

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>PROFIT SHARING PLAN & TRUST OF SOUTH CAROLINA ONCOLOGY ASSOCIATES, P. A.</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>01/01/1986</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>57-0787600</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>803-461-3046</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>621399</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1986</u>		2b Employer Identification Number (EIN) <u>57-0787600</u>		2c Plan Sponsor's telephone number <u>803-461-3046</u>		2d Business code (see instructions) <u>621399</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/01/1986</u>											
2b Employer Identification Number (EIN) <u>57-0787600</u>											
2c Plan Sponsor's telephone number <u>803-461-3046</u>											
2d Business code (see instructions) <u>621399</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>SOUTH CAROLINA ONCOLOGY ASSOCIATES, P. A.</u> <u>166 STONERIDGE DRIVE</u> <u>COLUMBIA, SC 29210</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	FRANK SOBASH
	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
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	238
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	192
a(2) Total number of active participants at the end of the plan year		6a(2)	187
b Retired or separated participants receiving benefits.....		6b	18
c Other retired or separated participants entitled to future benefits		6c	37
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	242
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	242
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	242
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	8
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2R 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan PROFIT SHARING PLAN & TRUST OF SOUTH CAROLINA ONCOLOGY ASSOCIATES, P. A.	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTH CAROLINA ONCOLOGY ASSOCIATES, P. A.	D Employer Identification Number (EIN) 57-0787600

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

(a) Name of insurance carrier
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	1260277-01	52	01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	160595
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

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

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year **7b** 238105

c	Additions: (1) Contributions deposited during the year	7c(1)	16985	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	2447	
	(4) Transferred from separate account.....	7c(4)	138382	
	(5) Other (specify below)	7c(5)	18017	

▶ **FORFEITURES**

(6) Total additions **7c(6)** 175831

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 413936

e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2005	
	(2) Administration charge made by carrier.....	7e(2)	606	
	(3) Transferred to separate account.....	7e(3)	250730	
	(4) Other (specify below)	7e(4)	0	

(5) Total deductions **7e(5)** 253341

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 160595

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan PROFIT SHARING PLAN & TRUST OF SOUTH CAROLINA ONCOLOGY ASSOCIATES, P. A.	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTH CAROLINA ONCOLOGY ASSOCIATES, P. A.	D Employer Identification Number (EIN) 57-0787600

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

(a) Name of insurance carrier
METLIFE INVESTORS INSURANCE COMPANY - SOBASH

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
43-1236042	93513	110842600	1	01/01/2021	12/31/2021

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year	7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	0
d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan PROFIT SHARING PLAN & TRUST OF SOUTH CAROLINA ONCOLOGY ASSOCIATES, P. A.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTH CAROLINA ONCOLOGY ASSOCIATES, P. A.	D Employer Identification Number (EIN) 57-0787600	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	50475	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MERRILL LYNCH

13-3180817

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	46271	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FUTUREPLAN BY ASCENSUS

82-3719843

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	TPA	29368	Yes ☒ No ☐	Yes ☐ No ☒	10000	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
FUTUREPLAN BY ASCENSUS	13	10000

(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.
GREAT-WEST LIFE & ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	TPA ALLOWANCE

(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 H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan PROFIT SHARING PLAN & TRUST OF SOUTH CAROLINA ONCOLOGY ASSOCIATES, P. A.	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTH CAROLINA ONCOLOGY ASSOCIATES, P. A.	D Employer Identification Number (EIN) 57-0787600	

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	19623	28237
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2015711	2052033
(2) Participant contributions.....	1b(2)	8654	0
(3) Other	1b(3)	92076	5280
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1546876	1589844
(2) U.S. Government securities	1c(2)	725584	916697
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	196719	263922
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3548834	4592668
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	29046986	32341550
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	135690	156863

		(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	37336753 41947094
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	37336753 41947094

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)	2453949
	(B) Participants	2a(1)(B)	421690
	(C) Others (including rollovers).....	2a(1)(C)	8761
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	2884400
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	6141
	(B) U.S. Government securities	2b(1)(B)	195430
	(C) Corporate debt instruments	2b(1)(C)	6649
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	208220
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	63135
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	967085
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1030220
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		3721030
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		7843870
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2969575	
(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)		2969575
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	2600	
(3) Investment advisory and management fees.....	2i(3)	261246	
(4) Other.....	2i(4)	108	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		263954
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3233529
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		4610341
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: THE HOBBS GROUP, PA

(2) EIN: 57-0957419

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		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?		X	
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?		X	
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 PROFIT SHARING PLAN & TRUST OF SOUTH CAROLINA ONCOLOGY ASSOCIATES, P. A.	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTH CAROLINA ONCOLOGY ASSOCIATES, P. A.	D Employer Identification Number (EIN) 57-0787600

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 84-0467907 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)? If the plan is a defined benefit plan, go to line 8.	☐ Yes ☐ No ☐ N/A
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 _____

AUDITED FINANCIAL STATEMENTS
and
SUPPLEMENTAL SCHEDULE

*PROFIT SHARING PLAN AND TRUST
OF SOUTH CAROLINA
ONCOLOGY ASSOCIATES, P.A.*

December 31, 2021

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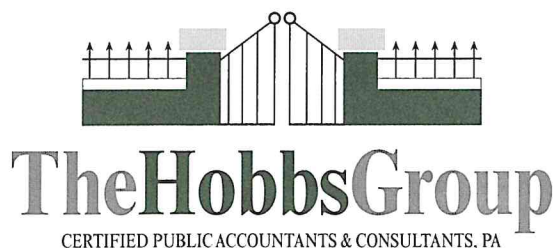
SUPPLEMENTAL SCHEDULE

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1704 Laurel Street
Columbia, SC 29201

P.O. Box 2411
Columbia, SC 29202

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
Profit Sharing Plan and Trust of South Carolina Oncology Associates, P.A.

