

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>JACKSONVILLE SPINE CENTER, P. A. RETIREMENT SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2005</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2005</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2005</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>JACKSONVILLE SPINE CENTER, P.A.</u> <u>10475 CENTURION PARKWAY NORTH</u> <u>SUITE 201</u> <u>JACKSONVILLE, FL 32256</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>20-0091237</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>904-223-3321</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621111</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>20-0091237</u>	2c Plan Sponsor's telephone number <u>904-223-3321</u>	2d Business code (see instructions) <u>621111</u>	
2b Employer Identification Number (EIN) <u>20-0091237</u>					
2c Plan Sponsor's telephone number <u>904-223-3321</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.	02/13/2023	CHRISTOPHER ROBERTS, MD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/13/2023	CHRISTOPHER ROBERTS, MD
	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.

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	140
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)	108
a(2) Total number of active participants at the end of the plan year		6a(2)	97
b Retired or separated participants receiving benefits.....		6b	4
c Other retired or separated participants entitled to future benefits		6c	38
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	139
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	139
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	94
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2R 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan JACKSONVILLE SPINE CENTER, P. A. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 JACKSONVILLE SPINE CENTER, P.A.	D Employer Identification Number (EIN) 20-0091237

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
AMERITAS LIFE INSURANCE CORP.

(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
47-0098400	61301	333141	94	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 3864	(b) Total amount of fees paid 0
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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
GWN SECURITIES INC
11440 NORTH JOG RD.
PALM BEACH GARDENS, FL 33418

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3864			4

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	35610
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	1800276

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	56486
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c	Additions: (1) Contributions deposited during the year	7c(1)	4207	
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	1156	
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)		
	▶			

(6) Total additions	7c(6)	5363
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d Total of balance and additions (add lines 7b and 7c(6))	7d	61849
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e Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	18707
	(2) Administration charge made by carrier.....	7e(2)	210
	(3) Transferred to separate account.....	7e(3)	7121
	(4) Other (specify below).....	7e(4)	201
	▶ LOAN		

(5) Total deductions	7e(5)	26239
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	35610
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
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 JACKSONVILLE SPINE CENTER, P. A. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JACKSONVILLE SPINE CENTER, P.A.	D Employer Identification Number (EIN) 20-0091237	

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)

AMERITAS LIFE INSURANCE CORP.

47-0098400

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	12711	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>JACKSONVILLE SPINE CENTER, P. A. RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>JACKSONVILLE SPINE CENTER, P.A.</u>	D Employer Identification Number (EIN) <u>20-0091237</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)	

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STADION CYCLICAL TREND ETF FUND</u>		
b Name of sponsor of entity listed in (a): <u>BENEFIT TRUST COMPANY</u>		
c EIN-PN <u>81-6274538-062</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>52416</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STADION DYNAMIC TREND ETF FUND</u>		
b Name of sponsor of entity listed in (a): <u>BENEFIT TRUST COMPANY</u>		
c EIN-PN <u>81-6274538-061</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>59130</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STADION LONG DURATION FIXED INCOME</u>		
b Name of sponsor of entity listed in (a): <u>BENEFIT TRUST COMPANY</u>		
c EIN-PN <u>81-6274538-064</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>36080</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STADION DOMESTIC EQUITY ETF FUND</u>		
b Name of sponsor of entity listed in (a): <u>BENEFIT TRUST COMPANY</u>		
c EIN-PN <u>81-6274538-059</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>433037</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STADION INTERNATIONAL EQUITY ETF FD</u>		
b Name of sponsor of entity listed in (a): <u>BENEFIT TRUST COMPANY</u>		
c EIN-PN <u>81-6274538-060</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>222132</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEPARATE ACCOUNT G-3</u>		
b Name of sponsor of entity listed in (a): <u>AMERITAS LIFE INSURANCE CORP.</u>		
c EIN-PN <u>47-0098400-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1033092</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>JACKSONVILLE SPINE CENTER, P. A. RETIREMENT SAVINGS 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>JACKSONVILLE SPINE CENTER, P.A.</u>	D Employer Identification Number (EIN) <u>20-0091237</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		172197
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	151	12171
(2) Participant contributions.....	1b(2)	8825	15253
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		18788
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		5094
(9) Value of interest in common/collective trusts	1c(9)		802795
(10) Value of interest in pooled separate accounts	1c(10)	1317326	
(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)	3459880	1891707
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	56486	35610
(15) Other.....	1c(15)		3030463

