

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>PHYSICIANS EAST PA PROFIT SHARING PLAN & TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1996</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>56-1968491</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>252-752-6101</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>621111</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1996</u>		2b Employer Identification Number (EIN) <u>56-1968491</u>		2c Plan Sponsor's telephone number <u>252-752-6101</u>		2d Business code (see instructions) <u>621111</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
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2b Employer Identification Number (EIN) <u>56-1968491</u>											
2c Plan Sponsor's telephone number <u>252-752-6101</u>											
2d Business code (see instructions) <u>621111</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PHYSICIANS EAST PA</u> <u>1850 W ARLINGTON BLVD</u> <u>GREENVILLE, NC 27834</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	KIMBERLY SUGG
	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	741
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)	498
a(2) Total number of active participants at the end of the plan year		6a(2)	495
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	275
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	770
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	1
f Total. Add lines 6d and 6e		6f	771
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	756
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	2
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: 2E 2F 2G 2J 2K 2R 2T 3D 3F			
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 PHYSICIANS EAST PA PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PHYSICIANS EAST PA	D Employer Identification Number (EIN) 56-1968491

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 NEW YORK LIFE INSURANCE COMPANY
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(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
13-5582869	66915	GA-31574	108	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

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
--

(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	

(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	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	3317466

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.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b****c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

(4) Transferred from separate account.....

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions

7c(6)**d** Total of balance and additions (add lines **7b** and **7c(6)**)**7d****e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier.....

7e(2)

(3) Transferred to separate account.....

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions

7e(5)**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

0

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)	
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)	
(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)	
(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 PHYSICIANS EAST PA PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PHYSICIANS EAST PA	D Employer Identification Number (EIN) 56-1968491	

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
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) 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?
60 64 65	RECORDKEEPER	-30075	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

SULLIVAN, SHEARIN & COMPANY

56-1350306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT/AUDITOR	22616	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STRATEGIC ADVISORS INC

04-2654524

(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?
27	ADVISOR	13622	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
FIDELITY INVESTMENTS INSTITUTIONAL	60 64 65	
(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.	
AB SM CAP GRTH I - ALLIANCEBERNSTE 18 RUE EUGNE RUPPERT LUXEMBOURG, LU L-245 LU	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60 64 65	
(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.	
AF EUROPAC GROWTH R5-AMERICAN FU 95-2566717	0.05%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60 64 65	
(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.	
HARBOR CAP APP INV - HARBOR SERVIC 34-1953399	0.40%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60 64 65	

(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.
JH DSCPL VAL MDCP I - JOHN HANCOCK 01-0233346	0.10%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60 64 65	

(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.
JPM EQUITY INCOME R3-JP MORGAN DI 13-2624428	0.50%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60 64 65	

(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.
NYL ANCHOR ACCOUNT 51 MADISON AVENUE NEW YORK, NY 10010	0.10%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60 64 65	
(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.	
PIF REAL EST SEC IS - PRINCIPAL SH 620 COOLIDGE DR FOLSOM, CA 95630-3183	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60 64 65	
(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.	
VICTORY S SM CO OP I - FS INVESTO 14785 PRESTON RD SUITE 1000 DALLAS, TX 75254	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60 64 65	
(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.	
BROWN ADVISORY GLOBAL LEADERS 777 E WISCONSIN AVE 4TH FLOOR INST MILWAUKEE, WI 53202	0.08%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60 64 65	
(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.	
BROWN ADVISORY SUSTAINABLE BD INST 777 E WISCONSIN AVE 4TH FLOOR MILWAUKEE, WI 53202	0.08%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60 64 65	
(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.	
BROWN ADVISORY MID CAP GROWTH INST 777 E WISCONSIN AVE 4TH FLOOR MILWAUKEE, WI 53202	0.08%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60 64 65	
(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.	
BROWN ADVISORY SMALL CAP FNDMTL VA 777 E WISCONSIN AVE 4TH FLOOR MILWAUKEE, WI 53202	0.08%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60 64 65	
(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.	
BROWN ADVISORY FLEXIBLE EQUITY INV 777 E WISCONSIN AVE 4TH FLOOR MILWAUKEE, WI 53202	0.08%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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>PHYSICIANS EAST PA PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PHYSICIANS EAST PA</u>	D Employer Identification Number (EIN) <u>56-1968491</u>	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	5496	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	3136	1
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2464287	371609
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1213974	1722794
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	2738599	3317466
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	92453025	108836538
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	173	

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	98878690 114248408
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	98878690 114248408

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	3738460
	(B) Participants	2a(1)(B)	2424740
	(C) Others (including rollovers).....	2a(1)(C)	199120
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	6362320
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	120
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	120
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	14703
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	8001491
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	8016194
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	950674
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	930245
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	20429
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	137054
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	137054

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		50371
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		6234064
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		20820552
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5444671	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		5444671
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	13622	
(4) Other.....	2i(4)	-7459	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		6163
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5450834
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		15369718
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: SULLIVAN SHEARIN & COMPANY

(2) EIN: 56-1350306

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		339889

	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 <u>PHYSICIANS EAST PA PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PHYSICIANS EAST PA</u>	D Employer Identification Number (EIN) <u>56-1968491</u>

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
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): <u>04-6586107</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3

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

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

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

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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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 _____

**PHYSICIANS EAST, P.A.
PROFIT SHARING PLAN & TRUST**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION**

**AS OF DECEMBER 31, 2021 AND 2020
and YEAR ENDED DECEMBER 31, 2021**

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**SULLIVAN, SHEARIN
& COMPANY**
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the
Physicians East, P.A. Profit Sharing Plan & Trust
Profit-Sharing Retirement Plan and Trust

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

We have performed an audit the accompanying financial statements of Physicians East, P.A. Profit Sharing Plan and Trust, 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 statements of net assets available for benefits as of December 31, 2021 and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements Section—

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

Basis for Opinion on the 2021 Financial Statements

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

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of 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 Physicians East, P.A. Profit Sharing Plan and Trust's ability to continue as a going concern for one year after the date of 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.

