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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
EMATB, LLC RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2012

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

2502 W. SAINT ISABEL STREET
SUITE B
TAMPA, FL 33607

2b Employer Identification Number (EIN)
45-2773050

2c Plan Sponsor's telephone number
813-874-5707

2d Business code (see instructions)
621399

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2021	DION RICHARD SAMERSON, M.D.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	140
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)**	127
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**	6
c	Other retired or separated participants entitled to future benefits	**6c**	19
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	155
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**	**6f**	155
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	152
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	4
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
EMATB, LLC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EMERGENCY MEDICAL ASSOCIATES OF TAMPA BAY, LLC

D Employer Identification Number (EIN)
45-2773050

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
VOYA FINANCIAL

(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
71-0294708	86509	860157			

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
	632

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

MARTIN, MARTIN, RANDALL & ASSOCIATE
4 RIVER BEND PLACE
SUITE 125
FLOWOOD, MS 39232

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
	632		5

(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	508620
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	508620
c	Additions: (1) Contributions deposited during the year	7c(1)	157640		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	21565		
	(4) Transferred from separate account	7c(4)	406972		
	(5) Other (specify below)	7c(5)	25550		
	▶				
	(6) Total additions			7c(6)	611727
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1120347
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	34327		
	(2) Administration charge made by carrier	7e(2)	2995		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	1330		
	▶				
	(5) Total deductions			7e(5)	38652
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1081695

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.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
EMATB, LLC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EMERGENCY MEDICAL ASSOCIATES OF TAMPA BAY, LLC

D Employer Identification Number (EIN)
45-2773050

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

VOYA RETIREMENT INSURANCE AND ANNUI

71-0294708

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

MORNINGSTAR

36-3297908

(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	SERVICE PROVIDER	396	Yes [X] No [ ]	Yes [X] No [ ]	6806	Yes [ ] No [X]

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

RAYMOND JAMES INSURANCE GROUP, INC.

59-1199408

(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?
55	BROKER DEALER	0	Yes [X] No [ ]	Yes [X] No [ ]	74073	Yes [ ] No [X]

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

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64-0765749

(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?
49	SERVICE PROVIDER	0	Yes [X] No [ ]	Yes [X] No [ ]	31669	Yes [ ] No [X]

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)

VOYA RETIREMENT INSURANCE AND ANNUI

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(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?
26	SERVICE PROVIDER	396	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MORNINGSTAR	27	

(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.
VOYA RETIREMENT INSURANCE AND ANNUI 71-0294708	INVESTMENT ADVISORY (PLAN)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
RAYMOND JAMES INSURANCE GROUP, INC.	55	

(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.
VOYA FINANCIAL PARTNERS 06-1375177	OTHER COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MARTIN, MARTIN, RANDALL & ASSOCIATE	49	

(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.
VOYA RETIREMENT INSURANCE AND ANNUI 71-0294708	OTHER SERVICES

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
RAYMOND JAMES AND ASSOCIATES	99	
(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.	
VOYA RETIREMENT INSURANCE AND ANNUI 71-0294708	OTHER FEES	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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(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

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
EMATB, LLC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
EMERGENCY MEDICAL ASSOCIATES OF TAMPA BAY, LLC

D Employer Identification Number (EIN)
45-2773050

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: VRIAC

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY 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)
71-0294708-001	P	43946198

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)**
(Complete as many entries as needed to report all participating plans)

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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
EMATB, LLC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EMERGENCY MEDICAL ASSOCIATES OF TAMPA BAY, LLC

D Employer Identification Number (EIN)
45-2773050

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	349982	356407
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	537889	677811
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	35721904	43946198
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	508620	1081695
(15) Other	1c(15)	14885475	15752407

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	52003870	61814518
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	40444	24625
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	40444	24625
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	51963426	61789893

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)	2916747	
	(B) Participants	2a(1)(B)	1644314	
	(C) Others (including rollovers)	2a(1)(C)	73332	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4634393
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	25154	
	(F) Other	2b(1)(F)	160222	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		185376
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1966960	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1966960
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		3337852
(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)		4560504
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		14685085
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4714606	
(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)		4714606
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		2051
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	141961	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		141961
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4858618
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		9826467
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: ASSURANCE DIMENSIONS **(2)** EIN: 26-3429295

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

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

Part IV Compliance Questions

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

During the plan year:

		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	

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ 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

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
EMATB, LLC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EMERGENCY MEDICAL ASSOCIATES OF TAMPA BAY, LLC

D Employer Identification Number (EIN)
45-2773050

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): 94-1737782

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 contributed more than 5% of total contributions to the plan during the plan year (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) through (c)

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

ASSURANCE DIMENSIONS

Financial Statements, Supplemental Schedule and Independent Auditor's Report

EMATB, LLC Retirement Plan
EIN: 45-2773050 Plan #001

December 31, 2020 and 2019

EMATB, LLC Retirement Plan
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ASSURANCE DIMENSIONS

INDEPENDENT AUDITOR'S REPORT

To the Plan Committee Member and Plan Administrator of
EMATB, LLC Retirement Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of **EMATB, LLC Retirement Plan** (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Voya Retirement Insurance and Annuity Company, the Custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Custodian holds the Plan's pooled separate investments, guaranteed investment contract, notes receivable from participants and executes investment transactions. The Plan Administrator has obtained a certification from the Custodian as of December 31, 2020 and 2019, and for the year ended December 31, 2020, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule as of December 31, 2020 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, and is presented for the purpose of additional analysis, and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Compilation

We have compiled the accompanying statement of net assets available for benefits of **EMATB, LLC Retirement Plan** as of December 31, 2019 in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying statement of net assets available for benefits and, accordingly, do not express an opinion or any other form of assurance on it.



