

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                             | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>  |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                       | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                           | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input checked="" type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                           |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                       | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|-------------------------------------------------------|--|---------------------------------------------------------------------|--|------------------------------------------------------------------|--|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>1a</b> Name of plan<br><u>TEXAS NEUROLOGY, P.A. 401(K) PROFIT SHARING PLAN AND TRUST</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/1993</u></td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/><u>75-2654757</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number<br/><u>214-827-3610</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/><u>621111</u></td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | <u>001</u> | <b>1c</b> Effective date of plan<br><u>01/01/1993</u> |  | <b>2b</b> Employer Identification Number (EIN)<br><u>75-2654757</u> |  | <b>2c</b> Plan Sponsor's telephone number<br><u>214-827-3610</u> |  | <b>2d</b> Business code (see instructions)<br><u>621111</u> |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>001</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/1993</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>75-2654757</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>214-827-3610</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>621111</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>TEXAS NEUROLOGY, P. A.</u><br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>6080 N. CENTRAL EXPRESSWAY</u><br/> <u>SUITE 100</u><br/> <u>DALLAS, TX 75206</u> </div> <div style="width: 45%;"> <u>6080 N. CENTRAL EXPRESSWAY</u><br/> <u>SUITE 100</u><br/> <u>DALLAS, TX 75206</u> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |

**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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/04/2022 | DAVID EVANS                                                  |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | 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

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 132 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 101 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 89  |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                         |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                         |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 32  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 121 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 122 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 100 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                 |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 21  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                        |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2F 2G 2J 2K 2S 2T 2E 3D 2R                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                   |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                              |     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021 |                                                      |
| A Name of plan<br>TEXAS NEUROLOGY, P.A. 401(K) PROFIT SHARING PLAN AND TRUST               | B Three-digit plan number (PN) ▶ 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>TEXAS NEUROLOGY, P. A.           | D Employer Identification Number (EIN)<br>75-2654757 |

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

1 Coverage Information:

(a) Name of insurance carrier  
NATIONWIDE LIFE INSURANCE COMP

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 31-4156830 | 66869         | GAP CP FD8W                           | 0                                                                           | 01/01/2021              | 12/31/2021 |

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

|                                            |                                     |
|--------------------------------------------|-------------------------------------|
| (a) Total amount of commissions paid<br>57 | (b) Total amount of fees paid<br>14 |
|--------------------------------------------|-------------------------------------|

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
PROSPERA FINANCIAL SERVICES 5429 LBJ FRWY, SUITE 400 DALLAS 75240 US

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 57                                            |                                 |             |                       |

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

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

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

**Part II Investment and Annuity Contract Information**

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

|          |                                                                                               |          |       |
|----------|-----------------------------------------------------------------------------------------------|----------|-------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 35351 |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 0     |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|          |                                                                                                                                                                                                       |           |   |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> | 0 |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> | 0 |
| <b>d</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> | 0 |

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☒ guaranteed investment (4) ☐ other ▶

|          |                                               |           |       |
|----------|-----------------------------------------------|-----------|-------|
| <b>b</b> | Balance at the end of the previous year ..... | <b>7b</b> | 67482 |
|----------|-----------------------------------------------|-----------|-------|

|          |                                                              |              |     |  |
|----------|--------------------------------------------------------------|--------------|-----|--|
| <b>c</b> | Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 0   |  |
|          | (2) Dividends and credits.....                               | <b>7c(2)</b> | 0   |  |
|          | (3) Interest credited during the year.....                   | <b>7c(3)</b> | 872 |  |
|          | (4) Transferred from separate account.....                   | <b>7c(4)</b> | 0   |  |
|          | (5) Other (specify below) .....                              | <b>7c(5)</b> | 0   |  |

|                           |              |     |
|---------------------------|--------------|-----|
| (6) Total additions ..... | <b>7c(6)</b> | 872 |
|---------------------------|--------------|-----|

|          |                                                                              |           |       |
|----------|------------------------------------------------------------------------------|-----------|-------|
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 68354 |
|----------|------------------------------------------------------------------------------|-----------|-------|

|          |                                                                                 |              |       |  |
|----------|---------------------------------------------------------------------------------|--------------|-------|--|
| <b>e</b> | Deductions:                                                                     |              |       |  |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> | 0     |  |
|          | (2) Administration charge made by carrier.....                                  | <b>7e(2)</b> | 381   |  |
|          | (3) Transferred to separate account.....                                        | <b>7e(3)</b> | 0     |  |
|          | (4) Other (specify below) .....                                                 | <b>7e(4)</b> | 32622 |  |

▶ TRANS TO FUNDING SUCCESSOR

|                            |              |       |
|----------------------------|--------------|-------|
| (5) Total deductions ..... | <b>7e(5)</b> | 33003 |
|----------------------------|--------------|-------|

|          |                                                                                                |           |       |
|----------|------------------------------------------------------------------------------------------------|-----------|-------|
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 35351 |
|----------|------------------------------------------------------------------------------------------------|-----------|-------|

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>2021</b>                                    |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021                                                                                                                          |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>TEXAS NEUROLOGY, P.A. 401(K) PROFIT SHARING PLAN AND TRUST                                                                                                                                 | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 001                                            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>TEXAS NEUROLOGY, P. A.                                                                                                                             | <b>D</b> Employer Identification Number (EIN)<br>75-2654757                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation<br>FIDELITY INVESTMENTS INSTITUTIONAL<br><br>04-2647786 |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation                                                         |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation                                                         |
| <b>(b)</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

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**(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

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**(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

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**(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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 60 64<br>65 71      | RECORDKEEPER                                                                                      | 14190                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                                     | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                          | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| DFA INFLATION PROTECTED SEC PORT      6300 BEE CAVES ROAD BUILDING ONE<br>AUSTIN, TX 78746  | 0.02%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                     | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                          | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| DFA US CORE EQUITY II      6300 BEE CAVES ROAD BUILDING ONE<br>AUSTIN, TX 78746             | 0.02%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                     | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                          | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| DFA EMERGING MRKTS CORE EQU PORTF      6300 BEE CAVES ROAD BUILDING ONE<br>AUSTIN, TX 78746 | 0.02%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| DFA EMERGING MARKETS SMALL CAP 6300 BEE CAVES ROAD BUILDING ONE<br>AUSTIN, TX 78746 | 0.02%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| JOHN HANCOCK INVT GRADE BOND FD I 601 CONGRESS ST. 9TH FL.<br>BOSTON, MA 02210      | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| T ROWE PRICE HEALTH SCIENCES 4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117        | 0.15%                                                                                                                                                              |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                            |

| (d) Enter name and EIN (address) of source of indirect compensation                  | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| T ROWE PRICE FINANCIAL SERVICES      4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117 | 0.15%                                                                                                                                                                    |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
|                                                         |                                         |                                              |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                     |                                                                                                                                                                          |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
|                                                         |                                         |                                              |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                          |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u> |                                                                          |            |
| <b>A</b> Name of plan<br><u>TEXAS NEUROLOGY, P.A. 401(K) PROFIT SHARING PLAN AND TRUST</u>               | <b>B</b> Three-digit plan number (PN) <span style="float:right">►</span> | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>TEXAS NEUROLOGY, P. A.</u>           | <b>D</b> Employer Identification Number (EIN)<br><u>75-2654757</u>       |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 200941                | 178449          |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    | 21967                 | 0               |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 472188                | 413702          |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> | 1139486               | 2409            |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 132001                | 89490           |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 0                     | 0               |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts.....                            | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 8717122               | 7872283         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 67482                 | 35351           |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   | 10418                 | 20352           |

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                              |              |                       |                 |
| (1) Employer securities.....                                         | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property.....                                      | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 10761605              | 8612036         |

**Liabilities**

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

**Net Assets**

|                                                           |           |          |         |
|-----------------------------------------------------------|-----------|----------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 10761605 | 8612036 |
|-----------------------------------------------------------|-----------|----------|---------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 178449     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 482910     |           |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> | 48076      |           |
| (2) Noncash contributions.....                                                                             | <b>2a(2)</b>    | 0          | 709435    |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            |           |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 39         |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans.....                                                                          | <b>2b(1)(E)</b> | 6215       |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 872        |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 7126      |
| (2) Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> | 0          | 541549    |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 5885       |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 535664     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 541549    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            | 0         |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 2213598    |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....                                               | <b>2b(4)(B)</b> | 2152620    |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 60978     |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> | 0          |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | -11157     |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            | -11157    |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            | 0         |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | 2b(8)  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | 2b(9)  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 871326    |
| c Other income.....                                                                            | 2c     |            | 0         |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 2179257   |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 4316995    |           |
| (2) To insurance carriers for the provision of benefits.....                                   | 2e(2)  | 0          |           |
| (3) Other.....                                                                                 | 2e(3)  | 0          |           |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                                   | 2e(4)  |            | 4316995   |
| f Corrective distributions (see instructions).....                                             | 2f     |            | 0         |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            | -155      |
| h Interest expense.....                                                                        | 2h     |            | 0         |
| i Administrative expenses: (1) Professional fees.....                                          | 2i(1)  | 0          |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  | 0          |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  | 9          |           |
| (4) Other.....                                                                                 | 2i(4)  | 11977      |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 11986     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 4328826   |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | -2149569  |
| l Transfers of assets:                                                                         |        |            |           |
| (1) To this plan.....                                                                          | 2l(1)  |            | 0         |
| (2) From this plan.....                                                                        | 2l(2)  |            | 0         |

**Part III Accountant's Opinion**

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ 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: WHITLEY PENN LLP

(2) EIN: 75-2393478

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   |    | 23724  |

|                                                                                                                                                                                                                                                                                                                  | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>b</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.) ..... |     |    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>c</b> 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.) .....                                                                                                                             |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>d</b> 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.) .....                                                                                                                  |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                       |     | X  |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                             |     | X  |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                        | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                     |     | X  |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |     | X  |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |     | X  |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |     | X  |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>n</b> 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. ....                                                                                                                         |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                        |     |    |        |

**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 \_\_\_\_\_.

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                              |                                                                  |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>TEXAS NEUROLOGY, P.A. 401(K) PROFIT SHARING PLAN AND TRUST</div>     | <div>B Three-digit plan number (PN) ►<br/>001</div>              |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500<br/>TEXAS NEUROLOGY, P. A.</div> | <div>D Employer Identification Number (EIN)<br/>75-2654757</div> |

|        |               |
|--------|---------------|
| Part I | Distributions |
|--------|---------------|