		(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	4842668 5984078
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	38904
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 38904
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4842668 5945174

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)	166886
	(B) Participants	2a(1)(B)	270559
	(C) Others (including rollovers).....	2a(1)(C)	22512
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	459957
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	38138
	(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)	38138
(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)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(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)		123746
(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)		661122
c Other income.....	2c		23084
d Total income. Add all income amounts in column (b) and enter total.....	2d		1306047
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	184552	
(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)		184552
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)	18068	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	921	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		18989
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		203541
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		1102506
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: PATRICK & RAINES, LLC

(2) EIN: 03-0464684

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		275545

	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.
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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 JACKSONVILLE SPINE CENTER, P. A. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 JACKSONVILLE SPINE CENTER, P.A.	D Employer Identification Number (EIN) 20-0091237

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 47-0098400	
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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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 _____

**JACKSONVILLE SPINE CENTER, P.A.
RETIREMENT SAVINGS PLAN
(EIN): 20-0091237 PLAN #001**

**FINANCIAL STATEMENTS,
INDEPENDENT AUDITOR'S REPORT
AND SUPPLEMENTAL INFORMATION
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020**

**JACKSONVILLE SPINE CENTER, P.A. RETIREMENT SAVINGS PLAN
DECEMBER 31, 2021 AND 2020
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INDEPENDENT AUDITOR'S REPORT

To the Trustee of the
Jacksonville Spine Center, P.A. Retirement Savings Plan

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

We have performed an audit of the accompanying financial statements of Jacksonville Spine Center, P.A. Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained a certification from Ameritas Life Insurance Corp. ("Ameritas"), a qualified institution as of December 31, 2021 and 2020 and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management to the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial

statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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.

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

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

The supplemental schedules, Schedule H, line 4i – Schedule of Assets and Schedule H, Line 4a – Schedule of Delinquent Participant Contributions, are presented for purposes of additional analysis and is not a required part of the 2021 financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2021 financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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. For information included in the supplemental schedules that agreed to or is derived from the investment information certified by Ameritas, we compared such information to the related certified investment information.

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

In our opinion—

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

Emphasis of a Matter

As discussed in Note 6 to the financial statements, investments held outside of Ameritas were not certified as complete and accurate by a qualified institution as of December 31, 2021 and 2020 and for the year ended December 31, 2021. We therefore performed auditing procedures commensurate of a Non-ERISA Section 103(a)(3)(C) for investments held in Charles Schwab & Co., Inc. ("Charles Schwab"), TD Ameritrade, and Fidelity Investments. Our opinion is not modified with respect to this matter.

Other Matter – Report on the 2020 Financial Statements

We were not engaged to audit the financial statements of the Plan as of December 31, 2020. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by Ameritas. Because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an opinion and accordingly, we did not express an opinion on the 2020 financial statements, and the form and content of the information included in the 2020 financial statements other than that derived from the information certified by Ameritas were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Patrick & Raines, LLC

