

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>ASSOCIATED ANESTHESIOLOGISTS, INC. 401(K) PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/23/1962</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>06/23/1962</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>06/23/1962</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>ASSOCIATED ANESTHESIOLOGISTS, INC.</u> <u>6839 SOUTH CANTON</u> <u>TULSA, OK 74136</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>73-0716044</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>918-494-0612</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621111</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>73-0716044</u>	2c Plan Sponsor's telephone number <u>918-494-0612</u>	2d Business code (see instructions) <u>621111</u>	
2b Employer Identification Number (EIN) <u>73-0716044</u>					
2c Plan Sponsor's telephone number <u>918-494-0612</u>					
2d Business code (see instructions) <u>621111</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	JANELLE CROWL
	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	182
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)	125
a(2) Total number of active participants at the end of the plan year		6a(2)	116
b Retired or separated participants receiving benefits.....		6b	
c Other retired or separated participants entitled to future benefits		6c	52
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	168
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	
f Total. Add lines 6d and 6e		6f	168
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	167
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	5
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2G 2J 2K 2R 2T 3D 2F			
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) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan ASSOCIATED ANESTHESIOLOGISTS, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ASSOCIATED ANESTHESIOLOGISTS, INC.	D Employer Identification Number (EIN) 73-0716044	

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
PUTNAM INVESTMENTS
04-3159710

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AMERICAN BEACON ADVISORS, INC.
75-2147195

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
COHEN & STEERS CAPITAL MANAGEMENT,
13-3353336

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
DODGE & COX
94-1441976

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

FIDELITY INVESTMENTS

04-2647786

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

FRANKLIN TEMPLETON DISTRIBUTORS, IN

13-5599989

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

INVESCO DISTRIBUTORS, INC.

84-1433692

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

MANULIFE INVESTMENT MANAGEMENT LLC

04-3168979

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

MACQUARIE INVESTMENT MANAGEMENT

13-3465352

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

METROPOLITAN WEST ASSET MANAGEMENT,

95-4597302

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

PACIFIC INVESTMENT MANAGEMENT COMPA

33-0629048

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

T. ROWE PRICE INVESTMENT SERVICES,

52-1184650

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

THE VANGUARD GROUP, INC.

23-1945930

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

THE TRUST COMPANY OF OKLAHOMA

73-1577418

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

EAGLE ASSET MANAGEMENT, INC.

59-8385219

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

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

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

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

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

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

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

TRUST COMPANY OF OKLAHOMA

6120 SOUTH YALE
SUITE 1900
TULSA, OK 74136

73-1577418

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 24 37 38 50 51 64 65	TRUSTEE	195734	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☐ No ☐

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

PINNACLE INVESTMENT ADVISORS

15 WEST 6TH STREET
SUITE 2401
TULSA, OK 74119

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	ADVISOR	20286	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

OPPENHEIMER ASSET MANAGEMENT

85 BROAD STREET, 3RD FLOOR
NEW YORK, NY 10004

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	ADVISOR	27959	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>ASSOCIATED ANESTHESIOLOGISTS, INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) <u>001</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ASSOCIATED ANESTHESIOLOGISTS, INC.</u>	D Employer Identification Number (EIN) <u>73-0716044</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TCO AGGRESSIVE GROWTH</u>		
b Name of sponsor of entity listed in (a): <u>TRUST COMPANY OF OKLAHOMA</u>		
c EIN-PN <u>73-1577418-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1885933</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TCO BALANCED</u>		
b Name of sponsor of entity listed in (a): <u>TRUST COMPANY OF OKLAHOMA</u>		
c EIN-PN <u>73-1577418-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>541274</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TCO BALANCED GROWTH</u>		
b Name of sponsor of entity listed in (a): <u>TRUST COMPANY OF OKLAHOMA</u>		
c EIN-PN <u>73-1577418-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9469465</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TCO BALANCED INCOME</u>		
b Name of sponsor of entity listed in (a): <u>TRUST COMPANY OF OKLAHOMA</u>		
c EIN-PN <u>73-1577418-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>247671</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TCO CONSERVATIVE</u>		
b Name of sponsor of entity listed in (a): <u>TRUST COMPANY OF OKLAHOMA</u>		
c EIN-PN <u>73-1577418-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>34793</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TCO GROWTH</u>		
b Name of sponsor of entity listed in (a): <u>TRUST COMPANY OF OKLAHOMA</u>		
c EIN-PN <u>73-1577418-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>735444</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TCO TARGET INCOME</u>		
b Name of sponsor of entity listed in (a): <u>TRUST COMPANY OF OKLAHOMA</u>		
c EIN-PN <u>73-1577418-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>313331</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: TCO TARGET RETIREMENT 2015

