

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
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.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>GOLDSBORO PEDIATRICS, P.A. 401(K) PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/01/1979</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>56-1249036</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>919-734-4736</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>621111</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>10/01/1979</u>		2b Employer Identification Number (EIN) <u>56-1249036</u>		2c Plan Sponsor's telephone number <u>919-734-4736</u>		2d Business code (see instructions) <u>621111</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>10/01/1979</u>											
2b Employer Identification Number (EIN) <u>56-1249036</u>											
2c Plan Sponsor's telephone number <u>919-734-4736</u>											
2d Business code (see instructions) <u>621111</u>											
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) <u>GOLDSBORO PEDIATRICS, P.A.</u> <u>2706 MEDICAL OFFICE PLACE</u> <u>GOLDSBORO, NC 27534</u>											

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.	09/20/2022	JOSEPH PONZI
	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

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ 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		5 122
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) 104
a(2) Total number of active participants at the end of the plan year		6a(2) 90
b Retired or separated participants receiving benefits.....		6b 5
c Other retired or separated participants entitled to future benefits		6c 24
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 119
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 1
f Total. Add lines 6d and 6e		6f 120
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 118
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 5
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 2H 2J 2R 2T		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan GOLDSBORO PEDIATRICS, P.A. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GOLDSBORO PEDIATRICS, P.A.	D Employer Identification Number (EIN) 56-1249036	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

UBS FINANCIALS SERVICES

1000 HARBOR BLVD
WEEHAWKEN, NJ 07086

13-2638166

(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?
51 52	MANAGEMENT	145804	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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)

(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 ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) 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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>GOLDSBORO PEDIATRICS, P.A. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GOLDSBORO PEDIATRICS, P.A.</u>	D Employer Identification Number (EIN) <u>56-1249036</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RTC SVF - METLIFE 25053 CLASS 0</u>		
b Name of sponsor of entity listed in (a): <u>RELIANCE TRUST COMPANY STABLE VALUE FUND CIT, SERIES 25053</u>		
c EIN-PN <u>46-6625485-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>39736</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RETIREMENT TARGET 2020 CIT CLASS U1</u>		
b Name of sponsor of entity listed in (a): <u>EXETER TRUST COMPANY COLLECTIVE INVESTMENT FUNDS FOR EMPLOYEE BENEFIT</u>		
c EIN-PN <u>02-0476209-024</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22009</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RETIREMENT TARGET 2025 CIT CLASS U1</u>		
b Name of sponsor of entity listed in (a): <u>EXETER TRUST COMPANY COLLECTIVE INVESTMENT FUNDS FOR EMPLOYEE BENEFIT</u>		
c EIN-PN <u>02-0476209-041</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>191831</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RETIREMENT TARGET 2030 CIT CLASS U1</u>		
b Name of sponsor of entity listed in (a): <u>EXETER TRUST COMPANY COLLECTIVE INVESTMENT FUNDS FOR EMPLOYEE BENEFIT</u>		
c EIN-PN <u>02-0476209-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>636848</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RETIREMENT TARGET 2035 CIT CLASS U1</u>		
b Name of sponsor of entity listed in (a): <u>EXETER TRUST COMPANY COLLECTIVE INVESTMENT FUNDS FOR EMPLOYEE BENEFIT</u>		
c EIN-PN <u>02-0476209-042</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>845123</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RETIREMENT TARGET 2040 CIT CLASS U1</u>		
b Name of sponsor of entity listed in (a): <u>EXETER TRUST COMPANY COLLECTIVE INVESTMENT FUNDS FOR EMPLOYEE BENEFIT</u>		
c EIN-PN <u>02-0476209-022</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>440953</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RETIREMENT TARGET 2045 CIT CLASS U1</u>		
b Name of sponsor of entity listed in (a): <u>EXETER TRUST COMPANY COLLECTIVE INVESTMENT FUNDS FOR EMPLOYEE BENEFIT</u>		
c EIN-PN <u>02-0476209-043</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>419021</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT TARGET 2050 CIT CLASS U1

b Name of sponsor of entity listed in (a): EXETER TRUST COMPANY COLLECTIVE INVESTMENT FUNDS FOR EMPLOYEE BENEFIT

c EIN-PN 02-0476209-027	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 305027
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a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT TARGET 2055 CIT CLASS U1

b Name of sponsor of entity listed in (a): EXETER TRUST COMPANY COLLECTIVE INVESTMENT FUNDS FOR EMPLOYEE BENEFIT

c EIN-PN 02-0476209-044	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 122598
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a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT TARGET 2060 CIT CLASS U1

b Name of sponsor of entity listed in (a): EXETER TRUST COMPANY COLLECTIVE INVESTMENT FUNDS FOR EMPLOYEE BENEFIT

c EIN-PN 02-0476209-058	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41784
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a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT TARGET INCOME CIT CLASS

b Name of sponsor of entity listed in (a): EXETER TRUST COMPANY COLLECTIVE INVESTMENT FUNDS FOR EMPLOYEE BENEFIT

c EIN-PN 02-0476209-026	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 206957
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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
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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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>GOLDSBORO PEDIATRICS, P.A. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GOLDSBORO PEDIATRICS, P.A.</u>	D Employer Identification Number (EIN) <u>56-1249036</u>	

