

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 single-employer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final 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 ☒ special extension (enter description) <u>HURRICANEIAN-IRS NOTICE IR-2022-168</u> ☐ automatic extension ☐ the DFVC program
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>CHARLESTON GASTRO SPECIALISTS, P.A. PROFIT SHARING 401(K) PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>001</u>
1c	Effective date of plan <u>01/01/1993</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>CHARLESTON GASTROENTEROLOGY SPECIALISTS, P.A.</u> <u>2001 2ND AVENUE SUITE 101</u> <u>SUMMERVILLE, SC 29486</u>
2b	Employer Identification Number (EIN) <u>57-0965630</u>
2c	Plan Sponsor's telephone number <u>843-722-8000</u>
2d	Business code (see instructions) <u>621111</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	12/05/2022	WANDA PUNTENEY
	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.

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v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	215
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)	157
a(2) Total number of active participants at the end of the plan year		6a(2)	163
b Retired or separated participants receiving benefits.....		6b	9
c Other retired or separated participants entitled to future benefits		6c	66
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	238
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	238
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	217
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	17
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2H 2J 2R 3D 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan CHARLESTON GASTRO SPECIALISTS, P.A. PROFIT SHARING 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CHARLESTON GASTROENTEROLOGY SPECIALISTS, P.A.	D Employer Identification Number (EIN) 57-0965630	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

(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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>CHARLESTON GASTRO SPECIALISTS, P.A. PROFIT SHARING 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHARLESTON GASTROENTEROLOGY SPECIALISTS, P.A.</u>	D Employer Identification Number (EIN) <u>57-0965630</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a 702142	891356
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1) 659974	413283
(2) Participant contributions.....		1b(2) 74804	4940
(3) Other		1b(3)	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1) 83474	36734
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other.....		1c(3)(B) 178307	387467
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common		1c(4)(B) 5169113	6143827
(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) 9331368	10910576
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other.....		1c(15)	

		(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	16199182 18788183
Liabilities			
g	Benefit claims payable	1g	115984 8555
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	1903 1903
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	117887 10458
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	16081295 18777725

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)	804759
	(B) Participants	2a(1)(B)	580017
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	1384776
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	0
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	660142
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	660142
(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)	1535191
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	1535191

		(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3580109
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	882229	
(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)		882229
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	1450	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1450
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		883679
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		2696430
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: ELLIOTT DAVIS, LLC/PLLC

(2) EIN: 57-0381582

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		439636

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan CHARLESTON GASTRO SPECIALISTS, P.A. PROFIT SHARING 401(K) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CHARLESTON GASTROENTEROLOGY SPECIALISTS, P.A.		D Employer Identification Number (EIN) 57-0965630
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 57-0965630		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2021 v. 201209		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

Charleston Gastro. Specialists, P.A. Profit Sharing & 401(k) Plan

Report on Financial Statements

For the year ended December 31, 2021



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Independent Auditor's Report

To the Trustees
Charleston Gastro. Specialists, P.A. Profit Sharing & 401(k) Plan
Summerville, South Carolina

Opinion

We have audited the financial statements of Charleston Gastro. Specialists, P.A. Profit Sharing & 401(k) Plan (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, the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the financial statements.

In our opinion, the financial statements referred to above 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 year ended December 31, 2021, 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 Statement

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 within one year after the date that the financial statements are issued.

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Responsibilities of Management for the Financial Statement, Continued

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 schedules, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2021 and Schedule H, Line 4a - Schedule of Delinquent Participant Contributions for the year ended December 31, 2021, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 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 schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

A handwritten signature in black ink that reads "Elliott Davis, LLC". The signature is written in a cursive, flowing style.