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

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

Other Matters

Supplemental Schedules Required by ERISA

The supplemental schedule of Schedule H, line 4a-Schedule of Delinquent Participant Contributions and Schedule H, line 4i-Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investments 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 generally accepted auditing standards. For information included in the supplemental schedules that agrees to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

Auditor's Report on the 2020 Financial Statements

We have audited the 2020 financial statements, and in our report dated October 8, 2021, we expressed a disclaimer of opinion, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA Act of 1974 on those 2020 financial statements.



Sullivan, Shearin & Company
Certified Public Accountants
Greenville, North Carolina
October 11, 2022

PHYSICIANS EAST, P.A. PROFIT SHARING PLAN & TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
As of December 31, 2021 and 2020

ASSETS	<u>2021</u>	<u>2020</u>
Investments at fair value	\$ 110,930,942	\$ 96,131,459
Investment at contract value	3,317,466	2,741,735
Non-interest bearing cash	0	5,496
Receivables		
Employer profit sharing contribution receivable	2,361,698	2,366,818
Other employer contributions receivable	0	1,695
Employer 401k match receivable	0	0
Employee 401k receivable	0	0
Total receivables	<u>2,361,698</u>	<u>2,368,513</u>
TOTAL ASSETS	116,610,106	101,247,203
LIABILITIES		
Accounts payable	-	-
Due to other plan funds	<u>-</u>	<u>-</u>
TOTAL LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 116,610,106</u>	<u>\$ 101,247,203</u>

SEE ACCOMPANYING NOTES TO THE FINANCIAL STATEMENTS.

PHYSICIANS EAST, P.A. PROFIT SHARING PLAN & TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2021

ADDITIONS

Additions to net assets attributed to:

Investment income

Dividends	\$ 8,016,194	
Interest	50,491	
Net realized and unrealized depreciation in fair value of investments	6,391,547	
Total Investment Income (Loss)		\$ 14,458,232

Contributions

Employer's profit sharing contribution	2,361,698	
Employer's 401k match	1,369,947	
Employees' 401k contributions	2,424,740	
Employees' rollover contributions	199,120	
Total contributions	<u>6,355,505</u>	

TOTAL ADDITIONS	20,813,737
-----------------	------------

DEDUCTIONS

Deductions from net assets attributed to:

Benefits paid to participants	5,444,671
Investment management fees	<u>6,163</u>

TOTAL DEDUCTIONS	<u>5,450,834</u>
------------------	------------------

NET INCREASE (DECREASE) IN ASSETS AVAILABLE FOR BENEFITS	15,362,903
--	------------

NET ASSETS AVAILABLE FOR PLAN BENEFITS

BEGINNING OF YEAR	<u>101,247,203</u>
-------------------	--------------------

END OF YEAR	<u><u>\$ 116,610,106</u></u>
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SEE ACCOMPANYING NOTES TO THE FINANCIAL STATEMENTS.

PHYSICIANS EAST, P.A. PROFIT SHARING PLAN & TRUST
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021

1) DESCRIPTION OF PLAN

The following description of the Physicians East, P.A. Profit-Sharing Plan & Trust ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General. The Plan is a 401k and defined contribution plan covering all employees of the company who have one year of service and are age twenty one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - 401k. The Company allows each eligible employee to withhold up to 15% of their salary as a 401k contribution by the employee. The company will match the first 3% of wages, and will contribute 50% of the next 3% contributed by the employee.

Contributions - Profit Sharing. In addition to the employee 401k contribution and the company match, the Company may contribute to the Plan a portion of its current profits before profit-sharing costs and income taxes. Amounts are contributed at the option of the Company's board of directors. Contributions are subject to certain limitations. The profit sharing contribution is allocated to the eligible employees based on their compensation, as adjusted by the Plan to recognize extra funding for those employees over the social security withholding limitation.

Funding of Contributions. Employee contributions to the 401k and the employer's matching contribution are funded by the employer directly to the Plan trustee, Fidelity Investments, immediately after each pay-day. The employer's contribution toward profit sharing is made at the employer's discretion. The full contribution for 2021 was contributed in 2022.

Participant Accounts. Each participant's account is credited with the participant's contribution, the company match, an allocation of the Company's profit sharing contribution to the Plan, Plan earnings, and the self-directed accounts are charged with administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

The Plan also allows a participant to rollover funds from a previous employer's retirement plan into this Plan.

Vesting. Participants are immediately 100% vested in their 401k contributions, the company match to their 401k contribution, and rollover contributions into the Plan. Likewise all earnings attributable to these categories are also immediately vested.