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

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)	595570	708197
(2) Participant contributions.....	1b(2)	350	0
(3) Other	1b(3)	34210	23903
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	971991	534908
(2) U.S. Government securities	1c(2)	244982	144970
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2905407	2259159
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	460691	458388
(B) Common	1c(4)(B)	5715390	7132282
(5) Partnership/joint venture interests	1c(5)	169619	302828
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	20384	14393
(9) Value of interest in common/collective trusts	1c(9)	2639036	3271887
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13348934	16446797
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	196028	238097

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	27302592	31535809

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	27302592	31535809
---	-----------	----------	----------

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)	758020	
(B) Participants	2a(1)(B)	450102	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1208122
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	197	
(B) U.S. Government securities	2b(1)(B)	4695	
(C) Corporate debt instruments	2b(1)(C)	125173	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	962	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		131027
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	22830	
(B) Common stock	2b(2)(B)	137360	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	561192	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		721382
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2334820	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	2113159	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		221661
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1404073	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1404073

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		367896
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		715996
c Other income.....	2c		47516
d Total income. Add all income amounts in column (b) and enter total.....	2d		4817673
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	435684	
(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)		435684
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	2968	
(3) Investment advisory and management fees.....	2i(3)	145804	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		148772
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		584456
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		4233217
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: GREERWALKER LLP

(2) EIN: 56-1434747

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:

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.).....

	Yes	No	Amount
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?	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?		X	
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.)	X		
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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan GOLDSBORO PEDIATRICS, P.A. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 GOLDSBORO PEDIATRICS, P.A.	D Employer Identification Number (EIN) 56-1249036

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): 75-3182674		
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
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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
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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

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

Schedule R (Form 5500) 2021
v. 201209

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 _____

GOLDSBORO PEDIATRICS, P.A.
401(K) PROFIT SHARING PLAN

Financial Statements and Supplemental Schedule
for the Years Ended December 31, 2021 and 2020
and Independent Auditors' Report



GreerWalker

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GreerWalker

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees and Participants of the Goldsboro Pediatrics, P.A. 401(k) Profit Sharing Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of the Goldsboro Pediatrics, P.A. 401(k) Profit Sharing Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements ("2021 financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with generally accepted accounting principles in the United States of America ("GAAP").
- The information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with generally accepted auditing standards in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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Accounting & Tax | Wealth Management | Corporate Finance | greerwalker.com

Responsibilities of Management for the 2021 Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

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

Other Matters

2021 Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

Auditors' Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, management instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by a qualified institution. In our report dated September 27, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient and appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



Certified Public Accounts
September 8, 2022
Charlotte, NC

GOLDSBORO PEDIATRICS, P.A. 401(K) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
ASSETS:		
Investments, at fair value	<u>\$ 30,789,316</u>	<u>\$ 26,652,078</u>
Receivables:		
Participant contributions	-	350
Employer contributions	708,197	595,570
Notes receivable from participants	14,393	20,384
Accrued interest and dividend income	<u>23,903</u>	<u>34,210</u>
Total receivables	<u>746,493</u>	<u>650,514</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 31,535,809</u></u>	<u><u>\$ 27,302,592</u></u>

See notes to financial statements.

GOLDSBORO PEDIATRICS, P.A. 401(K) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation in fair value of investments	\$ 2,757,142	\$ 1,210,060
Interest and dividend income	<u>851,447</u>	<u>723,474</u>
Total investment income	<u>3,608,589</u>	<u>1,933,534</u>
Interest income on notes receivable from participants	<u>962</u>	<u>1,407</u>
Contributions:		
Participants	450,102	425,098
Employer	758,020	747,987
Rollover	<u>-</u>	<u>38,391</u>
Total contributions	<u>1,208,122</u>	<u>1,211,476</u>
Total additions	<u>4,817,673</u>	<u>3,146,417</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	435,684	2,407,547
Administrative expenses	<u>148,772</u>	<u>128,181</u>
Total deductions	<u>584,456</u>	<u>2,535,728</u>
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	4,233,217	610,689
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>27,302,592</u>	<u>26,691,903</u>
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u>\$ 31,535,809</u>	<u>\$ 27,302,592</u>

See notes to financial statements.