Patrick & Raines, LLC
Jacksonville, Florida
February 11, 2023

JACKSONVILLE SPINE CENTER, P.A. RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
Investments, at fair value:		
Mutual funds	\$ 1,891,707	\$ 1,158,036
Plan interest in master CITs	802,795	759,016
Exchange-traded funds	734,931	702,929
Equities	2,084,091	2,105,374
Real estate investment trusts	18,788	8,614
Derivative instrument	211,441	0
Total investments, at fair value	<u>5,743,753</u>	<u>4,733,969</u>
Investments, at contract value:		
Fully benefit-responsive investment contract	<u>35,610</u>	<u>56,486</u>
Total investments, at contract value	<u>35,610</u>	<u>56,486</u>
Cash and cash equivalents	<u>172,197</u>	<u>43,237</u>
Receivables:		
Notes receivable from participants	5,094	0
Participant contributions receivable	15,253	8,825
Employer contributions receivable	12,171	151
Total receivables	<u>32,518</u>	<u>8,976</u>
TOTAL ASSETS	<u>5,984,078</u>	<u>4,842,668</u>
LIABILITIES		
Excess contributions payable	<u>38,904</u>	<u>0</u>
TOTAL LIABILITIES	<u>38,904</u>	<u>0</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 5,945,174</u>	<u>\$ 4,842,668</u>

See accompanying notes to financial statements.

**JACKSONVILLE SPINE CENTER, P.A. 401(K) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2021**

	<u>2021</u>	<u>2020</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation in fair value of investments	\$ 661,122	\$ 836,995
Net appreciation in plan interest in master CITs	123,746	78,688
Net depreciation in hedging instruments	(100)	0
Interest & dividends	38,138	20,736
Capital gain distributions	9,875	4,915
Income from Sec 1256 Contracts & Straddles	11,978	0
Other	<u>1,331</u>	<u>0</u>
Total investment income	<u>846,090</u>	<u>941,334</u>
Contributions:		
Employers'	166,886	127,024
Participants'	270,559	215,483
Rollover	<u>22,512</u>	<u>35,164</u>
Total contributions	<u>459,957</u>	<u>377,671</u>
TOTAL ADDITIONS	<u>1,306,047</u>	<u>1,319,005</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	184,552	302,075
Administrative expenses	18,068	16,579
Trader expenses	<u>921</u>	<u>0</u>
TOTAL DEDUCTIONS	<u>203,541</u>	<u>318,654</u>
NET INCREASE	1,102,506	1,000,351
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	<u>4,842,668</u>	<u>3,842,317</u>
END OF YEAR	<u>\$ 5,945,174</u>	<u>\$ 4,842,668</u>

See accompanying notes to financial statements.

JACKSONVILLE SPINE CENTER, P.A. RETIREMENT SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 AND 2020

1. Description of the Plan

The following description of the Plan provides only general information. Participants should refer to the plan documents for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Jacksonville Spine Center, P.A. (the "Company") who have attained age 21 and completed at least six consecutive months of eligibility service, beginning on the employee's date of hire, during which time the employee completes at least 900 hours of service. The Plan was formed and adopted effective January 1, 2005. The Plan is subject to the provisions of ERISA.

Effective February 1, 2021, the Plan was amended to allow loans. Loans are made available to participants on a reasonably equivalent basis. New loans will not be available to participants who cease to be employed by the plan sponsor, unless such participants are parties-in-interest, as defined by ERISA section 3(14).

Administration

Ameritas serves as a custodian of the Plan's assets and performs certain recordkeeping functions for the Plan. Charles Schwab, TD Ameritrade, and Fidelity Investments also serve as custodians and perform certain recordkeeping functions for certain self-directed brokerage accounts within the Plan. The Trustee of the Plan is responsible for oversight of the Plan, determines the appropriateness of the Plan's investment offerings, and monitors investment performance.

Contributions

Each year, participants may contribute up to 100% of their annual compensation, as defined by the plan documents, subject to limitations imposed by the Internal Revenue Service ("IRS"). The maximum participant deferral for the year ended December 31, 2021 and 2020, was \$19,500. Participants who have attained age 50 before the end of the Plan year were also eligible to make catch-up contributions of up to \$6,500. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers). Participants direct the investment of their contributions into various investment options offered by the Plan. The Company provides matching contributions equal to 100% of the first 3% elected by the participants, and 50% of the next 2% elected by the participants. The Plan participants direct the investment of the Company's matching contribution into various investment options offered by the Plan.