Tampa, Florida
October 8, 2021

EMATB, LLC Retirement Plan

Statements of Net Assets Available for Benefits

As of December 31, 2020 and 2019

	2020	2019 (Unaudited)
Assets:		
Investments, at fair value:		
Pooled separate accounts	$ 43,946,198	$ 35,721,904
Self-directed investments	15,752,407	14,885,475
Total investments, at fair value	59,698,605	50,607,379
Fully benefit-responsive investment contracts, at contract value	1,081,695	508,620
Total investments	60,780,300	51,115,999
Receivables:		
Notes receivable from participants	677,811	537,889
Employer profit sharing contributions	356,407	349,982
Total receivables	1,034,218	887,871
Total assets	61,814,518	52,003,870
Liabilities:		
Payables	24,625	40,444
Net assets available for benefits	$ 61,789,893	$ 51,963,426

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

EMATB, LLC Retirement Plan

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2020

Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$	7,879,978
Dividends and interest		2,145,560
Net investment income		10,025,538
Interest income on notes receivable from participants		25,154
Contributions:		
Employer		2,916,747
Participant		1,644,314
Rollovers		73,332
Total contributions		4,634,393
Total additions		14,685,085
Deductions from net assets attributed to:		
Benefits paid to participants		4,714,606
Deemed distributions		2,051
Administrative expenses		141,961
Total deductions		4,858,618
Net increase		9,826,467
Net assets available for benefits		
Beginning of year		51,963,426
End of year	$	61,789,893

The accompanying notes are an integral part of this financial statement.

Note A – Description of Plan

The following description of the EMATB, LLC Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Emergency Medical Associates of Tampa Bay, LLC (the "Company" or "Employer"). The Plan was formed and adopted on January 1, 2012 and most recently restated effective July 1, 2017. Employees who have attained the age of 21 are eligible to enter the Plan the first day of the month coinciding with or next following the date eligibility requirements are met. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

For eligibility purposes, service with Emergency Physicians of St. Petersburg and Bayside Emergency Physicians is recognized.

The Plan has implemented certain requirements by the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE Act), which laws change the Plan to, among others, allow certain eligible individuals to receive coronavirus-related relief for loan repayment, suspend required minimum distributions, and delay the commencement date for required minimum distributions. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and Internal Revenue Service ("IRS") guidance.

Administration

The Plan is administered by the Company. The Plan's assets for the year were maintained and administered by Voya Retirement Insurance and Annuity Company (the "Custodian") with self-directed investments managed by Fidelity Investments, Charles Schwab, Raymond James, Morgan Stanley, Wells Fargo and TD Ameritrade.

Contributions

Subject to certain limitations, under Internal Revenue Code ("IRC") Section 401(k), participants may contribute up to 100% of their compensation. The maximum participant deferral for December 31, 2020 and 2019 was $19,500 and $19,000, respectively. A participant who has attained age 50 was eligible to participate in catch-up contributions, subject to IRS limitations of $6,500 and $6,000 for December 31, 2020 and 2019, respectively. Participants may also contribute amounts representing distributions from other qualified plans.

For participants who have completed at least one year of service, the Company may make matching contributions at its discretion as a percentage of the participant's elective deferrals to the Plan. For the year ended December 31, 2020, the Company matched contributions at a rate of 100% of elective deferrals up to a maximum of $5,000 per participants. The Company may also elect to make a discretionary profit sharing contribution to the Plan. For the year ended December 31, 2020, the Company elected to make a profit sharing contribution of $356,407 reflected as employer profit sharing contributions receivable at year end. To be eligible to receive Company profit sharing contributions, the participant must have completed at least one year of service, completed at least 500 hours of service during the Plan year and be employed on the last day of the Plan year.

Participants direct the investment of their contributions and Company contributions into various investment options offered by the Plan.

Participant Accounts

Each participant's account is credited and/or reduced with the participant's elective deferral contributions and distributions, the Company's contributions, and an allocation of the Plan's investment earnings/losses, investment fees and any administrative expenses paid out of the Plan. Allocations are based on participant earnings or account balances, as defined in the Plan.

Note A – Description of Plan (continued)

Investment Options

Under the Plan, participants may currently direct investments to any of 55 investment options or a self-directed brokerage account. Participants may change their investment elections daily through a telephone access system or online system.

Vesting

Participants are immediately vested in their voluntary contributions and rollovers plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. A participant is 100% vested after three years of credit service as follows:

Years of Services	Vesting Percentage
1	33%
2	67%
3	100%

A participant who reaches retirement age of 65, becomes totally disabled or dies while under the Company's employment, shall be 100% vested on such date.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The notes are secured by the balance in the participant's account, or other acceptable collateral, and bear interest at a rate of prime plus 1%. The maximum note repayment period is five years unless the note is for the purchase of a primary residence in which case the repayment schedule may be for a term in excess of five years. Principal and interest payments with respect to the notes are credited solely to the account of the borrowing participant from which the note was made.