GOLDSBORO PEDIATRICS, P.A. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

1. DESCRIPTION OF PLAN

The following description of the Goldsboro Pediatrics, P.A. 401(k) Profit Sharing 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 Goldsboro Pediatrics, P.A. (the "Employer"), who have completed ninety days of service and are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan's entry dates are the first day of the first month or seventh month. The Board of Trustees is responsible for oversight of the Plan, determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Contributions - Each year, participants may contribute up to 100% of their annual eligible compensation, as defined in the plan document. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. Employees who have completed three months of service and are at least twenty-one years old are eligible to receive the Employer's nonelective safe harbor contributions. For employees who are actively participating in the Plan, the Employer makes nonelective safe harbor contributions equal to 3% of employees' eligible compensation. Employees who have completed one year of service and are at least twenty-one years old are eligible to receive the Employer's discretionary profit-sharing contributions. For the years ended December 31, 2021 and 2020, the Employer made discretionary profit-sharing contributions totaling approximately \$528,000 and \$515,000, respectively. Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

Participant Accounts - Each participant's account is credited with the participant's contributions and the Employer's nonelective safe harbor contributions, as well as allocations of the Employer's discretionary profit-sharing contributions and the Plan's earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined in the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are vested immediately in their contributions and the Employer's nonelective safe harbor contributions, plus actual earnings thereon. Vesting in the Employer's discretionary profit-sharing contributions, plus actual earnings thereon, is based on years of continuous service. A participant is fully vested when they attain normal retirement age. Prior to normal retirement age, a participant's interest in the contributions of the Employer vest 20% after two years of service, increasing 20% each succeeding year until fully vested after six years of service.

Notes Receivable from Participants - Effective January 1, 2018, participants were no longer permitted to borrow from their accounts. Prior to January 1, 2018, participants were permitted to borrow from their 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 loans were secured by the balance in the participant's account. The loan interest rate was set at the prime rate, as defined in the plan document. Loans that were issued prior to January 1, 2018 are repaid ratably through payroll deductions.

During 2020, the Plan adopted certain provisions of the Coronavirus Aid, Relief and Economic Security Act which permitted any repayments due from March 27, 2020 to December 31, 2020, on loans outstanding on or after March 27, 2020, to be delayed for up to one year.

Forfeited Accounts - Benefit payments to terminated employees partially vested in the Plan include their vested portion of the Employer's discretionary profit-sharing contributions. The nonvested portion of terminated participants' account balances is used to reduce the Employer's future contributions or to pay the Plan's administrative expenses, as determined by the Employer at its sole discretion. As of December 31, 2021 and 2020, forfeited nonvested accounts totaled approximately \$40,000 and \$14,000, respectively. During the year ended December 31, 2021, no forfeited nonvested accounts were used to reduce the Employer's contributions or pay the Plan's administrative expenses. During the year ended December 31, 2020, forfeited nonvested accounts of approximately \$1,000 were used to reduce the Employer's contributions.

Payment of Benefits - On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account or annual installments over a specified period of time. For termination of service for some other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution. Benefits from the Plan may also be made upon proper application by a participant for proven financial hardship.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements have been prepared on the accrual basis of accounting.

Use of Accounting Estimates - The preparation of financial statements in accordance with generally accepted accounting principles in the United States of America ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates. Any adjustments applied to estimated amounts are recognized in the year in which such adjustments are determined.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date. See Note 5 for disclosure of fair value measurements. The Board of Trustees determines the Plan's valuation policies utilizing information provided by the investment advisors and Newport Trust Company, the Trustee of the Plan.

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 in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Contributions - Contributions from participants are recorded as they are withheld from the participants' wages. Contributions from the Employer are recorded in the period in which the related participant contributions are due.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 or 2020. If a participant ceases to make loan repayments and management deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

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 in fair value of investments.

Subsequent Events - Management has evaluated subsequent events through September 8, 2022, the date the financial statements were available to be issued.

3. INFORMATION CERTIFIED BY TRUSTEE

The following is a summary of the Plan's asset information as of December 31, 2021 and 2020, and for the years then ended, included in the financial statements and supplemental schedule, that was prepared by, or derived from, information prepared by the Trustee and furnished to management. Management has obtained certifications from the Trustee that such information is complete and accurate as of and for the years ended December 31, 2021 and 2020.

	<u>2021</u>		<u>2020</u>	
	<u>Fair Value</u>	<u>Cost</u>	<u>Fair Value</u>	<u>Cost</u>
Assets:				
Participant-directed investments:				
Collective trust funds	\$ 3,271,887	*	\$ 2,639,036	*
Mutual funds	\$ 959,925	*	\$ 608,280	*
Self-directed accounts	\$ 238,097	*	\$ 196,028	*
Notes receivable from participants	14,393	*	\$ 20,384	*
Nonparticipant-directed investments:				
Exchange traded funds	\$ 9,771,413	\$ 9,031,969	\$ 7,408,783	\$ 6,978,415
Common stocks	\$ 7,132,282	\$ 4,631,842	\$ 5,715,390	\$ 5,147,865
Mutual funds	\$ 5,715,459	\$ 4,578,315	\$ 5,331,871	\$ 4,995,605
Corporate bonds	\$ 2,259,159	\$ 2,255,805	\$ 2,905,407	\$ 2,865,791
Cash equivalents	\$ 534,908	\$ 534,908	\$ 971,991	\$ 971,991
Preferred stocks	\$ 458,388	\$ 440,475	\$ 460,691	\$ 431,473
Government securities	\$ 144,970	\$ 138,049	\$ 244,982	\$ 243,722
Other	\$ 302,828	\$ 104,286	\$ 169,619	\$ 172,350
Accrued interest and dividend income	\$ 23,903	\$ 23,903	\$ 34,210	\$ 34,210
Income:				
Net appreciation in fair value of investments		\$ 2,757,142		\$ 1,210,060
Interest and dividend income		\$ 851,447		\$ 723,474
Interest income on notes receivable from participants		\$ 962		\$ 1,407

