

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>ANESTHESIA SERVICES, P.A. 401K PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>005</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>12/31/2002</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>005</u>	1c Effective date of plan <u>12/31/2002</u>	
1b Three-digit plan number (PN) ▶	<u>005</u>				
1c Effective date of plan <u>12/31/2002</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>ANESTHESIA SERVICES, P.A.</u> <u>100 WEST COMMONS BOULEVARD</u> <u>SUITE 400</u> <u>NEW CASTLE, DE 19720</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>51-0298419</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>302-709-4500</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621111</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>51-0298419</u>	2c Plan Sponsor's telephone number <u>302-709-4500</u>	2d Business code (see instructions) <u>621111</u>	
2b Employer Identification Number (EIN) <u>51-0298419</u>					
2c Plan Sponsor's telephone number <u>302-709-4500</u>					
2d Business code (see instructions) <u>621111</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.	10/11/2022	MARK CHAFFIN
	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	238
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)	184
a(2) Total number of active participants at the end of the plan year		6a(2)	197
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	243
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	243
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	225
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
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>1</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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 ANESTHESIA SERVICES, P.A. 401K PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 005	
C Plan sponsor's name as shown on line 2a of Form 5500 ANESTHESIA SERVICES, P.A.	D Employer Identification Number (EIN) 51-0298419	

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

(a) Name of insurance carrier JOHN HANCOCK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	45864	231	01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid	(b) Total amount of fees paid
0	33462

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
THE MANDMARBLESTONE GROUP LLC ONE RAYMOND DRIVE, SUITE 7 HAVERTOWN, PA 19083

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	33462	TPA COMPENSATION, FEES & OTHER ALLOWANCES	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	2334039
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	105044967

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

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

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

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

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

b	Balance at the end of the previous year	7b	2511642
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c	Additions: (1) Contributions deposited during the year	7c(1)	183377	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	25458	
	(4) Transferred from separate account.....	7c(4)	2640344	
	(5) Other (specify below)	7c(5)	4858	

▶ **LOAN PAYMENTS & PLAN EXPENSE ACCT CREDIT**

(6) Total additions	7c(6)	2854037
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d Total of balance and additions (add lines 7b and 7c(6))	7d	5365679
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2352920	
(2) Administration charge made by carrier.....	7e(2)	3723	
(3) Transferred to separate account.....	7e(3)	674997	
(4) Other (specify below)	7e(4)	0	

(5) Total deductions	7e(5)	3031640
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	2334039
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) 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 ANESTHESIA SERVICES, P.A. 401K PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 ANESTHESIA SERVICES, P.A.	D Employer Identification Number (EIN) 51-0298419	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

WELLS FARGO ADVISORS LLC

34-1542819

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT ADVISORY	60446	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233346

(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	RECORDKEEPER	524	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

TD AMERITRADE

47-0533629

(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?
71	INVESTMENT ADVISORY	75	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2021 This Form is Open to Public Inspection.	
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021					
A Name of plan ANESTHESIA SERVICES, P.A. 401K PROFIT SHARING PLAN				B Three-digit plan number (PN) ▶ 005	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 ANESTHESIA SERVICES, P.A.				D Employer Identification Number (EIN) 51-0298419	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK POOLED SEPARATE ACCOUN					
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY					
c EIN-PN 01-0233346-000		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 105044967		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA,		

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

Part II Information on Participating Plans (to be completed by DFEs)

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>ANESTHESIA SERVICES, P.A. 401K PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ANESTHESIA SERVICES, P.A.</u>	D Employer Identification Number (EIN) <u>51-0298419</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	821427	836616
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1880078	1942599
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	270185	225557
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	87711009	105044966
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2511642	2334040
(15) Other.....	1c(15)	3618623	1732919

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	96812964	112116697

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	96812964	112116697
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2747521	
(B) Participants	2a(1)(B)	3122647	
(C) Others (including rollovers).....	2a(1)(C)	45081	
(2) Noncash contributions.....	2a(2)	0	5915249
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	11137	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		11137
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		13602894
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		0
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		19529280
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4077976	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		4077976
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	5712	
(2) Contract administrator fees.....	2i(2)	81413	
(3) Investment advisory and management fees.....	2i(3)	60446	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		147571
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4225547
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		15303733
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: BELFINT, LYONS & SHUMAN, P.A.

(2) EIN: 51-0232399

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		750000
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 ANESTHESIA SERVICES, P.A. 401K PROFIT SHARING PLAN	B Three-digit plan number (PN) ► 005
C Plan sponsor's name as shown on line 2a of Form 5500 ANESTHESIA SERVICES, P.A.	D Employer Identification Number (EIN) 51-0298419

Part I	Distributions
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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): 01-0233346		
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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

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

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 _____

**ANESTHESIA SERVICES, P.A.
401(k) PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS AND
INDEPENDENT AUDITORS' REPORT**

DECEMBER 31, 2021 AND 2020

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN
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DECEMBER 31, 2021 AND 2020

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Independent Auditors' Report

To the Plan Administrator
Anesthesia Services, P.A. 401(k) Profit Sharing Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the financial statements of Anesthesia Services, P.A. 401(k) Profit Sharing Plan (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 ended December 31, 2021, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Anesthesia Services, P.A. 401(k) Profit Sharing Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL 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 5 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the 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.

To the Plan Administrator
Anesthesia Services, P.A. 401(k) Profit Sharing Plan

- The information in the 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

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 Financial Statements* section of our report. We are required to be independent of Anesthesia Services, P.A. 401(k) Profit Sharing Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, 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 Anesthesia Services, P.A. 401(k) Profit Sharing 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 Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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

To the Plan Administrator
Anesthesia Services, P.A. 401(k) Profit Sharing Plan

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 judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement 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 Anesthesia Services, P.A. 401(k) Profit Sharing 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 judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about Anesthesia Services, P.A. 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

To the Plan Administrator
Anesthesia Services, P.A. 401(k) Profit Sharing Plan

Supplemental Schedules Required by ERISA

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

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

In our opinion -

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

Belfint, Lyons & Shuman, P.A.

