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
SYNERGY SPECIALISTS MEDICAL GROUP, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2013

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)
SYNERGY ORTHOPEDIC SPECIALISTS, INC.

4445 EASTGATE MALL SUITE 105
SAN DIEGO, CA 92121

2b Employer Identification Number (EIN)
45-5215138

2c Plan Sponsor's telephone number
858-412-6080

2d Business code (see instructions)
621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2021	TAL DAVID
	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 SYNERGY SPECIALISTS MEDICAL GROUP, INC.

c Plan Name SYNERGY SPECIALISTS MEDICAL GROUP, INC. 401(K) PLAN

4b EIN 45-5215138

4d PN 001

5 Total number of participants at the beginning of the plan year	**5**	181
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)**	138
a(2) Total number of active participants at the end of the plan year	**6a(2)**	122
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	53
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	175
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**	**6f**	176
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	148
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:

2A 2E 2F 2G 2J 2K 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)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

(1)	[ ]	**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)	[ ]	0	**A** (Insurance Information)
(4)	[ ]		**C** (Service Provider Information)
(5)	[ ]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 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
SYNERGY SPECIALISTS MEDICAL GROUP, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SYNERGY ORTHOPEDIC SPECIALISTS, INC.

D Employer Identification Number (EIN)
45-5215138

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	224170	252973
(2) Participant contributions	1b(2)	59845	10352
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7601	33329
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	102607
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	62212	17610
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2413278	3314531
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**	0	0
	(2) Employer real property	**1d(2)**	0	0
e	Buildings and other property used in plan operation	**1e**	0	0
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	2767106	3731402
	Liabilities			
g	Benefit claims payable	**1g**	0	0
h	Operating payables	**1h**	0	0
i	Acquisition indebtedness	**1i**	0	0
j	Other liabilities	**1j**	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	2767106	3731402

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)**	252973	
	(B) Participants	**2a(1)(B)**	456401	
	(C) Others (including rollovers)	**2a(1)(C)**	129066	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		838440
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	9	
	(B) U.S. Government securities	**2b(1)(B)**	0	
	(C) Corporate debt instruments	**2b(1)(C)**	0	
	(D) Loans (other than to participants)	**2b(1)(D)**	0	
	(E) Participant loans	**2b(1)(E)**	3242	
	(F) Other	**2b(1)(F)**	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		3251
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	0	
	(B) Common stock	**2b(2)(B)**	0	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	55754	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		55754
	(3) Rents	**2b(3)**		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	0	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**	0	
	(B) Other	**2b(5)(B)**	-3584	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		-3584

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	**2b(6)**		0
(7) Net investment gain (loss) from pooled separate accounts	**2b(7)**		0
(8) Net investment gain (loss) from master trust investment accounts	**2b(8)**		0
(9) Net investment gain (loss) from 103-12 investment entities	**2b(9)**		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	**2b(10)**		256678
c Other income	**2c**		0
d Total income. Add all **income** amounts in column (b) and enter total	**2d**		1150539
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	**2e(1)**	171532	
(2) To insurance carriers for the provision of benefits	**2e(2)**	0	
(3) Other	**2e(3)**	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	**2e(4)**		171532
f Corrective distributions (see instructions)	**2f**		3104
g Certain deemed distributions of participant loans (see instructions)	**2g**		2938
h Interest expense	**2h**		
i Administrative expenses: **(1)** Professional fees	**2i(1)**	0	
(2) Contract administrator fees	**2i(2)**	6239	
(3) Investment advisory and management fees	**2i(3)**	2430	
(4) Other	**2i(4)**	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	**2i(5)**		8669
j Total expenses. Add all **expense** amounts in column (b) and enter total	**2j**		186243
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	**2k**		964296
l Transfers of assets:			
(1) To this plan	**2l(1)**		0
(2) From this plan	**2l(2)**		0

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: CONSIDINE & CONSIDINE **(2)** EIN: 95-2694444

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		39533

			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**	X		

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 _____.

