Common stock	30,838	33,584
	Apple Inc	Common stock	11,188	36,157
	Automatic Data Processing Inc	Common stock	52,515	77,169
	AvalonBay Communities Inc	Common stock	56,095	51,492
	Avantis International Small Cap Value ETF	Exchange-traded fund	46,928	46,985
	Avantis U.S. Small Cap Value ETF	Exchange-traded fund	162,143	180,835
	Berkshire Hathaway Inc CL B New	Common stock	7,725	21,614
	Berkshire Hathaway Inc. B	Common stock	90,453	517,730
	Booking Holdings Inc	Common stock	25,948	53,553
	Broadcom Inc	Common stock	63,619	193,470

SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN
EIN 94-1693523 PLAN 004

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(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
	Byd Company Limited Shs H	Common stock	11,730	248,011
	Carters Incorporated	Common stock	550,555	659,886
	Chevron Corp	Common stock	49,539	69,194
	Cisco Systems Inc	Common stock	41,491	54,768
	CME Group Inc CL A	Common stock	39,605	49,974
	Corning Inc	Common stock	17,157	41,241
	Daily Journal Corp	Common stock	105,106	501,940
	Darden Restaurants Inc	Common stock	22,125	22,818
	Dimensional Emerging Core Equity Market ETF	Exchange-traded fund	2,981	3,735
	Dimensional Global Sustainability Fixed Income ETF	Exchange-traded fund	116,442	118,170
	Dimensional International Core Equity Market ETF	Exchange-traded fund	51,513	53,634
	Dimensional Short-Duration Fixed Income ETF	Exchange-traded fund	50,230	50,082
	Dimensional U.S. Core Equity 2 ETF	Exchange-traded fund	132,819	162,812
	Eaton Corp PLC	Common stock	38,140	66,250
	Eli Lilly & Co	Common stock	57,488	186,994
	Exxon Mobil Corp	Common stock	64,032	67,029
	Fastenal Co	Common stock	13,465	19,423
	Fox Factory HLDG Corporation	Common stock	675,244	552,721
	Garmin LTD	Common stock	15,895	15,619
	General Dynamics Corp	Common stock	48,827	54,876
	Goldman Sachs Group Inc	Common stock	134,751	120,590
	Grainger W W Inc	Common stock	12,470	26,235
	Hartford Insurance Group Inc	Common stock	45,825	53,604
	Helen of Troy Limited	Common stock	55,973	63,261
	Home Depot Inc	Common stock	52,584	68,820
	Illinois Tool Works Inc	Common stock	24,540	35,960
	Intuit Inc	Common stock	23,859	50,344
	Johnson & Johnson	Common stock	124,008	166,595
	JPMorgan Chase & Co	Common stock	66,378	105,688
	Kinder Morgan Inc	Common stock	18,989	29,524

SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN
EIN 94-1693523 PLAN 004

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(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
	Kraft Heinz Company (KHC)	Common stock	269,977	270,315
	Linde PLC	Common stock	16,403	16,629
	Lockheed Martin Corp	Common stock	40,060	49,818
	Marsh & McLennan COS Inc	Common stock	29,129	40,258
	Mastercard Inc CL A	Common stock	18,509	38,249
	McDonalds Corp	Common stock	57,940	83,437
	McKesson Corp	Common stock	23,353	35,272
	Meta Platforms Inc Cl A	Common stock	28,123	30,364
	Microsoft Corp	Common stock	135,632	210,375
	Mondelez International Inc Cl A	Common stock	89,852	81,176
	Morgan Stanley	Common stock	135,553	119,660
	Nextera Energy Inc	Common stock	64,104	83,491
	Nvidia Corp	Common stock	18,137	75,719
	Oneok Inc	Common stock	25,673	23,152
	Paychex Inc	Common stock	29,542	38,702
	Pepsico Inc	Common stock	52,075	45,926
	Philip Morris Intl Inc	Common stock	22,086	21,173
	PNC Financial Services Group Inc	Common stock	47,122	67,837
	Polaris Incorporated	Common stock	171,891	253,632
	PPL Corp	Common stock	49,864	56,978
	Procter & Gamble Co	Common stock	86,232	88,852
	RTX Corp	Common stock	18,110	33,929
	Salesforce Inc	Common stock	31,873	32,054
	Sempra	Common stock	38,939	52,621
	Stryker Corp	Common stock	17,614	33,741
	Taiwan Semiconductor Manufacturing Co Ltd Spon ADR	Common stock	73,111	76,884
	Targa Resources Corp	Common stock	36,119	38,745
	TE Connectivity PLC	Common stock	39,426	60,745
	Texas Instruments Inc	Common stock	13,299	18,390
	Travelers Cos Inc	Common stock	73,303	109,353
	Truist Financial Corp	Common stock	150,125	122,636

SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN
EIN 94-1693523 PLAN 004

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(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
	Uber Technologies Inc	Common stock	15,139	12,665
	Union Pacific Corp	Common stock	22,939	22,207
	UnitedHealth Group Inc	Common stock	50,863	54,468
	VICI Properties Inc	Common stock	67,813	59,755
	VISA Inc CL A	Common stock	23,862	46,995
	WEC Energy Group Inc	Common stock	32,410	36,595
	Wells Fargo	Common stock	114,663	477,184
	Whirlpool Corporation	Common stock	267,130	273,266
	Williams Cos Inc Del	Common stock	56,615	94,252
	Zions Bancorporation	Common stock	149,050	123,008
	Total corporate common stock and exchange-traded funds		6,660,678	9,895,014
	U.S. Government securities			
	U.S. Treasury	U.S. Treasury bill, 0.000%, due 06/11/2026	308,317	315,050
	U.S. Treasury	U.S. Treasury bill, 0.000%, due 09/03/2026	217,433	219,872
	U.S. Treasury	U.S. Treasury bond, 1.375%, due 08/2050	25,159	12,813
	U.S. Treasury	U.S. Treasury bond, 1.625%, due 11/2050	31,700	16,846
	U.S. Treasury	U.S. Treasury bond, 1.875%, due 02/2051	85,730	53,196
	U.S. Treasury	U.S. Treasury bond, 2.000%, due 02/2050	109,629	57,022
	U.S. Treasury	U.S. Treasury bond, 2.000%, due 08/2051	59,274	35,039
	U.S. Treasury	U.S. Treasury bond, 2.250%, due 02/2052	110,123	68,128
	U.S. Treasury	U.S. Treasury bond, 2.250%, due 08/2049	39,639	25,150
	U.S. Treasury	U.S. Treasury bond, 2.500%, due 02/2046	121,256	83,681
	U.S. Treasury	U.S. Treasury bond, 2.500%, due 05/2046	94,238	75,043
	U.S. Treasury	U.S. Treasury bond, 2.750%, due 11/2047	55,197	40,677
	U.S. Treasury	U.S. Treasury bond, 2.875%, due 05/2049	10,225	7,190
	U.S. Treasury	U.S. Treasury bond, 3.000%, due 02/2048	78,944	60,399
	U.S. Treasury	U.S. Treasury bond, 3.000%, due 02/2049	69,215	51,693
	U.S. Treasury	U.S. Treasury bond, 3.000%, due 05/2045	30,483	23,898
	U.S. Treasury	U.S. Treasury bond, 3.000%, due 08/2048	54,731	41,554

SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN
EIN 94-1693523 PLAN 004

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(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
	U.S. Treasury	U.S. Treasury bond, 3.000%, due 08/2052	52,384	39,486
	U.S. Treasury	U.S. Treasury bond, 3.125%, due 02/2043	73,113	60,797
	U.S. Treasury	U.S. Treasury bond, 3.125%, due 05/2048	22,890	18,271
	U.S. Treasury	U.S. Treasury bond, 3.125%, due 08/2044	128,967	103,106
	U.S. Treasury	U.S. Treasury bond, 3.500%, due 02/2039	259,153	237,220
	U.S. Treasury	U.S. Treasury bond, 3.625%, due 02/2044	35,067	30,105
	U.S. Treasury	U.S. Treasury bond, 3.625%, due 02/2053	25,604	21,912
	U.S. Treasury	U.S. Treasury bond, 3.625%, due 05/2053	33,795	30,819
	U.S. Treasury	U.S. Treasury bond, 3.625%, due 08/2043	34,081	29,405
	U.S. Treasury	U.S. Treasury bond, 3.750%, due 11/2043	38,947	35,120
	U.S. Treasury	U.S. Treasury bond, 4.000%, due 11/2052	117,597	97,374
	U.S. Treasury	U.S. Treasury bond, 4.125%, due 08/2053	12,681	11,537
	U.S. Treasury	U.S. Treasury bond, 4.250%, due 02/2054	112,866	105,143
	U.S. Treasury	U.S. Treasury bond, 4.250%, due 11/2040	19,802	19,325
	U.S. Treasury	U.S. Treasury bond, 4.500%, due 05/2038	49,070	51,031
	U.S. Treasury	U.S. Treasury bond, 4.500%, due 08/2039	19,516	20,055
	U.S. Treasury	U.S. Treasury bond, 4.500%, due 11/2054	178,334	174,017
	U.S. Treasury	U.S. Treasury bond, 4.625%, due 02/2040	68,359	69,841
	U.S. Treasury	U.S. Treasury bond, 4.625%, due 05/2054	11,067	10,620
	U.S. Treasury	U.S. Treasury bond, 4.750%, due 05/2055	89,424	87,707
	U.S. Treasury	U.S. Treasury inflation-indexed note, due 07/15/2029	194,219	183,933
	U.S. Treasury	U.S. Treasury inflation-indexed note, due 09/15/2026	451,764	453,285
	U.S. Treasury	U.S. Treasury note, 0.750%, due 03/31/2026	206,310	213,585
	U.S. Treasury	U.S. Treasury note, 0.875%, due 06/30/2026	612,079	626,740
	U.S. Treasury	U.S. Treasury note, 4.250%, due 03/15/2027	315,737	317,671
	Total U.S. Government securities		4,664,119	4,235,356

SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN
EIN 94-1693523 PLAN 004

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(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 companies			
	AllSpring Core Plus Bond Instl CL	Mutual fund	220,372	221,964
	American Funds EuroPacific Growth F2	Mutual fund	181,512	192,047
	American Funds New World F2	Mutual fund	226,744	273,777
	Capital Work Bond CL F2	Mutual fund	62,918	55,339
	Columbia Dividend Income Institutional	Mutual fund	320,443	321,511
	DFA Emerging Markets Core Equity I	Mutual fund	12,435	41,052
	DFA Five-Year Global Fixed Income I	Mutual fund	391,046	363,684
	DFA Investment Grade Portfolio I	Mutual fund	319,553	301,309
	DFA Selectively Hedged Global Fixed Income I	Mutual fund	155,853	164,251
	DFA Short-Term Extended Quality I	Mutual fund	263,748	256,905
	DFA U.S. Core Equity 2 I	Mutual fund	182,595	353,078
	DFA U.S. High Relative Profitability I	Mutual fund	59,243	112,318
	DFA U.S. Large Cap Value I	Mutual fund	42,844	58,975
	DFA U.S. Small Cap Value I	Mutual fund	124	2,060
	FPA New Income	Mutual fund	81,488	83,020
	Goldman Sachs GQG Partners International Opportunities	Mutual fund	162,683	190,404
	iShares 0-3 Month Treasury Bond ETF	Exchange-traded fund	414,392	414,268
	iShares Core S&P 500 ETF	Exchange-traded fund	334,766	536,308
	JPMorgan Core Bond CL I	Mutual fund	272,638	250,154
	JPMorgan Equity Income I	Mutual fund	317,287	320,991
	JPMorgan Large Cap Growth I	Mutual fund	259,545	258,070
	Nuveen Preferred Securities and Income	Mutual fund	71,615	65,521
	PGIM High Yield CL Z	Mutual fund	86,047	84,391
	Real Estate Select Fund	Mutual fund	158,991	135,374
	Thornburg LTD Term Income CL I	Mutual fund	148,515	150,243
	Tortoise North American Pipeline	Mutual fund	54,922	89,647
	Vanguard Russell 1000 Growth ETF	Exchange-traded fund	210,008	265,172
	Vanguard Small Cap Growth ETF	Exchange-traded fund	148,638	132,022
	Vanguard Small Cap Value ETF	Exchange-traded fund	137,312	184,469

SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN
EIN 94-1693523 PLAN 004

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2025

(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
	Total registered investment companies		5,298,277	5,878,324
	Total brokerage accounts		16,623,074	20,008,694
	Total investments at fair value		**31,873,019**	**37,653,257**
*	Standard Insurance Company	Standard Stable Asset Fund A – guaranteed annuity contract, at contract value	422,313	450,486
	Cash and cash equivalents			
	BlackRock Liquidity FedFund	Money market fund	881,241	881,241
	Cash	Cash	4,002	4,002
	Dreyfus Government Cash Management Institutional	Money market fund	88,132	88,132
	Raymond James Bank Deposit Program	Bank deposit sweep	34,085	34,085
	Schwab Bank Sweep (FDIC-insured deposit account)	Bank deposit sweep	7,721	7,721
	Total cash and cash equivalents		1,015,181	1,015,181
	Total assets held for investment purposes		**$ 33,310,513**	**$ 39,118,924**

* Represents a party-in-interest to the Plan.

SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN
EIN 94-1693523 PLAN 004

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2025

(a) Identity of party involved	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(f) Expense incurred	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Series of transactions in the same security exceeding 5% of plan assets:							
Great Gray Trust Company, LLC	Great Gray Capital Group 2035 TD Trust Class CT – collective investment trust; purchases	$ 2,237,603		$ —	$ 2,237,603	$ 2,237,603	$ —
	Great Gray Capital Group 2035 TD Trust Class CT – collective investment trust; sales		9,219	—	8,439	9,219	780
American Funds (Capital Group)	American Funds 2035 Target Date Retirement Fund R6 – mutual fund; purchases	114,456		—	114,456	114,456	—
	American Funds 2035 Target Date Retirement Fund R6 – mutual fund; sales		2,189,615	—	2,147,440	2,189,615	42,175
Single transaction exceeding 5% of plan assets:							
American Funds (Capital Group)	American Funds 2035 Target Date Retirement Fund R6 – mutual fund; sale of 112,198 shares on May 5, 2025		2,180,008	—		2,180,008	

Columns (e) lease rental and (j) are not applicable. Reportable transactions are those that, individually or as a series of transactions in the same security, exceed 5% of the current value of plan assets at the beginning of the year ($35,082,238 × 5% = $1,754,112). Transactions directed by participants under the individual account plan exemption are excluded. Amounts are from the Charles Schwab Trust Bank 5500 report detail for the period ended December 31, 2025.

The 2025 transactions resulted from the Plan's May 2025 replacement of the American Funds target-date mutual funds with same-vintage Great Gray Capital Group target-date collective investment trusts, which was not directed by participants.

Document Ref: 77KCO-AE5Z8-W3XQU-TBWGX

SACRAMENTO ENT MEDICAL GROUP, INC.
401(k) PROFIT SHARING PLAN
EIN 94-1693523 PLAN 004

SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2025

Participant contributions transferred late to the Plan	Check here if late participant loan repayments are included	Total that constitute nonexempt prohibited transactions – contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	Total fully corrected under VFCP and PTE 2002-51
$ 19,082		$ 19,082	$ —	$ —	$ —

Late participant contributions are those remitted after the date required by Department of Labor Regulation 2510.3-102. Amounts are per timeliness testing of the 2025 payroll remittances and include $3,079 of July 11, 2025 participant contributions remitted on August 18, 2025, 27 business days after the payroll date. Lost earnings will be remitted to the Plan.

CERTIFICATE *of* SIGNATURE

REF. NUMBER
77KCO-AE5Z8-W3XQU-TBWGX

DOCUMENT COMPLETED BY ALL PARTIES ON
15 OCT 2026 17:37:39
UTC

SIGNER	TIMESTAMP	SIGNATURE
ROGER BEEBOUT EMAIL ROGER.BEEBOUT@BWOCPA.COM	SENT 15 OCT 2026 17:04:01 VIEWED 15 OCT 2026 17:37:06 SIGNED 15 OCT 2026 17:37:39	Beebout, Williams & Olds CPAs IP ADDRESS 104.183.209.169 LOCATION LELAND, UNITED STATES

RECIPIENT VERIFICATION

EMAIL VERIFIED
15 OCT 2026 17:37:06

Schedule H/I, Line 4a
Schedule of Delinquent Participant Contributions

Name of Plan:

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

Employer Identification No.: ► 94-1693523

Plan year (beginning/ending):► 01/01/2025 - 12/31/2025 Plan number:► 004

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$ 19,082.00	$ 19,082.00			

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):► 1/1/2025-12/31/2025 Plan number:► 4