September 28, 2022
Wilmington, Delaware



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Independent Auditors' Report

To the Plan Administrator
Anesthesia Services, P.A. 401(k) Profit Sharing Plan

Report on the Financial Statement

We were engaged to audit the accompanying financial statement of net assets available for benefit of Anesthesia Services, P.A. 401(k) Profit Sharing Plan (Plan) as of December 31, 2020, and the related notes to the financial statement.

Management's Responsibility for the Financial Statement

Plan management is responsible for the preparation and fair presentation of this financial statement in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of a financial statement that is free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on the 2020 financial statement based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by John Hancock Life Insurance Company (U.S.A.) and U.S. Bank, N.A., the custodians of the Plan, except for comparing the information with the related information included in the financial statement. We

To the Plan Administrator
Anesthesia Services, P.A. 401(k) Profit Sharing Plan

have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodians as of December 31, 2020, that the information provided to the plan administrator by the custodians is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2020 financial statement. Accordingly, we do not express an opinion on the 2020 financial statement.

Report on Form and Content in Compliance with DOL Rules and Regulations for 2020 Financial Statement

The form and content of the information included in the 2020 financial statement, other than that derived from the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Belfint, Lyons & Shuman, P.A.

September 28, 2022
Wilmington, Delaware

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
Investments, at Fair Value	<u>\$ 109,948,541</u>	<u>\$ 94,662,701</u>
Receivables		
Employer Contributions	1,942,599	1,880,078
Notes Receivable from Participants	<u>225,557</u>	<u>270,185</u>
Total Receivables	<u>2,168,156</u>	<u>2,150,263</u>
TOTAL ASSETS	112,116,697	96,812,964
LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 112,116,697</u></u>	<u><u>\$ 96,812,964</u></u>

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

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2021

ADDITIONS TO PLAN ASSETS

Investment Income	
Net Appreciation in Fair Value of Investments	\$ 13,562,906
Interest and Dividends	<u>24,029</u>
Net Investment Gain	<u>13,586,935</u>
Plan Expense Reduction Account Credit	<u>15,959</u>
Interest on Notes Receivable from Participants	<u>11,137</u>
Contributions	
Employer	2,747,521
Participant	3,122,647
Rollover	<u>45,081</u>
Total Contributions	<u>5,915,249</u>
TOTAL ADDITIONS TO PLAN ASSETS	<u>19,529,280</u>

DEDUCTIONS FROM PLAN ASSETS

Benefits Paid to Participants	4,077,976
Administrative Expenses	<u>147,571</u>
TOTAL DEDUCTIONS FROM PLAN ASSETS	<u>4,225,547</u>

NET INCREASE 15,303,733

NET ASSETS AVAILABLE FOR BENEFITS - Beginning of Year 96,812,964

NET ASSETS AVAILABLE FOR BENEFITS - End of Year \$ 112,116,697

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

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021

NOTE 1: DESCRIPTION OF PLAN

The following description of the Anesthesia Services, P.A. 401(k) Profit Sharing Plan (Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan which provides employees of Anesthesia Services, P.A. (Company or plan administrator) the opportunity to accumulate savings that provide benefits in the event of retirement, disability, or death. The Plan is structured to comply with the requirements of the Employee Retirement Income Security Act of 1974 (ERISA).

Participant Contributions - All eligible employees may elect to make 401(k) elective deferral contributions on their date of hire. No minimum service or age requirement is required for purposes of making elective deferral contributions. Elective deferrals include pretax elective deferrals and Roth elective deferrals. Roth elective deferrals are defined as being made in lieu of all or a portion of the pretax elective deferral the participant is otherwise eligible to make under the Plan and treated by the employer as includible in the participant's income. Participants may elect to contribute up to 100% of compensation, as defined in the Plan, subject to maximum limits established by Internal Revenue Code (IRC). Participants that are age 50 or older by the end of a calendar year may elect to contribute additional catch-up contributions to the Plan. Contributions are deducted from employee's pay pursuant to a salary reduction agreement that the participant can modify or revoke during the plan year. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan also accepts Roth deferral contributions from other Roth deferral contribution accounts as rollover contributions.

Employer Contributions - Each year, the Company may contribute, at its discretion, a matching contribution to the Plan, an additional profit-sharing contribution, or a safe harbor 401(k) contribution. The Company may establish a contribution at any level, and may omit such a contribution. For matching and profit-sharing contribution purposes, the participant must be credited with 1,000 hours of service and remain employed on the last day of the plan year. If the Company makes a safe harbor election, employees will receive notice prior to the beginning of a plan year. The Company also may postpone its decision to make a safe harbor nonelective contribution for any plan year, but in such event will give notice of its election to postpone such a decision (safe harbor option) prior to the beginning of the plan year. To receive a discretionary profit-sharing contribution, employees become participants in the Plan as of the first day of the plan year or the first day of the seventh month of the plan year coincident with or next following the date on which the employee completes a one year of service minimum eligibility requirement. A year of service for eligibility purposes means a 12-month period beginning on each anniversary of the commencement of employment in which the employee has been credited with 1,000 hours of service.

Participant Accounts - Each participant's account is credited with the participant's contribution, the Company's contribution, and the earnings from the participant-directed investment selections. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Certain administrative expenses are netted

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2021

NOTE 1: DESCRIPTION OF PLAN - CONTINUED

Participant Accounts - Continued - against the earnings of the investment alternatives held by participants. Allocations are based on participant earnings, account balances, or specific 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.