SYNERGY SPECIALISTS MEDICAL GROUP 401(K) PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

SYNERGY SPECIALISTS MEDICAL GROUP 401(K) PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of the
Synergy Specialists Medical Group 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Synergy Specialists Medical Group 401(k) Plan, which comprise the statement of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the year then ended, 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 our 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 section 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, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note 5, which was certified by Nationwide Financial Services, Inc. and Fidelity Management Trust Company, the trustees of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the plan trustee as of and for the years ended December 31, 2020 and 2019, that the information provided to the plan administrator by the plan custodian is complete and accurate.

8989 RIO SAN DIEGO DRIVE, SUITE 250 • SAN DIEGO, CA 92108
TEL 619-231-1977 • FAX 619-231-8244 • www.cccpa.com

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 of assets (held at the end of the year) and schedule of delinquent participant contributions as of December 31, 2020 and 2019, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are 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 schedules referred to above.

Considine & Considine

CONSIDINE & CONSIDINE
An accountancy corporation

October 11, 2021

SYNERGY SPECIALISTS MEDICAL GROUP 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2020 AND 2019

	2020	2019
ASSETS		
INVESTMENTS AT FAIR VALUE (note 5)	$ 3,450,467	$ 2,420,879
RECEIVABLES		
Employer contributions	252,973	224,170
Notes receivable from participants	17,610	62,212
Employee contributions	10,352	59,845
	280,935	346,227
TOTAL ASSETS	3,731,402	2,767,106
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 3,731,402	$ 2,767,106

See accompanying notes

SYNERGY SPECIALISTS MEDICAL GROUP 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2020 AND 2019

	2020	2019
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
INVESTMENT INCOME (note 5)		
Net appreciation in fair value of investments	$ 253,094	$ 381,001
Interest & dividends	55,763	-
	308,857	381,001
Interest income on notes receivable from participants	3,242	4,533
CONTRIBUTIONS		
Participants	456,401	414,778
Employer	252,973	224,171
Rollover	129,066	9,117
	838,440	648,066
TOTAL ADDITIONS	1,150,539	1,033,600
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	177,574	44,832
Administration fees (note 3)	8,669	18,695
TOTAL DEDUCTIONS	186,243	63,527
NET INCREASE	964,296	970,073
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	2,767,106	1,797,033
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 3,731,402	$ 2,767,106

See accompanying notes

NOTE 1 DESCRIPTION OF PLAN

The following description of Synergy Specialists Medical Group 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

GENERAL

The Plan is a single-employer, defined contribution plan under section 401(k) of the Internal Revenue Code, established in 2006. The Plan is sponsored by Synergy Orthopedic Specialists, Inc. (the "Company"). For participant contributions employees are eligible to participate and enroll in the Plan if they are at least 21 years of age and have completed three consecutive months of service. For employer matching and discretionary contributions, employees are eligible to participate if they are at least 21 years of age and have completed one year of service. Certain employees are not eligible to participate in the Plan including employees covered by a collective bargaining agreement and nonresident aliens who received no U.S. sourced income. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

CONTRIBUTIONS

Contributions to the Plan are as follows:

1) Participants may contribute any amount of their gross wages to the Plan, up to the Internal Revenue Service annual maximum limit of $19,500 and $19,000 ($26,000 and $25,000 for participants age 50 or older) for 2020 and 2019. Participants may rollover or transfer amounts from other plans. Roth deferrals are permitted under this Plan.

2) The Company makes safe harbor matching contributions equal to 100% of the deferral contributions, up to a maximum of 4% of the participant's eligible compensation, determined each payroll period.

3) Additionally, the Plan allows the Company to make discretionary employer contributions allocated pro-rata to qualifying participants, as defined, based on their compensation to total compensation. During the year ended December 31, 2020 and 2019, the Company made no such contributions.

PARTICIPANT ACCOUNTS

Each participant's account is credited with their contribution, and an allocation of the Company's contributions (subject to vesting), if any, and the Plan earnings. Allocations are based on participant

earnings or account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

INVESTMENT OPTIONS

Upon enrollment into the Plan, participants may direct their participant accounts to any or all of the investment options offered by the Plan. Subsequently, participants may change their allocations and transfer account balances among the investment options offered by the Plan. All earnings and losses on the directed investments are credited directly to the participants' accounts. Participants may also have self-directed accounts to invest in securities, outside of the funds lineup. As of December 31, 2020 and 2019, the amount of funds in these self-directed accounts were $102,607 and $0, respectively.