* Cost information is omitted for participant-directed investments.

4. NONPARTICIPANT-DIRECTED INVESTMENTS

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

	<u>2021</u>	<u>2020</u>
Net assets:		
Exchange traded funds	\$ 9,771,413	\$ 7,408,783
Common stocks	7,132,282	5,715,390
Mutual funds	5,715,459	5,331,871
Corporate bonds	2,259,159	2,905,407
Cash equivalents	534,908	971,991
Preferred stock	458,388	460,691
Government securities	144,970	244,982
Other	302,828	169,619
Accrued interest and dividend income	<u>23,903</u>	<u>34,210</u>
Total	<u>\$ 26,343,310</u>	<u>\$ 23,242,944</u>

Changes in net assets:		
Contributions	\$ 515,227	\$ 503,521
Interest and dividend income	808,199	695,945
Net appreciation in fair value of investments	2,318,109	763,530
Benefits paid to participants	(395,365)	(2,351,870)
Administrative expenses	<u>(145,804)</u>	<u>(123,032)</u>
Total	<u>\$ 3,100,366</u>	<u>\$ (511,905)</u>

5. FAIR VALUE MEASUREMENTS

GAAP provides the framework for measuring fair value by utilizing 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) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under GAAP are described as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- 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 are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a 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 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used as of December 31, 2021 and 2020.

Mutual funds and exchange traded funds: Valued at the daily closing price as reported by the fund. The funds held by the Plan are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The funds held by the Plan are deemed to be actively traded.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Collective trust funds: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner. There are no unfunded commitments as of December 31, 2021 and 2020.

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Cash equivalents: Valued as of the ending cash balance plus any accrued interest held by the Plan as of year-end.

Preferred stock: Valued at the closing price reported on the active market on which the individual securities are traded.

Self-directed accounts: Valued at the closing price of the underlying investments held in the accounts as reported on the active markets on which the underlying investments are traded.

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

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2021:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Exchange traded funds	\$ 9,771,413	\$ -	\$ -	\$ 9,771,413
Common stocks	7,132,282	-	-	7,132,282
Mutual funds	6,675,384	-	-	6,675,384
Corporate bonds	-	2,259,159	-	2,259,159
Cash equivalents	534,908	-	-	534,908
Preferred stock	458,388	-	-	458,388
Other	-	302,828	-	302,828
Self-directed accounts	238,097	-	-	238,097
Government securities	-	144,970	-	144,970
Total investments in the fair value hierarchy	<u>\$ 24,352,084</u>	<u>\$ 2,706,957</u>	<u>\$ -</u>	27,517,429
Investments measured at NAV, as a practical expedient				<u>3,271,887</u>
Investments, at fair value				<u>\$ 30,789,316</u>

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Exchange traded funds	\$ 7,408,783	\$ -	\$ -	\$ 7,408,783
Mutual funds	5,940,151	-	-	5,940,151
Common stocks	5,715,390	-	-	5,715,390
Corporate bonds	-	2,905,407	-	2,905,407
Cash equivalents	971,991	-	-	971,991
Preferred stock	460,691	-	-	460,691
Government securities	-	244,982	-	244,982
Self-directed accounts	196,028	-	-	196,028
Other	-	169,619	-	169,619
Total investments in the fair value hierarchy	<u>\$ 20,693,034</u>	<u>\$ 3,320,008</u>	<u>\$ -</u>	24,013,042
Investments measured at NAV, as a practical expedient				<u>2,639,036</u>
Investments, at fair value				<u>\$ 26,652,078</u>

6. RELATED-PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

Certain investments of the Plan are managed by Newport Trust Company. Newport Trust Company is the Trustee and recordkeeper for the Plan and, therefore, these transactions qualify as exempt party in interest transactions.

As described in Note 1, the Plan permitted participants to borrow from their account balances prior to January 1, 2018. These transactions qualify as exempt party in interest transactions.