OPINION

We have audited the financial statements of the Profit Sharing Plan and Trust of South Carolina Oncology Associates, P.A. (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2021 and 2020, and the changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

BASIS FOR OPINION

We conducted our audits 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 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

RESPONSIBILITIES OF MANAGEMENT FOR THE 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

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

AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

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

In performing an audit in accordance with GAAS, we:

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

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.

SUPPLEMENTAL SCHEDULES REQUIRED BY ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule H, line 4i-Schedule of Assets (Held at End of Year) as of December 31, 2021 is presented for the purpose of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's (DOL) 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 has been subjected to the auditing procedures applied in the audits of the fi-

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.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Columbia, South Carolina
October 17, 2022

The Halle Group, P.A.

AUDITED FINANCIAL STATEMENTS

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
PROFIT SHARING PLAN AND TRUST OF SOUTH CAROLINA ONCOLOGY ASSOCIATES, P.A.

	December 31,	
	2021	2020
ASSETS		
Investments at fair value	\$ 38,271,700	\$ 34,048,234
Cash and cash equivalents	1,618,081	1,172,078
	<u>39,889,781</u>	<u>35,220,312</u>
Receivables:		
Employer contribution	2,052,033	2,015,711
Employee contribution	0	8,654
Other receivable	0	86,683
Accrued interest	5,280	5,393
	<u>2,057,313</u>	<u>2,116,441</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 41,947,094</u>	<u>\$ 37,336,753</u>

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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
PROFIT SHARING PLAN AND TRUST OF SOUTH CAROLINA ONCOLOGY ASSOCIATES, P.A.

	For the Years Ended December 31,	
	2021	2020
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation in fair value of investments	\$ 3,721,029	\$ 3,807,443
Interest and dividends	1,238,441	945,439
	<u>4,959,470</u>	<u>4,752,882</u>
Contributions:		
Employer	2,453,949	2,419,745
Employee	421,690	340,778
Rollover	8,761	87,393
	<u>2,884,400</u>	<u>2,847,916</u>
TOTAL ADDITIONS	7,843,870	7,600,798
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	2,969,575	2,968,613
Administrative expenses	263,954	224,239
	<u>3,233,529</u>	<u>3,192,852</u>
TOTAL DEDUCTIONS	3,233,529	3,192,852
NET CHANGE	4,610,341	4,407,946
Net assets available for benefits at beginning of year	<u>37,336,753</u>	<u>32,928,807</u>
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	<u>\$ 41,947,094</u>	<u>\$ 37,336,753</u>

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

NOTES TO THE FINANCIAL STATEMENTS

PROFIT SHARING PLAN AND TRUST OF SOUTH CAROLINA ONCOLOGY ASSOCIATES, P.A.

December 31, 2021

NOTE A -- GENERAL DESCRIPTION OF THE PLAN

The following description of South Carolina Oncology Associates, P.A. and Radiation Oncology, LLC (collectively referred to as the "*Company*") Profit Sharing Plan and Trust of South Carolina Oncology Associates, P.A. (the "*Plan*") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering all employees of the Company who have completed one year of service and obtained age 21. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("*ERISA*"), as amended. The Plan Administrator is responsible for oversight of the Plan. The Plan has semi-annual entry dates: The first day of the Plan year and the first day of the seventh month of the Plan year.

Effective January 1, 2011, the plan assets of Radiation Oncology, LLC were combined with the plan assets of South Carolina Oncology Associates, P.A. for financial reporting purposes and the filing of form 5500. There is a Participation Agreement between Radiation Oncology, LLC and South Carolina Oncology Associates, P.A. whereby Radiation Oncology, LLC elects to be a Participating Employer in the Plan.

Contributions: As of January 1, 2020, participants may now contribute up to 100% of their annual compensation, as defined in the Plan, subject to the limitations as defined in the Internal Revenue Code (IRC). Participants who have attained age fifty before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified retirement plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan provides for discretionary contributions by the Employer. For 2021 and 2020, the employer's discretionary contributions, for each employee, ranging in between 4% and 20% of eligible compensation, based on management's discretion. In 2021 and 2020, the plan also made employer safe harbor matching contributions equal to 3% of eligible compensation. The total employer contributions, net of forfeitures, for the years ended December 31, 2021 and 2020, were \$2,453,949 and \$2,419,745, respectively.

Participant Accounts: Participants have the option to self-direct their investments or have their monies held in the pooled investments. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

For participants that self-direct their investments, the participant's account is credited with the allocation of the Company's contribution, and the earnings on their specific investments. Allocations are based on participant's earnings and account balances as defined.

For participant that are in pooled investments, the participant's account is credited with the allocation of the Company's contribution plus their portion of the earnings on the pooled investments. Allocations are based on participant's earnings or account balances, as defined.

Vesting: For employees who became participants in the Plan before January 1, 2003, they were immediately vested or 100% vested at all times. Effective January 1, 2003, participants entering the plan are subject to a six-year graded vesting schedule.

NOTES TO THE FINANCIAL STATEMENTS
PROFIT SHARING PLAN AND TRUST OF SOUTH CAROLINA ONCOLOGY ASSOCIATES, P.A.

NOTE A -- GENERAL DESCRIPTION OF THE PLAN – Continued

Payment of Benefits: On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's account, or installments until the balance is depleted. For termination of service for other reasons, a participant may receive the value of his or her account as a lump sum distribution. The Plan provides for mandatory distributions following severance from employment for any participant who has an account balance less than \$5,000.

Plan Termination: Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Forfeited Accounts: At December 31, 2021 and 2020, forfeited non-vested accounts totaled \$18,048 and \$24 respectively. These accounts will be used to reduce future employer contributions. Employer contributions were reduced by \$18,048 and \$24 for the years ended December 31, 2021 and 2020, respectively.