b Name of sponsor of entity listed in (a): TRUST COMPANY OF OKLAHOMA

c EIN-PN 73-1577418-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2525367
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a Name of MTIA, CCT, PSA, or 103-12 IE: TCO TARGET RETIREMENT 2025

b Name of sponsor of entity listed in (a): TRUST COMPANY OF OKLAHOMA

c EIN-PN 73-1577418-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5268411
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a Name of MTIA, CCT, PSA, or 103-12 IE: TCO TARGET RETIREMENT 2035

b Name of sponsor of entity listed in (a): TRUST COMPANY OF OKLAHOMA

c EIN-PN 73-1577418-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2595089
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a Name of MTIA, CCT, PSA, or 103-12 IE: TCO TARGET RETIREMENT 2045

b Name of sponsor of entity listed in (a): TRUST COMPANY OF OKLAHOMA

c EIN-PN 73-1577418-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3775468
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a Name of MTIA, CCT, PSA, or 103-12 IE: TCO TARGET RETIREMENT 2055

b Name of sponsor of entity listed in (a): TRUST COMPANY OF OKLAHOMA

c EIN-PN 73-1577418-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 589779
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a Name of MTIA, CCT, PSA, or 103-12 IE: TCO TARGET RETIREMENT 2065

b Name of sponsor of entity listed in (a): TRUST COMPANY OF OKLAHOMA

c EIN-PN 73-1577418-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE FUND

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

c EIN-PN 04-3159710-202	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 123
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan ASSOCIATED ANESTHESIOLOGISTS, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ASSOCIATED ANESTHESIOLOGISTS, INC.	D Employer Identification Number (EIN) 73-0716044	

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	75630	58939
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1298575	1649045
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	22646	25636
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3020709	3444888
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	269603	160698
(9) Value of interest in common/collective trusts.....	1c(9)	132024	122
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	66623897	74572836
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	27105175	22245304

		(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	98548259 102157468
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	98548259 102157468

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)	2273233
	(B) Participants	2a(1)(B)	1497481
	(C) Others (including rollovers).....	2a(1)(C)	54988
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	3825702
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	884
	(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)	10021
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	10905
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2586392
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	2586392
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		3746288
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		5247403
c Other income.....	2c		3105300
d Total income. Add all income amounts in column (b) and enter total.....	2d		18521990
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	14668802	
(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)		14668802
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)	186661	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	57318	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		243979
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		14912781
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		3609209
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: STANFIELD & O'DELL

(2) EIN: 73-1293433

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		17317

	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		1000000
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 ASSOCIATED ANESTHESIOLOGISTS, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ASSOCIATED ANESTHESIOLOGISTS, INC.	D Employer Identification Number (EIN) 73-0716044

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
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): 73-1355579	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3

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

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

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

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

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

**Associated Anesthesiologists, Inc.
401(k) Profit Sharing Plan**

Financial Statements, Supplemental Information
and Independent Auditor's Report

December 31, 2021 and 2020

Associated Anesthesiologists, Inc. 401(k) Profit Sharing Plan

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Stanfield + O'Dell

C P A S & A D V I S O R S

Independent Auditor's Report

The Plan Administrator
Associated Anesthesiologists, Inc. 401(k) Profit Sharing Plan

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules 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 D to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

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

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

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of Associated Anesthesiologists, Inc. 401(k) Profit Sharing Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Associated Anesthesiologists, Inc. 401(k) Profit Sharing Plan's ability to continue as a going concern for one year subsequent to the date which the financial statements were 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 of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Associated Anesthesiologists, Inc. 401(k) Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Associated Anesthesiologists, Inc. 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4a - Schedule of Delinquent Participant Contributions as of and for the year ended December 31, 2021, are 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 investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental 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 Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the 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 were engaged to audit the 2020 financial statements of Associated Anesthesiologists, Inc. 401(k) Profit Sharing Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 14, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Stanfield + O'Dell, P.C.