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

|                                                                                                                                                                                                                                                                                                                                               |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>                                                                                                                                                                                                     | <div>1</div> |
| <div>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):<br/><br/>EIN(s): 04-6568107</div> <div>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div> |              |
| <div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....</div>                                                                                                                                                                                                          | <div>3</div> |

|         |                                                                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.) |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....</div> <div>If the plan is a defined benefit plan, go to line 8.</div>                                                                                                                                                                         | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> |
| <div>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 _____<br/>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</div> |                                                                                                  |
| <div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....</div>                                                                                                                                                                                                               | <div>6a</div>                                                                                    |
| <div>b Enter the amount contributed by the employer to the plan for this plan year .....</div>                                                                                                                                                                                                                                                                   | <div>6b</div>                                                                                    |
| <div>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).....</div>                                                                                                                                                                                                              | <div>6c</div>                                                                                    |
| <div>If you completed line 6c, skip lines 8 and 9.</div>                                                                                                                                                                                                                                                                                                         |                                                                                                  |
| <div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline? .....</div>                                                                                                                                                                                                                                                           | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> |
| <div>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? .....</div>                                                                                  | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div> |

|          |            |
|----------|------------|
| Part III | Amendments |
|----------|------------|

|                                                                                                                                                                                                                                |                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <div>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.....</div> | <div><input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|

|         |                                                                                                                                            |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 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. |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                  |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....</div>                                                      | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>11 a Does the ESOP hold any preferred stock? .....</div>                                                                                                                                    | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>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.) .....</div> | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market? .....</div>                                                                               | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |

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 \_\_\_\_\_

**TEXAS NEUROLOGY, P.A. 401(k)  
PROFIT SHARING PLAN AND TRUST**

**FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULES**

**Years Ended December 31, 2021 and 2020  
with Report of Independent Auditors**

**TEXAS NEUROLOGY, P.A. 401(k)  
PROFIT SHARING PLAN AND TRUST**

**FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULES**

**Years Ended December 31, 2021 and 2020**

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## REPORT OF INDEPENDENT AUDITORS

To the Plan Administrator of the  
Texas Neurology, P.A. 401(k) Profit Sharing Plan and Trust

### 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 Texas Neurology, P.A. 401(k) Profit Sharing Plan and Trust (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, and 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 Rules (“DOL”) 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 certifications from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note E 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 Auditor’s 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 accounting principles generally accepted 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 auditing standards generally accepted in the United States of America (“GAAS”). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the 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.

## **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.

## **Auditor’s 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 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 auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the 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 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 Schedules Required by ERISA**

The supplemental schedules of Form 5500, Schedule H, Line 4a – Schedule of Delinquent Participant Contributions and Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of or for the year ended December 31, 2021, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the 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 schedules, 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 schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are 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 schedules, other than the information in the supplemental schedules 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 schedules 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).

#### **Auditor's 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, the Plan Administrator 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 October 15, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient 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.

A handwritten signature in black ink that reads "Whitley Penn LLP". The signature is written in a cursive, flowing style.

Plano, Texas  
September 28, 2022

**TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

|                                    | <b>December 31,</b>        |                             |
|------------------------------------|----------------------------|-----------------------------|
|                                    | <b>2021</b>                | <b>2020</b>                 |
| <b>Assets</b>                      |                            |                             |
| Investments, at fair value         | \$ 8,308,746               | \$ 10,339,214               |
| Investment, at contract value      | 35,351                     | 67,482                      |
| Total investments                  | <u>8,344,097</u>           | <u>10,406,696</u>           |
| Receivables:                       |                            |                             |
| Participant                        | -                          | 21,967                      |
| Employer                           | 178,449                    | 200,941                     |
| Notes receivable from participants | 89,490                     | 132,001                     |
| Total receivables                  | <u>267,939</u>             | <u>354,909</u>              |
| Total assets                       | <u>8,612,036</u>           | <u>10,761,605</u>           |
| Net assets available for benefits  | <u><u>\$ 8,612,036</u></u> | <u><u>\$ 10,761,605</u></u> |

See notes to accompanying financial statements.

**TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST**

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

|                                                        | <b>Year Ended December 31,</b> |                                 |
|--------------------------------------------------------|--------------------------------|---------------------------------|
|                                                        | <b>2021</b>                    | <b>2020</b>                     |
| <b>Additions to Net Assets</b>                         |                                |                                 |
| Investment income:                                     |                                |                                 |
| Net realized and unrealized gains on investments       | \$ 936,967                     | \$ 584,398                      |
| Interest and dividends                                 | 540,378                        | 361,607                         |
| Total investment income                                | <u>1,477,345</u>               | <u>946,005</u>                  |
| <br>Interest on notes receivable from participants     | <br>8,292                      | <br>8,883                       |
| <br>Contributions:                                     |                                |                                 |
| Participant                                            | 482,910                        | 406,915                         |
| Employer                                               | 178,449                        | 200,941                         |
| Rollover                                               | 48,076                         | 56,794                          |
| Total contributions                                    | <u>709,435</u>                 | <u>664,650</u>                  |
| <br>Total additions to net assets                      | <br>2,195,072                  | <br>1,619,538                   |
| <br><b>Deductions from Net Assets</b>                  |                                |                                 |
| Benefits paid to participants                          | 4,318,918                      | 7,275,294                       |
| Administrative expenses                                | 25,723                         | 25,342                          |
| Total deductions from net assets                       | <u>4,344,641</u>               | <u>7,300,636</u>                |
| <br>Net decrease in net assets available for benefits  | <br>(2,149,569)                | <br>(5,681,098)                 |
| Net assets available for benefits at beginning of year | <u>10,761,605</u>              | <u>16,442,703</u>               |
| <br>Net assets available for benefits at end of year   | <br><u><u>\$ 8,612,036</u></u> | <br><u><u>\$ 10,761,605</u></u> |

See notes to accompanying financial statements.

# **TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST**

## **NOTES TO FINANCIAL STATEMENTS**

**December 31, 2021 and 2020**

### **A. Description of the Plan**

#### **General**

The following brief description of the Texas Neurology, P.A. 401(k) Profit Sharing Plan and Trust (the “Plan”) is provided for general information purposes only. The Plan is sponsored by Texas Neurology, P.A. (the “Company” or “Plan Sponsor”). Participants should refer to the Plan document for more complete information. The Company’s corporate offices are located in Dallas, Texas.

The Plan was effective January 1, 1993, restated most recently effective June 28, 2021, as a defined contribution plan available to all employees of the Company who have completed one month of service. All employees of the Company are eligible to participate in the Plan, except for those employees covered by a collective bargaining agreement where retirement benefits were the subject of good faith bargaining, and nonresident aliens. Eligible employees may enter the Plan on the first day of each calendar month of the Plan year, coincident with or next following satisfaction of the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Effective March 15, 2020, the Plan changed its recordkeeper from Paychex Retirement Services to Fidelity Workplace Services LLC. As a result, the Plan’s custodian was changed from Mid Atlantic Trust Company (“MATC”) to Fidelity Management Trust Company (“Fidelity”). Additionally, the Plan was restated effective March 15, 2020, and there were no significant changes to the Plan’s provisions.

The purpose of the Plan is to encourage the Company’s employees to save and invest, systematically, a portion of their current compensation so that they and their families may have a source of additional income upon their retirement, or in the event of death.

During 2020 the Plan adopted certain retirement plan provisions allowed by the Coronavirus Aid, Relief, and Economic Security Act (the “CARES Act”) which allowed qualified individuals, as defined in the CARES Act, additional access to retirement plan balances. The Company determined it was in the best interest of the participants to allow a) a COVID-19 distribution up to \$100,000; b) an increase in the available participant loan amount up to \$100,000, not to exceed 100% of the participant’s account balance for loans taken between March 27, 2020 and September 22, 2020; and c) deferral of loan repayments due between March 27, 2020 and December 31, 2020.

#### **Contributions**

Participants may contribute up to 100% of pre-tax or post tax annual compensation, as defined by the Plan. Contributions are subject to limitations on annual additions and other limitations imposed by the Internal Revenue Code (“IRC”) as defined in the Plan document. Eligible participants may make a rollover contribution to the Plan for pre-tax or Roth balances.

## TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST

### NOTES TO FINANCIAL STATEMENTS (*continued*)

#### A. Description of the Plan – continued

##### Contributions – continued

The Plan has an automatic contribution feature. If an employee fails to complete the deferral election provided, the employee's compensation will automatically be reduced for a contribution to the Plan. An Eligible Automatic Contribution Arrangement ("EACA") is the type of automatic contribution feature under the Plan. The EACA provisions apply to all employees that do not have an election on file. Under the EACA, an employee's compensation will be reduced for contributions to the Plan of 6%. Employees have the decision to stop the automatic contributions to the Plan and may request a withdrawal of those contributions within the first 90 days of the first automatic contribution.

Participants who are eligible to make salary deferral contributions under the Plan and who have attained age 50 before the close of the year may make catch-up contributions in accordance with, and subject to the limitations imposed by the IRC.

The Company may make a discretionary matching contribution to the Plan as determined annually by management. Participants must (1) be employed on the last day of the year, and complete one month of service during the year or (2) have died, retired, or suffered disability during such year to be eligible to receive discretionary matching contributions. The Company's matching contribution for the year ended December 31, 2021 and 2020, equaled 50% of participants' contributions up to 6% of eligible compensation.

The Company may also make a discretionary, non-elective ("profit sharing") contribution to the Plan as determined annually by management. Participants must (1) be employed on the last day of the year, and complete 1,000 hours of service during the year; or (2) have died, retired, or suffered disability during such year to be eligible to receive profit sharing contributions. The Company's profit sharing contribution for the year ended December 31, 2021 and 2020, equaled 3% of a participant's gross compensation less the employer discretionary matching contribution and allocated forfeitures.

##### Participant Accounts

Each participant's account is credited with the participant's elective contribution, employer contributions, and earnings thereon. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

## TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST

### NOTES TO FINANCIAL STATEMENTS *(continued)*

#### A. Description of the Plan – continued

##### Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company contribution portions of accounts, plus actual earnings thereon is as follows:

| <u>Years of Service</u> | <u>Vested Percentage</u> |
|-------------------------|--------------------------|
| Less than 2 years       | 0%                       |
| 2 years                 | 20%                      |
| 3 years                 | 40%                      |
| 4 years                 | 60%                      |
| 5 years                 | 80%                      |
| 6 years                 | 100%                     |

In the event of disability or death, the participant will become fully vested.