(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	509,910.00	509,910.00
	Money Market	BLF FEDFUND CASH RESERVICE	371,331.00	371,331.00
	Money Market	Cash/Money Market	4,004.69	4,004.69
	Money Market	Dreyfus Govt Instl Fd	88,132.30	88,132.30
	Money Market	FDIC Insured Deposit Account	7,720.65	7,720.65
	Money Market	RJ Bank Deposit Program	34,084.98	34,084.98
	Common Stock	Abbvie Inc	70,692.22	138,007.96
	Common Stock	Accenture PLC Ireland CL A NEW	59,844.58	60,635.80
	Common Stock	Adobe Inc	22,881.06	21,349.39
	Common Stock	Alibaba Group Holding Limited	526,023.24	1,076,923.26
	Common Stock	Alphabet Inc CL A	7,974.37	34,117.00
	Common Stock	Alphabet Inc CL C	10,684.74	48,952.80
	Common Stock	AMC Networks Incorporated Class A (AMCX	37,409.64	62,127.52
	Common Stock	Amphenol Corp CL A	10,294.81	10,000.36
	Common Stock	Apollo Global Management Inc	30,837.61	33,584.32
	Common Stock	Apple Inc	11,187.70	36,157.38
	Common Stock	Automatic Data Processing Inc	52,515.31	77,169.00
	Common Stock	Avalonbay Commntys Inc	56,094.65	51,492.04
	Common Stock	AVDV	46,927.90	46,985.00
	Common Stock	AVUV	162,143.35	180,835.29
	Common Stock	Berkshire Hathaway Inc CL B New	7,724.65	21,613.95
	Common Stock	Berkshire Hathaway Inc. B	90,453.06	517,729.50
	Common Stock	Booking Holdings Inc	25,948.14	53,553.30
	Common Stock	Broadcom Inc	63,618.89	193,469.90
	Common Stock	Byd Company Limited Shs H	11,730.43	248,010.60
	Common Stock	Carters Incorporated	550,554.63	659,885.64
	Common Stock	Chevron Corp	49,538.60	69,194.14
	Common Stock	Cisco Systems Inc	41,491.05	54,768.33
	Common Stock	CME Group Inc CL A	39,605.03	49,973.64
	Common Stock	Corning Inc	17,156.96	41,240.76
	Common Stock	Daily Journal Corp	105,105.93	501,939.60
	Common Stock	Darden Restaurants Inc	22,124.60	22,818.48
	Common Stock	DFAC	132,819.30	162,812.47
	Common Stock	DFAE	2,981.34	3,735.31

(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	DFAI	51,513.20	53,634.26
	Common Stock	DFSB	116,442.46	118,170.23
	Common Stock	DFSD	50,230.12	50,082.26
	Common Stock	Eaton Corp PLC	38,139.65	66,250.08
	Common Stock	Eli Lilly & Co	57,487.57	186,994.32
	Common Stock	Exxon Mobil Corp	64,031.70	67,029.38
	Common Stock	Fastenal Co	13,465.21	19,422.92
	Common Stock	Fox Factory HLDG Corporation	675,243.94	552,721.44
	Common Stock	Garmin LTD	15,895.38	15,619.45
	Common Stock	General Dynamics Corp	48,826.58	54,875.58
	Common Stock	GOLDMAN SACHS	51,188.52	44,735.00
	Common Stock	Goldman Sachs Group	83,562.70	75,855.00
	Common Stock	Grainger W W Inc	12,470.45	26,235.30
	Common Stock	Hartford Insurance Group Inc	45,825.19	53,604.20
	Common Stock	Helen of Troy Limited	55,973.26	63,261.25
	Common Stock	Home Depot Inc	52,584.09	68,820.00
	Common Stock	Illinois Tool Works Inc	24,539.64	35,959.80
	Common Stock	Intuit Inc	23,858.81	50,343.92
	Common Stock	Ishares TR 0-3 Month Treasry	414,392.07	414,268.26
	Common Stock	Johnson & Johnson	124,008.00	166,594.75
	Common Stock	JPMorgan Chase & Co	66,378.40	105,688.16
	Common Stock	Kinder Morgan Inc	18,988.65	29,524.26
	Common Stock	Kraft Heinz Company (KHC)	269,977.00	270,314.75
	Common Stock	Linde PLC	16,403.29	16,629.21
	Common Stock	Lockheed Martin Corp	40,059.55	49,818.01
	Common Stock	Marsh & McLennan COS Inc	29,129.19	40,257.84
	Common Stock	Mastercard Inc CL A	18,508.58	38,248.96
	Common Stock	McDonalds Corp	57,940.18	83,436.99
	Common Stock	McKesson Corp	23,353.29	35,272.47
	Common Stock	Meta Platforms Inc Cl A	28,122.60	30,364.14
	Common Stock	Microsoft Corp	135,632.21	210,374.70
	Common Stock	Mondelez International Inc Cl A	89,852.14	81,175.64
	Common Stock	Morgan Stanley	84,414.03	75,270.00
	Common Stock	MORGAN STANLEY	51,138.78	44,390.00
	Common Stock	Nextera Energy Inc	64,103.53	83,491.20
	Common Stock	Nvidia Corp	18,136.89	75,719.00
	Common Stock	Oneok Inc	25,673.30	23,152.50
	Common Stock	Paychex Inc	29,541.95	38,702.10
	Common Stock	Pepsico Inc	52,074.66	45,926.40
	Common Stock	Philip Morris Intl Inc	22,085.97	21,172.80
	Common Stock	PNC Financial Services Group Inc	47,122.24	67,837.25
	Common Stock	Polaris Incorporatied	171,891.46	253,632.50
	Common Stock	PPL Corp	49,863.87	56,977.54
	Common Stock	Procter & Gamble Co	86,232.33	88,852.20