7. PLAN TERMINATION

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

8. TAX STATUS

On March 31, 2014, the IRS stated that the prototype plan adopted by the Plan, as then designed, qualifies under Internal Revenue Code ("IRC") Section 401(a). The Plan has not received a determination letter specific to the Plan itself; however, management and the Plan's tax counsel believe that the Plan was designed and was being operated in compliance with the applicable requirements of the IRC and, therefore, that the Plan is qualified and the related trust is tax exempt.

GAAP requires management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. Management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021 and 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits of any tax periods in progress.

9. 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.

GOLDSBORO PEDIATRICS, P.A. 401(K) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2021

EIN: 56-1249036 - PN: 001

(a)	(b)	(c)	(d)	(e)
Party in interest	Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	PARTICIPANT-DIRECTED INVESTMENTS:			
	Manning & Napier Retirement Target 2035 CIT - Class U1	Collective trust fund	**	\$ 845,123
	Manning & Napier Retirement Target 2030 CIT - Class U1	Collective trust fund	**	636,848
	Manning & Napier Retirement Target 2040 CIT - Class U1	Collective trust fund	**	440,953
	Manning & Napier Retirement Target 2045 CIT - Class U1	Collective trust fund	**	419,021
	Manning & Napier Retirement Target 2050 CIT - Class U1	Collective trust fund	**	305,027
	Fidelity U.S. Bond Index Fund	Mutual fund	**	242,153
*	SDBA UBS Mx	Self-directed accounts	**	238,097
	PRIMECAP Odyssey Growth Fund	Mutual fund	**	223,702
	First Eagle Global Fund - Class I	Mutual fund	**	222,713
	Manning & Napier Retirement Target Income CIT - Class U1	Collective trust fund	**	206,957
	Manning & Napier Retirement Target 2025 CIT - Class U1	Collective trust fund	**	191,831
	Manning & Napier Retirement Target 2055 CIT - Class U1	Collective trust fund	**	122,598
	Fidelity 500 Index Fund	Mutual fund	**	115,353
	Fidelity Mid Cap Index Fund	Mutual fund	**	56,128
	Fidelity Small Cap Index Fund	Mutual fund	**	48,936
	Fidelity International Index Fund	Mutual fund	**	44,690
	Manning & Napier Retirement Target 2060 CIT - Class U1	Collective trust fund	**	41,784
	Reliance Trust Stable Value Fund CIT - Metlife GAC Series 25053 Fund - Class 0	Collective trust fund	**	39,736
	Manning & Napier Retirement Target 2020 CIT - Class U1	Collective trust fund	**	22,009
	Fidelity Inflation-Protected Bond Index Fund	Mutual fund	**	5,686
	Fidelity Emerging Markets Index	Mutual fund	**	564
*	Participant Loans	Interest rates ranging from 5% to 6%	**	14,393
	Total Participant-Directed Investments			<u>\$ 4,484,302</u>

* Party in interest to the Plan

** Cost omitted for participant-directed investments.

See independent auditors' report.

GOLDSBORO PEDIATRICS, P.A. 401(K) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2021 (CONTINUED FROM PAGE 12)

EIN: 56-1249036 - PN: 001

(a)	(b)	(c)	(d)	(e)
Party in interest	Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
NONPARTICIPANT-DIRECTED INVESTMENTS:				
CASH EQUIVALENTS:				
*	UBS Liquid Assets	Cash Equivalent	\$ 531,849	\$ 531,849
*	UBS Cash Account	Cash Equivalent	3,059	3,059
	Total Cash Equivalents		<u>534,908</u>	<u>534,908</u>
PREFERRED STOCKS:				
	Goldman Sachs Group Inc 4.519%	Preferred Stock	53,061	58,374
	Metlife Inc 4%	Preferred Stock	51,619	52,460
	PNC Financial Services 6.125%	Preferred Stock	59,440	51,480
	Travelcenters Of America 8.25%	Preferred Stock	86,275	93,590
	Trichome Finl Corp Pfd I	Preferred Stock	37,005	38,625
	US Bancorp Floating Rate Ser B	Preferred Stock	108,765	111,690
	Wells Fargo & Company 7.5%	Preferred Stock	44,310	52,169
	Total Preferred Stocks		<u>440,475</u>	<u>458,388</u>
CORPORATE BONDS:				
	Abbott Laboratories	3.400% Due 11-30-23	28,379	27,188
	Abbvie Inc	3.750% Due 11-14-23	41,016	39,826
	Actavis Funding Scs	3.450% Due 03-15-22	73,869	74,887
	Alleghany Corp	4.950% Due 06-27-22	55,106	50,946
	AT&T Inc	3.800% Due 2-15-27	18,133	17,390
	Ball Corp	4.000% Due 11-15-23	38,011	37,575
	Bank Of America Corp	3.093% Due 10-01-25	32,169	31,292
	Bank Of America Corp	6.250% Due 12-05-49	107,495	107,731
	Bank Of America Corp	1.319% Due 06-19-26	36,000	35,631

* Party in interest to the Plan

See independent auditors' report.