Vesting in the company profit sharing contribution portion of the employees' accounts plus earnings thereon is based on years of continuous service. The current Plan provides that a participant has no vesting until three years of service with the employer. After completing three years, the employee is 100% vested. An employee is also considered to be 100% vested at death, at their disability, and at early or normal retirement as described by the Plan.

Forfeitures. Upon termination of employment, a participant's balance in the profit sharing Plan above the amount that they are vested remains in the Plan and is applied to administrative fees.

Payment of Benefits. On termination of service due to death, disability or retirement, a participant will become 100% vested and may elect to receive an amount equal to the value of the participant's interest in his or her account in either a lump-sum amount, or in installments. For termination of service due to other reasons, a participant may receive the value of the interest in his or her account as a lump-sum distribution, but only if vested.

PHYSICIANS EAST, P.A. PROFIT SHARING PLAN & TRUST
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021

1) DESCRIPTION OF PLAN - (Continued)

Payment of Expenses. The Plan absorbs management fees charged by the brokerage account for self-directed accounts and administrative fees such as fund accounting. All other expenses such as accounting, and professional fees, etc. are paid if directed by the employer from the plan. Otherwise, the employer pays these fees. Certain administrative fees are charged directly to the participant's account.

2) SUMMARY OF SIGNIFICANT ACCOUNTING PROCEDURES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for that portion of the net assets available for benefits of defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would normally receive if they were to initiate permitted transactions under the terms of the Plan.

Investment Valuation and Income Recognition

Investments are reported at fair value, except for fully benefit-responsive investment contract, which is reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

Estimates

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

Subsequent Events

Subsequent events were evaluated through October 11, 2022, the date the financial statements were available to be issued.

PHYSICIANS EAST, P.A. PROFIT SHARING PLAN & TRUST
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021

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 lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

- Quoted market 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.

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

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

Mutual funds and money market funds: 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 SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

PHYSICIANS EAST, P.A. PROFIT SHARING PLAN & TRUST
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021

3) FAIR VALUE MEASUREMENTS - (Continued)

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

<u>Description</u>	<u>December 31, 2021</u>	<u>Fair Value</u>	<u>Fair Value Measurements Using:</u>	
			<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>
Mutual Funds		\$ 109,208,148	\$ 109,208,148	\$ -
Common Stocks		1,722,794	1,722,794	
Total		<u>\$ 110,930,942</u>	<u>\$ 110,930,942</u>	<u>\$ -</u>

<u>Description</u>	<u>December 31, 2020</u>	<u>Fair Value</u>	<u>Fair Value Measurements Using:</u>	
			<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>
Mutual Funds		\$ 94,917,485	\$ 94,917,485	\$ -
Common Stocks		1,213,974	1,213,974	
Total		<u>\$ 96,131,459</u>	<u>\$ 96,131,459</u>	<u>\$ -</u>

4) PARTICIPANT DIRECTED INVESTMENT PLAN

The Plan is a participant directed investment plan with Fidelity Management Trust Company in which each participant has various funds to select among. In addition, the participants are allowed to self-direct their investments through Fidelity Brokerage instead of selecting from the list of mutual funds of Fidelity Investments.

Participants' accounts at December 31, 2021 and 2020 respectively totaling \$8,535,719 and \$7,499,755 were self-directed by the participants. These investments were being held in the Fidelity Brokerage accounts as directed by the participant.

PHYSICIANS EAST, P.A. PROFIT SHARING PLAN TRUST
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021

5) INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information, which is included in the accompanying financial statements and supplemental schedules as of December 31, 2021 and December 31, 2020 and for the years then ended, was obtained from data that has been prepared and certified to be complete and accurate by Fidelity Management Trust Company, trustee of the Plan investments in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income and Security Act of 1974.

	2021	2020
Investments - at Market Value		
Cash in Money Market Funds	\$ 371,609	\$ 2,464,287
Cash in Non-Interest Bearing account	0	5,496
Guaranteed Investment Contract (PSA)	3,317,466	2,741,735
Corporate Stocks & Debt	1,722,794	1,213,974
Mutual Funds	108,836,539	92,453,198
Total Investments	<u>114,248,408</u>	<u>98,878,690</u>
Investment Income (Loss)	\$ <u>14,458,207</u>	\$ <u>14,039,597</u>
Contributions to Plan		
Participant Rollovers	\$ 199,120	\$ 528,287
Employee & Employer Contributions	6,163,201	6,089,211
Total Contributions	<u>6,362,321</u>	<u>6,617,498</u>
Administrative Fees	\$ 6,163	\$ 53,549
Participant Withdrawals	<u>\$ 5,444,671</u>	<u>\$ 8,070,632</u>

6) CASH AND CASH EQUIVALENTS

As of December 31, 2021, all money was invested. Any money not otherwise invested, was invested in Fidelity money market mutual accounts.

7) EMPLOYER CONTRIBUTIONS

The employer elected to contribute \$2,361,698 as a discretionary contribution to the profit sharing Plan for the year. This was fully funded in September, 2022.

As required by the Plan, the company matched 401k contributions of the employees. For this purpose, the company contributed an additional \$1,369,947, which was fully funded at year-end .