Tulsa, Oklahoma
October 14, 2022

Associated Anesthesiologists, Inc. 401(k) Profit Sharing Plan

Statements of Net Assets Available for Benefits

December 31,

	2021	2020
Assets		
Cash	\$ 58,939	\$ 75,630
Investments, at fair value	100,263,150	96,881,805
Notes receivable from participants	160,698	269,603
Employer contributions receivable	1,649,045	1,298,575
Accrued income receivable	25,636	22,646
Net assets available for benefits	<u><u>\$ 102,157,468</u></u>	<u><u>\$ 98,548,259</u></u>

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

Associated Anesthesiologists, Inc. 401(k) Profit Sharing Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2021

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 12,098,991
Interest and dividends	<u>2,587,276</u>
	<u>14,686,267</u>

Interest income on notes receivable from participants	<u>10,021</u>
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Contributions:

Employer	2,273,233
Participants	1,497,481
Rollover	<u>54,988</u>
	<u>3,825,702</u>

Total additions	<u>18,521,990</u>
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Deductions from net assets attributed to:

Benefit payments	14,668,802
Administrative expenses	<u>243,979</u>
Total deductions	<u>14,912,781</u>

Net increase	3,609,209
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Net assets available for benefits

Beginning of year	<u>98,548,259</u>
End of year	<u><u>\$ 102,157,468</u></u>

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

Notes to Financial Statements

December 31, 2021 and 2020

Note A – Description of Plan

The following brief description of the Associated Anesthesiologists, Inc. 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. General

The Plan is a defined contribution plan covering qualified employees of Associated Anesthesiologists, Inc., AAI Management, PLLC, and OSH AAI, PLLC (collectively, the Company or the Employer). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

During August 2015, the Company restated the Plan effective January 1, 2016, to comply with the requirements of the Pension Protection Act of 2006 (PPA); the Heroes Earnings Assistance and Relief Act of 2008 (Heart Act); the Worker, Retiree, and Employer Recover Act of 2008 (WRERA); and other applicable guidance. At the time of restatement, the Plan adopted the Plan trustee's volume submitter profit sharing plan with cash or deferred arrangement. The restated Plan provisions are designed to qualify as a safe harbor 401(k) plan.

The Company further amended the Plan, effective January 1, 2017, for certain provisions including changing the required beginning date for required minimum distributions to the later of age 70½ or termination of employment.

In addition, Plan management raised the required minimum distribution age to 72 for participants who reach age 70 ½ in 2020 or later in accordance with the Setting Every Community Up for Retirement Enhancement Act (the "SECURE" Act).

In March 2020, the Coronavirus Aid, Relief and Economic Security Act (the "CARES" Act) was enacted to provide economic relief to companies and individuals in response to the COVID-19 pandemic. Plans could voluntarily adopt these provisions by placing them in operation without amending the plan as long as the plan management makes the required amendments to plan documents before the last day of the first plan year beginning on or after January 1, 2022. Plan management implemented the following provisions of the CARES Act during 2020:

- Qualified individuals, as defined in the CARES Act, were permitted to take a coronavirus-related distribution of up to \$100,000 (not to exceed the participant's vested account balance) from their retirement plan account on or before December 30, 2020, without a 10 percent early withdrawal penalty.
- Qualified individuals, as defined in the CARES Act, with an existing or new plan loan were permitted to suspend their loan repayments due between March 27, 2020, and December 31, 2020, for a period of one year. If payments are suspended for one year, an additional year will be added to the loan term. Loan interest will continue to accrue and remaining payments will be re-amortized over the longer period.
- Required minimum distributions were suspended for 2020.

Notes to Financial Statements

December 31, 2021 and 2020

Note A – Description of the Plan – Continued

1. General – Continued

The Plan was restated effective January 1, 2021, in compliance with regulatory requirements.

The Plan was subsequently amended effective January 1, 2022, to exclude continuation payments to disabled participants paid after severance of employment and incentive compensation from compensation as defined by the Plan.

