

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>ASSOCIATES IN ANESTHESIA, INC. 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>12/31/1963</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>23-1633403</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>610-874-4147</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>621111</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>12/31/1963</u>		2b Employer Identification Number (EIN) <u>23-1633403</u>		2c Plan Sponsor's telephone number <u>610-874-4147</u>		2d Business code (see instructions) <u>621111</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>12/31/1963</u>											
2b Employer Identification Number (EIN) <u>23-1633403</u>											
2c Plan Sponsor's telephone number <u>610-874-4147</u>											
2d Business code (see instructions) <u>621111</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ASSOCIATES IN ANESTHESIA, INC.</u> <u>30 MEDICAL CENTER BLVD.</u> <u>POB 1, SUITE 305</u> <u>UPLAND, PA 19013</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2022	JOHN CHRISTY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	145
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	107
a(2) Total number of active participants at the end of the plan year		6a(2)	89
b Retired or separated participants receiving benefits.....		6b	2
c Other retired or separated participants entitled to future benefits		6c	44
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	135
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	135
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	122
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	11
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2R 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan ASSOCIATES IN ANESTHESIA, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ASSOCIATES IN ANESTHESIA, INC.	D Employer Identification Number (EIN) 23-1633403	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

O'BRIEN GREENE & CO., INC.

218 W STATE STREET
MEDIA, PA 19063

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 51	ADVISOR	189542	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEWPORT GROUP, INC.

27-2037969

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 21 15 64	RECORDKEEPER	29950	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

RAINER & COMPANY

23-2183936

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	15871	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection		
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>				
A Name of plan <u>ASSOCIATES IN ANESTHESIA, INC. 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> B Three-digit plan number (PN) ► </td> <td style="width: 20%; padding: 5px; text-align: center;"> <u>001</u> </td> </tr> </table>		B Three-digit plan number (PN) ►	<u>001</u>
B Three-digit plan number (PN) ►	<u>001</u>			
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ASSOCIATES IN ANESTHESIA, INC.</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> D Employer Identification Number (EIN) <u>23-1633403</u> </td> </tr> </table>		D Employer Identification Number (EIN) <u>23-1633403</u>	
D Employer Identification Number (EIN) <u>23-1633403</u>				

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	1665
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	290179	225961
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	112200	63006
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans	1c(8)	97928	59842
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	35697149	42137260
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	24016	61514

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	36221472 42549248
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	36221472 42549248

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1032999
	(B) Participants	2a(1)(B)	848110
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	1881109
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	4210
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	4210
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	13
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	13
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		5330473
c Other income.....	2c		10352
d Total income. Add all income amounts in column (b) and enter total.....	2d		7226157
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	663018	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		663018
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	15871	
(2) Contract administrator fees.....	2i(2)	29950	
(3) Investment advisory and management fees.....	2i(3)	189542	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		235363
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		898381
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		6327776
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: RAINER & COMPANY

(2) EIN: 23-2183936

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a		X	

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan ASSOCIATES IN ANESTHESIA, INC. 401(K) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 ASSOCIATES IN ANESTHESIA, INC.	D Employer Identification Number (EIN) 23-1633403

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 75-3182674 20-0937408		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

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

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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 _____

Financial Statements

Associates in Anesthesia, Inc.
401(k) Plan

December 31, 2021 and 2020

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SUPPLEMENTARY INFORMATION

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Associates in Anesthesia, Inc.
401(k) Plan
Chester, Pennsylvania

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

We have performed an audit of the accompanying financial statements of Associates in Anesthesia, Inc. 401(k) 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.

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 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

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

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- 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 Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of Associates in Anesthesia, Inc. 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. 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 Associates in Anesthesia, Inc. 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Associates in Anesthesia, Inc. 401(k) 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 Associates in Anesthesia, Inc. 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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 accounting principles generally accepted in the United States of America.

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

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

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditors' Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of Associates in Anesthesia, Inc. 401(k) Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor'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 September 30, 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Rainer & Company
Rainer & Company

Newtown Square, PA
October 4, 2022

ASSOCIATES IN ANESTHESIA, INC.
401(K) PLAN
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020

<u>ASSETS</u>	<u>2021</u>	<u>2020</u>
Investments - At Fair Value:		
Separately Managed Accounts	\$ 42,263,445	\$ 35,833,365
Receivables:		
Employer's Matching Contributions	31,241	22,034
Employer's Profit Sharing Contributions	194,720	268,145
Notes Receivable from Participants	59,842	97,928
TOTAL RECEIVABLES	<u>285,803</u>	<u>388,107</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 42,549,248</u>	<u>\$ 36,221,472</u>

The accompanying notes are an integral part of these statements.

ASSOCIATES IN ANESTHESIA, INC.

401(K) PLAN

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Additions to Net Assets Attributed to:		
Investment Income:		
Net Appreciation in Fair Value of Investments	\$ 5,340,838	\$ 3,589,866
Interest Income - Notes Receivable from Participants	4,210	4,603
Contributions:		
Employee Contributions	848,110	733,430
Employer's Matching Contributions	238,279	190,395
Employer's Profit Sharing Contributions	794,720	568,145
Rollover Contributions	0	773,818
TOTAL CONTRIBUTIONS	<u>1,881,109</u>	<u>2,265,788</u>
TOTAL ADDITIONS	<u>7,226,157</u>	<u>5,860,257</u>
Deductions from Net Assets Attributed to:		
Benefits Paid to Participants	663,018	2,175,480
Administrative Expenses	235,363	191,017
TOTAL DEDUCTIONS	<u>898,381</u>	<u>2,366,497</u>
NET INCREASE	6,327,776	3,493,760
Net Assets Available for Benefits - Beginning	<u>36,221,472</u>	<u>32,727,712</u>
NET ASSETS AVAILABLE FOR BENEFITS - ENDING	<u>\$ 42,549,248</u>	<u>\$ 36,221,472</u>

The accompanying notes are an integral part of these statements.