The Plan has implemented certain requirements by the CARES Act, which allows participants to receive coronavirus-related relief for loan repayment. Participants with loans were permitted to suspend loan payments between May 27, 2020 and December 31, 2020. The Plan also implemented the optional provisions allowed by the CARES Act to permit participant loans up to $100,000 due to the coronavirus.

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Delinquent participant notes are reclassified as distributions based upon terms of the Plan document. Loans are considered in default as of the end of the quarter subsequent to the quarter in which the payment was due.

Distribution of Benefits

Upon termination of service, 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 an annuity, as defined in the Plan agreement, less any applicable taxes. If a participant's vested balance is $5,000 or less, the Company may distribute the entire vested account balance to the participant without their consent. Participants may also request in-service distributions at age 55 or as a qualified reservist.

Note A – Description of Plan (continued)

Distribution of Benefits (continued)

The Plan has implemented certain requirements by the CARES Act, which allows for coronavirus-related distributions from January 1, 2020, to December 30, 2020 up to an aggregate limit of $100,000. These distributions are not subject to the 10% early withdrawal penalty.

Forfeitures

Forfeitures occur when a participant terminates employment and has not vested in a portion of the Company's contribution amount. Forfeitures may be applied to reduce Employer contributions and Plan expenses. For the year ended December 31, 2020, the Company used approximately $33,000 of forfeitures to reduce Company contributions. At December 31, 2020 and 2019, forfeited non-vested accounts totaled approximately $30,000 and $18,000, respectively.

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 terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, each participant's account will become fully vested and non-forfeitable. All appropriate accounting provisions of the Plan will continue to apply until the accounts of all participants have been distributed.

Note B – Summary of Significant Accounting Policies

Basis of Presentation

The accompanying financial statements are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements, as well as the reported amounts of changes in net assets during the reporting period. Such estimates include those regarding fair value. Actual results could differ from those estimates.

Valuation of Investments

The Plan's investments are stated at fair value, except for the fully benefit-responsive investment contracts, which are reported at contract value as described in Note G. The Plan's investments in self-directed investment funds are based on quoted market prices at year-end as reported by the Custodian. Self-directed accounts consists of common stocks, money market funds, mutual funds, options, REITs and exchange traded funds.

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.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Employer. Expenses that are paid by the Employer are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Note B – Summary of Significant Accounting Policies (continued)

Fair Value Measurements

The FASB has established a framework for measuring fair value in ASC 820, *Fair Value Measurements*. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include: Quoted prices for similar assets or liabilities in active markets; Quoted prices for identical or similar assets or liabilities in inactive markets; Inputs other than quoted prices that are observable for the asset or liability; Inputs that derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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, 2020 and 2019.

Pooled separate accounts: Valued at the net asset value ("NAV") provided by the custodian. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying assets owned by the trust, minus its liabilities, divided by the number of units outstanding. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different that the reported NAV. There were no unfunded commitments to purchase investments at December 31, 2020 and 2019. Participant-directed redemptions have no restrictions and are recorded at the end of every business day.

Self-directed investments: Valued at the closing price reported on the active market on which the individual securities are traded.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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 table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019:

Note B – Summary of Significant Accounting Policies (continued)

Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019:

	Assets Measured at Fair Value at 12/31/2020	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)
Self-directed investments	$ 15,752,407	$ 15,752,407	$ -
Investments at fair value	15,752,407	15,752,407	-
Investments measured at net asset value	43,946,198		
Total investments at fair value	$ 59,698,605		

	Assets Measured at Fair Value at 12/31/2019 (Unaudited)	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)
Self-directed investments	$ 14,885,475	$ 14,885,475	$ -
Investments at fair value	14,885,475	14,885,475	-
Investments measured at net asset value	35,721,904		
Total investments at fair value	$ 50,607,379		

Investments measured using the NAV as a practical expedient are exempt from being presented in the fair value hierarchy.

Note C – Certified Investments

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the auditors not to perform any auditing procedures with respect to the information certified by the Custodian, except for comparing such information to the related information included in the financial statements and supplemental schedule. The Plan Administrator has obtained a certification from the Custodian that the information provided to the Plan Administrator by the Custodian as of December 31, 2020 and 2019, and for the year ended December 31, 2020, is complete and accurate. Such information includes the investments, notes receivable from participants, investment income, and the information in the schedule of assets (held at end of year). The year-end values, earnings and expenses related to the self-directed brokerage accounts were provided by Fidelity Investments, Charles Schwab, Raymond James, Morgan Stanley, Wells Fargo and TD Ameritrade and were not certified in accordance with 29 CFR 2520.103-8.