NOTE B -- SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

Cash and Cash Equivalents: The Company considers all highly liquid investments available for current use with an initial maturity value of three months or less, to be cash equivalents. The carrying value of cash approximates fair value because of the short maturities of these financial instruments.

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

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

Payment of Benefits: Benefits are recorded when paid.

NOTES TO THE FINANCIAL STATEMENTS

PROFIT SHARING PLAN AND TRUST OF SOUTH CAROLINA ONCOLOGY ASSOCIATES, P.A.

NOTE B -- SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued

Administrative Expenses: Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Certain investment related expenses are included in net appreciation(depreciation) of fair value of investments. Fees related to self-directed accounts are charged directly to the participants' accounts and are included in administrative expenses.

New Accounting Pronouncement: In July 2019, the Statement on Auditing Standards Board (SAS) issued SAS No. 136, *Forming an Opinion and Reporting on Financial Statements of Employee Benefit Plans (EBP) Subject to ERISA*. This standard prescribes certain new performance requirements for an audit of financial statements of EBPs and changes the format and content of the related audit report. SAS 136 was effective for periods ending on or after December 15, 2021.

Subsequent events: The Plan has evaluated subsequent events through October 17, 2022, the date the financial statements were available to be issued.

NOTE C -- RISK AND UNCERTAINTIES

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

NOTE D -- FAIR VALUE MEASUREMENTS

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

- | | |
|---------|--|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. |
| Level 2 | Inputs to the valuation methodology include <ul style="list-style-type: none">• quoted prices for similar assets or liabilities in active markets;• quoted prices for identical or similar assets or liabilities in inactive markets;• inputs other than quoted prices that are observable for the asset or liability; and• inputs that are derived principally from or corroborated by observable market data by correlation or other means. |

NOTES TO THE FINANCIAL STATEMENTS
PROFIT SHARING PLAN AND TRUST OF SOUTH CAROLINA ONCOLOGY ASSOCIATES, P.A.

NOTE D -- FAIR VALUE MEASUREMENTS – Continued

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

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

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

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

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

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

Certificates of deposit: Valued at amortized costs.

Fixed annuities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Variable annuities: Valued daily by the annuity provider per the methods described in the annuity contract. The pricing methods disclosed in the contract are considered an observable input.

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

Government securities: Valued using pricing modules maximizing the use of observable inputs for similar securities.

NOTES TO THE FINANCIAL STATEMENTS
PROFIT SHARING PLAN AND TRUST OF SOUTH CAROLINA ONCOLOGY ASSOCIATES, P.A.

NOTE D -- FAIR VALUE MEASUREMENTS – Continued

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

Assets at Fair Value as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Common stock	\$ 4,604,816			\$ 4,604,816
Mutual funds	32,186,854			32,186,854
Fixed annuities		\$ 142,547		142,547
Corporate preferred debt		263,922		263,922
Government securities		916,698		916,698
Variable annuities		156,863		156,863
TOTAL INVESTMENTS	<u>\$ 36,791,670</u>	<u>\$ 1,480,030</u>	<u>\$ 0</u>	<u>\$ 38,271,700</u>

Assets at Fair Value as of December 31, 2020				
	Level 1	Level 2	Level 3	Total
Common stock	\$ 3,555,326			\$ 3,555,326
Mutual funds	28,802,413			28,802,413
Certificates of deposit		\$ 394,422		394,422
Fixed annuities		238,080		238,080
Corporate preferred debt		196,719		196,719
Government securities		725,584		725,584
Variable annuities		135,690		135,690
TOTAL INVESTMENTS	<u>\$ 32,357,739</u>	<u>\$ 1,690,495</u>	<u>\$ 0</u>	<u>\$ 34,048,234</u>

Transfers Between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the 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 years ended December 31, 2021 and 2020, there were no significant transfers between levels.

NOTE E -- TAX STATUS

The Company adopted a profit sharing plan sponsored by the third-party administrator. The Internal Revenue Service (IRS) has determined and informed the third-party administrator by a favorable opinion letter dated February 1, 2018, that the Plan is designed in accordance with the applicable sections of the Internal Revenue Code (the Code). The opinion letter is being relied upon by the Plan. Plan management believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code, and therefore, believes that the Plan is qualified and tax exempt.

NOTES TO THE FINANCIAL STATEMENTS

PROFIT SHARING PLAN AND TRUST OF SOUTH CAROLINA ONCOLOGY ASSOCIATES, P.A.

NOTE E -- TAX STATUS – Continued

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

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2021****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

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

- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶ ☐
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan PROFIT SHARING PLAN & TRUST OF SOUTH CAROLINA ONCOLOGY ASSOCIATES, P. A.	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/1986
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) SOUTH CAROLINA ONCOLOGY ASSOCIATES, P. A. 166 STONERIDGE DRIVE COLUMBIA SC 29210	2b Employer Identification Number (EIN) 57-0787600
	2c Plan Sponsor's telephone number (803) 461-3046
	2d Business code (see instructions) 621399

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		17-OCT-2022	FRANK SOBASH
	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

SUPPLEMENTAL SCHEDULE

Schedule H, Line 4i
PROFIT SHARING PLAN AND TRUST OF SOUTH CAROLINA ONCOLOGY ASSOCIATES, P.A.
EIN: 57-0787600
Plan Number: 001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2021