2. Eligibility

Employees are eligible to participate on their date of hire. Employees are eligible to receive employer contributions if they have completed one year of service. A year of service is defined as a consecutive 12-month period during which the employee has 1,000 hours or more of service. In order to receive employer discretionary contributions, a participant must be employed on the last day of the Plan year.

3. Entry Date

For participant deferral contributions and employer non-elective contributions, employees may enter the Plan on their date of hire. For employer-qualified and employer discretionary contributions, employees may enter the Plan on the first day of the Plan year or on the first day of the seventh month coinciding with or following the date they satisfy the Plan's eligibility requirements.

4. Contributions

Each year, participants may elect to contribute a portion of their pre-tax annual compensation, as defined in the Plan.

Contributions are subject to certain Internal Revenue Code (IRC) limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan allows participants to designate contributions as Roth 401(k) contributions.

The Company makes qualified, non-elective contributions in the amount equal to 3% of Plan compensation. In addition, the Plan allows the Company to make discretionary contributions to the Plan. For the year ended December 31, 2021, the Company made qualified, non-elective contributions of \$624,769 and discretionary contributions of \$1,648,464.

Participants may also make rollover contributions representing distributions from other qualified plans.

5. Participant Accounts

Each participant's account is credited with the participant's contribution, the Company's qualified, non-elective contribution, the Company's discretionary contribution, withdrawals, and earnings/losses. Trustee fees are allocated quarterly to participant accounts on a pro-rata basis. Recordkeeping fees are allocated quarterly to participants accounts on a per-capita basis. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Notes to Financial Statements

December 31, 2021 and 2020

Note A – Description of Plan – Continued

6. Investment Options

Upon enrollment in the Plan, a participant may direct deferrals and employer contributions in any of the funds offered by the Plan. Additionally, participants may choose to enroll in self-directed brokerage accounts. Participants may change their investment options daily.

7. Vesting

Participants are immediately vested in their contributions and in their employer-qualified, non-elective contributions, plus actual earnings thereon. Vesting in the Company's matching contributions contributed to participants prior to January 1, 2016, and discretionary contributions are based on years of continuous service. Vesting is based on years of credited services as set forth in the following table:

<u>Participant's Years of Service</u>	<u>Vested Percentage</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

8. Forfeitures

At December 31, 2020, the Plan held \$63 in forfeited, non-vested accounts. No forfeited non-vested accounts were held at December 31, 2021. These accounts were used to reduce employer contributions and to pay certain plan expenses. During the year ended December 31, 2021, employer contributions were reduced by \$18,561 and \$170 in trustee investment management and administrative services were paid from forfeited, non-vested accounts.

9. Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at the prime interest rate at the time funds are borrowed. As of December 31, 2021 and 2020, interest rates ranged from 3.25% to 5.50%. Principal and interest are paid ratably through payroll deductions over a period not to exceed five years or ten years if the proceeds of the loan were used to acquire the participant's residence. A participant may have more than one outstanding loan at a time. During 2020, Plan management implemented certain provisions of the CARES Act related to loans to qualified individuals as defined by the CARES Act (see Note A.1).

Notes to Financial Statements

December 31, 2021 and 2020

Note A – Description of Plan – Continued

10. Payment of Benefits

Upon termination of service for reasons other than death, disability or retirement, a participant or designated beneficiary (if applicable) may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or partial withdrawals as defined in the Plan agreement. If a participant's account balance is less than \$5,000, the participant's account may be automatically distributed. If the account balance exceeds \$5,000, including amounts attributed to rollovers, the participant's account will not be automatically distributed; however, the participant may elect to receive the benefit. The distribution will then be made to the participant within a reasonable time after termination of employment and consent to the distribution. Certain early distributions made upon early termination of employment may be subject to penalty.

Upon retirement at normal retirement age of 62, the participant is entitled to receive his or her entire account balance. In addition, a participant who retires due to a disability will also be entitled to 100% of their account balance. If a participant attains age 59½ while still employed by the Company, he or she may elect to withdraw all or a portion of his or her vested balance. A participant that is at least age 45 at the time of the distribution and employed by the Company may withdraw his or her vested account balance that is attributable to employer contributions. Additionally, distributions may be made for purposes of hardship as defined in the Plan document.