Note C – Certified Investments (continued)

Accordingly, the Custodian has certified that the following data included in the accompanying financial statements and supplemental schedule(s) is complete and accurate as of or for the year ended December 31:

	2020	2019 (Unaudited)
Investments:		
Pooled separate accounts	$ 43,946,198	$ 35,721,904
Fully benefit-responsive investment contracts	1,081,695	508,620
Total investments	45,027,893	36,230,524
Notes receivable from participants	677,811	537,889
	$ 45,705,704	$ 36,768,413
Investment income:		
Net appreciation in fair value of investments	$ 4,560,723	
Interest and dividends	1,966,964	
Total investment income	$ 6,527,687	
Interest income on notes receivable from participants	$ 25,154	

Note D – Income Tax Status

The underlying volume submitter profit sharing plan has received an opinion letter from the IRS dated March 31, 2014 stating that the written form of the underlying volume submitter document is qualified under Section 401(a) of IRC, and that any employer adopting this form of the Plan will be considered to have a plan qualified under Section 401(a) of the IRC. Therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. Although the Plan has been amended since receiving the determination letter, the Plan's administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020 and 2019, 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 audit by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Plan management believes it is no longer subject to income tax examinations for years prior to 2018.

Note E – Risks and Uncertainties

The Plan provides for various investment options which are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to the changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

Note F – Party-In-Interest Transactions

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan, or an employer whose employees are covered by the Plan. Certain investments are managed by the Trustee. Transactions related to these investments qualify as exempt party-in-interest transactions. Notes receivable from participants are also considered to be party-in-interest transactions because they are transacted with Plan participants. Fees paid to parties-in-interest by the Plan for services amounted to approximately $142,000 during the year ended December 31, 2020.

Note G – Fully Benefit-Responsive Investment Contracts

Fully benefit-responsive investment contracts, at contract value on the statement of net assets consist of the following investment(s):

Investment Type	Investment name	December 31, 2020	December 31, 2019
Guaranteed investment contract	Voya Fixed account (4062)	$ 1,081,695	$ 508,620

The Plan invests in a guaranteed investment contract (Fixed account, "the Fund") provided through a group annuity contract. Under the Fund a crediting rate is established and is credited with contributions and charged for participant withdrawals and administrative expenses charged by the Custodian of the Fund. The guaranteed interest account issuers are contractually obligated to repay the principal and a specific interest rate that is guaranteed to the Plan.

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

Certain events limit the ability of the Plan to transact at contract value with the issuer. Specific coverage provided by each contract may be different from each issuer and can be found in the contract of the Funds. Examples of such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investments options or deletion of equity wash provision, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

Note H – Reconciliation of Financial Statements to Form 5500

The Plan holds investments in pooled separate accounts, which is how they are reported on Form 5500, Schedule D, DFE/Participating Plan Information. Plan number "000" has been used to report these investments on Schedule D because Voya has not filed a Form 5500 directly with the Department of Labor for these investments. As such, the Plan's interest in such investments cannot be included in Schedule H, line 1c(10). Instead, the Plan's interest in the underlying assets of the pooled separate accounts must be allocated and reported in the appropriate categories on a line-by-line basis. Therefore, these investments are reflected as mutual funds on Form 5500, Schedule H, line 1c(13) but as pooled separate accounts for financial statement purposes.

Note I – Subsequent Events

Subsequent events have been evaluated through October 8, 2021, which is the date the financial statements were available to be issued.

Supplemental Schedule

EMATB, LLC Retirement Plan (EIN): 45-2773050 Plan #001

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

As of December 31, 2020

(a)	(b) Identity of issuer/ (c) Description of investment	(e) Current value
	(i) Mutual funds:	
*	John Hanck Mltmgr Ls Grw P R6	$ 12,275,840
*	John Hanck Mltmgr Ls Bal P R6	5,253,408
*	John Hanck Mltmgr Ls Agg P R6	2,902,518
*	TRwPr Blue Chip Growth Fnd I	2,088,833
*	Vangrd Trgt Retire 2050 Fd Inv	1,648,590
*	TRwPr Health Sciences Fund I	1,339,960
*	MFS Technology Fund R6	1,155,252
*	John Hanck Disciplined Vl F R6	1,121,263
*	Vangrd Tot St Mkt Indx Fd Adm	931,776
*	Invesco Small Cap Grw Fnd R6	851,520
*	Vangrd Trgt Retire 2045 Fd Inv	842,432
*	Vangrd Trgt Retire 2055 Fd Inv	721,643
*	TIAA-CREF LgCp Grw Indx Fd Ins	666,138
*	TRwPr Capital Apprc Fd I	657,133
*	Vangrd 500 Index Fund Adm	645,082
*	American Funds EuroPacific R6	642,815
*	American Funds Fdmntl Inv R6	629,373
*	FdtdHrms Inst Hg Yld Bd Fnd R6	615,097
*	Vangrd Trgt Retire 2030 Fd Inv	568,862
*	MssMtl Sel Md Cp Gr Fd I	552,706
*	JPMorgan Mid Cap Value Fnd R6	540,205
*	PIMCO Income Fund Ins	511,666
*	WllFrg Spec MdCp Vl Fd R6	499,755
*	American Funds Am Balanced R6	481,587
*	Inv Dev Mrkts Fd R6	408,711
*	Vangrd Small-Cap Index Fnd Adm	392,573
*	Cohen&Steers Inst Rl Shares	390,347
*	Vangrd Energy Fund Adm	332,984
*	Vangrd Tot Bd Mkt Ind Fd Adm	299,492
*	Vangrd Trgt Retire 2060 Fd Inv	298,304
*	Templeton Global Bond Fund R6	292,435
*	DFA Intl Value Portfolio Ins	275,885
*	Vangrd Intl Explorer Fund Inv	269,245
*	Vangrd Financials Index Fd Adm	268,630
*	iShares MSCI EAFE Index Fnd K	259,905
*	DFA Infl-Prot Sec Port Ins	243,812
*	Fidelity Adv Ttl Bnd Fd Ins	233,857
*	Vangrd Mid-Cap Index Fund Adm	225,209
*	JPMorgan US Equity Fund R5	218,794
*	Vangrd Trgt Retire 2040 Fd Inv	201,330
*	Vangrd Trgt Retire 2035 Fd Inv	194,662
*	Vangrd Utilities Ind Fnd Adm	186,655
*	Dodge & Cox Intl Stock Fnd	149,240
*	Invesco Divrsd Dividend Fd R6	141,472