JACKSONVILLE SPINE CENTER, P.A. RETIREMENT SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 AND 2020

Excess Contributions

During the plan year ended December 31, 2021, six participants had employer contributions withheld on eligible compensation in excess of the limits imposed by the IRS. Total excess contributions of 38,904 have been accrued in the statement of net assets as of December 31, 2021. Excess contributions withheld by four of those participants, totaling \$26,196, were corrected in January 2023. The remaining \$12,708 of excess contributions remain uncorrected as of February 11, 2023.

Participant Accounts

Each participant's account is credited with the participant's contribution and the Company's matching contribution and performance sharing amounts, if applicable. Each participant's account shall be allocated earnings, gains, expenses, and losses with respect to the investments of the participant's account. Allocations of plan earnings or losses are based on each participant's investment fund balance in proportion to the total investment fund balance.

Note Receivable from Participant

Participants may borrow from their fund accounts up to a maximum loan amount equal to the lesser of \$50,000 (reduced by the excess of the highest outstanding balance of loans during the 1 year period ending on the day before the loan is made, over the outstanding balance of loans from the Plan on the date the loan is made), or 50% of the present value of the participant's vested balance. The loans are secured by the balance in the participant's account and bear interest at a reasonable rate. Loan terms may not exceed five years, unless the loan is used to acquire a dwelling unit, which, within a reasonable period of time, will be used as the principal residence of the participant, in which case the plan administrator may permit a longer term. Principal and interest are paid ratably through payroll deductions.

The note receivable from participant is measured at the unpaid principal balance plus any accrued by unpaid interest. Interest income is recorded on the accrual basis. In the event of default, foreclosure on the note and attachment of security will not occur until a distribution eligibility requirement is met under the Plan. A single participant holds 100% of the balance in note receivable from participant as of December 31, 2021.

Vesting

Participants are immediately vested in their employee contributions plus actual earnings thereon. Likewise, safe harbor matching contributions plus actual earnings thereon are immediately vested.

JACKSONVILLE SPINE CENTER, P.A. RETIREMENT SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 AND 2020

Vesting (continued)

Vesting in the Company's discretionary matching contributions is based on the following schedule.

20% after two years of service
40% after three years of service
60% after four years of service
80% after five years of service
100% after six years of service

The employer made no discretionary matching contributions during the years ended December 31, 2021 and 2020.

Payment of Benefits

Upon termination of service due to death, disability, retirement, or any other reason, a participant's vested account balance does not exceed \$1,000 and qualifies as an "eligible rollover distribution", and the participant does not elect to have such distribution paid directly to an eligible retirement plan, a distribution will be made to the participant in a single lump sum in lieu of all other forms of distribution under the Plan. For vested account balances in excess of \$1,000, participants may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or payments over a period certain in monthly, quarterly, semiannual, or annual cash installments.

The plan also permits participants to take distributions prior to termination of employment upon attaining age 59 ½. These in-service distributions may be sourced from any of the participants' respective accounts.

Additionally, participants who have incurred a "hardship", as defined in the Plan, may take hardship withdrawals, which will be sourced from any of the participants' respective accounts.

Forfeitures

Non-vested benefits of terminated participants are forfeited on the date the participant receives a complete distribution of vested benefits. Forfeitures are used to reduce employer contributions. During the year ended December 31, 2021, employer contributions were reduced by \$38,904 from forfeited non-vested accounts. As of December 31, 2021 and 2020, there was approximately \$865 and \$1,046, respectively, outstanding that could be used to offset future employer contributions and any administrative expenses.

JACKSONVILLE SPINE CENTER, P.A. RETIREMENT SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 AND 2020

2. Summary of Significant Accounting Policies

Basis of Presentation

The financial statements of the Plan are prepared using the accrual basis of accounting in accordance with U.S. GAAP.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, as well as the reported amounts of changes in net assets during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value, with the exception of the fully benefit-responsive investment contract, which is reported at contract value as described in Note 4. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. 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, net of investment management fees.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments.

3. Fair Value Measurements

The FASB has established a framework for measuring fair value in ASC 820, *Fair Value Measurements*. That framework provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

JACKSONVILLE SPINE CENTER, P.A. RETIREMENT SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 AND 2020

3. Fair Value Measurements (continued)

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 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 to the valuation methodology include • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability; • inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level or 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.