ASSOCIATES IN ANESTHESIA, INC.

401(K) PLAN

Notes to Financial Statements

December 31, 2021 and 2020

NOTE 1 - Description of Plan

The following description of the Associates in Anesthesia, Inc. 401(k) and Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan Document, as amended, for a more complete description of the Plan's provisions.

- A. General - The Plan is a defined contribution plan with an I.R.C. Sec 401(k) provision covering all employees of Company who meet the eligibility requirements of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Board of Trustees is responsible for oversight of the Plan including monitoring of investment performance and determining appropriate investment offerings.
- B. Eligibility Requirements - Each employee is eligible to participate in the Plan on the first day of the calendar month following their hire date and attained the age of twenty-one.
- C. Employee Contributions - Eligible employees may make salary deferral contributions not to exceed 100% of their pretax annual compensation up to \$19,500, which is the maximum dollar limit set by law for the years ended December 31, 2021 and 2020.

Participants who have attained age 50 before the end of the Plan year are eligible to make "catch-up contributions." For the years ending December 31, 2021 and 2020, the maximum catch-up contributions were \$6,500.

Participants may also contribute amounts representing distributions from other qualified defined benefit and defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan.

- D. Employer Contributions - The employer may make a discretionary matching contribution of the participants' elective deferral. For the years ending December 31, 2021 and 2020, the employer matched salary deferred contributions at a rate of 50% of the first 5% of participants' compensation. Additional profit sharing amounts may be contributed at the option of the Company's Board of Trustees. For the years ended December 31, 2021 and 2020, the Board of Trustees approved profit sharing contributions of \$794,720 and \$568,145, respectively.
- E. Participant Accounts - Each participant's account is credited with the participant's contribution and allocations of the employer's contribution, plan earnings, and charged with an allocation of administrative expenses paid by the Plan. Allocations are based on participant earnings, account balances or specified participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
- F. Payment of Benefits - A participant may elect to receive a lump sum amount equal to the value of the individual's account upon termination of service due to death, disability, or upon attaining a Normal Retirement age or an early Retirement benefit may be elected by individuals who meet specified age and service requirements. Participants with total vested balances less than \$1,000 will receive a lump sum payment as soon as administratively feasible following termination of employment. If total vested benefits exceed \$1,000, no distribution is made from the Plan without consent.

ASSOCIATES IN ANESTHESIA, INC.

401(K) PLAN

Notes to Financial Statements

December 31, 2021 and 2020

NOTE 1 - Description of Plan (Continued)

- G. Vesting - Participants are immediately vested in their contributions and employer matching contributions plus actual earnings thereon. Participants become fully (100%) vested in the employer profit sharing contributions upon the occurrence of death and total or permanent disability.

Other than as stated above, employer profit sharing contributions vest based upon the following:

<u>Years of Service</u>	<u>Percentage</u>
Less than 1	0%
1	20%
2	40%
3	60%
4	80%
5	100%

A year of vesting service is a vesting service period in which the employee has at least 1,000 hours of service, and is based on the plan year.

- H. Income Tax Status - The IRS has determined and informed the Company by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2018.

- I. Forfeited Accounts - Any participant who terminates employment without being fully vested (100%) in their employer contribution account forfeits their unvested portion of the employer contribution. At December 31, 2021 and 2020, the forfeited nonvested accounts totaled \$49,751 and \$21,116, respectively. These accounts are used to reduce future employer contributions and offset Plan expenses. During 2021, employer contributions were offset by \$10,172 from forfeited nonvested accounts. During 2020, no employer contributions were offset from forfeited nonvested accounts. During 2021 and 2020, Plan expenses were offset by \$15,871 and \$15,840, respectively, from forfeited nonvested accounts.

ASSOCIATES IN ANESTHESIA, INC.

401(K) PLAN

Notes to Financial Statements

December 31, 2021 and 2020

NOTE 2 - Summary of Significant Accounting Policies

This summary of significant accounting policies of the Plan is presented to assist in understanding the Plan's financial statements. The financial statements and notes are a representation of the Plan's management, who is responsible for their integrity and objectivity. The accounting policies described below conform to accounting principles generally accepted in the United States of America and have been applied consistently in the preparation of the financial statements.

Basis of Accounting - The financial statements of the Plan are prepared on the accrual basis of accounting.

Estimates - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's trustee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note 3 for discussion of fair value measurements.

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

Payment Benefits - Benefits are recorded when paid.

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

NOTE 3 - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

ASSOCIATES IN ANESTHESIA, INC.

401(K) PLAN

Notes to Financial Statements

December 31, 2021 and 2020

NOTE 3 - Fair Value Measurements (Continued)

Level 2 - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. In accordance with ASU 2015-12, self-directed participant brokerage accounts or separately managed accounts have been classified as a single investment type at December 31, 2021 and 2020. There have been no changes in the methodologies used at December 31, 2021 and 2020.

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

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

Exchange Traded Fund ("ETF"): ETF's are investments that trade like a stock. Share values are calculated based on the observable net asset value of the underlying investment. The underlying investments are in various securities like a mutual fund, which are valued at the daily closing price as reported by the fund. Shares of ETF's held by the Plan are funds that are registered with the Securities and Exchange Commission. The shares of ETF's held by the Plan are deemed to be actively traded.