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
* Merrill Lynch	Cash	**	\$	10,189
BlackRock	BIF Money Fund	**		1,589,844
Empower	Money market	**		18,048
3m Company	Common Stocks/Options	**		26,822
A N S Y S Inc. Com	Common Stocks/Options	**		9,627
Abbott Labs	Common Stocks/Options	**		56,859
Abbvie Inc. 3.2% 05/14/26	Abbvie Inc.	**		18,029
Accenture Plc	Common Stocks/Options	**		7,047
Adobe Inc. SHS	Common Stocks/Options	**		10,207
Air Product & Chemicals Inc	Common Stocks/Options	**		32,860
Alcon SA Act Nom	Common Stocks/Options	**		5,837
Alibaba Group Holding	Common Stocks/Options	**		1,663
Alibaba Group Holding Lt.	Common Stocks/Options	**		5,464
Alphabet Inc SHS	Common Stocks/Options	**		199,896
Alphabet Inc. SHS CL C	Common Stocks/Options	**		20,255
Alps Smith Short	Mutual Funds	**		778,632
Amana Income Fund	Mutual Funds	**		83,317
Amazon Com Inc	Common Stocks/Options	**		190,057
Amer Express Company	Common Stocks/Options	**		3,599
American Funds Europacific Gr R6	Mutual Funds	**		7,101
American Cap Inc Bldr	Mutual Funds	**		12,745
American Euro Pacific Growth	Mutual Funds	**		7,750
American Fundamental Investors	Mutual Funds	**		13,529
American New Economy	Mutual Funds	**		16,190
American New Perspective	Mutual Funds	**		16,036
American Small Cap World	Mutual Funds	**		14,868
American Funds New World R6	Mutual Funds	**		417,632
Ameriprise Finl. Inc.	Common Stocks/Options	**		6,938
Amgen Inc Com	Common Stocks/Options	**		5,399
Anheuser-Bush 3.5% 6/1/2030	Anheuser-Bush	**		4,388
Anheuser-Bush Inbev Wor	Anheuser-Bush	**		5,486
Anthem Inc	Common Stocks/Options	**		48,672
Aon PLC	Common Stocks/Options	**		6,612
Apple Inc	Common Stocks/Options	**		230,308
AT&T Inc	AT&T	**		10,776
AutoDesk Inc. Del. PV\$0.01	Common Stocks/Options	**		20,527
Automatic Data Processing	Common Stocks/Options	**		41,919
Bank of Montreal 2.5% 06/28/24	Bank of Montreal	**		11,346
Bank of Montreal 2.5% 06/28/24	Bank of Montreal	**		15,472
Becton Dickinson Co	Common Stocks/Options	**		21,376
Blackrock Global Allocation	Mutual Funds	**		32,721
Blackrock Inc	Common Stocks/Options	**		74,160

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Blackrock Lifepath Index 2025 K	Mutual Funds	**	2,927,734	
Blackrock Lifepath Index 2030 K	Mutual Funds	**	2,013,765	
Blackrock Lifepath Index 2035 K	Mutual Funds	**	1,726,896	
Blackrock Lifepath Index 2040 K	Mutual Funds	**	4,097,113	
Blackrock Lifepath Index 2045 K	Mutual Funds	**	2,500,491	
Blackrock Lifepath Index 2050 K	Mutual Funds	**	1,618,530	
Blackrock Lifepath Index 2055 K	Mutual Funds	**	4,728	
Blackrock Lifepath Index Retirement K	Mutual Funds	**	612,115	
Blckrck Strategic Income Opps	Mutual Funds	**	3	
Boeing Co 2.95% 2/1/320	Boeing Co	**	9,178	
Boeing Company	Common Stocks/Options	**	21,340	
Boston Scientific Corp	Common Stocks/Options	**	2,846	
Brown Forman Corp	Common Stocks/Options	**	28,853	
Calvert Equity Fnd CL I	Mutual Funds	**	454,568	
Calvert US Lrg Cap Value	Mutual Funds	**	43,938	
Capital One Finl	Common Stocks/Options	**	63,840	
Capital One Fun 3.3% 10/30/202	Capital One	**	10,527	
Carrier Global Corp	Common Stocks/Options	**	54,186	
Chevron Corp	Common Stocks/Options	**	47,644	
Chubb LTD	Common Stocks/Options	**	10,245	
Cie Generales Des	Common Stocks/Options	**	6,001	
Cigna Corp	Common Stocks/Options	**	7,119	
Cinn Fincl CRP Ohio	Common Stocks/Options	**	5,810	
Cisco Systems Inc	Common Stocks/Options	**	60,203	
Citigroup Inc	Common Stocks/Options	**	61,115	
Clearbridge Large Cap	Mutual Funds	**	89,448	
Clearbridge Large Cap Growth IS	Mutual Funds	**	483,458	
Clearbridge Small Cap Growth IS	Mutual Funds	**	187,860	
Clorox Co	Common Stocks/Options	**	25,631	
Coca Cola	Common Stocks/Options	**	32,269	
Colgate Palmolive	Common Stocks/Options	**	40,024	
Columbia Dividend Income	Mutual Funds	**	610,987	
Comcast Corp New Cl A	Common Stocks/Options	**	8,455	
Commerce Bancshares	Common Stocks/Options	**	3,368	
Conocophillips	Common Stocks/Options	**	63,951	
Constellation Brands Inc	Common Stocks/Options	**	4,517	
Corteva Inc	Common Stocks/Options	**	7,045	
Costco	Common Stocks/Options	**	68,692	
Coterra Energy Inc	Common Stocks/Options	**	4,085	
Crown Castle Reit Inc	Common Stocks/Options	**	6,888	
Cullen Frst. Bkrs. PV\$0.01	Common Stocks/Options	**	4,286	
CVS Health Corp 3% 8/15/2026	CVS	**	4,226	
CVS Health Corp 3.7% 3/9/23	CVS	**	5,283	