Vesting - Participants are immediately vested in their salary deferral contributions and any company safe harbor contributions plus actual earnings thereon. Vesting in the Company's profit sharing or matching contribution portion of their accounts is based on years of continuous service computed under the elapsed-time method. A participant is 100 percent vested after three years of credited service. A year of service for vesting purposes is a plan year during which the participant completes 1,000 hours of service. Effective January 1, 2008, the Plan was amended to include years of service in employment of Nanticoke Memorial Hospital in the credit to the years of service and vesting requirements.

Notes Receivable from Participants - Participants who are currently employees of the Company and who have a vested benefit under the Plan may apply for loans. The minimum loan is \$1,000. The maximum amount is the lesser of one-half of the participant's vested account balance or \$50,000 reduced by the highest outstanding loan balance during the prior 12-month period. The vested account balance is used as collateral for any loan. All loans bear a reasonable rate of interest, as determined by the plan administrator, consistent with the provisions of the IRC, ERISA, and other applicable legal requirements. The loan agreement provides that loan repayments will be made at least quarterly through payroll deduction. All loans must be repaid in level payments on at least a quarterly basis over a five-year period unless the loan is for the purchase of a principal residence, in which case the period may be longer. The plan administrator treats a loan as being in default if any scheduled repayment remains unpaid as of the last business day of the calendar quarter following the calendar quarter in which the loan is initially considered past due. Upon default, death, disability, or termination of employment, the entire outstanding principal and accrued interest is immediately due and payable, and the participant is deemed to have received a taxable distribution from the Plan.

Payment of Benefits - Upon termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest, installment payments (annually, quarterly, or monthly) over a specified period of time, not to exceed the participant's or joint (participant and designated beneficiary) life expectancy, or a part lump-sum distribution and part installments as described. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Amounts of \$1,000 or less may be distributed without the terminated, retired, disabled, or deceased participant's or beneficiary's consent. For any distribution exceeding \$1,000, but not in excess of \$5,000, the participant shall be given the option to elect to have such distribution paid directly to an eligible retirement plan specified by him or her in a direct rollover or to receive the distribution directly. If neither option is selected, the plan administrator shall make such distributions in a direct rollover to an individual retirement account designated by the plan administrator, and shall provide written notice to the participant informing him or her that he

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2021

NOTE 1: DESCRIPTION OF PLAN - CONTINUED

Payment of Benefits - Continued - or she has the option to transfer such amounts into another individual retirement account or qualified plan of his or her own choice. A participant may elect to withdraw the vested account balance after reaching the Plan's normal retirement age of 65, or delay until retirement. Participants who have attained age 59½ may request a distribution of all or a portion of the vested balance in their accounts, other than the amounts attributable to transfers from the Anesthesia Services, P.A. Money Purchase Pension Plan (MPPP). Participants may request a distribution of all or a portion of their MPPP account balances upon the attainment of age 62. Spousal consent must be obtained in the case of distributions attributable from a MPPP.

Hardship Withdrawals - Participants may withdraw their elective deferrals in the form of a hardship withdrawal to satisfy an immediate and heavy financial need as defined in the plan document. The participant must exhaust all other assets prior to obtaining a hardship withdrawal, including obtaining a loan from the Plan.

Forfeitures - Forfeitures occur in the plan year that a participant receives a distribution of the entire vested account or, if the participant does not receive a distribution, after five consecutive one-year breaks in service. Forfeited amounts, to the extent they are not used to pay plan expenses, are to be used to reduce any employer contributions, or are to be reallocated among the accounts of the remaining participants as if the forfeited amounts were additional employer matching or profit-sharing contributions subject to limitations established by law. As of December 31, 2021 and 2020, forfeited nonvested accounts totaled \$31,694 and \$21,427, respectively. The forfeiture balance was used to offset the 2021 profit sharing contribution deposited in 2022.

Administration - The Plan's investments are administered and managed by John Hancock Life Insurance Company (U.S.A.), which serves as the Plan's custodian. Additionally, the Personal Brokerage Account (PBA), provided by U.S. Bank, N.A., custodian of all PBA assets, allows participants to invest directly in stocks, bonds, registered investment companies, or other investments outside the John Hancock group annuity contract. The Plan's third-party administrator with respect to contribution computations and discrimination testing is performed by the MandMarblestone Group LLC. The Company partially absorbs some administrative fees. Fees for participant loans are borne by the respective participants.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Use of Estimates - The preparation of financial statements in conformity 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. Actual results could differ from those estimates.

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2021

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received for the sale of an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. 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.

The Plan's investments consist of pooled separate accounts, guaranteed interest accounts, and self-directed personal brokerage accounts. Units of each pooled separate account are determined on a participation-unit basis. The participation-unit value is adjusted daily to reflect investment results under the separate account. Purchases and sales of units are recorded on a trade-date basis. Interest and dividend income are recorded as the pooled separate accounts recognize investment earnings from the underlying investments to purchase additional participation units in the pooled separate account. The fair value of the guaranteed interest accounts is determined using a formula that incorporates prevailing interest rates. The formula is specified in the guaranteed interest accounts' schedule of the Plan's group annuity contract. The self-directed personal brokerage accounts are invested in stocks and registered investment companies.

Employer Contributions Receivable - As of December 31, 2021 and 2020, the Plan had \$1,942,599 and \$1,880,078, respectively, in employer contributions receivable from the employer.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 and 2020. Delinquent loans are recorded as distributions on the basis of the terms of the plan document.

Payment of Benefits - Benefits are recorded when paid.