Mutual funds: Valued at the daily closing prices as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities & 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.

JACKSONVILLE SPINE CENTER, P.A. RETIREMENT SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 AND 2020

3. Fair Value Measurements (continued)

Equities: Valued based on daily closing prices reported by the investees. The equities within the Plan are deemed to be actively traded.

Exchange-traded funds: Valued based on the closing price reported by the fund. ETFs held by the Plan are closed-end funds registered with the Securities & Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The ETFs held by the Plan are deemed to be actively traded.

ETF master collective investment trusts: Valued based on the closing price reported by the fund. Net assets and net investment income held by the securities listed below are allocated to those securities on a specific identification basis. Benchmark data for the following indices is provided by third party vendors and assumes reinvestment of all dividends and distributions. Actual benchmark data may differ from that of the funds described below, which may impact reported net assets and changes therein.

Fund	Index
Stadion Cyclical Trend ETF Fund, Class 2	S&P 500 Index
Stadion Dynamic Trend ETF Fund, Class 2	S&P 500 Index
Stadion Long Duration Fixed Income ETF Fund, Class 2	Bloomberg Barclays US Universal 10+ Yr Index
Stadion Domestic ETF Equity Fund, Class 2	S&P 1500 Index
Stadion International Equity ETF Fund, Class 2	MSCI ACWI es USA IMI Index

Stadion Cyclical Trend ETF Fund, Class 2: The goal is to track long-term equity trends using a proprietary model to assess the markets on a weekly basis. Trading is minimized and more bull market exposure may result in a potentially large initial drawdown following bear market.

Stadion Dynamic Trend ETF Fund, Class 2: The goal is to participate in intermediate to short-term trends while trying to avoid large losses of bear markets by assessing the markets on a daily basis through a trend-oriented model. On average yearly turnover is expected to be 3-6 times based on market conditions but can be more or less. The potential for a drawdown based on successive losing trades in a range bound market is the main risk for this strategy.

JACKSONVILLE SPINE CENTER, P.A. RETIREMENT SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 AND 2020

3. Fair Value Measurements (continued)

Stadion Long Duration Fixed Income ETF Fund: The goal is to track long duration (10+ years) US Dollar denominated fixed income returns, as represented by the Bloomberg Barclays U.S. Universal 10+ Years TR index through semi-active strategic asset allocation to various points along the long portion of the yield curve, fixed income sector allocation, and credit quality that affect returns over time.

Stadion Domestic Equity ETF Fund: The goal is to track United States capitalization returns, as represented by the S&P 1500 Index through semi-active strategic asset allocation to various market cap segments in addition to various factors, sectors and styles that affect returns over time.

Stadion International Equity ETF Fund: The goal is to track world ex US capitalization returns, as represented by the MSCI ACWI ex USA IMI index through semi-active strategic asset allocation to various regions, countries, market capitalization segments across both Developed and Emerging Markets in addition to various factors, sectors (technology, financials, etc.) and styles (growth and value) that affect returns over time.

Real estate investment trusts: Valued based on daily closing prices reported on the active markets where the individual securities are traded.

Derivative instrument: Valued based on the inputs and techniques utilized in the audited financial statements of Anacapa Alpha, LP (the “Partnership”). See Note 5 for further discussion of the instrument’s strategy, activity, and risks. The Partnership’s valuation inputs and techniques are detailed below.

Exchange traded funds: Valued based on their last reported sales price as of the valuation date. All exchange traded funds within the Partnership were actively traded and valuation adjustments were not applied. Therefore, all exchange traded funds reported in the audited financials of the investee were categorized in Level 1 of the fair value hierarchy.

Short sales: When the Partnership sells a security short, it must borrow the security sold short and subsequently deliver it to the broker dealer through which it made the short sale. A gain, limited to the price at which the Partnership sold the security short, or a loss, unlimited in amount, will be recognized upon the termination of the short sale.