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Danaher Corp	Common Stocks/Options	**	115,812	
Deere Co.	Common Stocks/Options	**	12,687	
Diageo Plc Spds Adr	Common Stocks/Options	**	3,082	
Disnev (Walt) Co Com	Common Stocks/Options	**	78,219	
Domini Impct Intl Equ Fnd CL Y	Mutual Funds	**	104,475	
Dominion Energy Inc	Common Stocks/Options	**	3,771	
Doubleline Total Return	Mutual Funds	**	687,108	
Duke Energy Corp	Common Stocks/Options	**	6,399	
Dupont De Nemours Inc	Common Stocks/Options	**	4,604	
East West Bancorp Inc.	Common Stocks/Options	**	2,754	
Eaton Corp Plc	Common Stocks/Options	**	5,357	
Ecolab Inc	Common Stocks/Options	**	37,534	
Elanco Animal Health Inc	Common Stocks/Options	**	4,030	
Emerson Elec Co	Common Stocks/Options	**	27,519	
Energy Transfer 3.75% 05/15/30	Energy Transfer	**	7,425	
Energy Transfer 3.75% 5/15/30	Energy Transfer	**	10,607	
EQTY Lifestyls. Pptvs. Inc.	Common Stocks/Options	**	3,243	
Equity Residential REIT	Common Stocks/Options	**	46,246	
Expedia Group Inc	Common Stocks/Options	**	25,301	
Expeditors Intl Wash Inc.	Common Stocks/Options	**	11,549	
Factset Resh Svs. Inc.	Common Stocks/Options	**	8,262	
Fannie Mae	Fed Natl Mtg 1.875%9/24/26	**	5,139	
Fannie Mae	Fed.NatlMtg.Assn1.875% 9/24/26	**	10,278	
Fannie Mae	Federal Natl 1.875 9/24/26	**	8,222	
Fannie Mae	Federal Natl 5/15/29	**	2,659	
Fannie Mae	Federal Natl Mtge 6.25%5/15/29	**	1,329	
Freddie Mac	FHLMC GO 8697 03%2046	**	2,629	
Freddie Mac	FHLMC Go 8799 03%2048	**	1,258	
Freddie Mac	FHLMC SB 0355 03	**	6,180	
Freddie Mac	FHLMC SB 8021 03%2034	**	1,404	
Freddie Mac	FHLMC SB 8049 02	**	2,713	
Freddie Mac	FHLMC SD 8063 03	**	433	
Freddie Mac	FHLMC SD 8084 03%2050	**	2,711	
Freddie Mac	FHLMC SD 8084 03%2050	**	542	
Freddie Mac	FHLMC SD 8129 02 50%2051	**	81,037	
Freddie Mac	FHLMC SD 8156 02	**	4,875	
Freddie Mac	FHLMC SD 8157 03%2051	**	1,918	
Freddie Mac	FHLMC SD 8168 03%2051	**	5,026	
Freddie Mac	FHLMC SD 8179 03%2051	**	2,052	
Freddie Mac	FHLMC SD 8182 02%2051	**	995	
Freddie Mac	FHLMC SD 8184 03%2051	**	2,070	
Freddie Mac	FHLMC SD 8184 03%2051	**	1,035	
Freddie Mac	FHLMC SD 8186 03	**	3,125	

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Freddie Mac	FHLMC SD 8186 03 50%2051	**	3,125	
Freddie Mac	FHLMC ZS 4781 04 50%2048	**	190	
Fidelity Advisor	Mutual Funds	**	87,028	
Fidelity Natl Info Svcs	Common Stocks/Options	**	2,401	
First Eagle Global Class I	Mutual Funds	**	178,067	
First Eagle Global I	Mutual Funds	**	8,433	
Fixed Income Shares Seri	Mutual Funds	**	159,112	
Fannie Mae	FNMA PMA4384 02	**	2,911	
Fannie Mae	FNMA PCA4185 04	**	312	
Fannie Mae	FNMA PCA4185 04 50%2049	**	935	
Fannie Mae	FNMA PFM1578 03	**	455	
Fannie Mae	FNMA PFM1578 03 50%2034	**	910	
Fannie Mae	FNMA PFM2414 03 50%2035	**	359	
Fannie Mae	FNMA PFM3093 04%2048	**	5,188	
Fannie Mae	FNMA PFM3093 04%2048	**	1,729	
Fannie Mae	FNMA PFM3340 03	**	1,190	
Fannie Mae	FNMA PFM3340 03	**	397	
Fannie Mae	FNMA PFM3375 03 50%2035	**	4,053	
Fannie Mae	FNMA PFM3387 03 50%2035	**	5,537	
Fannie Mae	FNMA PFM3619	**	2,575	
Fannie Mae	FNMA PFM3619 04	**	644	
Fannie Mae	FNMA PFM4240 02	**	3,290	
Fannie Mae	FNMA PFM5000 03	**	1,772	
Fannie Mae	FNMA PFM5000 03 50%2050	**	4,430	
Fannie Mae	FNMA PFM5010 04	**	443	
Fannie Mae	FNMA PFM5010 04 50%2050	**	885	
Fannie Mae	FNMA PFM5127 03 50%2050	**	1,006	
Fannie Mae	FNMA PFM5197 03 50%2050	**	549	
Fannie Mae	FNMA PFM5425 03 50%2049	**	1,594	
Fannie Mae	FNMA PFM5594 02 50%2033	**	6,546	
Fannie Mae	FNMA PFM6479 02	**	11,984	
Fannie Mae	FNMA PFM6599 03	**	618	
Fannie Mae	FNMA PFM6946 03%2034	**	18,609	
Fannie Mae	FNMA PFM7592 03	**	692	
Fannie Mae	FNMA PFM7592 03 50%2050	**	4,154	
Fannie Mae	FNMA PFM7599 03	**	686	
Fannie Mae	FNMA PFM7599 03 50%2051	**	4,115	
Fannie Mae	FNMA PFM7614 03%2035	**	2,577	
Fannie Mae	FNMA PFM7745 03 50%2034	**	2,686	
Fannie Mae	FNMA PFM7877	**	891	
Fannie Mae	FNMA PFM7877 pd	**	891	
Fannie Mae	FNMA PFM7879 03	**	2,446	
Fannie Mae	FNMA PFM8087 03 50%2035	**	928	