Also during 2020, Plan management implemented certain provisions of the CARES Act related to distributions made to qualified individuals as defined by the CARES Act (see Note A.1).

11. Death Benefits

The designated beneficiary is entitled to 100% of the participant's balance if the participant was employed at the time of death. If the participant was not employed at the time of death, the designated beneficiary is entitled to a death benefit distribution equal to the participant's vested account balance.

12. 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 set forth in ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

Notes to Financial Statements

December 31, 2021 and 2020

Note B – Summary of Accounting Policies

1. Basis of Accounting

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

2. Use of Estimates

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

3. Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note C 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. Interest income is recorded on the accrual basis. Net appreciation in fair value includes the Plan's gains and losses on investments bought and sold as well as those held during the year.

4. Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance. Delinquent notes receivable are reclassified as distributions based upon the terms of the Plan document.

5. Payment of Benefits

Benefit payments to participants are recorded upon distribution. At December 31, 2021 and 2020, there were no amounts allocated to accounts of persons who had elected to withdraw from the Plan but had not yet been paid.

6. Administrative Expenses

The Plan paid \$243,979 in recordkeeping, investment management, and administrative fees and expenses during 2021. Certain Plan-related administrative costs were also absorbed by the Company.

7. Subsequent Events

Management has evaluated subsequent events through October 14, 2022, the date which the financial statements were available to be issued.

Notes to Financial Statements

December 31, 2021 and 2020

Note C – Fair Value Measurements

ASC Topic 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under the authoritative guidance are described below:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value:

Mutual 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 U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Money market funds: Valued at the daily closing price as reported by the fund.

Self-directed brokerage accounts: Accounts primarily consist of mutual funds and common stocks that are valued on the basis of readily determinable market values.

Associated Anesthesiologists, Inc. 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2021 and 2020

Note C – Fair Value Measurements – Continued

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

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

	Level 1	Level 2	Level 3	Total
Investments				
Self-directed brokerage accounts	\$ 21,035,854	\$ -	\$ -	\$ 21,035,854
Mutual funds	46,609,437	-	-	46,609,437
Money market funds	3,426,262	-	-	3,426,262
Total investments in the fair value hierarchy	71,071,553	-	-	71,071,553
Investments measured at net asset value (a)				
Common collective trust funds not held in self-directed brokerage accounts	-	-	-	27,982,147
Common collective trust funds held in self-directed brokerage accounts	-	-	-	1,209,450
Investments, at fair value	\$ 71,071,553	\$ -	\$ -	\$ 100,263,150

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

	Level 1	Level 2	Level 3	Total
Investments				
Self-directed brokerage accounts	\$ 26,127,171	\$ -	\$ -	\$ 26,127,171
Mutual funds	41,037,530	-	-	41,037,530
Money market funds	3,006,562	-	-	3,006,562
Total investments in the fair value hierarchy	70,171,263	-	-	70,171,263
Investments measured at net asset value (a)				
Common collective trust funds not held in self-directed brokerage accounts	-	-	-	25,732,538
Common collective trust funds held in self-directed brokerage accounts	-	-	-	978,004
Investments, at fair value	\$ 70,171,263	\$ -	\$ -	\$ 96,881,805

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

Associated Anesthesiologists, Inc. 401(k) Profit Sharing Plan

Notes to Financial Statements

December 31, 2021 and 2020

Note C – Fair Value Measurements – Continued

The fair value of the Plan's investments in common collective trust funds is measured using the net asset value per share (NAV) practical expedient. The common collective trust funds are valued at the NAV of units held by the Plan at year-end. The NAV, as provided to the Plan administrator by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund, less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily without restriction. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner. The Plan makes no funding commitments to the common collective trust funds.

The following table summarizes investments measured at fair value based on net asset value (NAV) per share as of December 31, 2021 and 2020, respectively.