VESTING

Participants are immediately vested in their contributions plus actual earnings thereon. Participants are 100% vested in the Company's safe harbor matching contribution portion as received. Participants are vested in employer matching contributions and any related earnings or losses as follows:

Years of Service	Vested Interest
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

PAYMENT OF BENEFITS

The current value of a participant's account(s) may be withdrawn to provide benefits in accordance with the terms of the Plan document. The withdrawal may be taken as a lump-sum payment or an alternate form of payment, if permitted under the Plan, at the time of distribution.

For purposes of determining whether or not a withdrawal is being used to provide benefits in accordance with the Plan document, the term "benefits" is limited to amounts becoming payable to the participant due to:

(A) Termination of Employment
(B) Retirement
(C) Disability
(D) Death

(E) Hardship
(F) In Service Distributions after 59.5 Years of Age
As defined in the plan document.

In the event of a mandatory distribution greater than $1,000, but no more than $5,000, in accordance with the payment provisions of the Plan, if the participant does not elect to have such distributions paid directly to an eligible retirement plan specified by the participant in a direct rollover or to receive the distribution directly under any form of payment allowed under the Plan, then the distribution will be paid in a direct rollover to an individual retirement plan designated by the plan administrator. Mandatory distributions of $1,000 or less will be paid in cash as directed by the plan administrator, unless the Participant elects a direct rollover or elects to receive the distribution under another form permitted by the Plan.

NOTES RECEIVABLE FROM PARTICIPANTS

Plan loans to participants who have an account under the Plan are available. The loans are secured by the participant's vested account balance in the Plan and may not exceed 50% of the vested account balance or $50,000, whichever is less. The smallest amount available for withdrawal is $1,000. Participant loans bear interest at a rate of 2% in excess of the prime lending rate. Principal and interest on loans are paid regularly through payroll deductions. Outstanding loans become due and payable upon a participant's termination of employment with the Company.

FORFEITED ACCOUNTS

At December 31, 2020 and 2019 , forfeited vested accounts totaled $24,300 and $7,601, respectively are held in the money market account included in investments on the statement of net assets available for benefits. In the event that non-vested accounts are forfeited, such amounts are used to reduce employer contributions and administrative fees. Forfeitures reallocated during 2020 and 2019, totaled $0.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting - The accompanying financial statements have been prepared using the accrual method in conformity with generally accepted accounting principles (GAAP) in the United States of America.

Use of estimates - The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investments valuation and income recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Fair value measurement - The Plan follows accounting standards consistent with the Financial Accounting Standards Board Codification which defines fair value, establishes a framework for measuring fair value and enhances disclosures about fair value measurements for all financial assets and liabilities.

Notes receivable from participants - Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Interest accrues according to the loan agreements throughout the term of the loans. Related fees are recorded as administrative expenses, charged to participant accounts and expensed when paid.

Benefits - Benefits are recorded when paid.

Income taxes - The Plan is tax exempt under the Internal Revenue Code Section 401(a) and consequently pays no income tax.

The Company has adopted a prototype plan that relies upon the prototype plan's opinion letter from the Internal Revenue Service, dated March 2014, which stated that the Plan and related trust are in compliance with the applicable requirements of the Internal Revenue Code (IRC). Therefore, no provisions for income taxes have been included in the Plan's financial statements. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

The Plan follows accounting standards for uncertainty in income taxes recognized in the Plan's financial statements and prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. It also provides guidance on derecognition and measurement of a tax position taken or to be taken in a tax return. As of December 31, 2020, the Plan has not accrued interest or penalties related to uncertain tax positions.

NOTE 3 ADMINISTRATIVE EXPENSES

Substantially all of the administrative expenses of the Plan were paid by the Company. These expenses include, but are not limited to, custodian, trustee, legal and accounting expenses. A participant's account balance will be charged with certain fees and expenses which are usually loan-related and distribution-related. Certain investment related expenses are included as a reduction of investment return and are not separately reflected. Amounts totaling $8,669 and $18,695, were paid directly by the Plan for asset fees, benefits paid to participants and participant loan fees for the years ended December 31, 2020 and 2019, respectively. Fees for the administration of notes receivable from participants are included in administrative expenses and charged directly to the participant's account.