See Independent Auditor's Report

EMATB, LLC Retirement Plan (EIN): 45-2773050 Plan #001

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

As of December 31, 2020

(a)	(b) Identity of issuer/ (c) Description of investment		(e) Current value
	(i) Mutual funds (continued):		
*	John Hanck Mltmgr Ls Mod P R6		131,663
*	Eaton Vance-Atl Cp SMIDCp F R6		107,257
*	American Funds Nw Prspctv R6		105,878
*	DFA Emrg Mkts Val Port Ins		46,582
*	John Hanck Bond Fund R6		36,454
*	Voya Gv Mny Mkt F A (Hld Acct)		29,700
*	Vangrd Trgt Retire 2065 Fd Inv		18,372
*	Vangrd Sm-Cap Vl Index Fnd Adm		14,760
*	DFA US Targeted Vl Port Ins		14,710
*	Sprott Gold Fd Inv Cl		13,826
		Total mutual funds	43,946,198
	(ii) Guaranteed investment contract:		
*	Voya Fixed Account (4062)		1,081,695
*	(iii) Self-directed investments:		15,752,407
*	Notes receivable from participants (4.25%-6.50%)		677,811
		Total investments and notes receivable from participants	$ 61,458,111

* Parties-in-interest as defined by ERISA.

See Independent Auditor's Report

ASSURANCE DIMENSIONS

Financial Statements, Supplemental Schedule and Independent Auditor's Report

EMATB, LLC Retirement Plan
EIN: 45-2773050 Plan #001

December 31, 2020 and 2019

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ASSURANCE DIMENSIONS

INDEPENDENT AUDITOR'S REPORT

To the Plan Committee Member and Plan Administrator of
EMATB, LLC Retirement Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of **EMATB, LLC Retirement Plan** (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Voya Retirement Insurance and Annuity Company, the Custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Custodian holds the Plan's pooled separate investments, guaranteed investment contract, notes receivable from participants and executes investment transactions. The Plan Administrator has obtained a certification from the Custodian as of December 31, 2020 and 2019, and for the year ended December 31, 2020, that the information provided to the Plan Administrator by the Custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule as of December 31, 2020 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, and is presented for the purpose of additional analysis, and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Compilation

We have compiled the accompanying statement of net assets available for benefits of **EMATB, LLC Retirement Plan** as of December 31, 2019 in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying statement of net assets available for benefits and, accordingly, do not express an opinion or any other form of assurance on it.



Tampa, Florida
October 8, 2021

EMATB, LLC Retirement Plan

Statements of Net Assets Available for Benefits

As of December 31, 2020 and 2019

	2020	2019 (Unaudited)
Assets:		
Investments, at fair value:		
Pooled separate accounts	$ 43,946,198	$ 35,721,904
Self-directed investments	15,752,407	14,885,475
Total investments, at fair value	59,698,605	50,607,379
Fully benefit-responsive investment contracts, at contract value	1,081,695	508,620
Total investments	60,780,300	51,115,999
Receivables:		
Notes receivable from participants	677,811	537,889
Employer profit sharing contributions	356,407	349,982
Total receivables	1,034,218	887,871
Total assets	61,814,518	52,003,870
Liabilities:		
Payables	24,625	40,444
Net assets available for benefits	$ 61,789,893	$ 51,963,426

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

EMATB, LLC Retirement Plan

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2020

Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$	7,879,978
Dividends and interest		2,145,560
Net investment income		10,025,538
Interest income on notes receivable from participants		25,154
Contributions:		
Employer		2,916,747
Participant		1,644,314
Rollovers		73,332
Total contributions		4,634,393
Total additions		14,685,085
Deductions from net assets attributed to:		
Benefits paid to participants		4,714,606
Deemed distributions		2,051
Administrative expenses		141,961
Total deductions		4,858,618
Net increase		9,826,467
Net assets available for benefits		
Beginning of year		51,963,426
End of year	$	61,789,893

The accompanying notes are an integral part of this financial statement.