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	Fannie Mae	FNMA PFM8138 03 50%2035	**	3,417
	Fannie Mae	FNMA PFM9088 03 50%2035	**	971
	Fannie Mae	FNMA PFM9138 04%2050	**	1,958
	Fannie Mae	FNMA PFM9138 04%2050	**	2,936
	Fannie Mae	FNMA PFMB8347 03%2033	**	1,702
	Fannie Mae	FNMA PMA2803 02	**	2,065
	Fannie Mae	FNMA PMA2806 03%2046	**	4,924
	Fannie Mae	FNMA PMA2806 03%2046	**	308
	Fannie Mae	FNMA PMA3058 04%2047	**	5,368
	Fannie Mae	FNMA PMA3058 04%2047	**	1,725
	Fannie Mae	FNMA PMA3332 03	**	962
	Fannie Mae	FNMA PMA3332 03 50%2048	**	3,847
	Fannie Mae	FNMA PMA3333 04%2048	**	1,581
	Fannie Mae	FNMA PMA3333 04%2048	**	593
	Fannie Mae	FNMA PMA3364 03 50%2033	**	697
	Fannie Mae	FNMA PMA3384 04%2048	**	3,282
	Fannie Mae	FNMA PMA3384 4%2048	**	164
	Fannie Mae	FNMA PMA3416 04 50%2048	**	492
	Fannie Mae	FNMA PMA3559 03	**	189
	Fannie Mae	FNMA PMA3564 04	**	709
	Fannie Mae	FNMA PMA3592 04%2049	**	120
	Fannie Mae	FNMA PMA3615 04%2049	**	1,725
	Fannie Mae	FNMA PMA3637 03 50%2049	**	2,700
	Fannie Mae	FNMA PMA3685 03%2049	**	194
	Fannie Mae	FNMA PMA3687 04%2049	**	803
	Fannie Mae	FNMA PMA3692 03	**	1,464
	Fannie Mae	FNMA PMA3692 03 50%2049	**	732
	Fannie Mae	FNMA PMA3694 04 50%2049	**	257
	Fannie Mae	FNMA PMA3737 02 50%2034	**	7,336
	Fannie Mae	FNMA PMA3746 04%2049	**	1,421
	Fannie Mae	FNMA PMA3835 03	**	267
	Fannie Mae	FNMA PMA3835 03 50%2049	**	3,197
	Fannie Mae	FNMA PMA3851 04	**	622
	Fannie Mae	FNMA PMA3871 03%2049	**	312
	Fannie Mae	FNMA PMA3945 04 50%2050	**	942
	Fannie Mae	FNMA PMA3962 04%2050	**	639
	Fannie Mae	FNMA PMA3986 03	**	2,968
	Fannie Mae	FNMA PMA3991 03%2050	**	2,175
	Fannie Mae	FNMA PMA3992 03	**	662
	Fannie Mae	FNMA PMA3992 03 50%2050	**	2,981
	Fannie Mae	FNMA PMA4014 03%2035	**	978
	Fannie Mae	FNMA PMA4026 04%2050	**	2,056
	Fannie Mae	FNMA PMA4028 03	**	5,740

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Fannie Mae	FNMA PMA4048 03%2050	**	3,459	
Fannie Mae	FNMA PMA4049 03	**	881	
Fannie Mae	FNMA PMA4049 03 50%2050	**	2,203	
Fannie Mae	FNMA PMA4080 03	**	479	
Fannie Mae	FNMA PMA4080 03 50%2050	**	1,438	
Fannie Mae	FNMA PMA4097 03% 2050	**	1,628	
Fannie Mae	FNMA PMA4097 03%2050	**	6,512	
Fannie Mae	FNMA PMA4121 03%2050	**	8,106	
Fannie Mae	FNMA PMA4124 02	**	4,595	
Fannie Mae	FNMA PMA4182' 02%2050	**	26,530	
Fannie Mae	FNMA PMA4255 02%2051	**	8,130	
Fannie Mae	FNMA PMA4305 02%2051	**	4,681	
Fannie Mae	FNMA PMA4316 02 50%2036	**	4,511	
Fannie Mae	FNMA PMA4327 03%2051	**	860	
Fannie Mae	FNMA PMA4379 02 50%2051	**	2,928	
Fannie Mae	FNMA PMA4398 02%2051	**	973	
Fannie Mae	FNMA PMA4414 02 50%2051	**	1,995	
Fannie Mae	FNMA PMA4437 02%2051	**	1,973	
Fannie Mae	FNMA PMA4466 02	**	6,068	
Fannie Mae	FNMA PMA4471 02 50%2036	**	1,015	
Fannie Mae	FNMA PMA4493 02	**	6,112	
Ford Motor Co	Common Stocks/Options	**	37,988	
FPA Crescent Fund	Mutual Funds	**	135,999	
Franklin Gld & Precious Metals	Mutual Funds	**	4,633	
FrstTrst ETFIV TrstTactical HY	Mutual Funds	**	185,180	
Garmin Ltd	Common Stocks/Options	**	4,766	
Garmin Ltd	Common Stocks/Options	**	21,243	
GeneralMotors 5% 10/01/28	General Motors	**	18,361	
Genl Dynamics Corp	Common Stocks/Options	**	40,026	
Genuine Parts Co	Common Stocks/Options	**	27,199	
Goldman Sachs Activebeta EMrkt	Mutual Funds	**	110,882	
Hartford Midcap R6	Mutual Funds	**	153,438	
Hilton Worldwide	Common Stocks/Options	**	49,137	
Home Depot inc	Common Stocks/Options	**	72,212	
Honeywell Intl Inc	Common Stocks/Options	**	80,276	
Hormel Foods Corp	Common Stocks/Options	**	26,065	
Illinois Tool Works Inc	Common Stocks/Options	**	34,799	
Illumina Inc	Common Stocks/Options	**	2,663	
Illumina Inc	Common Stocks/Options	**	8,750	
Intl Paper Co	Common Stocks/Options	**	18,087	
Intuitive Surgical Inc	Intuitive Surgical Inc	**	8,264	
IShares Core S&P 500 ETF	Mutual Funds	**	1,129,512	
IShares Core S&P Small Cap ETF	Mutual Funds	**	186,995	