December 31,	2021	2020
TCO Balanced Growth Fund	\$ 9,469,465	\$ 8,780,519
TCO Target Retirement 2025 Fund	5,268,411	4,693,346
TCO Target Retirement 2035 Fund	3,797,472	3,387,192
TCO Target Retirement 2045 Fund	3,775,468	2,962,793
TCO Target Retirement 2015 Fund	2,525,367	2,312,124
TCO Aggressive Growth Fund	1,885,933	1,521,037
TCO Growth Fund	735,444	682,886
TCO Target Retirement 2055 Fund	589,779	387,965
TCO Balanced Fund	548,341	1,129,265
TCO Target Retirement Income Fund	313,331	291,434
TCO Balanced Income Fund	247,671	272,846
TCO Conservative Fund	34,793	157,111
Putnam Stable Value Fund	122	132,024
	<u>\$ 29,191,597</u>	<u>\$ 26,710,542</u>

The following is a description of the investment strategies of the Plan's investments measured at fair value based on NAV per share as of December 31, 2021 and 2020:

TCO Balanced Growth Fund – seeks both long-term growth and current income through investment in various mutual funds. This fund emphasizes growth over income in its investments.

TCO Target Retirement Funds 2015 to 2055 and TCO Target Retirement Income Fund – invest in a mix of stock and bond funds that initially focus on growth and then gradually become more conservative on a predetermined schedule, reaching a final allocation during retirement.

Notes to Financial Statements

December 31, 2021 and 2020

Note C – Fair Value Measurements – Continued

TCO Aggressive Growth Fund – seeks primarily long-term growth through investment in various mutual funds that focus on growth as opposed to income.

TCO Growth Fund – seeks primarily long-term growth through investment in various mutual funds. Current income is a secondary objective.

TCO Balanced Fund – seeks a balance between income, conservation of principal and long-term growth through investment in various mutual funds.

TCO Balanced Income Fund – seeks both current income and long-term growth through investment in various mutual funds. The fund emphasizes income over growth in its investments.

TCO Conservative Fund – seeks primarily current income and safety of principal through investment in various mutual funds. Growth is a secondary objective.

Putnam Stable Value Fund – seeks to deliver intermediate-bond-like returns while seeking to maintain a stable net asset value.

The availability of observable market data is monitored to assess the appropriate classifications of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the year ended December 31, 2021, there were no transfers in or out of Levels 1, 2, or 3.

Note D – Information Certified by the Plan Trustee

Certain investment and loan related information was obtained from the Plan's statements of accounts and disclosed in the accompanying financial statements and ERISA-required supplemental schedules, as of December 31, 2021 and 2020, and for the year ended December 31, 2021. The Plan's statements of accounts include beginning and ending balances of investments held, notes receivable from participants, and detail of all investment-related transactions during the period, including interest and dividend income, accrued income receivable, interest income on notes receivable from participants, and net appreciation in fair value of investments. The Plan's statements of accounts were obtained by management and agreed to or derived from information certified as complete and accurate by Trust Company of Oklahoma, the Plan's trustee.

Note E – Tax Status

As described in Note A.1, the Company restated the Plan effective January 1, 2021. The Plan's trustee has obtained a determination letter dated November 30, 2020, in which the IRS stated that the trustee's non-standardized pre-approved profit sharing plan with cash or deferred arrangement is qualified under the applicable requirements of the IRC. The Plan administrator timely adopted the restated volume submitter profit sharing plan with cash or deferred arrangement. The Plan administrator believes that the Plan, as of and subsequent to the effective date of the restatement, is being operated in accordance with the IRC.

Notes to Financial Statements

December 31, 2021 and 2020

Note E – Tax Status – Continued

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken a significant uncertain position that more likely than not would not be sustained upon examination by the applicable authorities. The Plan is subject to routine audits by taxing jurisdictions in accordance with the applicable statute of limitations; however, there are currently no audits in progress for any tax reporting periods.

Note F – Reportable Transactions

Participant contributions and loan repayments of \$17,317 were untimely remitted to the Plan during 2021 and are reported in supplemental Schedule H, Line 4a - Schedule of Delinquent Participant Contributions. Lost earnings of \$5 related to these untimely remittances were restored by Plan management during 2022.

Note G – Related Party and Party-in-Interest Transactions

Certain Plan investments are units of common collective trust funds managed by Trust Company of Oklahoma. Trust Company of Oklahoma is the trustee as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions.

Fees paid by the Plan to the trustee for investment management and administrative services were \$195,734 for the year ended December 31, 2021. Fees paid to professionals, other than the trustee, for investment and tax advisory services by self-directed brokerage account holders were \$48,245. In addition, fees paid by the Plan for a portion of the investment management services were included as a reduction of the return earned on each fund. Additionally, certain expenses of maintaining the Plan are paid directly by the Employer and are excluded from these financial statements.