Administrative Expenses - Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Costs associated with participant-initiated transactions are paid by the respective participants' accounts. Some administrative expenses are paid from the annual operating expenses of the Plan's designated investment alternatives. As reported to the Company, John Hancock Life Insurance Company received .06% for recordkeeping services.

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2021

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Subsequent Events - The Plan's policy is to evaluate events and transactions subsequent to its year end for potential recognition in the financial statements or disclosure in the notes to the financial statements. The plan administrator has evaluated all events and transactions through the date of the independent auditors' report, which is the date the financial statements were available to be issued.

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 Financial Accounting Standards Board Accounting Standards Codification (FASB ASC) 820, *Fair Value Measurements*, are described below:

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

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- 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's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2021

NOTE 3: FAIR VALUE MEASUREMENTS - CONTINUED

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

Pooled Separate Accounts - Valued at fair value of the underlying funds, which equals the number of units of the respective underlying fund multiplied by the closing net asset value (NAV) per unit quoted by that fund (See Note 2).

Guaranteed Interest Accounts - Valued at fair value by using a formula that incorporates prevailing interest rates and is specified in the group annuity contract of the Plan. (See Note 2)

Self-Directed Brokerage Accounts - Accounts consist primarily of registered investment companies, common stock, and interest-bearing cash that are valued on the basis of readily determinable market price, as follows:

Registered Investment Companies - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission (SEC). These funds are required to publish their NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

Interest-Bearing Cash - Valued at a market approach on yields currently available on comparable securities of issuers with similar credit ratings, since quoted market prices are not readily available.

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

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2021

NOTE 3: FAIR VALUE MEASUREMENTS - CONTINUED

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

	2021			
	Level 1	Level 2	Level 3	Total
Interest-Bearing Cash	\$ 836,616	\$ -	\$ -	\$ 836,616
Guaranteed Interest Accounts	-	2,334,040	-	2,334,040
Self-Directed Brokerage Account	1,732,919	-	-	1,732,919
Total Investments in the Fair Value Hierarchy	2,569,535	2,334,040	-	4,903,575
Investments Measured at NAV (a)	-	-	-	105,044,966
Total Investments at Fair Value	<u>\$ 2,569,535</u>	<u>\$ 2,334,040</u>	<u>\$ -</u>	<u>\$ 109,948,541</u>

	2020			
	Level 1	Level 2	Level 3	Total
Interest-Bearing Cash	\$ 821,427	\$ -	\$ -	\$ 821,427
Guaranteed Interest Accounts	-	2,511,642	-	2,511,642
Self-Directed Brokerage Account	3,618,623	-	-	3,618,623
Total Investments in the Fair Value Hierarchy	4,440,050	2,511,642	-	6,951,692
Investments Measured at NAV (a)	-	-	-	87,711,009
Total Investments at Fair Value	<u>\$ 4,440,050</u>	<u>\$ 2,511,642</u>	<u>\$ -</u>	<u>\$ 94,662,701</u>

(a) In accordance with *Subtopic 820-10*, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

NOTE 4: INVESTMENTS

During 2021, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$13,562,906.

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2021

NOTE 5: INFORMATION CERTIFIED BY CUSTODIANS

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, John Hancock Life Insurance Company (U.S.A.) and U.S. Bank, N.A., the custodians, have certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate. Cash balances totaling \$836,616 and \$821,427 as of December 31, 2021 and 2020, respectively, held at John Hancock Life Insurance Company (U.S.A.) and U.S. Bank, N.A., were not covered by the certification.

	<u>2021</u>	<u>2020</u>
Investments, at Fair Value		
Pooled Separate Accounts	\$ 105,044,966	\$ 87,711,009
Guaranteed Interest Accounts	2,334,040	2,511,642
Self-Directed Brokerage Account	<u>1,732,919</u>	<u>3,618,623</u>
 Total	 <u><u>\$ 109,111,925</u></u>	 <u><u>\$ 93,841,274</u></u>
		 Year Ended <u>December 31, 2021</u>
Investment Income		
Net Appreciation in Fair Value of Investments		
Pooled Separate Accounts		\$ 13,342,334
Common Stocks		164
Registered Investment Companies		<u>220,408</u>
 Net Appreciation in Fair Value of Investments		 13,562,906
 Interest and Dividends		 <u>24,029</u>
 Total Investment Gain		 <u><u>\$ 13,586,935</u></u>

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2021

NOTE 5: INFORMATION CERTIFIED BY CUSTODIANS - CONTINUED

Investments Measured Using the NAV per Share Practical Expedient - The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2021 and 2020, respectively. There are no participant restrictions for these investments.