Charleston, South Carolina
December 1, 2022

Charleston Gastro. Specialists, P.A. Profit Sharing & 401(k) Plan***Statements of Net Assets Available for Benefits******As of December 31, 2021 and 2020***

	<u>2021</u>	<u>2020</u>
Assets		
Investments at fair value (see Note 3)	<u>\$ 17,478,604</u>	<u>\$ 14,762,262</u>
Receivables		
Company contributions receivable	413,283	659,974
Participant contributions receivable	<u>4,940</u>	<u>74,804</u>
Total receivables	<u>418,223</u>	<u>734,778</u>
Non-interest bearing cash	<u>891,356</u>	<u>702,142</u>
Total assets	<u>18,788,183</u>	<u>16,199,182</u>
Liabilities		
Excess contributions refundable	8,555	115,984
Other liabilities	<u>1,903</u>	<u>1,903</u>
Total liabilities	<u>10,458</u>	<u>117,887</u>
Net assets available for benefits	<u>\$ 18,777,725</u>	<u>\$ 16,081,295</u>

See Notes to Financial Statements

Charleston Gastro. Specialists, P.A. Profit Sharing & 401(k) Plan

Statement of Changes in Net Assets Available for Benefits

For the year ended December 31, 2021

Additions

Investment Income	
Net appreciation in fair value of investments	\$ 1,535,191
Interest and dividends	<u>660,142</u>
Total investment income	<u>2,195,333</u>
Contributions	
Company	804,759
Participant	<u>580,017</u>
Total contributions	<u>1,384,776</u>
Total additions	<u>3,580,109</u>

Deductions

Benefits paid to participants	882,229
Administrative expenses	<u>1,450</u>
Total deductions	<u>883,679</u>
Net increase	2,696,430

<i>Net assets available for benefits, beginning of year</i>	<u>16,081,295</u>
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<i>Net assets available for benefits, end of year</i>	<u><u>\$ 18,777,725</u></u>
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See Notes to Financial Statements

Charleston Gastro. Specialists, P.A. Profit Sharing & 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

Note 1. Description of the Plan

The following description of the Charleston Gastro. Specialists, P.A. Profit Sharing & 401(k) Plan (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 substantially all employees of Charleston Gastro. Specialists, P.A. (the "Company"), except members of a collective bargaining unit and nonresident aliens, who have completed at least three consecutive months of service and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The trustees of the Plan are the shareholders of the Company. The trustees under the Plan have discretionary authority and responsibility to direct the investment of assets under the Plan.

Contributions

Each year, participants may contribute up to 100 percent of compensation per pay period, as defined in the Plan. Participants who have attained the age of 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company makes safe harbor nonelective contributions of no less than 3 percent to any employee eligible to make elective deferrals. During the year ended December 31, 2021, the Company made \$301,797 in safe harbor nonelective contributions to the plan. Additional profit sharing amounts may be contributed at the option of the Company's trustees. For the year ended December 31, 2021, the Company made discretionary profit sharing contributions of \$502,962. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant accounts

Each participant's account is credited with the participant's contributions, Company contributions, and Plan earnings. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their voluntary contributions and the Company's safe harbor nonelective contributions, plus actual earnings thereon. Vesting in the Company's discretionary profit sharing portion of their accounts is based on years of continuous service. A participant is 100 percent vested in the Company's discretionary profit sharing contributions after 6 years of credited service.

Charleston Gastro. Specialists, P.A. Profit Sharing & 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

Note 1. Description of the Plan, Continued

Payment of benefits

Upon termination of service, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount or other installment options as provided by the Plan. Hardship distributions are permitted upon demonstration of a financial hardship. All fully vested balances are available for distribution after the participant reaches the age of 59^{1/2}.

Forfeited accounts

At December 31, 2021 and 2020, forfeited nonvested accounts totaled \$5,852 and \$0, respectively. These accounts will be used to restore forfeitures, to reduce future Company contributions, or to pay administrative expenses. No forfeitures were used during 2021.

Note 2. Summary of Significant Accounting Policies

Basis of accounting

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

Use of estimates

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

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 trustees determine the Plan's valuation policies utilizing information provided by the investment advisors. See Note 3 for discussion of fair value measurements.

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

Excess contributions payable

Amounts payable to the Company for Company contributions to the Plan in excess of amounts required for the safe harbor nonelective contributions are recorded as a liability with a corresponding reduction to contributions.