Note H – 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. In addition, the World Health Organization declared COVID-19 a pandemic in March 2020. The COVID-19 pandemic and resulting global disruptions have caused significant economic uncertainty and volatility in the financial markets. The impact on the Plan will depend on the duration and extent of the continued spread of the outbreak and other further developments in response to COVID-19. The future impact of the COVID-19 pandemic on the Plan cannot be reasonably estimated at this time. 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.

* * * * *

Supplemental Information

Associated Anesthesiologists, Inc. 401(k) Profit Sharing Plan

EIN 73-0716044 -- Plan Number 001

Schedule H, Line 4i -- Schedule of Assets (Held at End of Year)

December 31, 2021

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
Participant-directed brokerage accounts	Self-directed accounts		N/A	\$ 22,245,304
* Trust Company of Oklahoma	Interest-bearing cash in Common Collective Trust Funds		NA	18,626
Money Market funds				
Fidelity	Fidelity Institutional Money Market		N/A	3,408,448
Invesco	Invesco Government & Agency Portfolio		N/A	17,814
				3,426,262
The Vanguard Group, Inc.	Vanguard 500 Index Admiral		N/A	12,052,771
Fidelity Investments	Fidelity Contrafund		N/A	6,368,547
T. Rowe Price	T. Rowe Price Mid Cap Growth Inst		N/A	5,689,469
Dodge & Cox	Dodge & Cox Balanced		N/A	3,951,937
The Vanguard Group, Inc.	Vanguard International Growth Adm		N/A	3,587,143
The Vanguard Group, Inc.	Vanguard Mid Cap Index Admiral		N/A	2,841,401
The Vanguard Group, Inc.	Vanguard Small Cap Index Admiral		N/A	2,341,508
Dodge & Cox	Dodge & Cox International Stock		N/A	1,936,923
John Hancock Funds, LLC	John Hancock Discpl Mid Cap Value R6		N/A	1,330,469
The Vanguard Group, Inc.	Vanguard Total Bond Market Index Adm		N/A	1,313,223
Dodge & Cox	Dodge & Cox Stock		N/A	1,282,858
T. Rowe Price	T. Rowe Price Dividend Growth		N/A	982,316
The Vanguard Group, Inc.	Vanguard Windsor II Admiral		N/A	869,858
The Vanguard Group, Inc.	Vanguard Developed Markets Index Adm		N/A	436,780
Cohen & Steers	Cohen & Steers Realty Shares Inst		N/A	392,292
The Vanguard Group, Inc.	Vanguard Short Term Treasury Admiral		N/A	322,242
The Vanguard Group, Inc.	Vanguard Short Term Inv Grade Adm		N/A	250,346
Delaware Funds	Delaware Emerging Markets R6		N/A	200,497
Metropolitan West	Metropolitan West Total Return Bond		N/A	179,613
American Beacon	American Beacon Small Cap Value Inst		N/A	129,149
PIMCO	Pimco High Yield Institutional		N/A	54,462
Fraanklin	Franklin Small Cap Growth R6		N/A	54,103
The Vanguard Group, Inc.	Vanguard Total International Bond Index Adm		N/A	41,530
				46,609,437
	Subtotal to next page			\$ 72,299,629