##### Participant Loans

A participant may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. Loan terms range up to five years or longer for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Company. As of December 31, 2021 and 2020, interest rates ranged from 4.25% to 6.50. Principal and interest is paid ratably through payroll deductions. Participant loans are classified as notes receivable from participants in the Plan's financial statements. A participant may not have more than one loan outstanding at any one time.

##### Payment of Benefits

Participants withdrawing during the year for reasons of service or disability, retirement, death, or termination are entitled to their vested account balance. Benefits are distributed in the form of rollovers or lump sum payments. If withdrawing participants are not entitled to their entire account balance, the amounts not received are forfeited. Certain in-service withdrawals are allowed. A participant may also elect to withdraw all or a portion of their vested account balance while employed after reaching age 59 ½.

A participant may receive a hardship distribution of his salary reduction contributions if the distribution is: (1) on account of medical expenses incurred by the participant, his spouse, or dependents; (2) to purchase (excluding mortgage payments) a principal residence of the participant; (3) for the payment of post-secondary tuition expenses; (4) needed to prevent eviction of the participant from his or her principal residence or foreclosure upon the mortgage of the participant's principal residence; (5) payments for burial or funeral expenses for the participant's deceased parent, spouse, children or dependents; (6) expenses for the repair of damage to principal residence; or (7) expenses and losses incurred on account of a disaster declared by the Federal Emergency Management Agency.

## **TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST**

### **NOTES TO FINANCIAL STATEMENTS *(continued)***

#### **A. Description of the Plan – continued**

##### **Forfeitures**

Forfeited balances of terminated participants' non-vested accounts are used to offset employer matching contributions and profit sharing contributions for the year. Unallocated forfeited balances as of December 31, 2021 and 2020, totaled \$77,754 and \$46,102, respectively.

##### **Investment Options**

Upon enrollment in the Plan, a participant may direct their salary deferrals in 1% increments into any of the Plan's investment options.

##### **Minimum Top-heavy Allocations**

For purposes of minimum top-heavy allocations, an allocation of contributions and forfeitures equal to three percent of each non-key employee's compensation, as defined by the Plan document, or the highest percentage allocated to any key employee will be made to the employee's account when the Plan is top-heavy. A key employee is a highly compensated officer or owner/shareholder, as defined by the Plan document. The Plan is top-heavy if more than 60% of the account balances are attributed to key employees during the year. Minimum top-heavy allocations are distributed after considering employer discretionary matching contributions and forfeiture allocations for all participants. The profit sharing contribution was used to source the minimum top-heavy allocations.

##### **Plan Expenses**

Employees of the Company perform certain administrative functions with no compensation from the Plan. In accordance with the Plan's provisions, the Company or the Plan can pay the costs relating to asset charges and recordkeeping. All significant administrative expenses paid by the Company are not reflected in the accompanying financial statements.

#### **B. Summary of Significant Accounting Policies**

##### **Basis of Accounting**

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

##### **Use of Estimates**

The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from these estimates.

## TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST

### NOTES TO FINANCIAL STATEMENTS *(continued)*

#### **B. Summary of Significant Accounting Policies – continued**

##### **Contributions**

Contributions from the Company and participants are accrued as they become obligations of the Company, as determined by the Plan's administrator, and in the period in which they are deducted, in accordance with salary deferral agreements.

##### **Investment Valuation and Income**

The investments of the Plan are stated at fair value (except for fully-benefit responsive investment contracts, which are reported at contract value) as of the end of the year and are subject to market or credit risks customarily associated with equity investments. Fair value measurements are determined in accordance with GAAP, which defines fair value, establishes a framework for measuring fair value, and expands disclosures about assets and liabilities measured at fair value. See Note C for information related to the Plan's valuation methodologies.

Investment gains and losses are accounted for using the average cost basis of the securities sold. The net realized and unrealized gains and losses on investments include realized gains and losses on sales of investments during the year and unrealized increases or decreases in the market value of investments held at year end. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

##### **Notes Receivable from Participants**

Notes receivable from participants are recorded at the unpaid principal balance plus accrued but unpaid interest.

##### **Payment of Benefits**

Benefits are recorded when paid.

#### **C. Fair Value Measurements**

GAAP defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date and establishes a three-tier hierarchy that is used to identify assets and liabilities measured at fair value. The hierarchy focuses on the inputs used to measure fair value and requires that the lowest level input be used. The three levels defined are as follows:

- Level 1 — observable inputs that are based upon quoted market prices for identical assets or liabilities within active markets.

## TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST

### NOTES TO FINANCIAL STATEMENTS *(continued)*

#### C. Fair Value Measurements – continued

- Level 2 — observable inputs other than Level 1 that are based upon quoted market prices for similar assets or liabilities, based upon quoted prices within inactive markets, or inputs other than quoted market prices that are observable through market data for substantially the full term of the asset or liability.
- Level 3 — inputs that are unobservable for the particular asset or liability due to little or no market activity and are significant to the fair value of the asset or liability. These inputs reflect assumptions that market participants would use when valuing the particular asset or liability.

GAAP requires that management describe the methodologies used to measure the fair value of assets and liabilities. The methodologies used to measure the fair value of the Plan's investments are as follows:

- Mutual funds are valued at the published per share net asset value of shares held by the Plan and are classified within Level 1 of the valuation hierarchy. There are no significant restrictions on redeeming these investments at net asset value.
- Money market funds are valued based on the short-term cash component as of the measurement date and classified within Level 1 of the valuation hierarchy.
- Self-directed brokerage accounts consist primarily of common stock and registered investment company shares that are valued at the closing price reported on the active market on which the individual securities are traded and classified within Level 1 of the valuation hierarchy.

There have been no changes in the methodologies used at December 31, 2021 and 2020.

The following table details the Plan's investments at fair value by level, within the fair value hierarchy, as of December 31, 2021 and 2020. The Plan has no assets classified within Level 2 or Level 3 of the valuation hierarchy.

|                                  | 2021                |                     |
|----------------------------------|---------------------|---------------------|
|                                  | Level 1             | Total               |
| Mutual funds                     | \$ 5,891,124        | \$ 5,891,124        |
| Money market fund                | 265,313             | 265,313             |
| Self-directed brokerage accounts | 2,152,309           | 2,152,309           |
| Total investments at fair value  | <u>\$ 8,308,746</u> | <u>\$ 8,308,746</u> |

# TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST

## NOTES TO FINANCIAL STATEMENTS *(continued)*

### C. Fair Value Measurements – continued

|                                  | 2020                |                     |
|----------------------------------|---------------------|---------------------|
|                                  | Level 1             | Total               |
| Mutual funds                     | \$ 4,810,022        | \$ 4,810,022        |
| Money market fund                | 235,719             | 235,719             |
| Self-directed brokerage accounts | 5,293,473           | 5,293,473           |
| Total investments at fair value  | <u>\$10,339,214</u> | <u>\$10,339,214</u> |

These items are classified in their entirety based on the lowest priority level of input that is significant to the fair value measurement. The assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the placement of assets and liabilities within the levels of the fair value hierarchy.

### D. Fully Benefit-Responsive Investment Contract

The Plan holds a traditional investment contract totaling \$35,351 and \$67,482 as of December 31, 2021 and 2020, respectively. This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

The traditional investment contract held by the Plan is a guaranteed investment contract. The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer. For the years ended December 31, 2021 and 2020, the rate was 1.30%. The crediting rate is reviewed on a quarterly basis for resetting. The contract cannot be terminated before the scheduled maturity date.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also limit the ability of the Plan to transact at contract value with the participants.

### E. Certified Investments

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments and notes receivable from participants held at December 31, 2021 and 2020, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity Management Trust Company (the trustee of the Plan).

## TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST

### NOTES TO FINANCIAL STATEMENTS (*continued*)

#### **F. Tax Status**

Effective June 28, 2021, the Plan was amended and restated to adopt the Fidelity Pre-Approved Defined Contribution Plan which has a favorable opinion letter from the Internal Revenue Service (“IRS”) dated June 30, 2020. Prior to June 28, 2021 on March 15, 2021, the Plan adopted a Fidelity Volume Submitter Profit Sharing/401(k) Plan, which had a favorable advisory letter from the IRS dated March 31, 2014. These letters state that the form of the Plan is acceptable under Section 401 of the IRC. The Company may rely on these letters with respect to the qualification of the Plan under IRC Section 401(a) with certain limitations.

Prior to March 15, 2020, the Plan adopted the Paychex Inc. Prototype Non-Standardized Profit Sharing Plan, which had a favorable opinion letter from the IRS dated April 10, 2014. This opinion letter stated that the form of the prototype plan is acceptable under Section 401 of the IRC.

Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Company believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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

#### **G. Plan Termination**

Although it has not expressed any intention to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan terminates, all amounts credited to participant’s accounts will become 100% vested.

#### **H. Parties-in-Interest Transactions**

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee organization, or relatives of such persons.

The Plan invests in shares of mutual funds and a money market fund managed by Fidelity who acts as the custodian and trustee as of December 31, 2021 and 2020, and for the period from March 15, 2020 through December 31, 2020. MATC acted as custodian for the period from January 1, 2020 to March 14, 2020.

## TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST

### NOTES TO FINANCIAL STATEMENTS (*continued*)

#### **H. Parties-in-Interest Transactions – continued**

Nationwide Trust Company, FSB, acts as custodian for the guaranteed annuity contract as of December 31, 2021 and 2020. Transactions in such investments, as well as loans made to participants, qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules. The Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

#### **I. 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. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. 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 statement of net assets available for benefits.

#### **J. Subsequent Events**

In preparing the accompanying financial statements, management has evaluated all subsequent events and transactions for potential recognition or disclosure through September 28, 2022, the date the financial statements were available for issuance.

In April 2022, the Plan sponsor received written notification from the Department of Labor (“DOL”) that the DOL would be conducting an inspection of the Plan's filings from January 1, 2019 through April 29, 2022. Although the final outcome of the DOL’s inspection cannot be determined as of the date of this report, the Plan sponsor is working diligently to ensure 1) that the Plan is operating in compliance with Title I of ERISA and 2) that it satisfies all DOL inquiries in an efficient administratively timely manner.