Note A – Description of Plan

The following description of the EMATB, LLC Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Emergency Medical Associates of Tampa Bay, LLC (the "Company" or "Employer"). The Plan was formed and adopted on January 1, 2012 and most recently restated effective July 1, 2017. Employees who have attained the age of 21 are eligible to enter the Plan the first day of the month coinciding with or next following the date eligibility requirements are met. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

For eligibility purposes, service with Emergency Physicians of St. Petersburg and Bayside Emergency Physicians is recognized.

The Plan has implemented certain requirements by the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE Act), which laws change the Plan to, among others, allow certain eligible individuals to receive coronavirus-related relief for loan repayment, suspend required minimum distributions, and delay the commencement date for required minimum distributions. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and Internal Revenue Service ("IRS") guidance.

Administration

The Plan is administered by the Company. The Plan's assets for the year were maintained and administered by Voya Retirement Insurance and Annuity Company (the "Custodian") with self-directed investments managed by Fidelity Investments, Charles Schwab, Raymond James, Morgan Stanley, Wells Fargo and TD Ameritrade.

Contributions

Subject to certain limitations, under Internal Revenue Code ("IRC") Section 401(k), participants may contribute up to 100% of their compensation. The maximum participant deferral for December 31, 2020 and 2019 was $19,500 and $19,000, respectively. A participant who has attained age 50 was eligible to participate in catch-up contributions, subject to IRS limitations of $6,500 and $6,000 for December 31, 2020 and 2019, respectively. Participants may also contribute amounts representing distributions from other qualified plans.

For participants who have completed at least one year of service, the Company may make matching contributions at its discretion as a percentage of the participant's elective deferrals to the Plan. For the year ended December 31, 2020, the Company matched contributions at a rate of 100% of elective deferrals up to a maximum of $5,000 per participants. The Company may also elect to make a discretionary profit sharing contribution to the Plan. For the year ended December 31, 2020, the Company elected to make a profit sharing contribution of $356,407 reflected as employer profit sharing contributions receivable at year end. To be eligible to receive Company profit sharing contributions, the participant must have completed at least one year of service, completed at least 500 hours of service during the Plan year and be employed on the last day of the Plan year.

Participants direct the investment of their contributions and Company contributions into various investment options offered by the Plan.

Participant Accounts

Each participant's account is credited and/or reduced with the participant's elective deferral contributions and distributions, the Company's contributions, and an allocation of the Plan's investment earnings/losses, investment fees and any administrative expenses paid out of the Plan. Allocations are based on participant earnings or account balances, as defined in the Plan.

Note A – Description of Plan (continued)

Investment Options

Under the Plan, participants may currently direct investments to any of 55 investment options or a self-directed brokerage account. Participants may change their investment elections daily through a telephone access system or online system.

Vesting

Participants are immediately vested in their voluntary contributions and rollovers plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. A participant is 100% vested after three years of credit service as follows:

Years of Services	Vesting Percentage
1	33%
2	67%
3	100%

A participant who reaches retirement age of 65, becomes totally disabled or dies while under the Company's employment, shall be 100% vested on such date.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The notes are secured by the balance in the participant's account, or other acceptable collateral, and bear interest at a rate of prime plus 1%. The maximum note repayment period is five years unless the note is for the purchase of a primary residence in which case the repayment schedule may be for a term in excess of five years. Principal and interest payments with respect to the notes are credited solely to the account of the borrowing participant from which the note was made.

The Plan has implemented certain requirements by the CARES Act, which allows participants to receive coronavirus-related relief for loan repayment. Participants with loans were permitted to suspend loan payments between May 27, 2020 and December 31, 2020. The Plan also implemented the optional provisions allowed by the CARES Act to permit participant loans up to $100,000 due to the coronavirus.

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Delinquent participant notes are reclassified as distributions based upon terms of the Plan document. Loans are considered in default as of the end of the quarter subsequent to the quarter in which the payment was due.

Distribution of Benefits

Upon termination of service, 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 an annuity, as defined in the Plan agreement, less any applicable taxes. If a participant's vested balance is $5,000 or less, the Company may distribute the entire vested account balance to the participant without their consent. Participants may also request in-service distributions at age 55 or as a qualified reservist.

Note A – Description of Plan (continued)

Distribution of Benefits (continued)

The Plan has implemented certain requirements by the CARES Act, which allows for coronavirus-related distributions from January 1, 2020, to December 30, 2020 up to an aggregate limit of $100,000. These distributions are not subject to the 10% early withdrawal penalty.

Forfeitures

Forfeitures occur when a participant terminates employment and has not vested in a portion of the Company's contribution amount. Forfeitures may be applied to reduce Employer contributions and Plan expenses. For the year ended December 31, 2020, the Company used approximately $33,000 of forfeitures to reduce Company contributions. At December 31, 2020 and 2019, forfeited non-vested accounts totaled approximately $30,000 and $18,000, respectively.

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 terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, each participant's account will become fully vested and non-forfeitable. All appropriate accounting provisions of the Plan will continue to apply until the accounts of all participants have been distributed.

Note B – Summary of Significant Accounting Policies

Basis of Presentation

The accompanying financial statements are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements, as well as the reported amounts of changes in net assets during the reporting period. Such estimates include those regarding fair value. Actual results could differ from those estimates.