*A party-in-interest as defined by ERISA

N/A - Not applicable for participant-directed plan

Associated Anesthesiologists, Inc. 401(k) Profit Sharing Plan

EIN 73-0716044 – 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 issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Subtotal from previous page		N/A	\$ 72,299,629
	Common Collective Trust Funds			
*	Trust Company of Oklahoma	TCO Lifestyle Model - Balanced Growth	N/A	9,462,833
*	Trust Company of Oklahoma	TCO Target Retirement 2025	N/A	5,263,978
*	Trust Company of Oklahoma	TCO Target Retirement 2045	N/A	3,774,130
*	Trust Company of Oklahoma	TCO Target Retirement 2035	N/A	2,593,685
*	Trust Company of Oklahoma	TCO Target Retirement 2015	N/A	2,522,604
*	Trust Company of Oklahoma	TCO Lifestyle Model - Aggressive Growth	N/A	1,885,642
*	Trust Company of Oklahoma	TCO Lifestyle Model - Growth	N/A	735,106
*	Trust Company of Oklahoma	TCO Target Retirement 2055	N/A	589,606
*	Trust Company of Oklahoma	TCO Lifestyle Model - Balanced	N/A	540,753
*	Trust Company of Oklahoma	TCO Target Income	N/A	312,955
*	Trust Company of Oklahoma	TCO Lifestyle Model - Balanced Income	N/A	247,367
*	Trust Company of Oklahoma	TCO Lifestyle Model - Conservative	N/A	34,740
	Putnam Fiduciary Trust Company	Putnam Stable Value Fund	N/A	122
				27,963,521
				100,263,150
*	Participant loans	Various Participants (maturing 2022-2025 at interest rates of 3.25% to 5.50%)		160,698
				\$ 100,423,848

*A party-in-interest as defined by ERISA

N/A - Not applicable for participant-directed plan

Associated Anesthesiologists, Inc. 401(k) Profit Sharing Plan

EIN 73-0716044 – Plan Number 001

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

Year Ended December 31, 2021

Participant contributions transferred late to Plan	Total that constitute nonexempt prohibited transactions			Total fully corrected under voluntary fiduciary correction program and prohibited transaction Exemption 2002-51
Check here if late participant loan repayments are included: X	Contributions not corrected \$17,317	Contributions corrected outside voluntary fiduciary correction program \$0	Contributions pending correction in voluntary fiduciary correction program \$0	\$0

Associated Anesthesiologists, Inc. 401(k) Profit Sharing Plan

EIN 73-0716044 – 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 issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Participant-directed brokerage accounts	Self-directed accounts	N/A	\$ 22,245,304
*	Trust Company of Oklahoma	Interest-bearing cash in Common Collective Trust Funds	NA	18,626
	Money Market funds			
	Fidelity	Fidelity Institutional Money Market	N/A	3,408,448
	Invesco	Invesco Government & Agency Portfolio	N/A	17,814
				<u>3,426,262</u>
	The Vanguard Group, Inc.	Vanguard 500 Index Admiral	N/A	12,052,771
	Fidelity Investments	Fidelity Contrafund	N/A	6,368,547
	T. Rowe Price	T. Rowe Price Mid Cap Growth Inst	N/A	5,689,469
	Dodge & Cox	Dodge & Cox Balanced	N/A	3,951,937
	The Vanguard Group, Inc.	Vanguard International Growth Adm	N/A	3,587,143
	The Vanguard Group, Inc.	Vanguard Mid Cap Index Admiral	N/A	2,841,401
	The Vanguard Group, Inc.	Vanguard Small Cap Index Admiral	N/A	2,341,508
	Dodge & Cox	Dodge & Cox International Stock	N/A	1,936,923
	John Hancock Funds, LLC	John Hancock Discpl Mid Cap Value R6	N/A	1,330,469
	The Vanguard Group, Inc.	Vanguard Total Bond Market Index Adm	N/A	1,313,223
	Dodge & Cox	Dodge & Cox Stock	N/A	1,282,858
	T. Rowe Price	T. Rowe Price Dividend Growth	N/A	982,316
	The Vanguard Group, Inc.	Vanguard Windsor II Admiral	N/A	869,858
	The Vanguard Group, Inc.	Vanguard Developed Markets Index Adm	N/A	436,780
	Cohen & Steers	Cohen & Steers Realty Shares Inst	N/A	392,292
	The Vanguard Group, Inc.	Vanguard Short Term Treasury Admiral	N/A	322,242
	The Vanguard Group, Inc.	Vanguard Short Term Inv Grade Adm	N/A	250,346
	Delaware Funds	Delaware Emerging Markets R6	N/A	200,497
	Metropolitan West	Metropolitan West Total Return Bond	N/A	179,613
	American Beacon	American Beacon Small Cap Value Inst	N/A	129,149
	PIMCO	Pimco High Yield Institutional	N/A	54,462
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		Subtotal to next page		\$ 72,299,629

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Associated Anesthesiologists, Inc. 401(k) Profit Sharing Plan

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December 31, 2021

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