State and Municipal Bonds: Valued using recently executed transactions, market price quotations and pricing models that factor in, where applicable, interest rates, bond or credit default swap spreads and volatility.

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

ASSOCIATES IN ANESTHESIA, INC.

401(K) PLAN

Notes to Financial Statements

December 31, 2021 and 2020

NOTE 3 - Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

		Fair Value Measurements at the End of Reporting Period Using:		
		Quoted Prices in Active Markets For Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>December 31, 2021</u>		<u>Fair Value</u>		
Separately Managed Accounts	<u>\$42,263,445</u>	<u>\$ 29,762,471</u>	<u>\$ 12,500,974</u>	<u>\$ 0</u>

		Fair Value Measurements at the End of Reporting Period Using:		
		Quoted Prices in Active Markets For Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>December 31, 2020</u>		<u>Fair Value</u>		
Separately Managed Accounts	<u>\$35,833,365</u>	<u>\$ 25,669,342</u>	<u>\$ 10,164,023</u>	<u>\$ 0</u>

NOTE 4 - Trustee Certification

The December 31, 2021 information summarized below was certified by Charles Schwab Trust Bank. The December 31, 2020 information summarized below was certified by TD Ameritrade Trust Company. The Plan administrator has obtained a certification from the trustees as of and for the years ended December 31, 2021 and 2020, that the information provided to the plan administrator by the trustees is complete and accurate.

	<u>2021</u>	<u>2020</u>
Investments - at Fair Value	\$ 42,263,445	\$ 35,833,365
Notes Receivable from Participants	59,842	97,928
Investment Income	5,340,838	3,589,866
Interest Income - Notes Receivable from Participants	4,210	4,603

ASSOCIATES IN ANESTHESIA, INC.

401(K) PLAN

Notes to Financial Statements

December 31, 2021 and 2020

NOTE 5 - Plan Termination

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

NOTE 6 - Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 or 2020. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded. Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance, whichever is less. Loan transactions are treated as transfers between the investment fund and the Participant Loan Fund. Note terms range from one to five years, except for loans for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 4.25% to 7.25%, which is commensurate with local prevailing rates as determined by the Plan's administrator. Principal and interest is paid ratably through payroll deductions. Balances outstanding at December 31, 2021 and 2020 were \$59,842 and \$97,928, respectively.

NOTE 7 - Related Party Transactions

Certain plan investments were administered by TD Ameritrade Trust Company. TD Ameritrade Trust Company was the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management and administration services amounted to \$17,321 for the year ended December 31, 2020.

NOTE 8 - Risks and Uncertainties

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

NOTE 9 - Subsequent Events

Subsequent events were evaluated through October 4, 2022, which is the date the financial statements were available to be issued.

On March 11, 2020, the World Health Organization declared the outbreak of a coronavirus (COVID19) a pandemic. As a result, economic uncertainties have arisen which are likely to negatively impact the Plan. Other financial impact could occur though such potential impact is unknown at this time.

The Plan has implemented certain provisions of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) that was signed into law on March 27, 2020, including coronavirus-related distributions, suspended participant loan payments and increased loan limits. Required plan amendments for these provisions must be made by the last day of the plan year beginning on or after January 1, 2022.

ASSOCIATES IN ANESTHESIA, INC.