Valuation of Investments

The Plan's investments are stated at fair value, except for the fully benefit-responsive investment contracts, which are reported at contract value as described in Note G. The Plan's investments in self-directed investment funds are based on quoted market prices at year-end as reported by the Custodian. Self-directed accounts consists of common stocks, money market funds, mutual funds, options, REITs and exchange traded funds.

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.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Employer. Expenses that are paid by the Employer are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Note B – Summary of Significant Accounting Policies (continued)

Fair Value Measurements

The FASB has established a framework for measuring fair value in ASC 820, *Fair Value Measurements*. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include: Quoted prices for similar assets or liabilities in active markets; Quoted prices for identical or similar assets or liabilities in inactive markets; Inputs other than quoted prices that are observable for the asset or liability; Inputs that derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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, 2020 and 2019.

Pooled separate accounts: Valued at the net asset value ("NAV") provided by the custodian. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying assets owned by the trust, minus its liabilities, divided by the number of units outstanding. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different that the reported NAV. There were no unfunded commitments to purchase investments at December 31, 2020 and 2019. Participant-directed redemptions have no restrictions and are recorded at the end of every business day.

Self-directed investments: Valued at the closing price reported on the active market on which the individual securities are traded.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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 table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019:

Note B – Summary of Significant Accounting Policies (continued)

Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019:

	Assets Measured at Fair Value at 12/31/2020	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)
Self-directed investments	$ 15,752,407	$ 15,752,407	$ -
Investments at fair value	15,752,407	15,752,407	-
Investments measured at net asset value	43,946,198		
Total investments at fair value	$ 59,698,605		

	Assets Measured at Fair Value at 12/31/2019 (Unaudited)	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)
Self-directed investments	$ 14,885,475	$ 14,885,475	$ -
Investments at fair value	14,885,475	14,885,475	-
Investments measured at net asset value	35,721,904		
Total investments at fair value	$ 50,607,379		

Investments measured using the NAV as a practical expedient are exempt from being presented in the fair value hierarchy.

Note C – Certified Investments

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the auditors not to perform any auditing procedures with respect to the information certified by the Custodian, except for comparing such information to the related information included in the financial statements and supplemental schedule. The Plan Administrator has obtained a certification from the Custodian that the information provided to the Plan Administrator by the Custodian as of December 31, 2020 and 2019, and for the year ended December 31, 2020, is complete and accurate. Such information includes the investments, notes receivable from participants, investment income, and the information in the schedule of assets (held at end of year). The year-end values, earnings and expenses related to the self-directed brokerage accounts were provided by Fidelity Investments, Charles Schwab, Raymond James, Morgan Stanley, Wells Fargo and TD Ameritrade and were not certified in accordance with 29 CFR 2520.103-8.

Note C – Certified Investments (continued)

Accordingly, the Custodian has certified that the following data included in the accompanying financial statements and supplemental schedule(s) is complete and accurate as of or for the year ended December 31:

	2020	2019 (Unaudited)
Investments:		
Pooled separate accounts	$ 43,946,198	$ 35,721,904
Fully benefit-responsive investment contracts	1,081,695	508,620
Total investments	45,027,893	36,230,524
Notes receivable from participants	677,811	537,889
	$ 45,705,704	$ 36,768,413
Investment income:		
Net appreciation in fair value of investments	$ 4,560,723	
Interest and dividends	1,966,964	
Total investment income	$ 6,527,687	
Interest income on notes receivable from participants	$ 25,154	

Note D – Income Tax Status

The underlying volume submitter profit sharing plan has received an opinion letter from the IRS dated March 31, 2014 stating that the written form of the underlying volume submitter document is qualified under Section 401(a) of IRC, and that any employer adopting this form of the Plan will be considered to have a plan qualified under Section 401(a) of the IRC. Therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. Although the Plan has been amended since receiving the determination letter, the Plan's administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020 and 2019, 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 audit by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Plan management believes it is no longer subject to income tax examinations for years prior to 2018.

Note E – Risks and Uncertainties

The Plan provides for various investment options which are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to the changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

Note F – Party-In-Interest Transactions

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan, or an employer whose employees are covered by the Plan. Certain investments are managed by the Trustee. Transactions related to these investments qualify as exempt party-in-interest transactions. Notes receivable from participants are also considered to be party-in-interest transactions because they are transacted with Plan participants. Fees paid to parties-in-interest by the Plan for services amounted to approximately $142,000 during the year ended December 31, 2020.

Note G – Fully Benefit-Responsive Investment Contracts

Fully benefit-responsive investment contracts, at contract value on the statement of net assets consist of the following investment(s):

Investment Type	Investment name	December 31, 2020	December 31, 2019
Guaranteed investment contract	Voya Fixed account (4062)	$ 1,081,695	$ 508,620

The Plan invests in a guaranteed investment contract (Fixed account, "the Fund") provided through a group annuity contract. Under the Fund a crediting rate is established and is credited with contributions and charged for participant withdrawals and administrative expenses charged by the Custodian of the Fund. The guaranteed interest account issuers are contractually obligated to repay the principal and a specific interest rate that is guaranteed to the Plan.