(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	RTX Corp	18,110.45	33,929.00
	Common Stock	Salesforce Inc	31,872.52	32,054.11
	Common Stock	Sempra	38,938.71	52,620.84
	Common Stock	Stryker Corp	17,613.52	33,741.12
	Common Stock	Taiwan Semidconductor Manufacturing Co l	73,111.07	76,884.17
	Common Stock	Targa Resources Corp	36,119.27	38,745.00
	Common Stock	TE Connectivity PLC	39,425.77	60,745.17
	Common Stock	Texas Instruments Inc	13,298.64	18,389.94
	Common Stock	Travelers Cos Inc	73,302.92	109,352.62
	Common Stock	TRUIST FINANCIAL	54,903.26	45,494.00
	Common Stock	Truist Financial Corp	95,221.80	77,142.00
	Common Stock	Uber Technologies Inc	15,138.83	12,665.05
	Common Stock	Union Pacific Corp	22,938.86	22,206.72
	Common Stock	Unitedhealth Group Inc	50,862.56	54,468.15
	Common Stock	VICI Properties Inc	67,813.00	59,755.00
	Common Stock	VISA Inc CL A	23,861.53	46,995.14
	Common Stock	WEC Energy Group Inc	32,410.43	36,594.62
	Common Stock	Wells Fargo	114,663.42	477,184.00
	Common Stock	Whirlpool Corporation	267,129.76	273,266.32
	Common Stock	Williams Cos Inc Del	56,615.15	94,252.48
	Common Stock	ZIONS	54,362.09	45,632.00
	Common Stock	Zions Bancorp	94,688.21	77,376.00
	Government Securities	U.S. TRSY INFLATION NTE 07.15.2029	194,219.41	183,933.31
	Government Securities	U.S. TRSY INFLATION NTE 09.15.2026	451,764.42	453,285.00
	Government Securities	US Treasury Bill 0% 06/11/2026	308,316.80	315,049.60
	Government Securities	US Treasury Bill 0% 09/03/2026	217,433.25	219,872.25
	Government Securities	US Treasury Note 4.250% 03/15/2027	315,736.65	317,671.20
	Government Securities	US Tsy .750% 03/31/2026	206,309.70	213,585.30
	Government Securities	US Tsy .875% 06/30/2026	612,078.75	626,738.65
	Government Securities	US Tsy 1.375% 08/50	25,158.90	12,813.13
	Government Securities	US Tsy 1.625% 11/50	12,777.21	6,843.79
	Government Securities	US Tsy 1.875% 02/51	41,962.01	25,758.20
	Government Securities	US Tsy 2% 02/50	59,437.78	30,568.28
	Government Securities	US Tsy 2% 08/51	34,976.63	20,678.90
	Government Securities	US Tsy 2.25% 02/52	62,146.18	38,321.72
	Government Securities	US Tsy 2.25% 08/49	16,851.26	10,688.75
	Government Securities	US Tsy 2.5% 02/46	67,689.01	46,722.03
	Government Securities	US Tsy 2.5% 05/46	47,983.20	38,216.40
	Government Securities	US Tsy 2.75% 11/47	35,894.67	26,404.41
	Government Securities	US Tsy 2.875% 05/49	10,225.16	7,190.23
	Government Securities	Us tsy 3% 02/48	39,943.81	30,572.22
	Government Securities	US Tsy 3% 02/49	27,677.98	20,677.34
	Government Securities	US Tsy 3% 05/45	19,667.27	15,417.97
	Government Securities	Us Tsy 3% 08/48	54,731.00	41,553.75