401(K) PLAN

Supplementary Information

December 31, 2021

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

E.I. #23-1633403, PLAN #001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d)	Cost	(e)	Current Value
*	TD Ameritrade FDIC Insured Deposit Account	Money Market Fund	(1)	\$		2,253,264
	Adobe Inc.	Common and Preferred Stock	(1)			850,590
	Amgen Inc.	Common and Preferred Stock	(1)			787,395
	Apple Inc.	Common and Preferred Stock	(1)			923,364
	Becton Dickinson & Co	Common and Preferred Stock	(1)			754,440
	Berkshire Hathaway Inc Del	Common and Preferred Stock	(1)			986,700
	Best Buy Co Inc	Common and Preferred Stock	(1)			711,200
	Broadridge Financial Solutions	Common and Preferred Stock	(1)			950,664
	Bunzl	Common and Preferred Stock	(1)			1,034,540
	Cisco Systems Inc.	Common and Preferred Stock	(1)			760,440
	Danaher Corp	Common and Preferred Stock	(1)			1,151,535
	Digital Reality Trust Inc.	Common and Preferred Stock	(1)			619,045
	Dynatrace Inc.	Common and Preferred Stock	(1)			7,966
	Ecolab Inc.	Common and Preferred Stock	(1)			844,524
	EOG Resources Inc.	Common and Preferred Stock	(1)			799,470
	Fedex Corp	Common and Preferred Stock	(1)			698,328
	Fortive Corp	Common and Preferred Stock	(1)			762,824
	Franco Nevada Corp.	Common and Preferred Stock	(1)			1,071,748
	LGI Homes Inc	Common and Preferred Stock	(1)			926,880
	Lowe's Companies Inc	Common and Preferred Stock	(1)			1,033,920
	Lumen Technologies Inc.	Common and Preferred Stock	(1)			251,000
	Medtronic PLC	Common and Preferred Stock	(1)			658,252
	Nextera Energy Inc.	Common and Preferred Stock	(1)			933,600
	Northern TR Corp	Common and Preferred Stock	(1)			717,660
	Nutrien Ltd Co	Common and Preferred Stock	(1)			1,225,760
	O'Brien Greene Small-Capitalization Stock Fund, LP	Common and Preferred Stock	(1)			2,226,033
	S&P Global Inc.	Common and Preferred Stock	(1)			1,179,825
	SS&C Technologies Holdings Inc	Common and Preferred Stock	(1)			901,780
	Total SE	Common and Preferred Stock	(1)			791,360
	Union Pac Corp	Common and Preferred Stock	(1)			755,790
	Valero Energy Corp	Common and Preferred Stock	(1)			525,770
	Vontier Corp	Common and Preferred Stock	(1)			691,425
	Wal-Mart Stores Inc.	Common and Preferred Stock	(1)			694,512
	Amazon.com Inc. Senior Debenture Callable	Corporate Bond	(1)			255,769
	Anheuser-Busch Inbev Worldwide Note MW	Corporate Bond	(1)			240,412
	Apple Inc. Senior Note Make Whole	Corporate Bond	(1)			105,780
	Apple Inc. Senior Note Callable Make Whole	Corporate Bond	(1)			251,291
	AT&T Inc. Note Callable Make Whole	Corporate Bond	(1)			110,989
	Boeing Co Senior Note Callable Make Whole	Corporate Bond	(1)			254,834
	BP Capital Markets	Corporate Bond	(1)			219,802
	Bristol-Myers Squibb Senior Debenture	Corporate Bond	(1)			108,878
	Capital One Financial Corp Note Callable Make Whole	Corporate Bond	(1)			107,289
	Conoco Phillips Corp Senior Note Make Whole	Corporate Bond	(1)			113,309
	Consolidated Edison Co NY Inc Senior Debenture MW	Corporate Bond	(1)			124,482
	CVS Health Corporation Note Callable Make Whole	Corporate Bond	(1)			108,577
	Darden Restaurants Inc. Note Callable Make Whole	Corporate Bond	(1)			108,318
	Dominion Res Inc. Senior Note Make Whole	Corporate Bond	(1)			367,670
	Duke Energy Holdings Corp Senior Note Callable MW	Corporate Bond	(1)			261,008
	Duke Energy Holdings Corp Senior Note Callable MW	Corporate Bond	(1)			105,030
	Eaton Corp Mtn Be Senior Note Make Whole	Corporate Bond	(1)			345,130
	Eli Lilly & Co Senior Note Make Whole	Corporate Bond	(1)			296,874
	Exelon Generation Co LLC Note Callable Make Whole	Corporate Bond	(1)			104,816
SUBTOTAL (CARRIED FORWARD)						33,071,862

ASSOCIATES IN ANESTHESIA, INC.

401(K) PLAN

Supplementary Information

December 31, 2021

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

E.I. #23-1633403, PLAN #001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d)	Cost	(e)	Current Value
	SUBTOTAL (BROUGHT FORWARD)					\$ 33,071,862
	Florida Power & Light Co	Corporate Bond	(1)			199,169
	General Elec Capital Corp Senior Med Term Note	Corporate Bond	(1)			110,613
	General Elec Capital Corp Senior Med Term Note	Corporate Bond	(1)			106,235
	Home Depot Inc Senior Note M/W	Corporate Bond	(1)			267,001
	HP Inc. Note Callable Make Whole	Corporate Bond	(1)			105,232
	Hyatt Hotels Corp Note MW	Corporate Bond	(1)			216,423
	Intel Corp Senior Note Make Whole	Corporate Bond	(1)			293,493
	Johnson & Johnson Senior Note Make Whole	Corporate Bond	(1)			185,339
	JP Morgan Chase & Co Subordinated Note	Corporate Bond	(1)			275,898
	Lockheed Martin Senior Note Callable	Corporate Bond	(1)			244,426
	Marriott International Inc Note MW	Corporate Bond	(1)			224,461
	Medtronic Inc.	Corporate Bond	(1)			326,454
	Microsoft Corp Senior Note Callable Make Whole	Corporate Bond	(1)			242,734
	Monsanto Co Senior Note Make Whole	Corporate Bond	(1)			108,904
	Norfolk Southern Corp Senior Note Make Whole	Corporate Bond	(1)			30,346
	Northern TR Corp Subordinated Note	Corporate Bond	(1)			109,334
	Phillips 66 Partners Lp Note Callable Make Whole	Corporate Bond	(1)			105,300
	Phillips 66 Partners Lp Note Callable Make Whole	Corporate Bond	(1)			107,692
	San Diego Gas & Elec Co First Mortgage	Corporate Bond	(1)			294,389
	Schlumberger Invt SA Senior Note Callable Make Whole	Corporate Bond	(1)			104,459
	SYSCO Corp. Note Callable Make Whole	Corporate Bond	(1)			106,406
	Textron Inc. Note Callible Make Whole	Corporate Bond	(1)			109,894
	Union Pac Corp Senior Note Callable Make Whole	Corporate Bond	(1)			222,235
	Virginia Electric & Power Co Note MW	Corporate Bond	(1)			107,794
	Walgreens Boots Alliance Inc. Note Callable Make Whole	Corporate Bond	(1)			105,978
	Wyeth SR Note Make Whole Credit Sensitive	Corporate Bond	(1)			110,849
	Direxion Daily S&P 500 Bull 3X	Exchange Traded Fund	(1)			9,322
	Global X Fds NASDAQ 100 Cover	Exchange Traded Fund	(1)			10,451
	Ishares Iboxx Inv ETF	Exchange Traded Fund	(1)			231,910
	Ishares MSCI Total International Index Fund A	Exchange Traded Fund	(1)			4,814
	Proshares Ultra QQQ	Exchange Traded Fund	(1)			8,902
	Proshares Ultra Pro QQQ	Exchange Traded Fund	(1)			3,327
	Schwab 1000 Inv	Exchange Traded Fund	(1)			7,581
	Schwab Fundamental US Small Co Index	Exchange Traded Fund	(1)			2,399
	T. Rowe Price Real Estate	Exchange Traded Fund	(1)			2,161
	Austintown Ohio Loc Sch Dist Go Sch Bds Callable	State and Municipal Bond	(1)			100,245
	Cherokee Cnty GA Sch Sys Taxable Go Bds Callable	State and Municipal Bond	(1)			115,530
	Kansas City Southern Note Callable Make Whole	State and Municipal Bond	(1)			104,812
	Metropolitan Transn Auth NY Rev Bds Callable	State and Municipal Bond	(1)			135,871
	North Dakota St Bldg Auth Rev Bds Callable	State and Municipal Bond	(1)			88,173
	Plymouth Minn Inter Dist Taxable Cops	State and Municipal Bond	(1)			123,443
	Tacoma Wash Go and LTD Go Bds Callable	State and Municipal Bond	(1)			122,749
	United States Treasury Bills	U.S. Government Securities	(1)			3,698,835
	Notes Receivable from Participants	Interest at 4.25% to 7.25%		0		59,842
	TOTAL ASSETS HELD FOR INVESTMENT PURPOSES			\$ 0		\$ 42,323,287