NOTE 4 PLAN TERMINATION

Although it has not expressed any intent to do so, the Company may terminate the Plan at any time with respect to all participants by the adoption of an appropriate resolution by its owners. In the event of a complete termination of the Plan, the rights of all participants in their account balances accrued to the date of the termination are fully vested and not subject to forfeiture.

NOTE 5 INFORMATION PREPARED AND CERTIFIED BY PLAN TRUSTEE

The following is information prepared and certified by Fidelity Management Trust Company and Nationwide Financial Services, Inc.:

	2020	2019
Investments:		
Mutual funds	$ 3,314,531	$ 2,413,278
Money market fund	33,329	7,601
	$ 3,347,860	$ 2,420,879
Investment income:		
Net appreciation in fair value of investments	$ 253,094	$ 381,001
Interest and dividends	55,763	-
	$ 308,857	$ 381,001

During 2020 and 2019, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the years) appreciated in value by $253,094 and $381,001, respectively.

NOTE 6 FAIR VALUE MEASUREMENT

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels:

Level 1: Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.

Level 2: Observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in inactive markets; or model-derived valuations in which all significant inputs are observable or can be derived principally from or corroborated with observable market data.

Level 3: Unobservable inputs are used when little or no market data is available. The fair value hierarchy gives the lowest priority to Level 3 inputs.

Corporate stocks: Valued at the closing price reported on the active market on which the individual securities are traded and classified as Level 1 investments.

Money market and mutual funds: Money market and mutual fund shares are valued at quoted market prices in an exchange and active market, which represent the net asset value of shares held by the Plan at year end and are classified as Level 1 investments.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 or Level 2 inputs are not available.

Financial assets carried at fair value are classified below in one of the three categories described above. The table below presents the balances of assets measured at fair value at December 31, 2020 on a recurring basis:

	Level 1	Level 2	Level 3	Total
Assets				
Mutual funds	$ 3,314,531	$ -	$ -	$ 3,314,531
Corporate stocks	102,607	-	-	102,607
Money market fund	33,329	-	-	33,329
	$ 3,450,467	$ -	$ -	$ 3,450,467

The table below presents the balances of assets measured at fair value at December 31, 2019 on a recurring basis:

	Level 1	Level 2	Level 3	Total
Assets				
Mutual funds	$ 2,413,278	$ -	$ -	$ 2,413,278
Money market fund	7,601	-	-	7,601
	$ 2,420,879	$ -	$ -	$ 2,420,879

NOTE 7 RISKS AND UNCERTAINTIES

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

NOTE 8 PARTY IN INTEREST

Certain Plan investments are managed by Fidelity Investments Inc. and Nationwide Financial Services, the trustees of the Plan, which qualifies these transactions as party-in-interest transactions. Administrative fees incurred by the Plan to Fidelity and Nationwide totaled $8,669 for the year ended December 31, 2020. Administrative fees incurred by the plan to Nationwide was $18,695 for the year ended December 31, 2019, respectively. The Company also pays certain administrative fees of the Plan, which are not reimbursed. In addition, the Company provides administrative services to the Plan at no cost to the Plan.

These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 9 SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 11, 2021, the date which the financial statements were available to be issued.

As a result of the spread of the COVID-10 Coronavirus and the resulting health orders, operations may be impacted during 2021. Participants and the amounts of contributions may be reduced but the potential impact cannot be quantified at this time.