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

Certain events limit the ability of the Plan to transact at contract value with the issuer. Specific coverage provided by each contract may be different from each issuer and can be found in the contract of the Funds. Examples of such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investments options or deletion of equity wash provision, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

Note H – Reconciliation of Financial Statements to Form 5500

The Plan holds investments in pooled separate accounts, which is how they are reported on Form 5500, Schedule D, DFE/Participating Plan Information. Plan number "000" has been used to report these investments on Schedule D because Voya has not filed a Form 5500 directly with the Department of Labor for these investments. As such, the Plan's interest in such investments cannot be included in Schedule H, line 1c(10). Instead, the Plan's interest in the underlying assets of the pooled separate accounts must be allocated and reported in the appropriate categories on a line-by-line basis. Therefore, these investments are reflected as mutual funds on Form 5500, Schedule H, line 1c(13) but as pooled separate accounts for financial statement purposes.

Note I – Subsequent Events

Subsequent events have been evaluated through October 8, 2021, which is the date the financial statements were available to be issued.

Supplemental Schedule

EMATB, LLC Retirement Plan (EIN): 45-2773050 Plan #001

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

As of December 31, 2020

(a)	(b) Identity of issuer/ (c) Description of investment	(e) Current value
	(i) Mutual funds:	
*	John Hanck Mltmgr Ls Grw P R6	$ 12,275,840
*	John Hanck Mltmgr Ls Bal P R6	5,253,408
*	John Hanck Mltmgr Ls Agg P R6	2,902,518
*	TRwPr Blue Chip Growth Fnd I	2,088,833
*	Vangrd Trgt Retire 2050 Fd Inv	1,648,590
*	TRwPr Health Sciences Fund I	1,339,960
*	MFS Technology Fund R6	1,155,252
*	John Hanck Disciplined Vl F R6	1,121,263
*	Vangrd Tot St Mkt Indx Fd Adm	931,776
*	Invesco Small Cap Grw Fnd R6	851,520
*	Vangrd Trgt Retire 2045 Fd Inv	842,432
*	Vangrd Trgt Retire 2055 Fd Inv	721,643
*	TIAA-CREF LgCp Grw Indx Fd Ins	666,138
*	TRwPr Capital Apprc Fd I	657,133
*	Vangrd 500 Index Fund Adm	645,082
*	American Funds EuroPacific R6	642,815
*	American Funds Fdmntl Inv R6	629,373
*	FdtdHrms Inst Hg Yld Bd Fnd R6	615,097
*	Vangrd Trgt Retire 2030 Fd Inv	568,862
*	MssMtl Sel Md Cp Gr Fd I	552,706
*	JPMorgan Mid Cap Value Fnd R6	540,205
*	PIMCO Income Fund Ins	511,666
*	WllFrg Spec MdCp Vl Fd R6	499,755
*	American Funds Am Balanced R6	481,587
*	Inv Dev Mrkts Fd R6	408,711
*	Vangrd Small-Cap Index Fnd Adm	392,573
*	Cohen&Steers Inst Rl Shares	390,347
*	Vangrd Energy Fund Adm	332,984
*	Vangrd Tot Bd Mkt Ind Fd Adm	299,492
*	Vangrd Trgt Retire 2060 Fd Inv	298,304
*	Templeton Global Bond Fund R6	292,435
*	DFA Intl Value Portfolio Ins	275,885
*	Vangrd Intl Explorer Fund Inv	269,245
*	Vangrd Financials Index Fd Adm	268,630
*	iShares MSCI EAFE Index Fnd K	259,905
*	DFA Infl-Prot Sec Port Ins	243,812
*	Fidelity Adv Ttl Bnd Fd Ins	233,857
*	Vangrd Mid-Cap Index Fund Adm	225,209
*	JPMorgan US Equity Fund R5	218,794
*	Vangrd Trgt Retire 2040 Fd Inv	201,330
*	Vangrd Trgt Retire 2035 Fd Inv	194,662
*	Vangrd Utilities Ind Fnd Adm	186,655
*	Dodge & Cox Intl Stock Fnd	149,240
*	Invesco Divrsd Dividend Fd R6	141,472

See Independent Auditor's Report

EMATB, LLC Retirement Plan (EIN): 45-2773050 Plan #001

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

As of December 31, 2020

(a)	(b) Identity of issuer/ (c) Description of investment		(e) Current value
	(i) Mutual funds (continued):		
*	John Hanck Mltmgr Ls Mod P R6		131,663
*	Eaton Vance-Atl Cp SMIDCp F R6		107,257
*	American Funds Nw Prspctv R6		105,878
*	DFA Emrg Mkts Val Port Ins		46,582
*	John Hanck Bond Fund R6		36,454
*	Voya Gv Mny Mkt F A (Hld Acct)		29,700
*	Vangrd Trgt Retire 2065 Fd Inv		18,372
*	Vangrd Sm-Cap Vl Index Fnd Adm		14,760
*	DFA US Targeted Vl Port Ins		14,710
*	Sprott Gold Fd Inv Cl		13,826
		Total mutual funds	43,946,198
	(ii) Guaranteed investment contract:		
*	Voya Fixed Account (4062)		1,081,695
*	(iii) Self-directed investments:		15,752,407
*	Notes receivable from participants (4.25%-6.50%)		677,811
		Total investments and notes receivable from participants	$ 61,458,111

* Parties-in-interest as defined by ERISA.

See Independent Auditor's Report