* Indicates Party-in-Interest to the Plan.

(1) Participant directed investments. Cost is not required to be reported.

Financial Statements

Associates in Anesthesia, Inc.
401(k) Plan

December 31, 2021 and 2020

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Associates in Anesthesia, Inc.
401(k) Plan
Chester, Pennsylvania

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

We have performed an audit of the accompanying financial statements of Associates in Anesthesia, Inc. 401(k) 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.

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 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

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

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- 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 Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of Associates in Anesthesia, Inc. 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. 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 Associates in Anesthesia, Inc. 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Associates in Anesthesia, Inc. 401(k) 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 Associates in Anesthesia, Inc. 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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 accounting principles generally accepted in the United States of America.

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

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

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditors' Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of Associates in Anesthesia, Inc. 401(k) Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor'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 September 30, 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Rainer & Company
Rainer & Company

Newtown Square, PA
October 4, 2022

ASSOCIATES IN ANESTHESIA, INC.
401(K) PLAN
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020

<u>ASSETS</u>	<u>2021</u>	<u>2020</u>
Investments - At Fair Value:		
Separately Managed Accounts	\$ 42,263,445	\$ 35,833,365
Receivables:		
Employer's Matching Contributions	31,241	22,034
Employer's Profit Sharing Contributions	194,720	268,145
Notes Receivable from Participants	59,842	97,928
TOTAL RECEIVABLES	<u>285,803</u>	<u>388,107</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 42,549,248</u>	<u>\$ 36,221,472</u>

The accompanying notes are an integral part of these statements.

ASSOCIATES IN ANESTHESIA, INC.

401(K) PLAN

Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Additions to Net Assets Attributed to:		
Investment Income:		
Net Appreciation in Fair Value of Investments	\$ 5,340,838	\$ 3,589,866
Interest Income - Notes Receivable from Participants	4,210	4,603
Contributions:		
Employee Contributions	848,110	733,430
Employer's Matching Contributions	238,279	190,395
Employer's Profit Sharing Contributions	794,720	568,145
Rollover Contributions	0	773,818
TOTAL CONTRIBUTIONS	<u>1,881,109</u>	<u>2,265,788</u>
TOTAL ADDITIONS	<u>7,226,157</u>	<u>5,860,257</u>
Deductions from Net Assets Attributed to:		
Benefits Paid to Participants	663,018	2,175,480
Administrative Expenses	235,363	191,017
TOTAL DEDUCTIONS	<u>898,381</u>	<u>2,366,497</u>
NET INCREASE	6,327,776	3,493,760
Net Assets Available for Benefits - Beginning	<u>36,221,472</u>	<u>32,727,712</u>
NET ASSETS AVAILABLE FOR BENEFITS - ENDING	<u>\$ 42,549,248</u>	<u>\$ 36,221,472</u>

The accompanying notes are an integral part of these statements.

ASSOCIATES IN ANESTHESIA, INC.

401(K) PLAN

Notes to Financial Statements

December 31, 2021 and 2020

NOTE 1 - Description of Plan

The following description of the Associates in Anesthesia, Inc. 401(k) and Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan Document, as amended, for a more complete description of the Plan's provisions.

- A. General - The Plan is a defined contribution plan with an I.R.C. Sec 401(k) provision covering all employees of Company who meet the eligibility requirements of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Board of Trustees is responsible for oversight of the Plan including monitoring of investment performance and determining appropriate investment offerings.
- B. Eligibility Requirements - Each employee is eligible to participate in the Plan on the first day of the calendar month following their hire date and attained the age of twenty-one.
- C. Employee Contributions - Eligible employees may make salary deferral contributions not to exceed 100% of their pretax annual compensation up to \$19,500, which is the maximum dollar limit set by law for the years ended December 31, 2021 and 2020.

Participants who have attained age 50 before the end of the Plan year are eligible to make "catch-up contributions." For the years ending December 31, 2021 and 2020, the maximum catch-up contributions were \$6,500.

Participants may also contribute amounts representing distributions from other qualified defined benefit and defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan.