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	Government Securities	Us Tsy 3% 08/52	33,337.50	25,127.54
	Government Securities	US Tsy 3.125 08/44	71,386.56	57,105.00
	Government Securities	US Tsy 3.125% 02/43	73,112.85	60,796.88
	Government Securities	US Tsy 3.5% 02/39	259,153.13	237,219.53
	Government Securities	US Tsy 3.625% 02/53	15,174.88	12,985.00
	Government Securities	US Tsy 3.625% 05/53	20,456.49	18,653.36
	Government Securities	US Tsy 3.625% 08/43	34,080.92	29,404.69
	Government Securities	US Tsy 3.75% 11/43	22,385.44	20,194.18
	Government Securities	US Tsy 4% 11/52	60,884.14	50,426.01
	Government Securities	US Tsy 4.125% 08/53	12,681.09	11,536.99
	Government Securities	US Tsy 4.25% 02/54	51,450.94	48,039.53
	Government Securities	US Tsy 4.25% 11/40	19,801.56	19,325.00
	Government Securities	US Tsy 4.5% 05/38	49,070.31	51,031.25
	Government Securities	US Tsy 4.5% 08/39	19,515.70	20,055.47
	Government Securities	US Tsy 4.5% 11/54	87,752.95	85,116.79
	Government Securities	US Tsy 4.625% 02/40	68,359.21	69,840.94
	Government Securities	US Tsy 4.625% 05/54	11,067.46	10,620.16
	Government Securities	US Tsy 4.75% 05/55	56,309.08	55,186.25
	Government Securities	UST Bond 1.625% 11/50	18,922.81	10,002.46
	Government Securities	UST Bond 1.875% 02/51	43,768.31	27,438.08
	Government Securities	UST Bond 2% 02/50	50,191.35	26,453.32
	Government Securities	UST Bond 2% 08/51	24,297.14	14,360.35
	Government Securities	UST Bond 2.25% 02/52	47,977.28	29,805.78
	Government Securities	UST Bond 2.25% 08/49	22,787.99	14,461.25
	Government Securities	UST Bond 2.5% 02/46	53,566.66	36,959.22
	Government Securities	UST Bond 2.5% 05/46	46,254.92	36,826.72
	Government Securities	UST Bond 2.75% 11/47	19,302.52	14,272.66
	Government Securities	UST Bond 3% 02/48	39,000.00	29,826.56
	Government Securities	UST Bond 3% 02/49	41,536.66	31,016.01
	Government Securities	UST Bond 3% 05/45	10,815.28	8,479.88
	Government Securities	UST Bond 3% 08/52	19,046.65	14,358.59
	Government Securities	UST Bond 3.125% 05/48	22,890.00	18,270.94
	Government Securities	UST Bond 3.125% 08/44	57,580.34	46,001.25
	Government Securities	UST Bond 3.625% 02/44	35,067.13	30,105.47
	Government Securities	UST Bond 3.625% 02/53	10,429.35	8,927.19
	Government Securities	UST Bond 3.625% 05/53	13,338.85	12,165.23
	Government Securities	UST Bond 3.75% 11/43	16,561.57	14,926.13
	Government Securities	UST Bond 4% 11/52	56,712.66	46,948.36
	Government Securities	UST Bond 4.25% 02/54	61,414.61	57,103.59
	Government Securities	UST Bond 4.5% 11/54	90,581.43	88,899.76
	Government Securities	UST Bond 4.75% 05/55	33,114.92	32,520.47
	Registered Investment Co	AllSpring Core Plus Bond Instl CL	220,372.30	221,964.16
	Registered Investment Co	Amer Euro Pac Grth	44,359.41	50,612.52
	Registered Investment Co	Amer New World	60,160.42	72,153.65