Investment Option	Fair Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2021	2020			
500 Index Fund	\$ 5,642,095	\$ 3,721,558	N/A	Daily	None
American Balanced Fund	4,562,553	2,420,764	N/A	Daily	None
American Century Heritage Fund	633,043	563,307	N/A	Daily	None
BlackRock Global Allocation Fund	272,490	246,904	N/A	Daily	None
Blue Chip Growth Fund	1,947,047	1,426,974	N/A	Daily	None
Capital Appreciation Fund	4,066,915	3,312,857	N/A	Daily	None
Capital World Growth and Income	111,159	-	N/A	Daily	None
DFA U.S. Small-Cap Fund	811,711	381,231	N/A	Daily	None
DFA Global Equity Fund	300,196	-	N/A	Daily	None
Domini Social Equity	265,149	211,705	N/A	Daily	None
EuroPacific Growth Fund	960,393	896,524	N/A	Daily	None
Fidelity Advisor Total Bond	1,721,233	1,618,895	N/A	Daily	None
Financial Industries Fund	379,394	200,377	N/A	Daily	None
Franklin Small-Mid Growth Fund	1,004,286	889,254	N/A	Daily	None
Fundamental Large-Cap Fund	69,309	36,963	N/A	Daily	None
International Equity Index Fund	453,206	288,829	N/A	Daily	None
International Growth Fund	157,534	143,603	N/A	Daily	None
Invesco Small-Cap Growth Fund	781,032	818,238	N/A	Daily	None
Ivy Asset Strategy Fund	39,518	31,810	N/A	Daily	None
John Hancock Disciplined Value	332,718	141,477	N/A	Daily	None
John Hancock Disciplined International Value	43,882	34,477	N/A	Daily	None
JP Morgan Mid-Cap Value Fund	1,092,593	820,798	N/A	Daily	None
Lifestyle Fund - Aggressive Portfolio	7,302,839	6,901,116	N/A	Daily	None
Lifestyle Fund - Balanced Portfolio	11,736,881	9,459,271	N/A	Daily	None
Lifestyle Fund - Conservative Portfolio	1,263,680	2,202,580	N/A	Daily	None
Lifestyle Fund - Growth Portfolio	18,674,437	15,453,880	N/A	Daily	None
Lifestyle Fund - Moderate Portfolio	1,693,639	1,991,580	N/A	Daily	None
Mass Investors Fund	276,946	207,298	N/A	Daily	None
Mid-Cap Index Fund	851,559	843,668	N/A	Daily	None
Mid-Cap Growth Fund	1,426,717	-	N/A	Daily	None
Mid-Cap Stock Fund	-	1,367,343	N/A	Daily	None
Mid-Value Fund	121,469	206,713	N/A	Daily	None
Mutual Global Discovery Fund	-	224,520	N/A	Daily	None
New Opportunities Fund	126,176	125,693	N/A	Daily	None

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2021

NOTE 5: INFORMATION CERTIFIED BY CUSTODIANS - CONTINUED

Investments Measured Using the NAV per Share Practical Expedient - Continued

Investment Option	Fair Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2021	2020			
Oppenheimer Developing Markets Fund	\$ 692,127	\$ 685,619	N/A	Daily	None
Oppenheimer Global Fund	135,080	99,779	N/A	Daily	None
Oppenheimer International Growth Fund	309,918	185,835	N/A	Daily	None
Parnassus Core Equity Fund	577,625	436,432	N/A	Daily	None
PIMCO All Asset Fund	135,199	111,527	N/A	Daily	None
PIMCO Global Bond Fund	94,768	92,267	N/A	Daily	None
PIMCO Real Return Fund	1,399,034	804,357	N/A	Daily	None
Real Estate Securities Fund	519,464	332,547	N/A	Daily	None
Royce Opportunity Fund	1,407,024	948,362	N/A	Daily	None
Science and Technology Fund	2,560,644	495,796	N/A	Daily	None
Small-Cap Stock Fund	780,987	769,560	N/A	Daily	None
Small-Cap Index Fund	191,782	139,896	N/A	Daily	None
Small-Cap Value Fund	203,214	468,081	N/A	Daily	None
Sprott Gold Fund	334,190	144,260	N/A	Daily	None
Strategic Income Opportunity Fund	252,110	238,054	N/A	Daily	None
T. Rowe Price Equity Income Fund	568,016	540,443	N/A	Daily	None
T. Rowe Price Health Sciences Fund	2,406,797	2,976,893	N/A	Daily	None
T. Rowe Price Science and Technology Fund	2,518,231	4,180,885	N/A	Daily	None
T. Rowe Price Spectrum Income Fund	243,616	234,603	N/A	Daily	None
Templeton Foreign Small Company	113,996	98,866	N/A	Daily	None
Templeton World Fund	-	88,551	N/A	Daily	None
The Growth Fund of America	294,196	227,647	N/A	Daily	None
The Investment Company of America	836,097	653,211	N/A	Daily	None
Total Bond Market Fund	372,731	292,319	N/A	Daily	None
Total Stock Market Index Fund	535,593	399,167	N/A	Daily	None
U.S. Equity Fund	1,415,836	1,630,776	N/A	Daily	None
U.S. Quality Growth Fund	214,105	183,299	N/A	Daily	None
Utilities Fund	595,283	504,969	N/A	Daily	None
Vanguard Energy Fund	328,567	207,745	N/A	Daily	None
Vanguard Explorer Fund	61,230	47,565	N/A	Daily	None
Vanguard Growth Index Fund	178,914	200,812	N/A	Daily	None
Vanguard Small-Cap Growth Index	320,020	260,656	N/A	Daily	None
Vanguard Target Retirement 2020	932,286	862,970	N/A	Daily	None
Vanguard Target Retirement 2025	452,522	2,033,493	N/A	Daily	None

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2021

NOTE 5: INFORMATION CERTIFIED BY CUSTODIANS - CONTINUED

Investments Measured Using the NAV per Share Practical Expedient - Continued

Investment Option	Fair Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2021	2020			
Vanguard Target Retirement 2030	\$ 1,808,441	\$ 602,017	N/A	Daily	None
Vanguard Target Retirement 2035	3,451,843	2,101,672	N/A	Daily	None
Vanguard Target Retirement 2040	2,047,163	1,700,728	N/A	Daily	None
Vanguard Target Retirement 2045	1,300,884	1,154,775	N/A	Daily	None
Vanguard Target Retirement 2050	1,984,044	1,431,466	N/A	Daily	None
Vanguard Target Retirement 2055	1,772,093	1,073,776	N/A	Daily	None
Vanguard Target Retirement 2060	287,101	185,822	N/A	Daily	None
Vanguard Target Retirement Income	426,809	406,027	N/A	Daily	None
Vanguard Total World Stock Index ETF	125,051	63,675	N/A	Daily	None
Vanguard Value Index Fund	242,275	38,701	N/A	Daily	None
VS High Yield	282,563	38,717	N/A	Daily	None
Washington Mutual Investors Fund	213,698	146,184	N/A	Daily	None
	<u>\$ 105,044,966</u>	<u>\$ 87,711,009</u>			

NOTE 6: RELATED-PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

The Plan has not considered normal plan operations such as employer and employee contributions or benefits accrued or paid by the Plan for participants as party-in-interest transactions that require separate disclosure. Certain plan investments are units of pooled separate accounts, guaranteed interest accounts and self-directed brokerage accounts managed by the Custodians. These transactions qualify as party-in-interest transactions that are exempt from the prohibited transaction rules. Fees for professional services are partially absorbed by the plan sponsor. Participant loan origination fees are paid out of the relevant participants' accounts.