- D. Employer Contributions - The employer may make a discretionary matching contribution of the participants' elective deferral. For the years ending December 31, 2021 and 2020, the employer matched salary deferred contributions at a rate of 50% of the first 5% of participants' compensation. Additional profit sharing amounts may be contributed at the option of the Company's Board of Trustees. For the years ended December 31, 2021 and 2020, the Board of Trustees approved profit sharing contributions of \$794,720 and \$568,145, respectively.
- E. Participant Accounts - Each participant's account is credited with the participant's contribution and allocations of the employer's contribution, plan earnings, and charged with an allocation of administrative expenses paid by the Plan. Allocations are based on participant earnings, account balances or specified participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
- F. Payment of Benefits - A participant may elect to receive a lump sum amount equal to the value of the individual's account upon termination of service due to death, disability, or upon attaining a Normal Retirement age or an early Retirement benefit may be elected by individuals who meet specified age and service requirements. Participants with total vested balances less than \$1,000 will receive a lump sum payment as soon as administratively feasible following termination of employment. If total vested benefits exceed \$1,000, no distribution is made from the Plan without consent.

ASSOCIATES IN ANESTHESIA, INC.

401(K) PLAN

Notes to Financial Statements

December 31, 2021 and 2020

NOTE 1 - Description of Plan (Continued)

- G. Vesting - Participants are immediately vested in their contributions and employer matching contributions plus actual earnings thereon. Participants become fully (100%) vested in the employer profit sharing contributions upon the occurrence of death and total or permanent disability.

Other than as stated above, employer profit sharing contributions vest based upon the following:

<u>Years of Service</u>	<u>Percentage</u>
Less than 1	0%
1	20%
2	40%
3	60%
4	80%
5	100%

A year of vesting service is a vesting service period in which the employee has at least 1,000 hours of service, and is based on the plan year.

- H. Income Tax Status - The IRS has determined and informed the Company by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2018.

- I. Forfeited Accounts - Any participant who terminates employment without being fully vested (100%) in their employer contribution account forfeits their unvested portion of the employer contribution. At December 31, 2021 and 2020, the forfeited nonvested accounts totaled \$49,751 and \$21,116, respectively. These accounts are used to reduce future employer contributions and offset Plan expenses. During 2021, employer contributions were offset by \$10,172 from forfeited nonvested accounts. During 2020, no employer contributions were offset from forfeited nonvested accounts. During 2021 and 2020, Plan expenses were offset by \$15,871 and \$15,840, respectively, from forfeited nonvested accounts.

ASSOCIATES IN ANESTHESIA, INC.

401(K) PLAN

Notes to Financial Statements

December 31, 2021 and 2020

NOTE 2 - Summary of Significant Accounting Policies

This summary of significant accounting policies of the Plan is presented to assist in understanding the Plan's financial statements. The financial statements and notes are a representation of the Plan's management, who is responsible for their integrity and objectivity. The accounting policies described below conform to accounting principles generally accepted in the United States of America and have been applied consistently in the preparation of the financial statements.

Basis of Accounting - The financial statements of the Plan are prepared on the accrual basis of accounting.

Estimates - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's trustee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note 3 for discussion of fair value measurements.

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

Payment Benefits - Benefits are recorded when paid.

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

NOTE 3 - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

ASSOCIATES IN ANESTHESIA, INC.

401(K) PLAN

Notes to Financial Statements

December 31, 2021 and 2020

NOTE 3 - Fair Value Measurements (Continued)

Level 2 - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. In accordance with ASU 2015-12, self-directed participant brokerage accounts or separately managed accounts have been classified as a single investment type at December 31, 2021 and 2020. There have been no changes in the methodologies used at December 31, 2021 and 2020.

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

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

Exchange Traded Fund ("ETF"): ETF's are investments that trade like a stock. Share values are calculated based on the observable net asset value of the underlying investment. The underlying investments are in various securities like a mutual fund, which are valued at the daily closing price as reported by the fund. Shares of ETF's held by the Plan are funds that are registered with the Securities and Exchange Commission. The shares of ETF's held by the Plan are deemed to be actively traded.

State and Municipal Bonds: Valued using recently executed transactions, market price quotations and pricing models that factor in, where applicable, interest rates, bond or credit default swap spreads and volatility.

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

ASSOCIATES IN ANESTHESIA, INC.

401(K) PLAN

Notes to Financial Statements

December 31, 2021 and 2020

NOTE 3 - Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

		Fair Value Measurements at the End of Reporting Period Using:		
		Quoted Prices in Active Markets For Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>December 31, 2021</u>		<u>Fair Value</u>		
Separately Managed Accounts	<u>\$42,263,445</u>	<u>\$ 29,762,471</u>	<u>\$ 12,500,974</u>	<u>\$ 0</u>

		Fair Value Measurements at the End of Reporting Period Using:		
		Quoted Prices in Active Markets For Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>December 31, 2020</u>		<u>Fair Value</u>		
Separately Managed Accounts	<u>\$35,833,365</u>	<u>\$ 25,669,342</u>	<u>\$ 10,164,023</u>	<u>\$ 0</u>

NOTE 4 - Trustee Certification

The December 31, 2021 information summarized below was certified by Charles Schwab Trust Bank. The December 31, 2020 information summarized below was certified by TD Ameritrade Trust Company. The Plan administrator has obtained a certification from the trustees as of and for the years ended December 31, 2021 and 2020, that the information provided to the plan administrator by the trustees is complete and accurate.