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	Registered Investment Co	AMERICAN EURO PACIFIC	137,152.14	141,434.56
	Registered Investment Co	AMERICAN NEW WORLD	166,583.10	201,623.44
	Registered Investment Co	Capital Work Bond CL F2	62,918.30	55,338.68
	Registered Investment Co	Columbia Dividend Income	83,664.03	84,732.48
	Registered Investment Co	COLUMBIA DIVIDEND INCOME	236,779.01	236,779.01
	Registered Investment Co	DFAPX	319,553.08	301,308.71
	Registered Investment Co	DFCEX	12,434.87	41,052.21
	Registered Investment Co	DFEQX	263,747.69	256,905.01
	Registered Investment Co	DFGBX	391,045.54	363,683.62
	Registered Investment Co	DFITX	0.22	0.17
	Registered Investment Co	DFLVX	42,844.11	58,975.21
	Registered Investment Co	DFQTX	182,595.44	353,077.96
	Registered Investment Co	DFSHX	155,852.62	164,251.01
	Registered Investment Co	DFSVX	124.00	2,059.82
	Registered Investment Co	DURPX	59,243.22	112,318.16
	Registered Investment Co	FPA New Income	81,487.59	83,020.44
	Registered Investment Co	GS GQG Partners	42,631.80	50,177.27
	Registered Investment Co	GS GQG PARTNERS	120,050.77	140,226.75
	Registered Investment Co	Ishare Core S&P 500	99,282.99	141,097.64
	Registered Investment Co	ISHARES CORE S&P 500 ETF	235,483.12	395,210.38
	Registered Investment Co	JP Morgan Equity Income	90,844.77	84,593.89
	Registered Investment Co	JP MORGAN EQUITY INCOME	226,441.78	236,396.85
	Registered Investment Co	JP Morgan Large Cap	68,945.48	67,995.60
	Registered Investment Co	JP MORGAN LARGE CAP	190,599.54	190,074.16
	Registered Investment Co	JPMorgan Core Bond CL I	272,638.36	250,153.57
	Registered Investment Co	NUVEEN PREFERRED	71,615.19	65,521.06
	Registered Investment Co	PGIM High Yield CL Z	86,047.13	84,391.45
	Registered Investment Co	REAL ESTATE SELECT	158,991.30	135,374.25
	Registered Investment Co	Thornburg LTD Term Income CL I	148,514.81	150,243.13
	Registered Investment Co	TORTOISE NORTH AMERICAN	54,921.98	89,646.51
	Registered Investment Co	Vangard Russell 1000	58,719.46	69,884.50
	Registered Investment Co	VANGUARD Russell 1000 ETF	151,288.31	195,287.00
	Registered Investment Co	Vanguard Small Cap	58,719.46	34,742.65
	Registered Investment Co	VANGUARD SMALL CAP	89,918.74	97,279.42
	Registered Investment Co	Vanguard Small Cap Value	29,954.18	48,711.70
	Registered Investment Co	VANGUARD SMALL CAP VALUE	107,357.59	135,757.39
	Standard Ins Co Stable Asset	Unallocated Ins Contract	422,313.47	450,486.04
	Registered Investment Co	Standard Mutual Funds	5,779,517.44	6,806,524.71
	Collective Investment Funds	Cohen & Steers US Realty FD CL	126,298.32	137,823.45
	Collective Investment Funds	International Equity Fund Class R1	274,645.54	333,706.47
	Collective Investment Funds	MFS MID CAP GROWTH CIT CL	481,080.02	496,202.39
	Collective Investment Funds	Great Gray Capital Group 2010	188,102.41	190,759.98
	Collective Investment Funds	Great Gray Capital Group 2015	3,116.05	3,402.27
	Collective Investment Funds	Great Gray Capital Group 2020	42,060.76	46,580.47

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	Collective Investment Funds	Great Gray Capital Group 2025	1,683,455.15	1,867,997.20
	Collective Investment Funds	Great Gray Capital Group 2030	514,533.70	577,887.21
	Collective Investment Funds	Great Gray Capital Group 2035	2,229,172.61	2,551,523.54
	Collective Investment Funds	Great Gray Capital Group 2040	1,238,841.55	1,453,213.36
	Collective Investment Funds	Great Gray Capital Group 2045	639,211.76	752,281.06
	Collective Investment Funds	Great Gray Capital Group 2050	1,136,619.26	1,346,874.09
	Collective Investment Funds	Great Gray Capital Group 2055	575,313.10	673,968.40
	Collective Investment Funds	Great Gray Capital Group 2060	253,358.23	299,250.69
	Collective Investment Funds	Great Gray Capital Group 2065	88,180.06	102,564.79
	Collective Investment Funds	Great Gray Capital Group 2070	3,885.08	3,999.93
	Total		33,317,959.86	39,118,924.14