NOTE 7: PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contribution at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100 percent vested in their accounts. Any unallocated assets would be allocated to participant accounts and distributed in such a manner as the Company may determine.

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
DECEMBER 31, 2021

NOTE 8: TAX STATUS

The Plan adopted the MandMarblestone PC Volume Submitter Profit Sharing Plan with Cash or Deferred Arrangement, which obtained its latest advisory letter on March 31, 2014, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable sections of the IRC. The plan administrator and legal counsel believe that the Plan is qualified, and the related trust is tax exempt and is currently designed and being operated in compliance with the applicable provisions of the IRC.

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 DOL or IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan's federal Form 5500 is subject to examination by the IRS and DOL, generally for the three years after it was filed.

NOTE 9: RISKS AND UNCERTAINTIES

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

NOTE 10: COMMITMENTS AND CONTINGENCIES

In the normal course of business, there may be various commitments and contingencies outstanding, which are not reflected in these financial statements. In the opinion of the plan administrator, the outcome of such events, if any, would not have a material effect on the Plan's financial position or operations.

ADDITIONAL INFORMATION

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN

EIN: 51-0298419, PLAN #005

ATTACHMENT TO FORM 5500, SCHEDULE H, LINE 4(i)

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021

(a)	(b) Identity of Issuer, Borrower, or Other Party Involved	(c) Description of Investment (No. of Units/Rate of Interest)	(d) Cost	(e) Current Value
*	John Hancock USA	83,094 500 Index Fund	\$ -	\$ 5,642,095
*	"	89,460 American Balanced Fund	-	4,562,553
*	"	8,594 American Century Heritage Fund	-	633,043
*	"	7,470 Blackrock Global Allocation Fund	-	272,490
*	"	16,157 Blue Chip Growth Fund	-	1,947,047
*	"	59,174 Capital Appreciation Fund	-	4,066,915
*	"	1,210 Capital World Growth and Income	-	111,159
*	"	12,315 DFA U.S. Small-Cap Fund	-	811,711
*	"	8,073 DFA Global Equity Fund	-	300,196
*	"	8,464 Disciplined Value	-	332,718
*	"	1,000 Disciplined International Value	-	43,882
*	"	3,810 Domini Social Equity	-	265,149
*	"	10,899 EuroPacific Growth Fund	-	960,393
*	"	122,908 Fidelity Advisor Total Fund	-	1,721,233
*	"	10,725 Financial Industries Fund	-	379,394
*	"	8,207 Franklin Small-Mid Growth Fund	-	1,004,286
*	"	1,822 Fundamental Large-Cap Fund	-	69,309
*	"	18,090 International Equity Index Fund	-	453,206
*	"	2,837 Invesco International Growth Fund	-	157,534
*	"	6,221 Invesco Small-Cap Growth Fund	-	781,032
*	"	824 Ivy Asset Strategy Fund	-	39,518
*	"	14,430 JP Morgan Mid-Cap Value Fund	-	1,092,593
*	"	319,501 Lifestyle Fund - Aggressive Portfolio	-	7,302,839
*	"	623,374 Lifestyle Fund - Balanced Portfolio	-	11,736,881
*	"	84,666 Lifestyle Fund - Conservative Portfolio	-	1,263,680
*	"	893,873 Lifestyle Fund - Growth Portfolio	-	18,674,437
*	"	101,407 Lifestyle Fund - Moderate Portfolio	-	1,693,639
*	"	3,624 Mass Investors Fund	-	276,946
*	"	17,542 Mid-Cap Index Fund	-	851,559
*	"	148,700 Mid-Cap Growth Fund	-	1,426,717
*	"	4,336 Mid-Value Fund	-	121,469
*	"	1,964 New Opportunities Fund	-	126,176
*	"	13,032 Oppenheimer Developing Markets Fund	-	692,127
*	"	723 Oppenheimer Global Fund	-	135,080
*	"	4,736 Oppenheimer International Growth Fund	-	309,918

(d) Cost information not required for participant-directed plans.

*Party in interest, as defined by ERISA.

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN

EIN: 51-0298419, PLAN #005

ATTACHMENT TO FORM 5500, SCHEDULE H, LINE 4(i)

SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

DECEMBER 31, 2021

(a)	(b) Identity of Issuer, Borrower, or Other Party Involved	(c) Description of Investment (No. of Units/Rate of Interest)	(d) Cost	(e) Current Value
*	John Hancock USA	7,186 PIMCO All Asset Fund	\$ -	\$ 135,199
*	"	8,570 PIMCO Global Bond Fund	-	94,768
*	"	93,494 PIMCO Real Return Fund	-	1,399,034
*	"	15,673 Real Estate Securities Fund	-	519,464
*	"	38,597 Royce Opportunity Fund	-	1,407,024
*	"	23,899 Science and Technology Fund	-	2,560,644
*	"	27,302 Small-Cap Stock Fund	-	780,987
*	"	6,041 Small-Cap Index Fund	-	191,782
*	"	4,881 Small-Cap Value Fund	-	203,214
*	"	6,669 Sprott Gold Fund	-	334,190
*	"	14,178 Strategic Income Opportunity Fund	-	252,110
*	"	8,543 T. Rowe Price Equity Income Fund	-	568,016
*	"	12,508 T. Rowe Price Health Sciences Fund	-	2,406,797
*	"	16,244 T. Rowe Price Science and Technology Fund	-	2,518,231
*	"	13,988 T. Rowe Price Spectrum Income Fund	-	243,616
*	"	3,954 Templeton Foreign Small Company	-	113,996
*	"	2,072 The Growth Fund of America	-	294,196
*	"	8,930 The Investment Company of America	-	836,097
*	"	29,341 Total Bond Market Fund	-	372,731
*	"	11,253 Total Stock Market Index Fund	-	535,593
*	"	34,924 U.S. Equity Fund	-	1,415,836
*	"	4,905 U.S. Quality Growth Fund	-	214,105
*	"	21,408 Utilities Fund	-	595,283
*	"	3,388 Vanguard Energy Fund	-	328,567
*	"	235 Vanguard Explorer Fund	-	61,230
*	"	1,001 Vanguard Growth Index Fund	-	178,914
*	"	3,038 Vanguard Small-Cap Growth Index	-	320,020
*	"	23,457 Vanguard Target Retirement Income	-	426,809
*	"	20,615 Vanguard Target Retirement 2020	-	932,286
*	"	16,468 Vanguard Target Retirement 2025	-	452,522
*	"	35,530 Vanguard Target Retirement 2030	-	1,808,441
*	"	107,143 Vanguard Target Retirement 2035	-	3,451,843
*	"	36,104 Vanguard Target Retirement 2040	-	2,047,163
*	"	35,601 Vanguard Target Retirement 2045	-	1,300,884
*	"	33,789 Vanguard Target Retirement 2050	-	1,984,044

(d) Cost information not required for participant-directed plans.

*Party in interest, as defined by ERISA.

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN

EIN: 51-0298419, PLAN #005

ATTACHMENT TO FORM 5500, SCHEDULE H, LINE 4(i)

SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

DECEMBER 31, 2021

(a)	(b) Identity of Issuer, Borrower, or Other Party Involved	(c) Description of Investment (No. of Units/Rate of Interest)	(d) Cost	(e) Current Value
*	John Hancock USA	27,894 Vanguard Target Retirement 2055	\$ -	\$ 1,772,093
*	"	5,122 Vanguard Target Retirement 2060	-	287,101
*	"	3,499 Vanguard Value Index Fund	-	242,275
*	"	5,836 Vanguard Total World Stock Index ETF	-	125,051
*	"	21,288 VS High Yield	-	282,563
*	"	2,106 Washington Mutual Investors Fund	-	213,698
Subtotal: Pooled Separate Accounts			-	105,044,966
*	John Hancock USA	Interest-Bearing Cash	-	836,616
*	John Hancock USA	Guaranteed Interest Accounts		
		Stable Value Guaranteed Income Fund	-	2,334,040
		Ten Year Guaranteed Interest Account	-	-
	Various	Self-Directed Brokerage Accounts	-	1,732,919
		Total Investments	\$ -	\$ 109,948,541
*	Participant Loans	Interest Rate 4.25% - 6.50%	\$ -	\$ 225,557

(d) Cost information not required for participant-directed plans.

*Party in interest, as defined by ERISA.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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****Part I Annual Report Identification Information**For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

- 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 ANESTHESIA SERVICES, P.A. 401K PROFIT SHARING PLAN	1b Three-digit plan number (PN) ▶ 005
	1c Effective date of plan 12/31/2002
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) ANESTHESIA SERVICES, P.A. 100 WEST COMMONS BOULEVARD SUITE 400 NEW CASTLE DE 19720	2b Employer Identification Number (EIN) 51-0298419 2c Plan Sponsor's telephone number 302-709-4500 2d Business code (see instructions) 621111

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

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

SIGN HERE		<u>10/11/22</u>	MARK CHAFFIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>10/11/22</u>	MARK CHAFFIN
	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. 201209

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN

EIN: 51-0298419, PLAN #005

ATTACHMENT TO FORM 5500, SCHEDULE H, LINE 4(i)

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021

(a)	(b) Identity of Issuer, Borrower, or Other Party Involved	(c) Description of Investment (No. of Units/Rate of Interest)	(d) Cost	(e) Current Value
*	John Hancock USA	83,094 500 Index Fund	\$ -	\$ 5,642,095
*	"	89,460 American Balanced Fund	-	4,562,553
*	"	8,594 American Century Heritage Fund	-	633,043
*	"	7,470 Blackrock Global Allocation Fund	-	272,490
*	"	16,157 Blue Chip Growth Fund	-	1,947,047
*	"	59,174 Capital Appreciation Fund	-	4,066,915
*	"	1,210 Capital World Growth and Income	-	111,159
*	"	12,315 DFA U.S. Small-Cap Fund	-	811,711
*	"	8,073 DFA Global Equity Fund	-	300,196
*	"	8,464 Disciplined Value	-	332,718
*	"	1,000 Disciplined International Value	-	43,882
*	"	3,810 Domini Social Equity	-	265,149
*	"	10,899 EuroPacific Growth Fund	-	960,393
*	"	122,908 Fidelity Advisor Total Fund	-	1,721,233
*	"	10,725 Financial Industries Fund	-	379,394
*	"	8,207 Franklin Small-Mid Growth Fund	-	1,004,286
*	"	1,822 Fundamental Large-Cap Fund	-	69,309
*	"	18,090 International Equity Index Fund	-	453,206
*	"	2,837 Invesco International Growth Fund	-	157,534
*	"	6,221 Invesco Small-Cap Growth Fund	-	781,032
*	"	824 Ivy Asset Strategy Fund	-	39,518
*	"	14,430 JP Morgan Mid-Cap Value Fund	-	1,092,593
*	"	319,501 Lifestyle Fund - Aggressive Portfolio	-	7,302,839
*	"	623,374 Lifestyle Fund - Balanced Portfolio	-	11,736,881
*	"	84,666 Lifestyle Fund - Conservative Portfolio	-	1,263,680
*	"	893,873 Lifestyle Fund - Growth Portfolio	-	18,674,437
*	"	101,407 Lifestyle Fund - Moderate Portfolio	-	1,693,639
*	"	3,624 Mass Investors Fund	-	276,946
*	"	17,542 Mid-Cap Index Fund	-	851,559
*	"	148,700 Mid-Cap Growth Fund	-	1,426,717
*	"	4,336 Mid-Value Fund	-	121,469
*	"	1,964 New Opportunities Fund	-	126,176
*	"	13,032 Oppenheimer Developing Markets Fund	-	692,127
*	"	723 Oppenheimer Global Fund	-	135,080
*	"	4,736 Oppenheimer International Growth Fund	-	309,918