	<u>2021</u>	<u>2020</u>
Investments - at Fair Value	\$ 42,263,445	\$ 35,833,365
Notes Receivable from Participants	59,842	97,928
Investment Income	5,340,838	3,589,866
Interest Income - Notes Receivable from Participants	4,210	4,603

ASSOCIATES IN ANESTHESIA, INC.

401(K) PLAN

Notes to Financial Statements

December 31, 2021 and 2020

NOTE 5 - Plan Termination

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

NOTE 6 - Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 or 2020. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded. Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance, whichever is less. Loan transactions are treated as transfers between the investment fund and the Participant Loan Fund. Note terms range from one to five years, except for loans for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 4.25% to 7.25%, which is commensurate with local prevailing rates as determined by the Plan's administrator. Principal and interest is paid ratably through payroll deductions. Balances outstanding at December 31, 2021 and 2020 were \$59,842 and \$97,928, respectively.

NOTE 7 - Related Party Transactions

Certain plan investments were administered by TD Ameritrade Trust Company. TD Ameritrade Trust Company was the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management and administration services amounted to \$17,321 for the year ended December 31, 2020.

NOTE 8 - Risks and Uncertainties

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

NOTE 9 - Subsequent Events

Subsequent events were evaluated through October 4, 2022, which is the date the financial statements were available to be issued.

On March 11, 2020, the World Health Organization declared the outbreak of a coronavirus (COVID19) a pandemic. As a result, economic uncertainties have arisen which are likely to negatively impact the Plan. Other financial impact could occur though such potential impact is unknown at this time.

The Plan has implemented certain provisions of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) that was signed into law on March 27, 2020, including coronavirus-related distributions, suspended participant loan payments and increased loan limits. Required plan amendments for these provisions must be made by the last day of the plan year beginning on or after January 1, 2022.

ASSOCIATES IN ANESTHESIA, INC.

401(K) PLAN

Supplementary Information

December 31, 2021

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

E.I. #23-1633403, PLAN #001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d)	Cost	(e)	Current Value
	* TD Ameritrade FDIC Insured Deposit Account	Money Market Fund	(1)	\$		2,253,264
	Adobe Inc.	Common and Preferred Stock	(1)			850,590
	Amgen Inc.	Common and Preferred Stock	(1)			787,395
	Apple Inc.	Common and Preferred Stock	(1)			923,364
	Becton Dickinson & Co	Common and Preferred Stock	(1)			754,440
	Berkshire Hathaway Inc Del	Common and Preferred Stock	(1)			986,700
	Best Buy Co Inc	Common and Preferred Stock	(1)			711,200
	Broadridge Financial Solutions	Common and Preferred Stock	(1)			950,664
	Bunzl	Common and Preferred Stock	(1)			1,034,540
	Cisco Systems Inc.	Common and Preferred Stock	(1)			760,440
	Danaher Corp	Common and Preferred Stock	(1)			1,151,535
	Digital Reality Trust Inc.	Common and Preferred Stock	(1)			619,045
	Dynatrace Inc.	Common and Preferred Stock	(1)			7,966
	Ecolab Inc.	Common and Preferred Stock	(1)			844,524
	EOG Resources Inc.	Common and Preferred Stock	(1)			799,470
	Fedex Corp	Common and Preferred Stock	(1)			698,328
	Fortive Corp	Common and Preferred Stock	(1)			762,824
	Franco Nevada Corp.	Common and Preferred Stock	(1)			1,071,748
	LGI Homes Inc	Common and Preferred Stock	(1)			926,880
	Lowe's Companies Inc	Common and Preferred Stock	(1)			1,033,920
	Lumen Technologies Inc.	Common and Preferred Stock	(1)			251,000
	Medtronic PLC	Common and Preferred Stock	(1)			658,252
	Nextera Energy Inc.	Common and Preferred Stock	(1)			933,600
	Northern TR Corp	Common and Preferred Stock	(1)			717,660
	Nutrien Ltd Co	Common and Preferred Stock	(1)			1,225,760
	O'Brien Greene Small-Capitalization Stock Fund, LP	Common and Preferred Stock	(1)			2,226,033
	S&P Global Inc.	Common and Preferred Stock	(1)			1,179,825
	SS&C Technologies Holdings Inc	Common and Preferred Stock	(1)			901,780
	Total SE	Common and Preferred Stock	(1)			791,360
	Union Pac Corp	Common and Preferred Stock	(1)			755,790
	Valero Energy Corp	Common and Preferred Stock	(1)			525,770
	Vontier Corp	Common and Preferred Stock	(1)			691,425
	Wal-Mart Stores Inc.	Common and Preferred Stock	(1)			694,512
	Amazon.com Inc. Senior Debenture Callable	Corporate Bond	(1)			255,769
	Anheuser-Busch Inbev Worldwide Note MW	Corporate Bond	(1)			240,412
	Apple Inc. Senior Note Make Whole	Corporate Bond	(1)			105,780
	Apple Inc. Senior Note Callable Make Whole	Corporate Bond	(1)			251,291
	AT&T Inc. Note Callable Make Whole	Corporate Bond	(1)			110,989
	Boeing Co Senior Note Callable Make Whole	Corporate Bond	(1)			254,834
	BP Capital Markets	Corporate Bond	(1)			219,802
	Bristol-Myers Squibb Senior Debenture	Corporate Bond	(1)			108,878
	Capital One Financial Corp Note Callable Make Whole	Corporate Bond	(1)			107,289
	Conoco Phillips Corp Senior Note Make Whole	Corporate Bond	(1)			113,309
	Consolidated Edison Co NY Inc Senior Debenture MW	Corporate Bond	(1)			124,482
	CVS Health Corporation Note Callable Make Whole	Corporate Bond	(1)			108,577
	Darden Restaurants Inc. Note Callable Make Whole	Corporate Bond	(1)			108,318
	Dominion Res Inc. Senior Note Make Whole	Corporate Bond	(1)			367,670
	Duke Energy Holdings Corp Senior Note Callable MW	Corporate Bond	(1)			261,008
	Duke Energy Holdings Corp Senior Note Callable MW	Corporate Bond	(1)			105,030
	Eaton Corp Mtn Be Senior Note Make Whole	Corporate Bond	(1)			345,130
	Eli Lilly & Co Senior Note Make Whole	Corporate Bond	(1)			296,874
	Exelon Generation Co LLC Note Callable Make Whole	Corporate Bond	(1)			104,816
	SUBTOTAL (CARRIED FORWARD)					33,071,862