8) EMPLOYEE ROLLOVERS

The Plan allows the participants to "roll over" retirement funds from previous employment into this Plan. During this year, funds totaling \$199,120 were transferred into the Plan from employee rollovers.

PHYSICIANS EAST, P.A. PROFIT SHARING PLAN & TRUST
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021

9) FORFEITURES

Account balances of terminated employees are paid to them or held in the fund if the employee has vested. If the employee is not vested in any portion, the accounts will be forfeited in the year in which their employment terminates. Forfeitures may be used to reduce employer contributions or to pay administrative expenses of the Plan, as determined by the Company at its sole discretion. For the year ended December 31, 2021, \$17,477 in forfeitures were used to pay administrative fees.

As of December 31, 2021 and 2020 respectively, there was a balance of \$21,273 and \$5,832 in forfeitures related to the profit sharing contributions.

10) PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. If this were to happen, all participants' accounts would immediately become 100% vested.

11) RISKS AND UNCERTAINTIES

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

12) RELATED -PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are managed by Fidelity, the trustee and record keeper for the Plan, and therefore, these transactions qualify as party in interest transactions. Any purchases and sales of these funds are performed in the open market at fair value. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

Fidelity provides certain administrative services to the Plan pursuant to a Retirement Plan Service Agreement between the Company and Fidelity. Fidelity receives revenue from mutual fund service providers for the services Fidelity provides to the funds. This revenue is used to offset certain amounts owed to Fidelity for its administrative services to the Plan. If the revenue received by Fidelity from such mutual fund service providers exceeds the amount owed under the agreement Fidelity remits the excess to the Plan's trust. Such amounts may be applied to pay Plan administrative expenses or allocated to the accounts of the participants. During 2021, the excess amount credited was \$30,075.

13) INCOME TAXES

The Plan has adopted a prototype plan that has received an opinion letter from the Internal Revenue Service. The Plan administrator believes that the Plan is operated in accordance with, and qualifies under, the applicable requirements of the Code and related state statutes, and that the trust, which forms a part of the Plan, is exempt from federal income and state franchise taxes.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize any uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

PHYSICIANS EAST, P.A. PROFIT SHARING PLAN & TRUST
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021

14) GUARANTEED INVESTMENT CONTRACT WITH NEW YORK LIFE

In 2012, the Plan entered into a fully benefit-responsive guaranteed investment contract with New York Life (NYL). NYL maintains the contributions in a pooled separate account. In addition to the contributions, the account includes interest credited, plus dividends, if any, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value.

As described above in note #2, because the contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the investment contract.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than zero percent. The interest crediting rate may be reset not more frequently than daily and not less frequently than quarterly. The interest crediting rate reflects the book yield on the separate account, adjusted to reflect amortization of any realized gains and losses.

Certain events could limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (a) total or partial Plan termination; (c) mergers; (d) lay-offs; (f) early retirement incentive programs; (g) sale or closing of all or part of the Plan sponsor's operations; (h) bankruptcy; or (i) receivership. The Plan administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

	<u>2021</u>	<u>2020</u>
Average Yields		
Based on Actual Earnings	2.05%	2.35%
Based on Interest Rate Credited to Participants	1.60%	1.90%

15) RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Those differences between the Form 5500 and this financial report are as follows:

For Form 5500 reporting, contributions to the Plan are reported on a cash basis. Accordingly, the 5500 does not reflect the money owed to the Plan at the end of 2021 and 2020 as does the financial statement. At December 31, 2020, there was a timing difference in investment in the NY Life Anchor Account. \$3,136 was included in the participant accounts with Fidelity but not with NY Life on that date. There was no timing difference at December 31, 2021.

<u>Contributions & Other Receivables</u>	<u>Financial Rpt.</u>	<u>Form 5500</u>
Receivables due as of December 31, 2021		
Employer for 2021 Profit Share	\$ 2,361,698	\$ 0
Other Receivable	0	1
Employer 401k Match for 2021	0	0
Employee 401k for 2021	0	0
Receivables due as of December 31, 2020		
Employer for 2020 Profit Share	2,368,513	0
Other Receivable		3,136
Employer 401k Match for 2020	0	0
Employee 401k for 2020	0	0

PHYSICIANS EAST, P.A. PROFIT SHARING PLAN & TRUST
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021

15) RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)

<u>Contributions Income</u>	<u>Employer</u>	<u>Employees</u>
Income Per Financial Report		
Profit Share Contributions	\$ 2,361,698	\$ 0
Qualified Discretionary Contributions	0	0
401K Contributions	1,369,947	2,424,740
Rollovers	0	199,120
December 31, 2021 Receivable		
Profit Share Contributions	(2,361,698)	0
Other Employer Contributions	0	0
401k Contributions	0	0
December 31, 2020 Receivable		
Profit Share Contributions	2,366,818	0
Other Employer Contributions	1,695	0
401k Contributions	0	0
Rounding	0	0
Income Reported Per 5500	<u>\$ 3,738,460</u>	<u>\$ 2,623,860</u>

Different Income Reporting Requirements

As required by IRS Form 5500, the income reported on that form was reallocated and shown in a different manner than the attached statement of changes in net assets available for benefits.