Charleston Gastro. Specialists, P.A. Profit Sharing & 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

Note 2. Summary of Significant Accounting Policies, Continued

Payment of benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of distributions are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

Subsequent events

The Plan has evaluated subsequent events through December 1, 2022, the date that the financial statements were available to be issued. See Note 10.

Recently issued accounting pronouncements

Accounting standards that have been issued or proposed by the FASB or other standards-setting bodies are not expected to have a material impact on the Plan's financial statements.

Note 3. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy 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 other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly, such as;
- Quoted prices for similar assets or liabilities in active markets.
 - Quoted prices for identical or similar assets or liabilities in inactive markets.
 - Inputs other than quoted prices that are observable for the asset or liability.
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Charleston Gastro. Specialists, P.A. Profit Sharing & 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

Note 3. Fair Value Measurements, Continued

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. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. 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.

Self-directed brokerage accounts:

Accounts primarily consist of mutual funds and common stocks that are valued on the basis of readily determinable market prices. Accounts also consist of corporate bonds that are valued using pricing models maximizing the use of observable inputs for similar securities; and money market funds that are valued at NAV based on observable activity (i.e., purchases and sales at NAV).

Corporate bonds:

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

Charleston Gastro. Specialists, P.A. Profit Sharing & 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

Note 3. Fair Value Measurements, Continued

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value:

	2021			
	Level 1	Level 2	Level 3	Total
Common stock	\$ 1,438,210	\$ -	\$ -	\$ 1,438,210
Mutual funds	4,360,255	-	-	4,360,255
Self-directed brokerage accounts	11,255,938	424,201	-	11,680,139
Total assets at fair value	<u>\$ 17,054,403</u>	<u>\$ 424,201</u>	<u>\$ -</u>	<u>\$ 17,478,604</u>

	2020			
	Level 1	Level 2	Level 3	Total
Common stock	\$ 1,137,684	\$ -	\$ -	\$ 1,137,684
Corporate bonds	-	178,307	-	178,307
Mutual funds	3,705,436	-	-	3,705,436
Self-directed brokerage accounts	9,657,361	83,474	-	9,740,835
Total assets at fair value	<u>\$ 14,500,481</u>	<u>\$ 261,781</u>	<u>\$ -</u>	<u>\$ 14,762,262</u>

Note 4. Non-participant Directed Investments

Information about the net assets and the significant components of the changes in net assets relating to the non-participant directed investments is as follows:

	2021	2020
Net Assets:		
Non-interest bearing cash	\$ 467,003	\$ 337,470
Common stock	1,438,210	1,137,684
Corporate bonds	-	178,307
Mutual funds	4,360,255	3,705,436
	<u>\$ 6,265,468</u>	<u>\$ 5,358,897</u>

	2021	2020
Change in net assets:		
Net appreciation in fair value of investments	\$ 335,309	\$ 541,539
Contributions	763,268	708,272
Interest and dividends	280,212	127,721
Benefits paid to participants	(470,768)	(500,962)
Administrative fees	(1,450)	-
Transfers to self-directed brokerage accounts	-	(87,736)
	<u>\$ 906,571</u>	<u>\$ 788,834</u>

Charleston Gastro. Specialists, P.A. Profit Sharing & 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

Note 5. Related-party and Party in Interest Transactions

Certain Plan investments are managed by the custodians, Morgan Stanley for non-participant directed investments, and Morgan Stanley, Raymond James, Ameriprise, Baird, Wells Fargo, and Merrill Lynch for self-directed brokerage accounts. Therefore, these transactions qualify as party in interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investments, as they are paid through revenue sharing, rather than direct payment. The Plan made direct payments to the third party administrator, a party in interest, of \$1,450. The Company pays directly any other fees related to the Plan's operations.

Note 6. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their Company discretionary profit sharing contributions.