GOLDSBORO PEDIATRICS, P.A. 401(K) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2021 (CONTINUED FROM PAGE 13)

EIN: 56-1249036 - PN: 001

(a)	(b)	(c)	(d)	(e)
Party in interest	Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Bank of Nova Scotia	1.350% Due 06-24-26	6,037	5,938
	Bat Capital Corp	3.557% Due 08-15-27	24,752	25,187
	Boston Scientific Corp	3.375% Due 05-15-22	25,898	26,260
	BP Capital Markets Plc	3.506% Due 03-17-25	25,666	25,583
	Brighthouse Financial Inc	3.700% Due 06-22-27	119,788	134,715
	Cigna Corp	2.400% Due 03-15-30	24,378	24,188
	Cigna Corp	3.400% Due 03-01-27	24,569	23,649
	Citigroup Inc	5.950% Due 12-31-49	105,000	107,500
	Enterprise Products Oper	3.750% Due 02-15-25	27,880	27,697
	Equinor Asa	1.750% Due 01-22-26	6,162	6,039
	Ford Motor Company	3.250% Due 02-12-32	32,989	32,843
	FS KKR Capital Corp	1.650% Due 10-12-24	98,655	98,276
	General Motors Finl Co	5.750% Due 12-31-99	103,755	107,419
	General Motors Finl Co	2.900% Due 02-26-25	25,606	29,004
	Gilead Sciences Inc	2.500% Due 09-01-23	25,201	24,573
	Goldman Sachs Group Inc	3.625% Due 02-20-24	21,890	20,990
	Home Depot Inc	1.875% Due 09-15-31	52,111	53,271
	Intel Corp	2.450% Due 11-15-29	25,631	24,906
	JPMorgan Chase & Co	3.625% Due 12-01-27	41,039	41,006
	JPMorgan Chase & Co	3.125% Due 01-23-25	24,072	23,136
	Kroger Co	2.650% Due 10-15-26	25,382	24,970
	Lennar Corp	4.750% Due 11-29-27	16,640	18,198
	Leucadia National Corp	5.500% Due 10-18-23	53,921	52,106
	Morgan Stanley	4.100% Due 05-22-23	51,550	50,027
	Morgan Stanley	3.700% Due 10-23-24	6,654	6,396
	NASDAQ Omx Group	4.250% Due 06-01-24	42,288	42,499
	Netapp Inc	3.250% Due 12-15-22	40,648	40,596
	Nextera Energy Capital	2.750% Due 11-01-29	25,991	24,783

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GOLDSBORO PEDIATRICS, P.A. 401(K) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2021 (CONTINUED FROM PAGE 14)

EIN: 56-1249036 - PN: 001

(a)	(b)	(c)	(d)	(e)
Party in interest	Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Nextera Energy Capital	3.550% Due 05-01-27	2,212	2,172
	Pacific Gas & Electric	2.100% Due 08-01-27	31,896	31,036
	Prudential Financial Inc	5.625% Due 06-15-43	104,630	104,060
	Reliance Steel & Alum	4.500% Due 04-15-23	52,853	52,300
	Royal Bk Scotlnd Grp PLC	6.125% Due 12-15-22	108,135	104,613
	Sherwin-Williams Co	3.450% Due 06-01-27	23,848	23,816
	Tenneco Packaging Inc Deb 7.95%25	7.950% Due 12-15-25	27,531	27,859
	T-Mobile USA Inc	2.250% Due 02-15-26	37,953	38,139
	United Technologies Corp	4.125% Due 11-16-28	41,247	40,295
	Unitedhealth Group Inc	3.500% Due 06-15-23	41,064	39,530
	Verizon Communications	2.550% Due 03-21-31	11,946	12,130
	Walt Disney Company/The	1.750% Due 08-30-24	24,980	24,457
	Wells Fargo & Company	5.875% Due 12-31-49	133,906	135,550
	Wells Fargo & Company	3.000% Due 10-23-26	48,634	48,365
	Western Digital Corp	4.750% Due 02-15-26	30,639	30,616
	Total Corporate Bonds		<u>2,255,805</u>	<u>2,259,159</u>
	EXCHANGE TRADED FUNDS:			
	Ft-Preferred Secur & Inc ETF	Exchange Traded Fund	754,701	773,582
	Invesco Global Listed Privat ETF	Exchange Traded Fund	189,050	225,716
	iShares Core Intl Stock ETF	Exchange Traded Fund	230,668	279,149
	iShares iBoxx High Yield Corp ETF	Exchange Traded Fund	490,385	489,344
	iShares Russell 2000 ETF	Exchange Traded Fund	333,446	411,088
	iShares Russell Mid-Cap ETF	Exchange Traded Fund	297,975	444,602
	iShares TIPS Bond ETF	Exchange Traded Fund	825,303	881,144
	SPDR Blackstone Senior Loan ETF	Exchange Traded Fund	212,054	210,537
	SPDR Doubleline Tr Tact ETF	Exchange Traded Fund	846,417	816,331
	SPDR GOLD TRUST GOLD SHS ETF	Exchange Traded Fund	393,736	487,236
	VanEck Vectors Gold Miners ETF	Exchange Traded Fund	191,961	237,182