Investment Income		
Dividends & Interest	\$ 8,066,685	\$
Realized and Unrealized Gains on Investments		
Registered Investment Companies & Corporate Stocks	6,391,547	
Interest on Interest Bearing Cash		\$ 120
Net Gain/(Loss) from Pooled Separate Accounts		50,371
Dividends on Common Stocks		14,703
Dividends on Registered Investment Companies		8,001,491
Net Gain/(Loss) on Sales of Investments		20,429
Other Unrealized Appreciation (Depreciation)		137,054
Mutual Fund Income (Loss)		6,234,064
Rounding	0	0
Total Investment Income (Loss)	<u>\$ 14,458,232</u>	<u>\$ 14,458,232</u>

16) PROHIBITED TRANSACTIONS

During 2021, the company failed to remit participant contributions in a timely manner. The company identified 9 instances that totaled \$339,889 in which participant contributions were remitted to the plan in violation of Department of Labor (DOL) regulations. The company has corrected this issue and management has determined that the amount of corrective earnings is immaterial.

SUPPLEMENTAL INFORMATION

PHYSICIANS EAST, PA. PROFIT SHARING PLAN
EIN: 56-1986491 PLAN NUMBER: 001
Schedule H, line 4i - Schedule of Assets (Held At End of Year)
December 31, 2021

(a) (b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	# of Shares	Cost
INTEREST BEARING CASH (INCLUDING MONEY MARKET MUTUAL FUNDS)			Current Value
FIDELITY CASH RESERVES	Mutual Fund Shares		371,609
CORPORATE STOCKS			
ALECTOR INC	Common Stock	600	12,380
AMAZON.COM	Common Stock	10	33,343
ALTERYX INC COM	Common Stock	200	12,100
ALIBABA GROUP HLDG	Common Stock	1500	176,185
AMC ENTERTAINMENT	Common Stock	1	27
APPLE INC	Common Stock	40	7,103
APPLIED MATERIALS INC	Common Stock	581	91,382
ARVINAS INC COM	Common Stock	250	20,535
ACTIVISION BLIZZARD	Common Stock	110	7,301
BLACKSTONE GROUP	Common Stock	314	40,648
BLUEBIRD BIO INC COM	Common Stock	145	1,449
BRISTOL MYERS SQUIBB NFS	Common Stock	806	50,236
CSX CORP	Common Stock	302	11,343
CARNIVAL CORP	Common Stock	310	6,237
CHERNIE ENERGY	Common Stock	20	2,028
CISCO SYS INC	Common Stock	279	17,684
CORTEVA INC COM	Common Stock	87	4,129
CARRIER GLOBAL CORPORATION	Common Stock	105	5,672
CRISPR THERAPEUTICS	Common Stock	1400	106,082
CROWDSTRIKE HLDGS INC	Common Stock	200	40,950
DXC TECHNOLOGY	Common Stock	103	3,316
DEXCOM	Common Stock	35	18,793
DISNER CORP	Common Stock	100	15,489
DOMINOS PIZZA INC	Common Stock	72	40,420
DOWINC COM	Common Stock	98	5,551
DUKE ENERGY CORP	Common Stock	193	20,197
DUPONT DE NEMOURS INC	Common Stock	88	7,124
EMERGENT BIOSOLUTIONS	Common Stock	487	21,153
FACEBOOK INC	Common Stock	90	30,272
FORD MOTOR COMPANY	Common Stock	1,670	34,685
FREEPORT MCMORAN COPPER & GOLD	Common Stock	1,438	60,018
FULGENT GENETICS INC	Common Stock	57	5,734
GRAYSCALE ETHEREUM TR	Common Stock	187	6,051
INMODE LTD	Common Stock	400	28,232
INSULET CORP	Common Stock	3	798
KB HOME	Common Stock	304	13,606
LILLY ELI & CO	Common Stock	11	3,038
LIVE OAK BANCSHARES	Common Stock	588	51,300
LYFT	Common Stock	300	12,819
MATCH GROUP INC	Common Stock	150	19,837
MAXLINEAR	Common Stock	200	15,078
MERCADOLIBRE INC	Common Stock	1	1,348
MCDONALDS CORP	Common Stock	100	26,694
MILESTONE PHARMACEUTICALS	Common Stock	125	819
MOTOROLA SOLUTIONS	Common Stock	15	4,075
NEWMONT MNG CORP	Common Stock	33	2,048
NOVO NORDISK A/S	Common Stock	949	106,288
NVIDIA CORP	Common Stock	203	59,724
OTIS WORLDWIDE	Common Stock	52	4,535
PEPSICO INC	Common Stock	101	17,623
PRECISION BIOSCIENCES INC COM	Common Stock	800	5,920
PREDICTIVE ONCOLOGY	Common Stock	1150	1,056
RAYTHEON	Common Stock	108	9,320
REGENERON PHARMACEUTICALS	Common Stock	31	19,577
ROBINHOOD MKTS	Common Stock	1	18
SALESFORCE.COM INC	Common Stock	250	63,533
SAREPTA THERAPEUTICS INC COM	Common Stock	200	18,010
SILVERGATE CAP CORP	Common Stock	150	22,230
SIX FLAGS ENTMT	Common Stock	301	12,808
SPIRIT AEROSYSTEMS HLDGS INC	Common Stock	201	8,852
SPLUNK INC COM	Common Stock	100	11,572
SQUARE INC	Common Stock	100	16,151
NOMAD HOLDINGS LTD	Common Stock	66	1,676
TANDEM DIABETES CARE INC	Common Stock	132	19,869
TAKE-TWO INTERACTIVE SOFTWARE	Common Stock	100	17,772
TAKEDA PHARMACEUTICALS	Common Stock	304	4,148
TARGET	Common Stock	104	23,955
TELADOC INC	Common Stock	159	14,560
THERMO ELECTRON CORP	Common Stock	50	33,394
2SEVENTY BIO INC	Common Stock	48	1,230
YIELD 10 BIOSCIENCE INC	Common Stock	100	492
TWITTER INC	Common Stock	319	13,778
VERIZON COMMUNICATIONS	Common Stock	305	15,838
WORKHORSE GROUP	Common Stock	722	3,147
YETI HOLDINGS	Common Stock	200	16,566
ABBVIE INC COM	Common Stock	524	70,939
ZOOM VIDEO	Common Stock	60	11,035
Total Common Stock			1,722,794