Note 7. Tax Status

Effective March 31, 2014, the Plan adopted a volume submitter plan sponsored by My Benefits, LLC, the plan provider. The plan provider has received an opinion letter from the IRS as to the volume submitter plan's qualified status. The volume submitter plan's letter has been relied upon by this Plan. Although the Plan has been amended since receiving the opinion letter, the Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the Internal Revenue Code.

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

Note 8. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in 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 2021 statement of net assets available for benefits.

On March 11, 2020, the World Health Organization characterized coronavirus (COVID-19) as a pandemic. As a result of COVID-19, there has been heightened market risk and volatility associated with the pandemic, and this could materially affect participants' account balances and the amount reported in the statements of net assets available for benefits. Because of the uncertainty of the markets during this time, Plan management is not able to estimate the total impact the pandemic could have.

Charleston Gastro. Specialists, P.A. Profit Sharing & 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

Note 9. Other Matters

During 2021, the Company inadvertently failed to make deposits of \$3,154 of participant deferrals within the timeframe as required by the Department of Labor (DOL). The DOL considers late deposits, without regard to materiality, to be prohibited transactions. The general rule for deposits of 401(k) withholdings requires that the Company remit withheld employee 401(k) deferrals to the Plan as of the earliest date on which such amounts can reasonably be segregated from the Company's general assets, but in no event later than 15 business days after the end of the month in which the contributions were withheld. Management believes that assets can reasonably be segregated within 3 business days; therefore, any amount remitted after 3 business days is considered late. The Company made deposits ranging from 177 to 367 days after the dates in which the contributions were withheld. The Company intends to file Form 5330 and pay applicable excise taxes. In addition, the Company will credit participant accounts with the amount of investment income which would have been earned had participant contributions been remitted on a timely basis.

During 2020, the Company inadvertently failed to make deposits of \$87,823 of participant deferrals within the timeframe as required by the DOL. The Company made deposits ranging from 4 days to 7 days after the dates in which the contributions were withheld. The Company intends to file Form 5330 and pay applicable excise taxes. In addition, the Company will credit participant accounts with the amount of investment income which would have been earned had participant contributions been remitted on a timely basis.

During 2019, the Company inadvertently failed to make deposits of \$348,659 of participant deferrals within the timeframe as required by the DOL. The Company made deposits ranging from 8 days to 202 days after the dates in which the contributions were withheld. The Company intends to file Form 5330 and pay applicable excise taxes. In addition, the Company will credit participant accounts with the amount of investment income which would have been earned had participant contributions been remitted on a timely basis.

Note 10. Subsequent Events

Effective January 1, 2022, the plan document was restated as a non-standardized pre-approved profit sharing plan to conform with IRS regulations. The plan provider received an opinion letter dated June 30, 2020 as to the non-standardized pre-approved profit sharing plan's qualified status.

Charleston Gastro. Specialists, P.A. Profit Sharing & 401(k) Plan*Schedule H, Line 4a - Schedule of Delinquent Participant Contributions EIN 57-0965630, Plan No. 001**For the year ended December 31, 2021*

Participant contributions transferred late to Plan Check here if late participant loan repayments are included: ☐	Total that constitute nonexempt prohibited transactions			Total fully corrected under VFCP and PTE 2002- 51
	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	

For the year ended December 31, 2021:

\$ <u>3,154</u>	\$ <u>3,154</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>
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For the year ended December 31, 2020:

\$ <u>87,823</u>	\$ <u>87,823</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>
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For the year ended December 31, 2019:

\$ <u>348,659</u>	\$ <u>348,659</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>
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Charleston Gastro. Specialists, P.A. Profit Sharing & 401(k) Plan**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) EIN 57-0965630, Plan No. 001****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, and par or maturity value	Cost	Current value	
Common Stock					
	ADOBE INC (ADBE)	Common stock	\$ 4,518	\$ 7,939	***
	ADVANCE AUTO PARTS (AAP)	Common stock	2,764	4,318	***
	ALCON INC (ALC)	Common stock	2,517	3,920	***
	ALIBABA GROUP HLDG LTD (BABA)	Common stock	29,365	16,631	***
	ALIBABA GROUP HLDG LTD (BABA)	Common stock	4,427	2,613	***
	AMAZON COM INC (AMZN)	Common stock	11,905	20,006	***
	APPLE INC (AAPL)	Common stock	5,485	14,916	***
	APTIV PLC (APTIV)	Common stock	2,076	4,124	***
	ASML HOLDING NV NY REG NEW (ASML)	Common stock	4,575	19,904	***
	ASML HOLDING NV NY REG NEW (ASML)	Common stock	1,901	3,981	***
	ASTRAZENECA PLC ADR (AZN)	Common stock	17,348	27,552	***
	ATLASSIAN CORP PLC CL A (TEAM)	Common stock	2,788	4,957	***
	BIOMARIN PHARMAC SE (BMRN)	Common stock	2,395	2,739	***
	CATERPILLAR INC (CAT)	Common stock	18,264	28,323	***
	CISCO SYS INC (CSCO)	Common stock	10,497	30,608	***
	CITIGROUP INC NEW (C)	Common stock	22,767	21,680	***
	COCA COLA CO (KO)	Common stock	14,297	23,329	***
	COLGATE PALMOLIVE CO (CL)	Common stock	11,410	20,908	***
	COMCAST CORP (NEW) CLASS A (CMCSA)	Common stock	18,277	23,101	***
	CORNING INC (GLW)	Common stock	12,543	14,147	***
	CROWN CASTLE INTL CORP (CCI)	Common stock	70,849	75,773	***
	DEERE & CO (DE)	Common stock	16,749	36,346	***
	DELTA AIR LINES INC NEW (DAL)	Common stock	14,975	18,289	***
	DEXCOM INC (DXCM)	Common stock	2,182	3,222	***
	EATON CORP PLC SHS (ETN)	Common stock	3,991	4,493	***
	EQUINIX INC (EQIX)	Common stock	3,349	5,075	***
	FIDELITY NATL INFORMATION SE (FIS)	Common stock	4,238	3,493	***
	GENERAL MTRS CO (GM)	Common stock	22,561	41,041	***
	HOME DEPOT INC (HD)	Common stock	4,082	7,470	***
	IHS MARKIT LTD (INFO)	Common stock	3,540	6,513	***
	INTEL CORP (INTC)	Common stock	22,322	21,424	***
	INTL BUSINESS MACHINES CORP (IBM)	Common stock	21,925	21,118	***
	INTUITIVE SURGICAL INC (ISRG)	Common stock	3,401	3,593	***
	IQVIA HOLDINGS INC (IQV)	Common stock	20,858	38,089	***
	JOHNSON & JOHNSON (JNJ)	Common stock	10,823	27,713	***