## **SUPPLEMENTAL SCHEDULES**

**TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST**

**FORM 5500, SCHEDULE H, LINE 4a - SCHEDULE OF  
DELINQUENT PARTICIPANT CONTRIBUTIONS**

**Year Ended December 31, 2021**

**EIN: 75-2654757**

**Plan Number: 001**

| <b>Participant<br/>Contributions<br/>Transferred<br/>Late to Plan<br/>(Check here if<br/>Late Participant<br/>Loan Repayments<br/>are included) <input checked="" type="checkbox"/></b> | <b>Total that Constitutes Nonexempt Prohibited Transactions</b> |                                                         |                                                             | <b>Total Fully<br/>Corrected Under<br/>VFCP and PTE<br/>2002-51</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|
|                                                                                                                                                                                         | <b>Contributions<br/>Not<br/>Corrected</b>                      | <b>Contributions<br/>Corrected<br/>Outside<br/>VFCP</b> | <b>Contributions<br/>Pending<br/>Correction<br/>in VFCP</b> |                                                                     |
| * \$ 23,724                                                                                                                                                                             | \$ -                                                            | \$ 23,724                                               | \$ -                                                        | \$ -                                                                |

\* Represents 2020 delinquent participant contributions and loan repayments that were funded with lost earnings during 2021.

**TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST**  
**FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**December 31, 2021**

**EIN: 75-2654757**

**Plan Number: 001**

| (a) | (b)<br>Identity of issuer, borrower,<br>lessor, or similar party | (c)<br>Description of investment including<br>maturity date, rate of interest, collateral,<br>par or maturity value | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
| *   | Fidelity                                                         | Self-directed brokerage accounts                                                                                    | **          | \$ 2,151,901            |
| *   | Fidelity                                                         | S&P 500 Index                                                                                                       | **          | 1,727,734               |
| *   | Fidelity                                                         | Freedom 2045 Fund                                                                                                   | **          | 795,244                 |
| *   | T. Rowe Price                                                    | Blue Chip Growth K6                                                                                                 | **          | 783,758                 |
| *   | Fidelity                                                         | Freedom 2030 Fund                                                                                                   | **          | 606,590                 |
| *   | Fidelity                                                         | Freedom 2050 Fund                                                                                                   | **          | 518,928                 |
| *   | Fidelity                                                         | Freedom 2025 Fund                                                                                                   | **          | 357,855                 |
| *   | Fidelity                                                         | Freedom 2020 Fund                                                                                                   | **          | 339,709                 |
| *   | Fidelity                                                         | Freedom 2040 Fund                                                                                                   | **          | 277,494                 |
| *   | Fidelity                                                         | Freedom 2035 Fund                                                                                                   | **          | 270,961                 |
| *   | Fidelity                                                         | Government Money Market Fund                                                                                        | **          | 265,313                 |
| *   | Fidelity                                                         | Freedom 2055 Fund                                                                                                   | **          | 94,032                  |
| *   | Fidelity                                                         | Freedom 2060 Fund                                                                                                   | **          | 85,201                  |
| *   | Nationwide                                                       | Guaranteed investment contract                                                                                      | **          | 35,351                  |
| *   | American Century Investments                                     | American Century Small Cap Value R6                                                                                 | **          | 21,498                  |
| *   | Fidelity                                                         | Freedom 2065 Fund                                                                                                   | **          | 3,576                   |
| *   | Fidelity                                                         | Total Bond K6 Fund                                                                                                  | **          | 2,668                   |
| *   | Fidelity                                                         | Global ex US Index Fund                                                                                             | **          | 1,969                   |
| *   | American Funds                                                   | American Funds American Mutual Fund                                                                                 | **          | 746                     |
| *   | JP Morgan                                                        | JPMorgan Government Bond                                                                                            | **          | 630                     |
| *   | Fidelity                                                         | Emerging Markets Index                                                                                              | **          | 616                     |
| *   | Fidelity                                                         | International Capital Appreciation                                                                                  | **          | 483                     |
| *   | Self-directed brokerage accounts                                 | Common stock and registered investment company shares                                                               | **          | 408                     |
| *   | Victory Capital                                                  | Emerging Markets Fund Class R6                                                                                      | **          | 391                     |
| *   | MFS                                                              | MFS Mid Cap Growth                                                                                                  | **          | 360                     |
| *   | Fidelity                                                         | Mid Cap Index                                                                                                       | **          | 310                     |
| *   | Goldman Sachs                                                    | Goldman Sachs Inflation Protected Securities                                                                        | **          | 292                     |
| *   | Fidelity                                                         | Freedom Income Fund                                                                                                 | **          | 47                      |
| *   | Allspring Global Investments                                     | Allspring Special Mid Cap Value                                                                                     | **          | 32                      |
| *   | Participant loans                                                | Interest rates ranging from 4.25%<br>to 6.50% with various due dates                                                | -0-         | 89,490                  |
|     |                                                                  |                                                                                                                     |             | <u>\$ 8,433,587</u>     |

\* A party-in-interest as defined by ERISA

\*\* Cost omitted for participant directed investments

**TEXAS NEUROLOGY, P.A. 401(k)  
PROFIT SHARING PLAN AND TRUST**

**FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULES**

**Years Ended December 31, 2021 and 2020  
with Report of Independent Auditors**

**TEXAS NEUROLOGY, P.A. 401(k)  
PROFIT SHARING PLAN AND TRUST**

**FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULES**

**Years Ended December 31, 2021 and 2020**

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## REPORT OF INDEPENDENT AUDITORS

To the Plan Administrator of the  
Texas Neurology, P.A. 401(k) Profit Sharing Plan and Trust

### 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 Texas Neurology, P.A. 401(k) Profit Sharing Plan and Trust (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, and 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 Rules (“DOL”) 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 certifications from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note E 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 Auditor’s 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 accounting principles generally accepted 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 auditing standards generally accepted in the United States of America (“GAAS”). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the 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.

## **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.

## **Auditor’s 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 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 auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the 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 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 Schedules Required by ERISA**

The supplemental schedules of Form 5500, Schedule H, Line 4a – Schedule of Delinquent Participant Contributions and Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of or for the year ended December 31, 2021, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the 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 schedules, 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 schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are 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 schedules, other than the information in the supplemental schedules 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 schedules 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).

#### **Auditor's 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, the Plan Administrator 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 October 15, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient 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.

A handwritten signature in black ink that reads "Whitley Penn LLP". The signature is written in a cursive, flowing style.

Plano, Texas  
September 28, 2022

**TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

|                                    | <b>December 31,</b>        |                             |
|------------------------------------|----------------------------|-----------------------------|
|                                    | <b>2021</b>                | <b>2020</b>                 |
| <b>Assets</b>                      |                            |                             |
| Investments, at fair value         | \$ 8,308,746               | \$ 10,339,214               |
| Investment, at contract value      | 35,351                     | 67,482                      |
| Total investments                  | <u>8,344,097</u>           | <u>10,406,696</u>           |
| Receivables:                       |                            |                             |
| Participant                        | -                          | 21,967                      |
| Employer                           | 178,449                    | 200,941                     |
| Notes receivable from participants | 89,490                     | 132,001                     |
| Total receivables                  | <u>267,939</u>             | <u>354,909</u>              |
| Total assets                       | <u>8,612,036</u>           | <u>10,761,605</u>           |
| Net assets available for benefits  | <u><u>\$ 8,612,036</u></u> | <u><u>\$ 10,761,605</u></u> |

See notes to accompanying financial statements.

**TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST**

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

|                                                        | <b>Year Ended December 31,</b> |                             |
|--------------------------------------------------------|--------------------------------|-----------------------------|
|                                                        | <b>2021</b>                    | <b>2020</b>                 |
| <b>Additions to Net Assets</b>                         |                                |                             |
| Investment income:                                     |                                |                             |
| Net realized and unrealized gains on investments       | \$ 936,967                     | \$ 584,398                  |
| Interest and dividends                                 | 540,378                        | 361,607                     |
| Total investment income                                | <u>1,477,345</u>               | <u>946,005</u>              |
| Interest on notes receivable from participants         | 8,292                          | 8,883                       |
| Contributions:                                         |                                |                             |
| Participant                                            | 482,910                        | 406,915                     |
| Employer                                               | 178,449                        | 200,941                     |
| Rollover                                               | 48,076                         | 56,794                      |
| Total contributions                                    | <u>709,435</u>                 | <u>664,650</u>              |
| Total additions to net assets                          | 2,195,072                      | 1,619,538                   |
| <b>Deductions from Net Assets</b>                      |                                |                             |
| Benefits paid to participants                          | 4,318,918                      | 7,275,294                   |
| Administrative expenses                                | 25,723                         | 25,342                      |
| Total deductions from net assets                       | <u>4,344,641</u>               | <u>7,300,636</u>            |
| Net decrease in net assets available for benefits      | (2,149,569)                    | (5,681,098)                 |
| Net assets available for benefits at beginning of year | <u>10,761,605</u>              | <u>16,442,703</u>           |
| Net assets available for benefits at end of year       | <u><u>\$ 8,612,036</u></u>     | <u><u>\$ 10,761,605</u></u> |

See notes to accompanying financial statements.

# **TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST**

## **NOTES TO FINANCIAL STATEMENTS**

**December 31, 2021 and 2020**

### **A. Description of the Plan**

#### **General**

The following brief description of the Texas Neurology, P.A. 401(k) Profit Sharing Plan and Trust (the “Plan”) is provided for general information purposes only. The Plan is sponsored by Texas Neurology, P.A. (the “Company” or “Plan Sponsor”). Participants should refer to the Plan document for more complete information. The Company’s corporate offices are located in Dallas, Texas.

The Plan was effective January 1, 1993, restated most recently effective June 28, 2021, as a defined contribution plan available to all employees of the Company who have completed one month of service. All employees of the Company are eligible to participate in the Plan, except for those employees covered by a collective bargaining agreement where retirement benefits were the subject of good faith bargaining, and nonresident aliens. Eligible employees may enter the Plan on the first day of each calendar month of the Plan year, coincident with or next following satisfaction of the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Effective March 15, 2020, the Plan changed its recordkeeper from Paychex Retirement Services to Fidelity Workplace Services LLC. As a result, the Plan’s custodian was changed from Mid Atlantic Trust Company (“MATC”) to Fidelity Management Trust Company (“Fidelity”). Additionally, the Plan was restated effective March 15, 2020, and there were no significant changes to the Plan’s provisions.

The purpose of the Plan is to encourage the Company’s employees to save and invest, systematically, a portion of their current compensation so that they and their families may have a source of additional income upon their retirement, or in the event of death.

During 2020 the Plan adopted certain retirement plan provisions allowed by the Coronavirus Aid, Relief, and Economic Security Act (the “CARES Act”) which allowed qualified individuals, as defined in the CARES Act, additional access to retirement plan balances. The Company determined it was in the best interest of the participants to allow a) a COVID-19 distribution up to \$100,000; b) an increase in the available participant loan amount up to \$100,000, not to exceed 100% of the participant’s account balance for loans taken between March 27, 2020 and September 22, 2020; and c) deferral of loan repayments due between March 27, 2020 and December 31, 2020.