PHYSICIANS EAST, PA PROFIT SHARING PLAN
EIN: 56-1986491 PLAN NUMBER:001
Schedule H, line 4i - Schedule of Assets (Held At End of Year)
December 31, 2021

		(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
(a)	(b) Identity of issue, borrower, lessor, or similar party			
<u>INTEREST IN POOLED SEPARATE ACCOUNTS</u>			<u>Contract Value</u>	
	NEW YORK LIFE INS CO - ANCHOR ACCOUNT	Units		<u>3,317,466</u> 3,317,466
<u>REGISTERED INVESTMENT COMPANIES</u>			<u># of Shares</u>	
	ALLIANCE BERNSTEIN SMALL CAP GROWTH	Mutual Fund Shares	14,391	1,226,672
	AMERICAN FUNDS EUROPACIFIC GROWTH FUND	Mutual Fund Shares	28,709	1,856,590
	ARTISAN INTL VALUE FUND ADVISOR	Mutual Fund Shares	15,288	647,891
	ARTISAN HIGH INCOME CL	Mutual Fund Shares	13,058	130,189
	BEUTEL GOODMAN LARGE CAP VALUE	Mutual Fund Shares	29,625	386,898
	BLACKROCK MID CAP GROWTH	Mutual Fund Shares	58,593	2,818,923
	BROWN ADVISORY TOTAL RETURN CLASS INSTL	Mutual Fund Shares	48,619	499,314
	BROWN ADVISORY GLOBAL LEADERS	Mutual Fund Shares	26,048	612,898
	BROWN ADVISORY MID CAP GROWTH	Mutual Fund Shares	19,596	345,672
	BROWN ADVISORY SMALL CAP FNDMTL VALUE	Mutual Fund Shares	15,358	480,248
	BROWN ADVISORY FLEXIBLE VALUE	Mutual Fund Shares	12,355	430,069
	BROWN ADVISORY SUSTAINABLE BD INSTL	Mutual Fund Shares	143,693	1,469,982
	BROWN ADVISORY SOMERSET ERGMKT INST	Mutual Fund Shares	34,359	406,468
	ETF SER SOULTIONS NATIONWIDE RSK	Units	308	8,596
	FIDELITY 500 INDEX INST	Mutual Fund Shares	89,022	14,717,122
	FIDELITY CONTRAFUND K6	Mutual Fund Shares	379,090	8,847,951
	FIDELITY DIVERSIFIED INTL K	Mutual Fund Shares	99,621	4,821,651
	FIDELITY EXTENDED MARKET	Mutual Fund Shares	7,718	673,122
	FIDELITY FREEDOM 2010 K	Mutual Fund Shares	36,753	577,755
	FIDELITY FREEDOM 2015 K	Mutual Fund Shares	11,141	145,163
	FIDELITY FREEDOM 2020 K	Mutual Fund Shares	459,534	7,646,649
	FIDELITY FREEDOM 2025 K	Mutual Fund Shares	327,768	5,034,514
	FIDELITY FREEDOM 2030 K	Mutual Fund Shares	419,362	8,102,065
	FIDELITY FREEDOM 2035 K	Mutual Fund Shares	248,567	4,205,752
	FIDELITY FREEDOM 2040 K	Mutual Fund Shares	336,962	4,104,203
	FIDELITY FREEDOM 2045 K	Mutual Fund Shares	262,942	3,665,413
	FIDELITY FREEDOM 2050 K	Mutual Fund Shares	175,271	2,467,821
	FIDELITY FREEDOM 2055 K	Mutual Fund Shares	114,548	1,862,551
	FIDELITY FREEDOM 2060 K	Mutual Fund Shares	30,756	456,726
	FIDELITY FREEDOM 2065 K	Mutual Fund Shares	1,285	17,191
	FIDELITY FREEDOM INCOME K	Mutual Fund Shares	32,933	389,928
	FIDELITY GLOBAL EX US INDEX FUND	Mutual Fund Shares	29,158	445,820

PHYSICIANS EAST, PA PROFIT SHARING PLAN
 EIN: 56-1986491 PLAN NUMBER: 001
 Schedule H, line 4i - Schedule of Assets (Held At End of Year)
 December 31, 2021