Charleston Gastro. Specialists, P.A. Profit Sharing & 401(k) Plan**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) EIN 57-0965630, Plan No. 001****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, and par or maturity value	Cost	Current value	
	JPMORGAN CHASE & CO (JPM)	Common stock	22,925	34,837	***
	KYNDRYL HOLDINGS INC (KD)	Common stock	939	561	***
	LABORATORY CP AMER HLDGS NEW (LH)	Common stock	13,860	25,765	***
	LINCOLN NTL CORP IND (LNC)	Common stock	22,534	42,936	***
	MC DONALDS CORP (MCD)	Common stock	12,933	36,726	***
	MERCK & CO INC NEW COM (MRK)	Common stock	16,517	19,160	***
	META PLATFORMS INC CL A (FB)	Common stock	10,590	17,490	***
	MICROSOFT CORP (MSFT)	Common stock	18,269	53,475	***
	MICROSOFT CORP (MSFT)	Common stock	9,155	19,507	***
	MONSTER BEVERAGE CORP NEW COM (MNST)	Common stock	3,285	4,706	***
	NETFLIX INC (NFLX)	Common stock	6,422	6,627	***
	NIKE INC B (NKE)	Common stock	5,215	5,500	***
	NVIDIA CORPORATION (NVDA)	Common stock	2,589	12,941	***
	NXP SEMICONDUCTORS NV (NXPI)	Common stock	2,070	3,872	***
	ORGANON & CO (OGN)	Common stock	827	761	***
	PALO ALTO NETWORKS INC (PANW)	Common stock	3,425	7,795	***
	PAYPAL HLDGS INC COM (PYPL)	Common stock	8,850	19,801	***
	PAYPAL HLDGS INC COM (PYPL)	Common stock	3,375	3,394	***
	PEPSICO INC NC (PEP)	Common stock	11,570	30,226	***
	PFIZER INC (PFE)	Common stock	12,974	28,167	***
	RAYTHEON TECHNOLOGIES CORP (RTX)	Common stock	18,319	20,482	***
	RAYTHEON TECHNOLOGIES CORP (RTX)	Common stock	3,324	4,647	***
	SALESFORCE.COM,INC. (CRM)	Common stock	7,669	9,911	***
	SBA COMMUNICATNS CORP NEW CL A (SBAC)	Common stock	70,899	89,475	***
	SEA LIMITED ADR (SE)	Common stock	2,796	2,685	***
	SEMPRA (SRE)	Common stock	11,938	19,577	***
	SPLUNK INC (SPLK)	Common stock	4,114	3,124	***
	THERMO FISHER SCIENTIFIC (TMO)	Common stock	5,761	32,695	***
	THERMO FISHER SCIENTIFIC (TMO)	Common stock	4,297	9,341	***
	TRACTOR SUPPLY CO (TSCO)	Common stock	2,868	4,056	***
	TRUIST FINL CORP (TFC)	Common stock	22,536	34,779	***
	UBER TECHNOLOGIES INC (UBER)	Common stock	4,253	5,367	***
	UIPATH INC CL A (PATH)	Common stock	2,589	1,811	***
	ULTA BEAUTY INC (ULTA)	Common stock	2,775	5,360	***
	UNITED PARCEL SER INC CL-B (UPS)	Common stock	4,196	7,288	***
	UNITEDHEALTH GP INC (UNH)	Common stock	1,433	10,545	***
	VERIZON COMMUNICATIONS (VZ)	Common stock	12,419	16,419	***