#### **Contributions**

Participants may contribute up to 100% of pre-tax or post tax annual compensation, as defined by the Plan. Contributions are subject to limitations on annual additions and other limitations imposed by the Internal Revenue Code (“IRC”) as defined in the Plan document. Eligible participants may make a rollover contribution to the Plan for pre-tax or Roth balances.

## TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST

### NOTES TO FINANCIAL STATEMENTS (*continued*)

#### A. Description of the Plan – continued

##### Contributions – continued

The Plan has an automatic contribution feature. If an employee fails to complete the deferral election provided, the employee's compensation will automatically be reduced for a contribution to the Plan. An Eligible Automatic Contribution Arrangement ("EACA") is the type of automatic contribution feature under the Plan. The EACA provisions apply to all employees that do not have an election on file. Under the EACA, an employee's compensation will be reduced for contributions to the Plan of 6%. Employees have the decision to stop the automatic contributions to the Plan and may request a withdrawal of those contributions within the first 90 days of the first automatic contribution.

Participants who are eligible to make salary deferral contributions under the Plan and who have attained age 50 before the close of the year may make catch-up contributions in accordance with, and subject to the limitations imposed by the IRC.

The Company may make a discretionary matching contribution to the Plan as determined annually by management. Participants must (1) be employed on the last day of the year, and complete one month of service during the year or (2) have died, retired, or suffered disability during such year to be eligible to receive discretionary matching contributions. The Company's matching contribution for the year ended December 31, 2021 and 2020, equaled 50% of participants' contributions up to 6% of eligible compensation.

The Company may also make a discretionary, non-elective ("profit sharing") contribution to the Plan as determined annually by management. Participants must (1) be employed on the last day of the year, and complete 1,000 hours of service during the year; or (2) have died, retired, or suffered disability during such year to be eligible to receive profit sharing contributions. The Company's profit sharing contribution for the year ended December 31, 2021 and 2020, equaled 3% of a participant's gross compensation less the employer discretionary matching contribution and allocated forfeitures.

##### Participant Accounts

Each participant's account is credited with the participant's elective contribution, employer contributions, and earnings thereon. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

## TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST

### NOTES TO FINANCIAL STATEMENTS *(continued)*

#### A. Description of the Plan – continued

##### Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company contribution portions of accounts, plus actual earnings thereon is as follows:

| <u>Years of Service</u> | <u>Vested Percentage</u> |
|-------------------------|--------------------------|
| Less than 2 years       | 0%                       |
| 2 years                 | 20%                      |
| 3 years                 | 40%                      |
| 4 years                 | 60%                      |
| 5 years                 | 80%                      |
| 6 years                 | 100%                     |

In the event of disability or death, the participant will become fully vested.

##### Participant Loans

A participant may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. Loan terms range up to five years or longer for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Company. As of December 31, 2021 and 2020, interest rates ranged from 4.25% to 6.50. Principal and interest is paid ratably through payroll deductions. Participant loans are classified as notes receivable from participants in the Plan's financial statements. A participant may not have more than one loan outstanding at any one time.

##### Payment of Benefits

Participants withdrawing during the year for reasons of service or disability, retirement, death, or termination are entitled to their vested account balance. Benefits are distributed in the form of rollovers or lump sum payments. If withdrawing participants are not entitled to their entire account balance, the amounts not received are forfeited. Certain in-service withdrawals are allowed. A participant may also elect to withdraw all or a portion of their vested account balance while employed after reaching age 59 ½.

A participant may receive a hardship distribution of his salary reduction contributions if the distribution is: (1) on account of medical expenses incurred by the participant, his spouse, or dependents; (2) to purchase (excluding mortgage payments) a principal residence of the participant; (3) for the payment of post-secondary tuition expenses; (4) needed to prevent eviction of the participant from his or her principal residence or foreclosure upon the mortgage of the participant's principal residence; (5) payments for burial or funeral expenses for the participant's deceased parent, spouse, children or dependents; (6) expenses for the repair of damage to principal residence; or (7) expenses and losses incurred on account of a disaster declared by the Federal Emergency Management Agency.

## **TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST**

### **NOTES TO FINANCIAL STATEMENTS *(continued)***

#### **A. Description of the Plan – continued**

##### **Forfeitures**

Forfeited balances of terminated participants' non-vested accounts are used to offset employer matching contributions and profit sharing contributions for the year. Unallocated forfeited balances as of December 31, 2021 and 2020, totaled \$77,754 and \$46,102, respectively.

##### **Investment Options**

Upon enrollment in the Plan, a participant may direct their salary deferrals in 1% increments into any of the Plan's investment options.

##### **Minimum Top-heavy Allocations**

For purposes of minimum top-heavy allocations, an allocation of contributions and forfeitures equal to three percent of each non-key employee's compensation, as defined by the Plan document, or the highest percentage allocated to any key employee will be made to the employee's account when the Plan is top-heavy. A key employee is a highly compensated officer or owner/shareholder, as defined by the Plan document. The Plan is top-heavy if more than 60% of the account balances are attributed to key employees during the year. Minimum top-heavy allocations are distributed after considering employer discretionary matching contributions and forfeiture allocations for all participants. The profit sharing contribution was used to source the minimum top-heavy allocations.

##### **Plan Expenses**

Employees of the Company perform certain administrative functions with no compensation from the Plan. In accordance with the Plan's provisions, the Company or the Plan can pay the costs relating to asset charges and recordkeeping. All significant administrative expenses paid by the Company are not reflected in the accompanying financial statements.

#### **B. Summary of Significant Accounting Policies**

##### **Basis of Accounting**

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

##### **Use of Estimates**

The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from these estimates.

## TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST

### NOTES TO FINANCIAL STATEMENTS *(continued)*

#### **B. Summary of Significant Accounting Policies – continued**

##### **Contributions**

Contributions from the Company and participants are accrued as they become obligations of the Company, as determined by the Plan's administrator, and in the period in which they are deducted, in accordance with salary deferral agreements.

##### **Investment Valuation and Income**

The investments of the Plan are stated at fair value (except for fully-benefit responsive investment contracts, which are reported at contract value) as of the end of the year and are subject to market or credit risks customarily associated with equity investments. Fair value measurements are determined in accordance with GAAP, which defines fair value, establishes a framework for measuring fair value, and expands disclosures about assets and liabilities measured at fair value. See Note C for information related to the Plan's valuation methodologies.

Investment gains and losses are accounted for using the average cost basis of the securities sold. The net realized and unrealized gains and losses on investments include realized gains and losses on sales of investments during the year and unrealized increases or decreases in the market value of investments held at year end. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

##### **Notes Receivable from Participants**

Notes receivable from participants are recorded at the unpaid principal balance plus accrued but unpaid interest.

##### **Payment of Benefits**

Benefits are recorded when paid.

#### **C. Fair Value Measurements**

GAAP defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date and establishes a three-tier hierarchy that is used to identify assets and liabilities measured at fair value. The hierarchy focuses on the inputs used to measure fair value and requires that the lowest level input be used. The three levels defined are as follows:

- Level 1 — observable inputs that are based upon quoted market prices for identical assets or liabilities within active markets.

**TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST**

**NOTES TO FINANCIAL STATEMENTS *(continued)***

**C. Fair Value Measurements – continued**

- Level 2 — observable inputs other than Level 1 that are based upon quoted market prices for similar assets or liabilities, based upon quoted prices within inactive markets, or inputs other than quoted market prices that are observable through market data for substantially the full term of the asset or liability.
- Level 3 — inputs that are unobservable for the particular asset or liability due to little or no market activity and are significant to the fair value of the asset or liability. These inputs reflect assumptions that market participants would use when valuing the particular asset or liability.

GAAP requires that management describe the methodologies used to measure the fair value of assets and liabilities. The methodologies used to measure the fair value of the Plan's investments are as follows:

- Mutual funds are valued at the published per share net asset value of shares held by the Plan and are classified within Level 1 of the valuation hierarchy. There are no significant restrictions on redeeming these investments at net asset value.
- Money market funds are valued based on the short-term cash component as of the measurement date and classified within Level 1 of the valuation hierarchy.
- Self-directed brokerage accounts consist primarily of common stock and registered investment company shares that are valued at the closing price reported on the active market on which the individual securities are traded and classified within Level 1 of the valuation hierarchy.

There have been no changes in the methodologies used at December 31, 2021 and 2020.

The following table details the Plan's investments at fair value by level, within the fair value hierarchy, as of December 31, 2021 and 2020. The Plan has no assets classified within Level 2 or Level 3 of the valuation hierarchy.

|                                  | <b>2021</b>         |                     |
|----------------------------------|---------------------|---------------------|
|                                  | <b>Level 1</b>      | <b>Total</b>        |
| Mutual funds                     | \$ 5,891,124        | \$ 5,891,124        |
| Money market fund                | 265,313             | 265,313             |
| Self-directed brokerage accounts | 2,152,309           | 2,152,309           |
| Total investments at fair value  | <u>\$ 8,308,746</u> | <u>\$ 8,308,746</u> |

# TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST

## NOTES TO FINANCIAL STATEMENTS *(continued)*

### C. Fair Value Measurements – continued

|                                  | 2020                |                     |
|----------------------------------|---------------------|---------------------|
|                                  | Level 1             | Total               |
| Mutual funds                     | \$ 4,810,022        | \$ 4,810,022        |
| Money market fund                | 235,719             | 235,719             |
| Self-directed brokerage accounts | 5,293,473           | 5,293,473           |
| Total investments at fair value  | <u>\$10,339,214</u> | <u>\$10,339,214</u> |

These items are classified in their entirety based on the lowest priority level of input that is significant to the fair value measurement. The assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the placement of assets and liabilities within the levels of the fair value hierarchy.

### D. Fully Benefit-Responsive Investment Contract

The Plan holds a traditional investment contract totaling \$35,351 and \$67,482 as of December 31, 2021 and 2020, respectively. This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

The traditional investment contract held by the Plan is a guaranteed investment contract. The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer. For the years ended December 31, 2021 and 2020, the rate was 1.30%. The crediting rate is reviewed on a quarterly basis for resetting. The contract cannot be terminated before the scheduled maturity date.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also limit the ability of the Plan to transact at contract value with the participants.

### E. Certified Investments

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments and notes receivable from participants held at December 31, 2021 and 2020, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity Management Trust Company (the trustee of the Plan).

## TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST

### NOTES TO FINANCIAL STATEMENTS *(continued)*

#### **F. Tax Status**

Effective June 28, 2021, the Plan was amended and restated to adopt the Fidelity Pre-Approved Defined Contribution Plan which has a favorable opinion letter from the Internal Revenue Service (“IRS”) dated June 30, 2020. Prior to June 28, 2021 on March 15, 2021, the Plan adopted a Fidelity Volume Submitter Profit Sharing/401(k) Plan, which had a favorable advisory letter from the IRS dated March 31, 2014. These letters state that the form of the Plan is acceptable under Section 401 of the IRC. The Company may rely on these letters with respect to the qualification of the Plan under IRC Section 401(a) with certain limitations.

Prior to March 15, 2020, the Plan adopted the Paychex Inc. Prototype Non-Standardized Profit Sharing Plan, which had a favorable opinion letter from the IRS dated April 10, 2014. This opinion letter stated that the form of the prototype plan is acceptable under Section 401 of the IRC.

Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Company believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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

#### **G. Plan Termination**

Although it has not expressed any intention to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan terminates, all amounts credited to participant’s accounts will become 100% vested.

#### **H. Parties-in-Interest Transactions**

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee organization, or relatives of such persons.

The Plan invests in shares of mutual funds and a money market fund managed by Fidelity who acts as the custodian and trustee as of December 31, 2021 and 2020, and for the period from March 15, 2020 through December 31, 2020. MATC acted as custodian for the period from January 1, 2020 to March 14, 2020.

## TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST

### NOTES TO FINANCIAL STATEMENTS *(continued)*

#### **H. Parties-in-Interest Transactions – continued**

Nationwide Trust Company, FSB, acts as custodian for the guaranteed annuity contract as of December 31, 2021 and 2020. Transactions in such investments, as well as loans made to participants, qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules. The Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

#### **I. 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. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. 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 statement of net assets available for benefits.

#### **J. Subsequent Events**

In preparing the accompanying financial statements, management has evaluated all subsequent events and transactions for potential recognition or disclosure through September 28, 2022, the date the financial statements were available for issuance.

In April 2022, the Plan sponsor received written notification from the Department of Labor (“DOL”) that the DOL would be conducting an inspection of the Plan's filings from January 1, 2019 through April 29, 2022. Although the final outcome of the DOL’s inspection cannot be determined as of the date of this report, the Plan sponsor is working diligently to ensure 1) that the Plan is operating in compliance with Title I of ERISA and 2) that it satisfies all DOL inquiries in an efficient administratively timely manner.

## **SUPPLEMENTAL SCHEDULES**

**TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST**

**FORM 5500, SCHEDULE H, LINE 4a - SCHEDULE OF  
DELINQUENT PARTICIPANT CONTRIBUTIONS**

**Year Ended December 31, 2021**

**EIN: 75-2654757**

**Plan Number: 001**

| <b>Participant<br/>Contributions<br/>Transferred<br/>Late to Plan<br/>(Check here if<br/>Late Participant<br/>Loan Repayments<br/>are included) <input checked="" type="checkbox"/></b> | <b>Total that Constitutes Nonexempt Prohibited Transactions</b> |                                                         |                                                             | <b>Total Fully<br/>Corrected Under<br/>VFCP and PTE<br/>2002-51</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|
|                                                                                                                                                                                         | <b>Contributions<br/>Not<br/>Corrected</b>                      | <b>Contributions<br/>Corrected<br/>Outside<br/>VFCP</b> | <b>Contributions<br/>Pending<br/>Correction<br/>in VFCP</b> |                                                                     |
| * \$ 23,724                                                                                                                                                                             | \$ -                                                            | \$ 23,724                                               | \$ -                                                        | \$ -                                                                |

\* Represents 2020 delinquent participant contributions and loan repayments that were funded with lost earnings during 2021.

**TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST**  
**FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**December 31, 2021**

**EIN: 75-2654757**

**Plan Number: 001**

| (a) | (b)<br>Identity of issuer, borrower,<br>lessor, or similar party | (c)<br>Description of investment including<br>maturity date, rate of interest, collateral,<br>par or maturity value | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
| *   | Fidelity                                                         | Self-directed brokerage accounts                                                                                    | **          | \$ 2,151,901            |
| *   | Fidelity                                                         | S&P 500 Index                                                                                                       | **          | 1,727,734               |
| *   | Fidelity                                                         | Freedom 2045 Fund                                                                                                   | **          | 795,244                 |
| *   | T. Rowe Price                                                    | Blue Chip Growth K6                                                                                                 | **          | 783,758                 |
| *   | Fidelity                                                         | Freedom 2030 Fund                                                                                                   | **          | 606,590                 |
| *   | Fidelity                                                         | Freedom 2050 Fund                                                                                                   | **          | 518,928                 |
| *   | Fidelity                                                         | Freedom 2025 Fund                                                                                                   | **          | 357,855                 |
| *   | Fidelity                                                         | Freedom 2020 Fund                                                                                                   | **          | 339,709                 |
| *   | Fidelity                                                         | Freedom 2040 Fund                                                                                                   | **          | 277,494                 |
| *   | Fidelity                                                         | Freedom 2035 Fund                                                                                                   | **          | 270,961                 |
| *   | Fidelity                                                         | Government Money Market Fund                                                                                        | **          | 265,313                 |
| *   | Fidelity                                                         | Freedom 2055 Fund                                                                                                   | **          | 94,032                  |
| *   | Fidelity                                                         | Freedom 2060 Fund                                                                                                   | **          | 85,201                  |
| *   | Nationwide                                                       | Guaranteed investment contract                                                                                      | **          | 35,351                  |
| *   | American Century Investments                                     | American Century Small Cap Value R6                                                                                 | **          | 21,498                  |
| *   | Fidelity                                                         | Freedom 2065 Fund                                                                                                   | **          | 3,576                   |
| *   | Fidelity                                                         | Total Bond K6 Fund                                                                                                  | **          | 2,668                   |
| *   | Fidelity                                                         | Global ex US Index Fund                                                                                             | **          | 1,969                   |
| *   | American Funds                                                   | American Funds American Mutual Fund                                                                                 | **          | 746                     |
| *   | JP Morgan                                                        | JPMorgan Government Bond                                                                                            | **          | 630                     |
| *   | Fidelity                                                         | Emerging Markets Index                                                                                              | **          | 616                     |
| *   | Fidelity                                                         | International Capital Appreciation                                                                                  | **          | 483                     |
| *   | Self-directed brokerage accounts                                 | Common stock and registered investment company shares                                                               | **          | 408                     |
| *   | Victory Capital                                                  | Emerging Markets Fund Class R6                                                                                      | **          | 391                     |
| *   | MFS                                                              | MFS Mid Cap Growth                                                                                                  | **          | 360                     |
| *   | Fidelity                                                         | Mid Cap Index                                                                                                       | **          | 310                     |
| *   | Goldman Sachs                                                    | Goldman Sachs Inflation Protected Securities                                                                        | **          | 292                     |
| *   | Fidelity                                                         | Freedom Income Fund                                                                                                 | **          | 47                      |
| *   | Allspring Global Investments                                     | Allspring Special Mid Cap Value                                                                                     | **          | 32                      |
| *   | Participant loans                                                | Interest rates ranging from 4.25%<br>to 6.50% with various due dates                                                | -0-         | 89,490                  |
|     |                                                                  |                                                                                                                     |             | <u>\$ 8,433,587</u>     |

\* A party-in-interest as defined by ERISA

\*\* Cost omitted for participant directed investments

**TEXAS NEUROLOGY, P.A. 401(k)  
PROFIT SHARING PLAN AND TRUST**

**FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULES**

**Years Ended December 31, 2021 and 2020  
with Report of Independent Auditors**

**TEXAS NEUROLOGY, P.A. 401(k)  
PROFIT SHARING PLAN AND TRUST**

**FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULES**

**Years Ended December 31, 2021 and 2020**

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## REPORT OF INDEPENDENT AUDITORS

To the Plan Administrator of the  
Texas Neurology, P.A. 401(k) Profit Sharing Plan and Trust

### 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 Texas Neurology, P.A. 401(k) Profit Sharing Plan and Trust (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, and 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 Rules (“DOL”) 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 certifications from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note E 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 Auditor’s 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 accounting principles generally accepted 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 auditing standards generally accepted in the United States of America (“GAAS”). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the 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.

## **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.

## **Auditor’s 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 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 auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the 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 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 Schedules Required by ERISA**

The supplemental schedules of Form 5500, Schedule H, Line 4a – Schedule of Delinquent Participant Contributions and Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of or for the year ended December 31, 2021, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the 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 schedules, 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 schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are 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 schedules, other than the information in the supplemental schedules 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 schedules 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).

#### **Auditor's 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, the Plan Administrator 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 October 15, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient 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.

A handwritten signature in black ink that reads "Whitley Penn LLP". The signature is written in a cursive, flowing style.

Plano, Texas  
September 28, 2022

**TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

|                                    | <b>December 31,</b>        |                             |
|------------------------------------|----------------------------|-----------------------------|
|                                    | <b>2021</b>                | <b>2020</b>                 |
| <b>Assets</b>                      |                            |                             |
| Investments, at fair value         | \$ 8,308,746               | \$ 10,339,214               |
| Investment, at contract value      | 35,351                     | 67,482                      |
| Total investments                  | <u>8,344,097</u>           | <u>10,406,696</u>           |
| Receivables:                       |                            |                             |
| Participant                        | -                          | 21,967                      |
| Employer                           | 178,449                    | 200,941                     |
| Notes receivable from participants | 89,490                     | 132,001                     |
| Total receivables                  | <u>267,939</u>             | <u>354,909</u>              |
| Total assets                       | <u>8,612,036</u>           | <u>10,761,605</u>           |
| Net assets available for benefits  | <u><u>\$ 8,612,036</u></u> | <u><u>\$ 10,761,605</u></u> |

See notes to accompanying financial statements.

**TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST**

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

|                                                        | <b>Year Ended December 31,</b> |                                 |
|--------------------------------------------------------|--------------------------------|---------------------------------|
|                                                        | <b>2021</b>                    | <b>2020</b>                     |
| <b>Additions to Net Assets</b>                         |                                |                                 |
| Investment income:                                     |                                |                                 |
| Net realized and unrealized gains on investments       | \$ 936,967                     | \$ 584,398                      |
| Interest and dividends                                 | 540,378                        | 361,607                         |
| Total investment income                                | <u>1,477,345</u>               | <u>946,005</u>                  |
| <br>Interest on notes receivable from participants     | <br>8,292                      | <br>8,883                       |
| <br>Contributions:                                     |                                |                                 |
| Participant                                            | 482,910                        | 406,915                         |
| Employer                                               | 178,449                        | 200,941                         |
| Rollover                                               | 48,076                         | 56,794                          |
| Total contributions                                    | <u>709,435</u>                 | <u>664,650</u>                  |
| <br>Total additions to net assets                      | <br>2,195,072                  | <br>1,619,538                   |
| <br><b>Deductions from Net Assets</b>                  |                                |                                 |
| Benefits paid to participants                          | 4,318,918                      | 7,275,294                       |
| Administrative expenses                                | 25,723                         | 25,342                          |
| Total deductions from net assets                       | <u>4,344,641</u>               | <u>7,300,636</u>                |
| <br>Net decrease in net assets available for benefits  | <br>(2,149,569)                | <br>(5,681,098)                 |
| Net assets available for benefits at beginning of year | <u>10,761,605</u>              | <u>16,442,703</u>               |
| <br>Net assets available for benefits at end of year   | <br><u><u>\$ 8,612,036</u></u> | <br><u><u>\$ 10,761,605</u></u> |

See notes to accompanying financial statements.

# **TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST**

## **NOTES TO FINANCIAL STATEMENTS**

**December 31, 2021 and 2020**

### **A. Description of the Plan**

#### **General**

The following brief description of the Texas Neurology, P.A. 401(k) Profit Sharing Plan and Trust (the “Plan”) is provided for general information purposes only. The Plan is sponsored by Texas Neurology, P.A. (the “Company” or “Plan Sponsor”). Participants should refer to the Plan document for more complete information. The Company’s corporate offices are located in Dallas, Texas.

The Plan was effective January 1, 1993, restated most recently effective June 28, 2021, as a defined contribution plan available to all employees of the Company who have completed one month of service. All employees of the Company are eligible to participate in the Plan, except for those employees covered by a collective bargaining agreement where retirement benefits were the subject of good faith bargaining, and nonresident aliens. Eligible employees may enter the Plan on the first day of each calendar month of the Plan year, coincident with or next following satisfaction of the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Effective March 15, 2020, the Plan changed its recordkeeper from Paychex Retirement Services to Fidelity Workplace Services LLC. As a result, the Plan’s custodian was changed from Mid Atlantic Trust Company (“MATC”) to Fidelity Management Trust Company (“Fidelity”). Additionally, the Plan was restated effective March 15, 2020, and there were no significant changes to the Plan’s provisions.

The purpose of the Plan is to encourage the Company’s employees to save and invest, systematically, a portion of their current compensation so that they and their families may have a source of additional income upon their retirement, or in the event of death.

During 2020 the Plan adopted certain retirement plan provisions allowed by the Coronavirus Aid, Relief, and Economic Security Act (the “CARES Act”) which allowed qualified individuals, as defined in the CARES Act, additional access to retirement plan balances. The Company determined it was in the best interest of the participants to allow a) a COVID-19 distribution up to \$100,000; b) an increase in the available participant loan amount up to \$100,000, not to exceed 100% of the participant’s account balance for loans taken between March 27, 2020 and September 22, 2020; and c) deferral of loan repayments due between March 27, 2020 and December 31, 2020.

#### **Contributions**

Participants may contribute up to 100% of pre-tax or post tax annual compensation, as defined by the Plan. Contributions are subject to limitations on annual additions and other limitations imposed by the Internal Revenue Code (“IRC”) as defined in the Plan document. Eligible participants may make a rollover contribution to the Plan for pre-tax or Roth balances.

## TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST

### NOTES TO FINANCIAL STATEMENTS (*continued*)

#### A. Description of the Plan – continued

##### Contributions – continued

The Plan has an automatic contribution feature. If an employee fails to complete the deferral election provided, the employee's compensation will automatically be reduced for a contribution to the Plan. An Eligible Automatic Contribution Arrangement ("EACA") is the type of automatic contribution feature under the Plan. The EACA provisions apply to all employees that do not have an election on file. Under the EACA, an employee's compensation will be reduced for contributions to the Plan of 6%. Employees have the decision to stop the automatic contributions to the Plan and may request a withdrawal of those contributions within the first 90 days of the first automatic contribution.

Participants who are eligible to make salary deferral contributions under the Plan and who have attained age 50 before the close of the year may make catch-up contributions in accordance with, and subject to the limitations imposed by the IRC.

The Company may make a discretionary matching contribution to the Plan as determined annually by management. Participants must (1) be employed on the last day of the year, and complete one month of service during the year or (2) have died, retired, or suffered disability during such year to be eligible to receive discretionary matching contributions. The Company's matching contribution for the year ended December 31, 2021 and 2020, equaled 50% of participants' contributions up to 6% of eligible compensation.

The Company may also make a discretionary, non-elective ("profit sharing") contribution to the Plan as determined annually by management. Participants must (1) be employed on the last day of the year, and complete 1,000 hours of service during the year; or (2) have died, retired, or suffered disability during such year to be eligible to receive profit sharing contributions. The Company's profit sharing contribution for the year ended December 31, 2021 and 2020, equaled 3% of a participant's gross compensation less the employer discretionary matching contribution and allocated forfeitures.

##### Participant Accounts

Each participant's account is credited with the participant's elective contribution, employer contributions, and earnings thereon. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

## TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST

### NOTES TO FINANCIAL STATEMENTS *(continued)*

#### A. Description of the Plan – continued

##### Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company contribution portions of accounts, plus actual earnings thereon is as follows:

| <u>Years of Service</u> | <u>Vested Percentage</u> |
|-------------------------|--------------------------|
| Less than 2 years       | 0%                       |
| 2 years                 | 20%                      |
| 3 years                 | 40%                      |
| 4 years                 | 60%                      |
| 5 years                 | 80%                      |
| 6 years                 | 100%                     |

In the event of disability or death, the participant will become fully vested.

##### Participant Loans

A participant may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. Loan terms range up to five years or longer for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Company. As of December 31, 2021 and 2020, interest rates ranged from 4.25% to 6.50. Principal and interest is paid ratably through payroll deductions. Participant loans are classified as notes receivable from participants in the Plan's financial statements. A participant may not have more than one loan outstanding at any one time.

##### Payment of Benefits

Participants withdrawing during the year for reasons of service or disability, retirement, death, or termination are entitled to their vested account balance. Benefits are distributed in the form of rollovers or lump sum payments. If withdrawing participants are not entitled to their entire account balance, the amounts not received are forfeited. Certain in-service withdrawals are allowed. A participant may also elect to withdraw all or a portion of their vested account balance while employed after reaching age 59 ½.

A participant may receive a hardship distribution of his salary reduction contributions if the distribution is: (1) on account of medical expenses incurred by the participant, his spouse, or dependents; (2) to purchase (excluding mortgage payments) a principal residence of the participant; (3) for the payment of post-secondary tuition expenses; (4) needed to prevent eviction of the participant from his or her principal residence or foreclosure upon the mortgage of the participant's principal residence; (5) payments for burial or funeral expenses for the participant's deceased parent, spouse, children or dependents; (6) expenses for the repair of damage to principal residence; or (7) expenses and losses incurred on account of a disaster declared by the Federal Emergency Management Agency.

## **TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST**

### **NOTES TO FINANCIAL STATEMENTS *(continued)***

#### **A. Description of the Plan – continued**

##### **Forfeitures**

Forfeited balances of terminated participants' non-vested accounts are used to offset employer matching contributions and profit sharing contributions for the year. Unallocated forfeited balances as of December 31, 2021 and 2020, totaled \$77,754 and \$46,102, respectively.

##### **Investment Options**

Upon enrollment in the Plan, a participant may direct their salary deferrals in 1% increments into any of the Plan's investment options.

##### **Minimum Top-heavy Allocations**

For purposes of minimum top-heavy allocations, an allocation of contributions and forfeitures equal to three percent of each non-key employee's compensation, as defined by the Plan document, or the highest percentage allocated to any key employee will be made to the employee's account when the Plan is top-heavy. A key employee is a highly compensated officer or owner/shareholder, as defined by the Plan document. The Plan is top-heavy if more than 60% of the account balances are attributed to key employees during the year. Minimum top-heavy allocations are distributed after considering employer discretionary matching contributions and forfeiture allocations for all participants. The profit sharing contribution was used to source the minimum top-heavy allocations.

##### **Plan Expenses**

Employees of the Company perform certain administrative functions with no compensation from the Plan. In accordance with the Plan's provisions, the Company or the Plan can pay the costs relating to asset charges and recordkeeping. All significant administrative expenses paid by the Company are not reflected in the accompanying financial statements.

#### **B. Summary of Significant Accounting Policies**

##### **Basis of Accounting**

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

##### **Use of Estimates**

The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from these estimates.

## TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST

### NOTES TO FINANCIAL STATEMENTS *(continued)*

#### **B. Summary of Significant Accounting Policies – continued**

##### **Contributions**

Contributions from the Company and participants are accrued as they become obligations of the Company, as determined by the Plan's administrator, and in the period in which they are deducted, in accordance with salary deferral agreements.

##### **Investment Valuation and Income**

The investments of the Plan are stated at fair value (except for fully-benefit responsive investment contracts, which are reported at contract value) as of the end of the year and are subject to market or credit risks customarily associated with equity investments. Fair value measurements are determined in accordance with GAAP, which defines fair value, establishes a framework for measuring fair value, and expands disclosures about assets and liabilities measured at fair value. See Note C for information related to the Plan's valuation methodologies.

Investment gains and losses are accounted for using the average cost basis of the securities sold. The net realized and unrealized gains and losses on investments include realized gains and losses on sales of investments during the year and unrealized increases or decreases in the market value of investments held at year end. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

##### **Notes Receivable from Participants**

Notes receivable from participants are recorded at the unpaid principal balance plus accrued but unpaid interest.

##### **Payment of Benefits**

Benefits are recorded when paid.

#### **C. Fair Value Measurements**

GAAP defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date and establishes a three-tier hierarchy that is used to identify assets and liabilities measured at fair value. The hierarchy focuses on the inputs used to measure fair value and requires that the lowest level input be used. The three levels defined are as follows:

- Level 1 — observable inputs that are based upon quoted market prices for identical assets or liabilities within active markets.

**TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST**

**NOTES TO FINANCIAL STATEMENTS *(continued)***

**C. Fair Value Measurements – continued**

- Level 2 — observable inputs other than Level 1 that are based upon quoted market prices for similar assets or liabilities, based upon quoted prices within inactive markets, or inputs other than quoted market prices that are observable through market data for substantially the full term of the asset or liability.
- Level 3 — inputs that are unobservable for the particular asset or liability due to little or no market activity and are significant to the fair value of the asset or liability. These inputs reflect assumptions that market participants would use when valuing the particular asset or liability.