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
REGISTERED INVESTMENT COMPANIES		# of Shares		
	FIDELITY HIGH INCOME	Mutual Fund Shares	198,359	1,723,742
	FIDELITY LOW PRICED STOCK K	Mutual Fund Shares	34,249	1,839,860
	FIDELITY US BOND INDEX FUND	Mutual Fund Shares	21,673	259,642
	HARBOR CAP APPR INV	Mutual Fund Shares	100,916	9,433,655
	ISHARES TRUST CORE MSCI EAFE	Units	4,342	324,062
	ISHARES TR MSCI ALL COUNTRY ASIA	Units	1,175	97,172
	JOHN HANCOCK DISCIPLINED VALUE MIDCAP	Mutual Fund Shares	45,457	1,258,263
	JP MORGAN EQUITY INCOME R3	Mutual Fund Shares	274,436	6,416,311
	METWEST TOT RTN BD P	Mutual Fund Shares	511,061	5,228,154
	PIF REAL EST SEC IS	Mutual Fund Shares	7,492	261,388
	PIMCO COM REAL RET I	Mutual Fund Shares	76,782	487,568
	PROSHARES TR SHORT QQQ	Units	100	1,083
	SECTOR SPDR TR SHS BEN INT	Units	10	2,044
	SPDR SER TR KBW REGL BKG ETF	Units	331	23,462
	VANGUARD SHORT TERM BOND INDEX	Mutual Fund Shares	53,039	594,574
	VICTORY SM CO OPP I	Mutual Fund Shares	26,347	1,383,752
	Total Registered Investment Companies			<u>108,836,539</u>
TOTAL			\$	114,248,408

PHYSICIANS EAST, PA PROFIT SHARING PLAN

EIN: 56-1986491

PLAN NUMBER: 001

Schedule H, line 4a - Schedule of Delinquent Participant Contributions

December 31, 2021

Total that Constitute Nonexempt Prohibited Transactions					
Participant Contributions Transferred Late to the Plan	Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51

Amount Withheld	Date Withheld	Date Remitted	
\$ 28,264.35	4/23/2021	5/3/2021	\$ 28,264.35
\$ 65,941.58	5/14/2021	5/26/2021	\$ 65,941.58
\$ 63,136.31	6/15/2021	6/22/2021	\$ 63,136.31
\$ 31,067.51	7/2/2021	7/12/2021	\$ 31,067.51
\$ 30,218.08	7/16/2021	7/29/2021	\$ 30,218.08
\$ 30,450.86	9/24/2021	10/1/2021	\$ 30,450.86
\$ 29,833.79	10/8/2021	10/15/2021	\$ 29,833.79
\$ 30,140.11	11/19/2021	12/1/2021	\$ 30,140.11
\$ 30,836.49	12/3/2021	12/21/2021	\$ 30,836.49

PHYSICIANS EAST, PA. PROFIT SHARING PLAN
EIN: 56-1986491 PLAN NUMBER: 001
Schedule H, line 4i - Schedule of Assets (Held At End of Year)
December 31, 2021

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INTEREST BEARING CASH (INCLUDING MONEY MARKET MUTUAL FUNDS)				
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CORPORATE STOCKS				
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AMAZON.COM	Common Stock	10		33,343
ALTERYX INC COM	Common Stock	200		12,100
ALIBABA GROUP HLDG	Common Stock	1500		178,185
AMC ENTERTAINMENT	Common Stock	1		27
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SQUARE INC	Common Stock	100		16,151
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TAKE-TWO INTERACTIVE SOFTWARE	Common Stock	100		17,772
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VERIZON COMMUNICATIONS	Common Stock	305		15,838
WORKHORSE GROUP	Common Stock	722		3,147
YETI HOLDINGS	Common Stock	200		16,566
ABBVIE INC COM	Common Stock	524		70,939
ZOOM VIDEO	Common Stock	60		11,035

Total Common Stock

1,722,794

PHYSICIANS EAST, PA PROFIT SHARING PLAN
EIN: 56-1986491 PLAN NUMBER:001
Schedule H, line 4i - Schedule of Assets (Held At End of Year)
December 31, 2021