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Ishares Core S&P Small Cap ETF	Mutual Funds	**	4,695	
Ishares Core U.S. Aggregate	Mutual Funds	**	55,899	
Ishares Inc MSCI	Mutual Funds	**	87,914	
Ishares MSCI Eafe International Index K	Mutual Funds	**	959,599	
IShares MSCI USA	Mutual Funds	**	446,675	
Ishares Russell 2000 Small-Cap Index K	Mutual Funds	**	90,879	
Ishares Russell Mid-Cap Index K	Mutual Funds	**	331,950	
Ishares S&P Index K	Mutual Funds	**	861,979	
Ishares Silver TR	Mutual Funds	**	16,950	
IShares TR Core MSCI EAF	Mutual Funds	**	577,638	
Jazz Pharmaceuticals PLC	Common Stocks/Options	**	1,019	
Johnson and Johnson Com	Common Stocks/Options	**	34,385	
Johnson Controls Inter.	Common Stocks/Options	**	7,724	
JP Morgan 7/23/24	JP Morgan	**	17,719	
JP Morgan Large Cap Growth Fd	Mutual Funds	**	24,086	
JP Morgan Lrg Cp Grwth Fnd I	Mutual Funds	**	251,476	
JPMorgan Chase & Co	Common Stocks/Options	**	81,550	
Key Guaranteed Portfolio Fund	Fixed Annuity	**	142,547	
Kimberly Clark	Common Stocks/Options	**	27,012	
KKR & Co Inc	Common Stocks/Options	**	2,012	
Kopernik International	Mutual Funds	**	205,127	
L3Harris Technicologies Inc	Common Stocks/Options	**	52,031	
Lennar Corp. CL A	Common Stocks/Options	**	8,015	
LOCKHEED MARTIN CORP	Common Stocks/Options	**	2,132	
Lowe's Companies Inc	Common Stocks/Options	**	55,056	
Market Vectors Oils Srvcs	Mutual Funds	**	4,251	
Marriott Intl Inc	Common Stocks/Options	**	2,479	
Marsh & McLennan Cos Inc	Common Stocks/Options	**	4,519	
Martin Marietta Matls.	Common Stocks/Options	**	7,929	
Marvell Technology Group	Common Stocks/Options	**	126,336	
McDonalds Corp	Common Stocks/Options	**	28,952	
McKesson Corporation	Common Stocks/Options	**	3,977	
Medtronic Inc	Common Stocks/Options	**	32,483	
Merck and Co Inc SHS	Common Stocks/Options	**	5,135	
Meta Platforms Inc	Common Stocks/Options	**	28,926	
Metlife Contract #1100842600	Metlife	**	156,863	
Metropolitan West Total Return Bond Plan	Mutual Funds	**	43,209	
MFS International Diversificat	Mutual Funds	**	480,028	
MFS Value Fd CL I	Mutual Funds	**	91,097	
MFS Value R6	Mutual Funds	**	481,992	
Microchip Technology	Common Stocks/Options	**	56,154	
Microsoft Corp.	Common Stocks/Options	**	277,128	
Mitsubishi UFJ Finl. Grp.	Common Stocks/Options	**	2,839	

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Monster Beverage SHS	Common Stocks/Options	**	15,174	
Morgan Stanley 4.0% 07/23/25	Morgan Stanley	**	7,589	
Morgan Stanley	Common Stocks/Options	**	6,969	
Morgan Stanley 4.0% 07/23/25	Morgan Stanley	**	9,758	
Nasdaq Omx Grp Inc	Common Stocks/Options	**	4,200	
Nestle S A Rep	Common Stocks/Options	**	6,597	
Nextera Energy Inc	Common Stocks/Options	**	91,960	
Northrop Grumman Corp	Common Stocks/Options	**	6,967	
Novartis ADR	Common Stocks/Options	**	12,771	
Novo Nordisk A S ADR	Common Stocks/Options	**	5,824	
Nvidia	Common Stocks/Options	**	35,881	
NXP Semiconductors	Common Stocks/Options	**	3,645	
Oracle Corp. \$0.01 DEL	Common Stocks/Options	**	21,541	
Parker Hannifin Corp.	Common Stocks/Options	**	70,623	
PayPal Holdings Inc	Common Stocks/Options	**	4,526	
Pepsico Inc	Common Stocks/Options	**	33,700	
Phillips 66 SHS	Common Stocks/Options	**	3,261	
Pimco Income Fund	Mutual Funds	**	484,927	
Pimco Shrt Term FD CL 12	Mutual Funds	**	118,570	
Pioneer Natural Res. Co.	Common Stocks/Options	**	1,455	
PNC Fincl Services Group	Common Stocks/Options	**	10,026	
PPG Industries Inc. SHS	Common Stocks/Options	**	4,139	
Price T Rowe Croup Inc	Common Stocks/Options	**	37,558	
Principal Short-Term Income Inst	Mutual Funds	**	13,632	
Proctor & Gamble Co	Common Stocks/Options	**	44,494	
Progressive CRP Ohio	Common Stocks/Options	**	6,056	
Prologis Inc.	Common Stocks/Options	**	72,732	
Qualcomm Inc.	Common Stocks/Options	**	21,579	
Regeneron Pharmactcls.	Common Stocks/Options	**	13,262	
Roche Hldg. Ltd. Spn. ADR	Common Stocks/Options	**	12,406	
RPM International Inc	Common Stocks/Options	**	5,959	
Salesforce Inc	Common Stocks/Options	**	18,551	
Schlumberger Ltd.	Common Stocks/Options	**	6,379	
SEI Invt. Co. PA PV\$0.01	Common Stocks/Options	**	6,277	
Series M F Fixed Income	Mutual Funds	**	158,363	
Sherwin-Williams	Common Stocks/Options	**	110,930	
Shire Acq Ireland DA	Shire	**	18,041	
Sony Corp. ADR New	Common Stocks/Options	**	8,595	
Southern Company	Common Stocks/Options	**	6,584	
SPDR Gold Trust	Mutual Funds	**	41,372	
Stanley Black & Decker	Common Stocks/Options	**	5,093	
Starbucks Corp.	Common Stocks/Options	**	11,697	
Sun Commntvs. Inc.	Common Stocks/Options	**	3,569	