ASSOCIATES IN ANESTHESIA, INC.

401(K) PLAN

Supplementary Information

December 31, 2021

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

E.I. #23-1633403, PLAN #001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d)	Cost	(e)	Current Value
	SUBTOTAL (BROUGHT FORWARD)					\$ 33,071,862
	Florida Power & Light Co	Corporate Bond	(1)			199,169
	General Elec Capital Corp Senior Med Term Note	Corporate Bond	(1)			110,613
	General Elec Capital Corp Senior Med Term Note	Corporate Bond	(1)			106,235
	Home Depot Inc Senior Note M/W	Corporate Bond	(1)			267,001
	HP Inc. Note Callable Make Whole	Corporate Bond	(1)			105,232
	Hyatt Hotels Corp Note MW	Corporate Bond	(1)			216,423
	Intel Corp Senior Note Make Whole	Corporate Bond	(1)			293,493
	Johnson & Johnson Senior Note Make Whole	Corporate Bond	(1)			185,339
	JP Morgan Chase & Co Subordinated Note	Corporate Bond	(1)			275,898
	Lockheed Martin Senior Note Callable	Corporate Bond	(1)			244,426
	Marriott International Inc Note MW	Corporate Bond	(1)			224,461
	Medtronic Inc.	Corporate Bond	(1)			326,454
	Microsoft Corp Senior Note Callable Make Whole	Corporate Bond	(1)			242,734
	Monsanto Co Senior Note Make Whole	Corporate Bond	(1)			108,904
	Norfolk Southern Corp Senior Note Make Whole	Corporate Bond	(1)			30,346
	Northern TR Corp Subordinated Note	Corporate Bond	(1)			109,334
	Phillips 66 Partners Lp Note Callable Make Whole	Corporate Bond	(1)			105,300
	Phillips 66 Partners Lp Note Callable Make Whole	Corporate Bond	(1)			107,692
	San Diego Gas & Elec Co First Mortgage	Corporate Bond	(1)			294,389
	Schlumberger Invt SA Senior Note Callable Make Whole	Corporate Bond	(1)			104,459
	SYSCO Corp. Note Callable Make Whole	Corporate Bond	(1)			106,406
	Textron Inc. Note Callable Make Whole	Corporate Bond	(1)			109,894
	Union Pac Corp Senior Note Callable Make Whole	Corporate Bond	(1)			222,235
	Virginia Electric & Power Co Note MW	Corporate Bond	(1)			107,794
	Walgreens Boots Alliance Inc. Note Callable Make Whole	Corporate Bond	(1)			105,978
	Wyeth SR Note Make Whole Credit Sensitive	Corporate Bond	(1)			110,849
	Direxion Daily S&P 500 Bull 3X	Exchange Traded Fund	(1)			9,322
	Global X Fds NASDAQ 100 Cover	Exchange Traded Fund	(1)			10,451
	Ishares Iboxx Inv ETF	Exchange Traded Fund	(1)			231,910
	Ishares MSCI Total International Index Fund A	Exchange Traded Fund	(1)			4,814
	Proshares Ultra QQQ	Exchange Traded Fund	(1)			8,902
	Proshares Ultra Pro QQQ	Exchange Traded Fund	(1)			3,327
	Schwab 1000 Inv	Exchange Traded Fund	(1)			7,581
	Schwab Fundamental US Small Co Index	Exchange Traded Fund	(1)			2,399
	T. Rowe Price Real Estate	Exchange Traded Fund	(1)			2,161
	Austintown Ohio Loc Sch Dist Go Sch Bds Callable	State and Municipal Bond	(1)			100,245
	Cherokee Cnty GA Sch Sys Taxable Go Bds Callable	State and Municipal Bond	(1)			115,530
	Kansas City Southern Note Callable Make Whole	State and Municipal Bond	(1)			104,812
	Metropolitan Transn Auth NY Rev Bds Callable	State and Municipal Bond	(1)			135,871
	North Dakota St Bldg Auth Rev Bds Callable	State and Municipal Bond	(1)			88,173
	Plymouth Minn Inter Dist Taxable Cops	State and Municipal Bond	(1)			123,443
	Tacoma Wash Go and LTD Go Bds Callable	State and Municipal Bond	(1)			122,749
	United States Treasury Bills	U.S. Government Securities	(1)			3,698,835
	Notes Receivable from Participants	Interest at 4.25% to 7.25%		0		59,842
	TOTAL ASSETS HELD FOR INVESTMENT PURPOSES			\$ 0		\$ 42,323,287

* Indicates Party-in-Interest to the Plan.

(1) Participant directed investments. Cost is not required to be reported.