		(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
(a)	(b) Identity of issue, borrower, lessor, or similar party			
<u>INTEREST IN POOLED SEPARATE ACCOUNTS</u>			<u>Contract Value</u>	
	NEW YORK LIFE INS CO - ANCHOR ACCOUNT	Units		3,317,466
				3,317,466
<u>REGISTERED INVESTMENT COMPANIES</u>			<u># of Shares</u>	
	ALLIANCE BERNSTEIN SMALL CAP GROWTH	Mutual Fund Shares	14,391	1,226,672
	AMERICAN FUNDS EUROPACIFIC GROWTH FUND	Mutual Fund Shares	28,709	1,856,590
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	ARTISAN HIGH INCOME CL	Mutual Fund Shares	13,058	130,189
	BEUTEL GOODMAN LARGE CAP VALUE	Mutual Fund Shares	29,625	386,898
	BLACKROCK MID CAP GROWTH	Mutual Fund Shares	58,593	2,818,923
	BROWN ADVISORY TOTAL RETURN CLASS INSTL	Mutual Fund Shares	48,619	499,314
	BROWN ADVISORY GLOBAL LEADERS	Mutual Fund Shares	26,048	612,898
	BROWN ADVISORY MID CAP GROWTH	Mutual Fund Shares	19,596	345,672
	BROWN ADVISORY SMALL CAP FNDMTL VALUE	Mutual Fund Shares	15,358	480,248
	BROWN ADVISORY FLEXIBLE VALUE	Mutual Fund Shares	12,355	430,069
	BROWN ADVISORY SUSTAINABLE BD INSTL	Mutual Fund Shares	143,693	1,469,982
	BROWN ADVISORY SOMERSET ERGMKT INST	Mutual Fund Shares	34,359	406,468
	ETF SER SOULTIONS NATIONWIDE RSK	Units	308	8,596
	FIDELITY 500 INDEX INST	Mutual Fund Shares	89,022	14,717,122
	FIDELITY CONTRAFUND K6	Mutual Fund Shares	379,090	8,847,951
	FIDELITY DIVERSIFIED INTL K	Mutual Fund Shares	99,621	4,821,651
	FIDELITY EXTENDED MARKET	Mutual Fund Shares	7,718	673,122
	FIDELITY FREEDOM 2010 K	Mutual Fund Shares	36,753	577,755
	FIDELITY FREEDOM 2015 K	Mutual Fund Shares	11,141	145,163
	FIDELITY FREEDOM 2020 K	Mutual Fund Shares	459,534	7,646,649
	FIDELITY FREEDOM 2025 K	Mutual Fund Shares	327,768	5,034,514
	FIDELITY FREEDOM 2030 K	Mutual Fund Shares	419,362	8,102,065
	FIDELITY FREEDOM 2035 K	Mutual Fund Shares	248,567	4,205,752
	FIDELITY FREEDOM 2040 K	Mutual Fund Shares	336,962	4,104,203
	FIDELITY FREEDOM 2045 K	Mutual Fund Shares	262,942	3,665,413
	FIDELITY FREEDOM 2050 K	Mutual Fund Shares	175,271	2,467,821
	FIDELITY FREEDOM 2055 K	Mutual Fund Shares	114,548	1,862,551
	FIDELITY FREEDOM 2060 K	Mutual Fund Shares	30,756	456,726
	FIDELITY FREEDOM 2065 K	Mutual Fund Shares	1,285	17,191
	FIDELITY FREEDOM INCOME K	Mutual Fund Shares	32,933	389,928
	FIDELITY GLOBAL EX US INDEX FUND	Mutual Fund Shares	29,158	445,820

PHYSICIANS EAST, PA PROFIT SHARING PLAN
EIN: 56-1986491 PLAN NUMBER: 001
Schedule H, line 4i - Schedule of Assets (Held At End of Year)
December 31, 2021

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
<u>REGISTERED INVESTMENT COMPANIES</u>		# of Shares	
FIDELITY HIGH INCOME	Mutual Fund Shares	198,359	1,723,742
FIDELITY LOW PRICED STOCK K	Mutual Fund Shares	34,249	1,839,860
FIDELITY US BOND INDEX FUND	Mutual Fund Shares	21,673	259,642
HARBOR CAP APPR INV	Mutual Fund Shares	100,916	9,433,655
ISHARES TRUST CORE MSCI EAFE	Units	4,342	324,062
ISHARES TR MSCI ALL COUNTRY ASIA	Units	1,175	97,172
JOHN HANCOCK DISCIPLINED VALUE MIDCAP	Mutual Fund Shares	45,457	1,258,263
JP MORGAN EQUITY INCOME R3	Mutual Fund Shares	274,436	6,416,311
METWEST TOT RTN BD P	Mutual Fund Shares	511,061	5,228,154
PIF REAL EST SEC IS	Mutual Fund Shares	7,492	261,388
PIMCO COM REAL RET I	Mutual Fund Shares	76,782	487,568
PROSHARES TR SHORT QQQ	Units	100	1,083
SECTOR SPDR TR SHS BEN INT	Units	10	2,044
SPDR SER TR KBW REGL BKG ETF	Units	331	23,462
VANGUARD SHORT TERM BOND INDEX	Mutual Fund Shares	53,039	594,574
VICTORY SM CO OPP I	Mutual Fund Shares	26,347	1,383,752
Total Registered Investment Companies		<u>108,836,539</u>	
TOTAL		\$ 114,248,408	

PHYSICIANS EAST, PA PROFIT SHARING PLAN

EIN: 56-1986491

PLAN NUMBER: 001

Schedule H, line 4a - Schedule of Delinquent Participant Contributions

December 31, 2021

Total that Constitute Nonexempt Prohibited Transactions					
Participant Contributions Transferred Late to the Plan	Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51

Amount Withheld	Date Withheld	Date Remitted	
\$ 28,264.35	4/23/2021	5/3/2021	\$ 28,264.35
\$ 65,941.58	5/14/2021	5/26/2021	\$ 65,941.58
\$ 63,136.31	6/15/2021	6/22/2021	\$ 63,136.31
\$ 31,067.51	7/2/2021	7/12/2021	\$ 31,067.51
\$ 30,218.08	7/16/2021	7/29/2021	\$ 30,218.08
\$ 30,450.86	9/24/2021	10/1/2021	\$ 30,450.86
\$ 29,833.79	10/8/2021	10/15/2021	\$ 29,833.79
\$ 30,140.11	11/19/2021	12/1/2021	\$ 30,140.11
\$ 30,836.49	12/3/2021	12/21/2021	\$ 30,836.49