GAAP requires that management describe the methodologies used to measure the fair value of assets and liabilities. The methodologies used to measure the fair value of the Plan's investments are as follows:

- Mutual funds are valued at the published per share net asset value of shares held by the Plan and are classified within Level 1 of the valuation hierarchy. There are no significant restrictions on redeeming these investments at net asset value.
- Money market funds are valued based on the short-term cash component as of the measurement date and classified within Level 1 of the valuation hierarchy.
- Self-directed brokerage accounts consist primarily of common stock and registered investment company shares that are valued at the closing price reported on the active market on which the individual securities are traded and classified within Level 1 of the valuation hierarchy.

There have been no changes in the methodologies used at December 31, 2021 and 2020.

The following table details the Plan's investments at fair value by level, within the fair value hierarchy, as of December 31, 2021 and 2020. The Plan has no assets classified within Level 2 or Level 3 of the valuation hierarchy.

|                                  | <b>2021</b>         |                     |
|----------------------------------|---------------------|---------------------|
|                                  | <b>Level 1</b>      | <b>Total</b>        |
| Mutual funds                     | \$ 5,891,124        | \$ 5,891,124        |
| Money market fund                | 265,313             | 265,313             |
| Self-directed brokerage accounts | 2,152,309           | 2,152,309           |
| Total investments at fair value  | <u>\$ 8,308,746</u> | <u>\$ 8,308,746</u> |

# TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST

## NOTES TO FINANCIAL STATEMENTS *(continued)*

### C. Fair Value Measurements – continued

|                                  | 2020                |                     |
|----------------------------------|---------------------|---------------------|
|                                  | Level 1             | Total               |
| Mutual funds                     | \$ 4,810,022        | \$ 4,810,022        |
| Money market fund                | 235,719             | 235,719             |
| Self-directed brokerage accounts | 5,293,473           | 5,293,473           |
| Total investments at fair value  | <u>\$10,339,214</u> | <u>\$10,339,214</u> |

These items are classified in their entirety based on the lowest priority level of input that is significant to the fair value measurement. The assessment of the significance of a particular input to the fair value measurement requires judgment and may affect the placement of assets and liabilities within the levels of the fair value hierarchy.

### D. Fully Benefit-Responsive Investment Contract

The Plan holds a traditional investment contract totaling \$35,351 and \$67,482 as of December 31, 2021 and 2020, respectively. This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses.

The traditional investment contract held by the Plan is a guaranteed investment contract. The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer. For the years ended December 31, 2021 and 2020, the rate was 1.30%. The crediting rate is reviewed on a quarterly basis for resetting. The contract cannot be terminated before the scheduled maturity date.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also limit the ability of the Plan to transact at contract value with the participants.

### E. Certified Investments

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments and notes receivable from participants held at December 31, 2021 and 2020, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity Management Trust Company (the trustee of the Plan).

## TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST

### NOTES TO FINANCIAL STATEMENTS *(continued)*

#### **F. Tax Status**

Effective June 28, 2021, the Plan was amended and restated to adopt the Fidelity Pre-Approved Defined Contribution Plan which has a favorable opinion letter from the Internal Revenue Service (“IRS”) dated June 30, 2020. Prior to June 28, 2021 on March 15, 2021, the Plan adopted a Fidelity Volume Submitter Profit Sharing/401(k) Plan, which had a favorable advisory letter from the IRS dated March 31, 2014. These letters state that the form of the Plan is acceptable under Section 401 of the IRC. The Company may rely on these letters with respect to the qualification of the Plan under IRC Section 401(a) with certain limitations.

Prior to March 15, 2020, the Plan adopted the Paychex Inc. Prototype Non-Standardized Profit Sharing Plan, which had a favorable opinion letter from the IRS dated April 10, 2014. This opinion letter stated that the form of the prototype plan is acceptable under Section 401 of the IRC.

Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Company believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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

#### **G. Plan Termination**

Although it has not expressed any intention to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan terminates, all amounts credited to participant’s accounts will become 100% vested.

#### **H. Parties-in-Interest Transactions**

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee organization, or relatives of such persons.

The Plan invests in shares of mutual funds and a money market fund managed by Fidelity who acts as the custodian and trustee as of December 31, 2021 and 2020, and for the period from March 15, 2020 through December 31, 2020. MATC acted as custodian for the period from January 1, 2020 to March 14, 2020.

## TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST

### NOTES TO FINANCIAL STATEMENTS *(continued)*

#### **H. Parties-in-Interest Transactions – continued**

Nationwide Trust Company, FSB, acts as custodian for the guaranteed annuity contract as of December 31, 2021 and 2020. Transactions in such investments, as well as loans made to participants, qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules. The Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

#### **I. 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. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. 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 statement of net assets available for benefits.

#### **J. Subsequent Events**

In preparing the accompanying financial statements, management has evaluated all subsequent events and transactions for potential recognition or disclosure through September 28, 2022, the date the financial statements were available for issuance.

In April 2022, the Plan sponsor received written notification from the Department of Labor (“DOL”) that the DOL would be conducting an inspection of the Plan's filings from January 1, 2019 through April 29, 2022. Although the final outcome of the DOL's inspection cannot be determined as of the date of this report, the Plan sponsor is working diligently to ensure 1) that the Plan is operating in compliance with Title I of ERISA and 2) that it satisfies all DOL inquiries in an efficient administratively timely manner.

## **SUPPLEMENTAL SCHEDULES**

**TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST**

**FORM 5500, SCHEDULE H, LINE 4a - SCHEDULE OF  
DELINQUENT PARTICIPANT CONTRIBUTIONS**

**Year Ended December 31, 2021**

**EIN: 75-2654757**

**Plan Number: 001**

| <b>Participant<br/>Contributions<br/>Transferred<br/>Late to Plan<br/>(Check here if<br/>Late Participant<br/>Loan Repayments<br/>are included) <input checked="" type="checkbox"/></b> | <b>Total that Constitutes Nonexempt Prohibited Transactions</b> |                                                         |                                                             | <b>Total Fully<br/>Corrected Under<br/>VFCP and PTE<br/>2002-51</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------|
|                                                                                                                                                                                         | <b>Contributions<br/>Not<br/>Corrected</b>                      | <b>Contributions<br/>Corrected<br/>Outside<br/>VFCP</b> | <b>Contributions<br/>Pending<br/>Correction<br/>in VFCP</b> |                                                                     |
| * \$ 23,724                                                                                                                                                                             | \$ -                                                            | \$ 23,724                                               | \$ -                                                        | \$ -                                                                |

\* Represents 2020 delinquent participant contributions and loan repayments that were funded with lost earnings during 2021.

**TEXAS NEUROLOGY, P.A. 401(k) PROFIT SHARING PLAN AND TRUST**  
**FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**December 31, 2021**

**EIN: 75-2654757**

**Plan Number: 001**

| (a) | (b)<br>Identity of issuer, borrower,<br>lessor, or similar party | (c)<br>Description of investment including<br>maturity date, rate of interest, collateral,<br>par or maturity value | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
| *   | Fidelity                                                         | Self-directed brokerage accounts                                                                                    | **          | \$ 2,151,901            |
| *   | Fidelity                                                         | S&P 500 Index                                                                                                       | **          | 1,727,734               |
| *   | Fidelity                                                         | Freedom 2045 Fund                                                                                                   | **          | 795,244                 |
| *   | T. Rowe Price                                                    | Blue Chip Growth K6                                                                                                 | **          | 783,758                 |
| *   | Fidelity                                                         | Freedom 2030 Fund                                                                                                   | **          | 606,590                 |
| *   | Fidelity                                                         | Freedom 2050 Fund                                                                                                   | **          | 518,928                 |
| *   | Fidelity                                                         | Freedom 2025 Fund                                                                                                   | **          | 357,855                 |
| *   | Fidelity                                                         | Freedom 2020 Fund                                                                                                   | **          | 339,709                 |
| *   | Fidelity                                                         | Freedom 2040 Fund                                                                                                   | **          | 277,494                 |
| *   | Fidelity                                                         | Freedom 2035 Fund                                                                                                   | **          | 270,961                 |
| *   | Fidelity                                                         | Government Money Market Fund                                                                                        | **          | 265,313                 |
| *   | Fidelity                                                         | Freedom 2055 Fund                                                                                                   | **          | 94,032                  |
| *   | Fidelity                                                         | Freedom 2060 Fund                                                                                                   | **          | 85,201                  |
| *   | Nationwide                                                       | Guaranteed investment contract                                                                                      | **          | 35,351                  |
| *   | American Century Investments                                     | American Century Small Cap Value R6                                                                                 | **          | 21,498                  |
| *   | Fidelity                                                         | Freedom 2065 Fund                                                                                                   | **          | 3,576                   |
| *   | Fidelity                                                         | Total Bond K6 Fund                                                                                                  | **          | 2,668                   |
| *   | Fidelity                                                         | Global ex US Index Fund                                                                                             | **          | 1,969                   |
| *   | American Funds                                                   | American Funds American Mutual Fund                                                                                 | **          | 746                     |
| *   | JP Morgan                                                        | JPMorgan Government Bond                                                                                            | **          | 630                     |
| *   | Fidelity                                                         | Emerging Markets Index                                                                                              | **          | 616                     |
| *   | Fidelity                                                         | International Capital Appreciation                                                                                  | **          | 483                     |
| *   | Self-directed brokerage accounts                                 | Common stock and registered investment company shares                                                               | **          | 408                     |
| *   | Victory Capital                                                  | Emerging Markets Fund Class R6                                                                                      | **          | 391                     |
| *   | MFS                                                              | MFS Mid Cap Growth                                                                                                  | **          | 360                     |
| *   | Fidelity                                                         | Mid Cap Index                                                                                                       | **          | 310                     |
| *   | Goldman Sachs                                                    | Goldman Sachs Inflation Protected Securities                                                                        | **          | 292                     |
| *   | Fidelity                                                         | Freedom Income Fund                                                                                                 | **          | 47                      |
| *   | Allspring Global Investments                                     | Allspring Special Mid Cap Value                                                                                     | **          | 32                      |
| *   | Participant loans                                                | Interest rates ranging from 4.25%<br>to 6.50% with various due dates                                                | -0-         | 89,490                  |
|     |                                                                  |                                                                                                                     |             | <u>\$ 8,433,587</u>     |

\* A party-in-interest as defined by ERISA

\*\* Cost omitted for participant directed investments