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Texas Instruments	Common Stocks/Options	**	6,220	
Thermo Fisher Scientific	Common Stocks/Options	**	56,048	
Trane Technologies Plc	Common Stocks/Options	**	2,828	
Truist Financial 1.2% 8/	Truist Financial Corp.	**	11,907	
Truist Financial Corp 1.2% 8/5	Truist Financial Corp.	**	15,876	
Truist Finl Corp.	Common Stocks/Options	**	53,983	
Twitter Inc.	Common Stocks/Options	**	4,149	
Tyson Foods Inc.CL A	Common Stocks/Options	**	4,445	
U.S Treasury Note .5% 3/31/25	U.S. Treasury Bond	**	61,974	
U.S. Treasury Note 1.625% 5/15	U.S. Treasury Bond	**	18,248	
U.S.TreasuryBnd 2.875% 11/15/46	U.S. Treasury Bond	**	18,997	
U.S.TreasuryBnd 3.125% 8/15/44	U.S. Treasury Bond	**	15,842	
U.S.TreasuryBnd 1.375%10/15/22	U.S. Treasury Note	**	44,354	
U.S.TreasuryNote 2.25% 11/15/24	U.S. Treasury Note	**	29,036	
U.S.TreasuryNote 2.25% 11/15/25	U.S. Treasury Note	**	43,764	
U.S.TreasuryNote 2.25% 8/15/27	U.S. Treasury Note	**	69,285	
U.S.TreasuryNote 2.875% 8/15/28	U.S. Treasury Note	**	43,720	
U.S.TreasuryNote1.875% 7/31/26	U.S. Treasury Note	**	17,491	
Union Pacific Corp	Common Stocks/Options	**	53,913	
US Bancorp	US Bancorp	**	14,063	
US Treas Note .125% Jan 31 23	U.S. Treasury Bond	**	26,907	
US Treas Note .75% 8/31/26	U.S. Treasury Bond	**	27,390	
US Treasury Note .125% Feb 15	U.S. Treasury Bond	**	36,523	
US Trsv Bd 2.250% 11/15/24	U.S. Treasury Bond	**	7,259	
US Trsv Bd 2.250% 8/15/27	U.S. Treasury Bond	**	23,095	
US Trsv Bd 2.875% 11/15/46	U.S. Treasury Bond	**	4,749	
US Trsv Bd 3.125% 8/15/44	U.S. Treasury Bond	**	4,874	
Vanguard 500 Index Fund	Mutual Funds	**	1,184,322	
Vanguard Ftse All World	Mutual Funds	**	301,191	
Vanguard Growth ETF	Mutual Funds	**	587,430	
Vanguard Short Term Bond	Mutual Funds	**	55,369	
Vanguard Total Bond Mkt	Mutual Funds	**	364,171	
Vanguard Value	Mutual Funds	**	664,237	
Verizon Communications	Verizon	**	6,060	
Verizon Communications 2.55%	Verizon	**	5,050	
Vertex Pharmctls Inc	Common Stocks/Options	**	12,298	
Visa Inc	Common Stocks/Options	**	98,820	
W W Grainger Incorp	Common Stocks/Options	**	34,204	
Walgreens Boots Alliance Inc.	Common Stocks/Options	**	2,712	
Wal-Mart Stores Inc	Common Stocks/Options	**	92,312	
Wells Fargo SPEC MD Cp Val R6	Mutual Funds	**	242,360	
Wells Fargo SPEC SM Cp Val R6	Mutual Funds	**	151,192	
WellsFargo&Co. 4.3% 07/22/27	Wells Fargo & Co.	**	26,755	

Schedule H, Line 4i
PROFIT SHARING PLAN AND TRUST OF SOUTH CAROLINA ONCOLOGY ASSOCIATES, P.A.
EIN: 57-0787600
Plan Number: 001
SCHEDULE OF ASSETS (HELD AT END OF YEAR) - Continued
As of December 31, 2021

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Western Asset Core Bond IS	Mutual Funds	**	901,257	
Workday Inc Cl A	Common Stocks/Options	**	6,830	
Xylem Inc	Common Stocks/Options	**	6,716	
Yum Brands Inc.	Common Stocks/Options	**	6,665	
Yum China Holdings Inc.	Common Stocks/Options	**	3,240	
Zoetis Inc	Common Stocks/Options	**	85,898	
			<u>\$ 39,889,781</u>	

* Indicates party-in-interest to the Plan.

** Cost information has not been included in column (d) because all investments are participant directed.