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GOLDSBORO PEDIATRICS, P.A. 401(K) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2021 (CONTINUED FROM PAGE 15)

EIN: 56-1249036 - PN: 001

(a)	(b)	(c)	(d)	(e)
Party in interest	Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Vanguard Health Care ETF	Exchange Traded Fund	140,086	211,537
	Vanguard Intermediate Term C	Exchange Traded Fund	984,163	968,878
	Vanguard International Bond ETF	Exchange Traded Fund	366,800	349,439
	Vanguard Real Estate ETF	Exchange Traded Fund	471,889	630,746
	Vanguard S/T Corp Bond ETF	Exchange Traded Fund	987,319	984,302
	Vanguard Short Term Treasury ETF	Exchange Traded Fund	1,008,040	1,002,904
	Vanguard Utilities ETF	Exchange Traded Fund	307,976	367,696
	Total Exchange Traded Funds		<u>9,031,969</u>	<u>9,771,413</u>
	GOVERNMENT SECURITIES:			
	Georgia St Muni Elec Auth Txbl-Sub-Gen Resolution	4.430% Due 01-01-22	26,235	25,000
	Lansing MI Bldg Auth Ingham &E Prerefunded-Txbl-Cabs-Ref	0.000% Due 06-01-23	15,900	9,875
	Lansing MI Bldg Auth Ingham &E Unrefunded-Txbl-Cabs-Ref	0.000% Due 06-01-23	15,900	29,323
	New Jersey St Econ Dev Auth Le Ser B	0.000% Due 02-15-22	21,185	24,992
	US Treasury Note/Bond	1.500% Due 09-30-24	34,539	33,536
	US Treasury When Issued Note/Bond	3.125% Due 11-15-28	24,290	22,244
	Total Government Securities		<u>138,049</u>	<u>144,970</u>
	LIMITED PARTNERSHIPS:			
	Carlyle Group/The (cg 01/02/20)	Limited Partnership	<u>104,286</u>	<u>302,828</u>

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GOLDSBORO PEDIATRICS, P.A. 401(K) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2021 (CONTINUED FROM PAGE 16)

EIN: 56-1249036 - PN: 001

(a)	(b)	(c)	(d)	(e)
Party in interest	Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	MUTUAL FUNDS:			
	Alphakeys KKR Energy Income Fund	Mutual Fund	2,149	143,812
	Calamos Market Neutral	Mutual Fund	560,307	585,448
	Goldman Sachs Emerging Markets Debt Fund - Instl	Mutual Fund	578,349	547,414
	Hatteras Core Alternatives Tei	Mutual Fund	133,472	170,500
	Nuveen Floating Rate Income Fund I	Mutual Fund	500,000	500,395
	T. Rowe Price New Horizons	Mutual Fund	288,723	379,105
	Vanguard 500 Index Admiral	Mutual Fund	136,470	256,124
	Vanguard Growth Index Admiral	Mutual Fund	119,153	289,815
	Vanguard Mid-Cap Growth Index Admiral	Mutual Fund	161,275	341,147
	Vanguard Small Cap Index Adm	Mutual Fund	205,892	335,818
	Vanguard Wellington Admiral	Mutual Fund	1,892,525	2,165,881
	Total Mutual Funds		4,578,315	5,715,459
	COMMON STOCKS:			
	Abbott Laboratories	Common Stock	28,724	35,607
	Accenture PLC	Common Stock	13,638	29,433
	Adobe Inc	Common Stock	16,744	31,188
	Alphabet Inc CL A	Common Stock	137,321	318,674
	Amazon Com Inc	Common Stock	247,853	286,753
	American Electric Power Co	Common Stock	13,562	13,346
	American Tower REIT Inc	Common Stock	17,918	22,523
	Ameriprise Financial Inc	Common Stock	15,954	33,786
	Amgen Inc	Common Stock	142,515	174,577
	Analog Devices Inc	Common Stock	38,456	41,482
	Apple Inc	Common Stock	185,161	602,495
	Applied Material	Common Stock	23,853	30,528
	AT&T Inc	Common Stock	210,170	150,503
	Automatic Data Processing	Common Stock	23,849	30,823

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GOLDSBORO PEDIATRICS, P.A. 401(K) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2021 (CONTINUED FROM PAGE 17)