(d) Cost information not required for participant-directed plans.

*Party in interest, as defined by ERISA.

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN

EIN: 51-0298419, PLAN #005

ATTACHMENT TO FORM 5500, SCHEDULE H, LINE 4(i)

SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

DECEMBER 31, 2021

(a)	(b) Identity of Issuer, Borrower, or Other Party Involved	(c) Description of Investment (No. of Units/Rate of Interest)	(d) Cost	(e) Current Value
*	John Hancock USA	7,186 PIMCO All Asset Fund	\$ -	\$ 135,199
*	"	8,570 PIMCO Global Bond Fund	-	94,768
*	"	93,494 PIMCO Real Return Fund	-	1,399,034
*	"	15,673 Real Estate Securities Fund	-	519,464
*	"	38,597 Royce Opportunity Fund	-	1,407,024
*	"	23,899 Science and Technology Fund	-	2,560,644
*	"	27,302 Small-Cap Stock Fund	-	780,987
*	"	6,041 Small-Cap Index Fund	-	191,782
*	"	4,881 Small-Cap Value Fund	-	203,214
*	"	6,669 Sprott Gold Fund	-	334,190
*	"	14,178 Strategic Income Opportunity Fund	-	252,110
*	"	8,543 T. Rowe Price Equity Income Fund	-	568,016
*	"	12,508 T. Rowe Price Health Sciences Fund	-	2,406,797
*	"	16,244 T. Rowe Price Science and Technology Fund	-	2,518,231
*	"	13,988 T. Rowe Price Spectrum Income Fund	-	243,616
*	"	3,954 Templeton Foreign Small Company	-	113,996
*	"	2,072 The Growth Fund of America	-	294,196
*	"	8,930 The Investment Company of America	-	836,097
*	"	29,341 Total Bond Market Fund	-	372,731
*	"	11,253 Total Stock Market Index Fund	-	535,593
*	"	34,924 U.S. Equity Fund	-	1,415,836
*	"	4,905 U.S. Quality Growth Fund	-	214,105
*	"	21,408 Utilities Fund	-	595,283
*	"	3,388 Vanguard Energy Fund	-	328,567
*	"	235 Vanguard Explorer Fund	-	61,230
*	"	1,001 Vanguard Growth Index Fund	-	178,914
*	"	3,038 Vanguard Small-Cap Growth Index	-	320,020
*	"	23,457 Vanguard Target Retirement Income	-	426,809
*	"	20,615 Vanguard Target Retirement 2020	-	932,286
*	"	16,468 Vanguard Target Retirement 2025	-	452,522
*	"	35,530 Vanguard Target Retirement 2030	-	1,808,441
*	"	107,143 Vanguard Target Retirement 2035	-	3,451,843
*	"	36,104 Vanguard Target Retirement 2040	-	2,047,163
*	"	35,601 Vanguard Target Retirement 2045	-	1,300,884
*	"	33,789 Vanguard Target Retirement 2050	-	1,984,044

(d) Cost information not required for participant-directed plans.

*Party in interest, as defined by ERISA.

ANESTHESIA SERVICES, P.A. 401(k) PROFIT SHARING PLAN

EIN: 51-0298419, PLAN #005

ATTACHMENT TO FORM 5500, SCHEDULE H, LINE 4(i)

SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

DECEMBER 31, 2021

(a)	(b) Identity of Issuer, Borrower, or Other Party Involved	(c) Description of Investment (No. of Units/Rate of Interest)	(d) Cost	(e) Current Value
*	John Hancock USA	27,894 Vanguard Target Retirement 2055	\$ -	\$ 1,772,093
*	"	5,122 Vanguard Target Retirement 2060	-	287,101
*	"	3,499 Vanguard Value Index Fund	-	242,275
*	"	5,836 Vanguard Total World Stock Index ETF	-	125,051
*	"	21,288 VS High Yield	-	282,563
*	"	2,106 Washington Mutual Investors Fund	-	213,698
		Subtotal: Pooled Separate Accounts	-	105,044,966
*	John Hancock USA	Interest-Bearing Cash	-	836,616
*	John Hancock USA	Guaranteed Interest Accounts		
		Stable Value Guaranteed Income Fund	-	2,334,040
		Ten Year Guaranteed Interest Account	-	-
	Various	Self-Directed Brokerage Accounts	-	1,732,919
		Total Investments	\$ -	\$ 109,948,541
*	Participant Loans	Interest Rate 4.25% - 6.50%	\$ -	\$ 225,557

(d) Cost information not required for participant-directed plans.

*Party in interest, as defined by ERISA.