Charleston Gastro. Specialists, P.A. Profit Sharing & 401(k) Plan**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) EIN 57-0965630, Plan No. 001****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, and par or maturity value	Cost	Current value	
	VISA INC CL A (V)	Common stock	9,418	11,269	***
	W W GRAINGER INC (GWW)	Common stock	3,503	5,701	***
	WALT DISNEY CO HLDG CO (DIS)	Common stock	17,427	24,008	***
	WALT DISNEY CO HLDG CO (DIS)	Common stock	3,816	4,027	***
	WELLS FARGO & CO NEW (WFC)	Common stock	45,828	55,801	***
	WORKDAY INC CL A (WDAY)	Common stock	3,513	4,098	***
	XILINX INC (XLNX)	Common stock	24,649	63,608	***
	ZOETIS INC CLASS-A (ZTS)	Common stock	4,203	8,541	***
			908,831	1,438,210	
Mutual Funds					
	ALLSPRING GLB SMALL CAP INST (EKGIX)	Mutual fund	73,309	88,124	***
	ALLSPRING SPECIAL MDCP VL I (WFMIX)	Mutual fund	40,008	53,781	***
	AMERICAN MUTUAL F2 (AMRFX)	Mutual fund	120,426	154,522	***
	AMERICAN INFL LNKD BD F2 (BFIGX)	Mutual fund	97,006	95,845	***
	AMERICAN NEW PERSPECTIVE F2 (ANWFX)	Mutual fund	254,927	375,574	***
	ARTISAN DEVELOPING WORLD ADV (APDYX)	Mutual fund	64,275	94,387	***
	BLACKROCK MULTI-ASSET INC INST (BIICX)	Mutual fund	270,852	277,110	***
	CARILLON EAGLE MID CAP GRTH I (HAGIX)	Mutual fund	20,132	29,464	***
	CAUSEWAY EMERGING MKTS INST (CEMIX)	Mutual fund	85,329	82,409	***
	CAUSEWAY INTL VALUE INSTL (CIVIX)	Mutual fund	221,743	215,733	***
	COHEN & STEERS REALTY SHS INC (CSRSX)	Mutual fund	96,670	136,355	***
	DOUBLELINE LOW DURATION BD I (DBLSX)	Mutual fund	254,580	252,589	***
	EDGEWOOD GROWTH INSTL (EGFIX)	Mutual fund	58,750	123,550	***
	FIRST EAGLE GLOBAL I (SGIIX)	Mutual fund	95,863	108,911	***
	GOLDMAN SACHS INFL PRTCT SECI (GSIPX)	Mutual fund	60,758	67,060	***
	INVESCO BULLETSHARES 2022 CO (BSCM)	Mutual fund	62,105	61,903	***
	INVESCO DEVELOPING MKTS Y (ODVYX)	Mutual fund	34,174	44,139	***
	INVESCO GLOBAL OPP Y (OGIYX)	Mutual fund	75,379	90,855	***
	ISHARES GLOBAL REIT (REET)	Mutual fund	53,951	63,118	***
	ISHARES IBONDS DEC 2022 CORP (IBDN)	Mutual fund	24,883	24,863	***
	ISHARES MSCI EURO FINANCIAL (EUFN)	Mutual fund	35,754	39,158	***
	JANUS HENDERSON TRITON I (JSMGX)	Mutual fund	31,165	39,594	***
	JOHN HANCOCK INTL GROWTH I (GOGIX)	Mutual fund	93,282	117,691	***
	JPMORGAN GLOBAL ALLOCATION I (GAOSX)	Mutual fund	119,054	142,970	***
	JPMORGAN ULTRA-SHORT INC ETF (JPST)	Mutual fund	163,669	162,748	***
	JPMORGAN VALUE ADVANTAGE I (JVASX)	Mutual fund	94,211	113,049	***
	MATTHEWS ASIA DIVIDEND INST (MIPIX)	Mutual fund	105,659	122,021	***
	METROPOLITAN WEST LOW DUR BD I (MWLIX)	Mutual fund	128,123	127,682	***
	MFS INTL INTRINSIC VALUE I (MINIX)	Mutual fund	174,590	240,048	***
	OAKMARK GLOBAL SELECT INST (OANWX)	Mutual fund	150,528	194,555	***

Charleston Gastro. Specialists, P.A. Profit Sharing & 401(k) Plan**Schedule H, Line 4i - Schedule of Assets (Held at End of Year) EIN 57-0965630, Plan No. 001****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, and par or maturity value	Cost	Current value	
	PIMCO 1-5 YEAR U.S.TIPX IDX FD (STPZ)	Mutual fund	71,311	74,879	***
	PIMCO REAL RETURN I2 (PRLPX)	Mutual fund	95,688	96,448	***
	T ROWE PRICE GLB MLTI SECT BD (PRSNX)	Mutual fund	153,229	153,908	***
	T ROWE PRICE GROWTH STOCK (PRGFX)	Mutual fund	68,469	100,104	***
	THORNBURG LIMITED-TRM INC INST (THIIX)	Mutual fund	164,882	163,218	***
	WISDOMTREE EURO SM CAP DIV ETF (DFE)	Mutual fund	25,007	31,890	***
			3,739,741	4,360,255	
Self-Directed Brokerage Accounts					
	AMERIPRISE	Self-directed brokerage accounts	**	2,209,581	***
	BAIRD	Self-directed brokerage accounts	**	1,669,664	***
	MERRILL LYNCH	Self-directed brokerage accounts	**	77,699	***
	MORGAN STANLEY	Self-directed brokerage accounts	**	2,838,656	***
	RAYMOND JAMES	Self-directed brokerage accounts	**	3,887,597	***
	WELLS FARGO	Self-directed brokerage accounts	**	996,942	***
				11,680,139	
			<u>\$ 4,648,572</u>	<u>\$ 17,478,604</u>	

** Cost information omitted due to participant directed funds

*** Information not certified by the custodians