SYNERGY SPECIALISTS MEDICAL GROUP 401(K) PLAN
REQUIRED SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF YEAR)
DECEMBER 31, 2020

Plan Sponsor's EIN: 45-5215138
Plan Number: 001

(a)	(b) Identify of issuer, borrower, lessor, or similar party	(c) Description of Investment including maturity date, rate of interest, collateral, par of maturity value	(d) Cost	(e) Current value
*	Fidelity Freedom Index 2045 Fund	Mutual fund	**	$ 707,556
*	Fidelity Freedom Index 2030 Fund	Mutual fund	**	611,727
*	Fidelity Freedom Index 2025 Fund	Mutual fund	**	463,827
*	Fidelity Freedom Index 2035 Fund	Mutual fund	**	416,694
*	Fidelity Freedom Index 2050 Fund	Mutual fund	**	302,138
*	Fidelity Freedom Index 2040 Fund	Mutual fund	**	215,182
*	Fidelity Freedom Index 2020 Fund	Mutual fund	**	212,832
*	Fidelity US Bond Index	Mutual fund	**	150,850
*	Fidleity Freedom Index 2055 Fund	Mutual fund	**	106,008
*	BrokerageLink - Self directed	Common stock	**	102,607
*	Fidelity Government Money Market K6	Money market fund	**	33,329
*	Fidelity Large Cap Gr Index	Mutual fund	**	28,118
*	Fidelity 500 Index	Mutual fund	**	24,816
*	Fidelity Freedom Index 2060 Fund	Mutual fund	**	22,970
*	Fidelity International Index	Mutual fund	**	17,194
*	Fidelity Freedom Index 2015 Fund	Mutual fund	**	10,410
*	Fidelity Freedom Index 2010 Fund	Mutual fund	**	7,939
*	Fidelity Emerging Markets Index	Mutual fund	**	5,480
*	Fidelity Small Cap Index	Mutual fund	**	3,760
*	Fidelity Mid Cap Index	Mutual fund	**	3,464
*	Fidelity Large Cap Val Index	Mutual fund	**	3,200
*	Fidelity Short Term Bond Index	Mutual fund	**	366
				3,450,467

* Indicates an identified person know to be a party-in-interest to the Plan
** Cost has been omitted as Fundestment is participant directed.

SYNERGY SPECIALISTS MEDICAL GROUP 401(K) PLAN
REQUIRED SUPPLEMENTAL INFORMATION
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DECEMBER 31, 2020

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*	Notes receivable from participants	Various maturity dates Interest rate: 6.25% - 7.50%	**	$ 17,610

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Plan Sponsor's EIN: 45-5215138
Plan Number: 001

		Total that Constitute Nonexempt Prohibited Transactions			
	Participant contributions transferred late to the plan	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	Total fully corrected under VFCP and PTE 2002-51
Plan year end 12/31/2020	$ 39,533	$ -	$ -	$ 39,533	$ -
Plan year end 12/31/2019	181,316	-	-	-	181,316
	$ 220,849	$ -	$ -	$ 39,533	$ 181,316

Form **5558**
(Rev. September 2018)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.
► Go to *www.irs.gov/Form5558* for the latest information.

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)

SYNERGY ORTHOPEDIC SPECIALISTS, INC.

Number, street, and room or suite no. (If a P.O. box, see instructions)

4445 EASTGATE MALL SUITE 105

City or town, state, and ZIP code

SAN DIEGO, CA 92121

B Filer's identifying number (see instructions)

Employer identification number (EIN) (9 digits XX-XXXXXXX)

45-5215138

Social security number (SSN) (9 digits XXX-XX-XXXX)

C Plan name	Plan number	Plan year ending— MM	DD	YYYY
SYNERGY SPECIALISTS MEDICAL GROUP, INC. 401(K) PLAN	0 0 1	12	31	2020

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.

2 I request an extension of time until 10 / 15 /2021 to file Form 5500 series. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 5500 series.

3 I request an extension of time until 10 / 15 /2021 to file Form 8955-SSA. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application **is automatically approved** to the date shown on line 2 and/or line 3 (above) if **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested; and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal due date.

Part III Extension of Time To File Form 5330 *(see instructions)*

4 I request an extension of time until / / to file Form 5330.
You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . . ► **a**

b Enter the payment amount attached . . . . . ► **b**

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ► **c**

5 **State in detail why you need the extension:**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ► **Date** ►

SYNERGY SPECIALISTS MEDICAL GROUP 401(K) PLAN
REQUIRED SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT THE END OF YEAR)
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