EIN: 56-1249036 - PN: 001

(a)	(b)	(c)	(d)	(e)
Party in interest	Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	BlackRock 2001 Term Tr Inc	Common Stock	20,827	36,622
	Blackstone Inc	Common Stock	113,341	300,832
	Booking Holdings Inc	Common Stock	18,049	19,194
	Boston Scientific	Common Stock	23,890	25,573
	Broadcom Ltd	Common Stock	35,086	45,248
	Chevron Corp	Common Stock	130,080	151,147
	Chubb Ltd	Common Stock	28,296	39,242
	Cisco Systems Inc	Common Stock	140,515	261,338
	Coca-Cola Company	Common Stock	225,395	286,458
	Comcast Corp Cl A	Common Stock	40,624	45,398
	Costco Wholesale Corp-New	Common Stock	16,294	28,385
	Danaher Corp Del	Common Stock	8,169	19,412
	Diageo Plc Sposored Adr New	Common Stock	27,390	39,845
	Discover Financial	Common Stock	25,394	25,423
	Dollar General Corp	Common Stock	18,550	22,168
	Duke Energy Corp	Common Stock	122,574	138,888
	Eog Resources Inc	Common Stock	32,027	36,509
	Estee Lauder Cos Cl A	Common Stock	8,057	16,289
	Fidelity National Information	Common Stock	32,038	26,305
	Home Depot Incorporated	Common Stock	38,212	67,232
	Honeywell International	Common Stock	13,069	17,515
	Intel Corporation	Common Stock	129,338	176,851
	Intercontinental Exchange Inc	Common Stock	14,348	22,020
	Johnson & Johnson	Common Stock	160,344	203,573
	JPMorgan Chase & Co	Common Stock	163,827	238,950
	Linde PLC	Common Stock	27,201	47,807
	Lockheed Martin Corp	Common Stock	30,372	28,788
	Lowe's Co Inc	Common Stock	17,690	38,255

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GOLDSBORO PEDIATRICS, P.A. 401(K) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2021 (CONTINUED FROM PAGE 18)

EIN: 56-1249036 - PN: 001

(a)	(b)	(c)	(d)	(e)
Party in interest	Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Marsh & McLennan Inc.	Common Stock	18,925	31,809
	Mcdonalds Corp	Common Stock	189,075	310,157
	Medtronic PLC	Common Stock	40,706	40,656
	Merck & Company Inc	Common Stock	116,866	147,072
	Meta Platforms Inc (meta 06/09/22)	Common Stock	43,341	74,670
	Microsoft Corporation	Common Stock	219,988	664,905
	Morgan Stanley	Common Stock	24,645	23,657
	Nextera Energy Inc	Common Stock	10,392	16,711
	Nike Inc.	Common Stock	16,527	18,834
	Novartis Ag Sponsored Adr	Common Stock	21,462	21,518
	O Reilly Automotive Inc	Common Stock	18,230	34,605
	Parker Hannifin Corp	Common Stock	20,704	31,176
	Pepsico Inc	Common Stock	144,135	207,236
	Pfizer Incorporated	Common Stock	127,547	226,870
	Phillips 66	Common Stock	19,989	21,593
	Procter & Gamble Co	Common Stock	30,548	40,895
	Raytheon Technologies Corp	Common Stock	49,109	46,558
	Republic Svcs Inc	Common Stock	17,769	27,890
	Rockwell International	Common Stock	23,060	42,909
	S&P Global Inc	Common Stock	12,124	15,102
	Salesforce Inc	Common Stock	29,434	36,086
	Sherwin Williams	Common Stock	16,542	28,525
	Starbucks Corp.	Common Stock	27,097	28,541
	Texas Instruments Inc	Common Stock	53,818	66,718
	Thermo Fisher Scientific Inc	Common Stock	8,862	19,350
	Tjx Companies	Common Stock	32,800	44,489
	Truist Financial Corp	Common Stock	166,691	216,401

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GOLDSBORO PEDIATRICS, P.A. 401(K) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2021 (CONTINUED FROM PAGE 19)

EIN: 56-1249036 - PN: 001

(a)	(b)	(c)	(d)	(e)
Party in interest	Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
COMMON STOCKS (CONTINUED FROM PAGE 19)				
	Union Pacific Corp.	Common Stock	51,200	67,013
	United Parcel Service	Common Stock	32,234	40,296
	Unitedhealth Group Inc	Common Stock	44,613	61,763
	V.F. Corp.	Common Stock	30,841	29,361
	Visa Inc Class A Shares	Common Stock	47,776	54,611
	W P Carey Inc	Common Stock	148,077	187,320
	Total Common Stocks		<u>4,631,842</u>	<u>7,132,282</u>
	TOTAL NONPARTICIPANT-DIRECTED INVESTMENTS		<u>21,715,649</u>	<u>26,319,407</u>
	GRAND TOTAL		<u>\$ 21,715,649</u>	<u>*** \$ 30,803,709</u>

*** Grand total above for total cost does not include participant-directed investments.

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Form 5500 annual return/Report of Employee Benefit Plan
Schedule H Line 4i – Schedule of Assets (Held at End of Year)

See Supplemental Schedule attached with IQPA Opinion and Financial Statements.