JACKSONVILLE SPINE CENTER, P.A. RETIREMENT SAVINGS PLAN
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3. Fair Value Measurements (continued)

Option contracts: Option which are listed on major security exchanges are valued at their last reported sales prices as of the valuation dates or based on the midpoint of the bid/ask spread at the close of business. Depending on the frequency of trading, listed options are generally classified in Level 1 or Level 2 of the fair value hierarchy. As of December 31, 2021, all option contracts within the Partnership were categorized as Level 1 in the fair value hierarchy.

Translation of foreign currency: Assets and liabilities denominated in foreign currencies are translated into United States dollar amounts at the year-end exchange rates. Transactions denominated in foreign currencies, including purchases and sales of investments, and income and expenses, are translated into United States dollar amounts on the transaction date. Adjustments arising from foreign currency transactions are reflected in the statement of operations of the Partnership. The Partnership does not isolate that portion of the results of operations arising from the effect of changes in foreign exchange rates on investments from fluctuations arising from changes in market prices of investments held. Such fluctuations are included in net realized and unrealized gain on investments in the statement of operations of the Partnership.

JACKSONVILLE SPINE CENTER, P.A. RETIREMENT SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS
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3. Fair Value Measurements (continued)

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

	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
December 31, 2021				
Mutual funds	\$ 1,891,707	\$ 0	\$ 0	\$ 1,891,707
Plan interest in Master CITs:				
Equity ETF funds	655,169	0	0	655,169
Fixed income ETF funds	111,546	0	0	111,546
Trend ETF funds	36,080	0	0	36,080
Exchange-traded funds	734,931	0	0	734,931
Equities	2,084,091	0	0	2,084,091
Real estate investment trusts	18,788	0	0	18,788
Derivative instrument	0	0	211,441	211,441
Investments, at fair value	<u>\$ 5,532,312</u>	<u>\$ 0</u>	<u>\$ 211,441</u>	<u>\$ 5,743,753</u>

JACKSONVILLE SPINE CENTER, P.A. RETIREMENT SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS
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3. Fair Value Measurements (continued)

	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
December 31, 2020				
Mutual funds	\$ 1,158,036	\$ 0	\$ 0	\$ 1,158,036
Plan interest in master CITs:				
Equity ETF funds	578,744	0	0	578,744
Fixed income ETF funds	57,890	0	0	57,890
Trend ETF funds	122,382	0	0	122,382
Exchange-traded funds	702,929	0	0	702,929
Equities	2,105,373	0	0	2,105,373
Real estate investment trusts	8,614	0	0	8,614
Investments, at fair value	<u>\$ 4,733,968</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 4,733,968</u>

4. Fully Benefit-Responsive Investment Contract (Certified)

Fully benefit-responsive investment contracts, at contract value, on the statement of net assets consist of the following investments as of December 31;

<u>Investment Name</u>	<u>2021</u>	<u>2020</u>
Guaranteed Investment Account	\$ 35,610	\$ 56,486

As of December 31, 2021 and 2020, the Plan was invested in a fully benefit-responsive investment contract, Guaranteed Investment Account (the "Fund"), provided through a group annuity contract. Ameritas Life Insurance Corp. and/or Ameritas Life Insurance Corp. of New York (collectively the "Issuers") declare rates periodically and back the principal and interest of the Fund. Prior to each calendar quarter, interest rates for the fund are established and credited on all deposits made to the Fund during that calendar quarter and will be guaranteed until the end of the 12-month period following the beginning of that calendar quarter. At the end of the guaranteed period, a renewal will be declared for accumulated deposits from that calendar quarter. The applicable renewal rate will be guaranteed for the next calendar quarter. The issuers are contractually obligated to repay the principal and interest that is guaranteed to the Plan.

JACKSONVILLE SPINE CENTER, P.A. RETIREMENT SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 AND 2020

4. Fully Benefit-Responsive Investment Contract (Certified) (continued)

The Plan's ability to receive amounts due is dependent on the issuers' ability to meet its financial obligations. The issuers' ability to meet their contractual obligations may be affected by future economic and regulatory developments.

Certain events limit the Plan's ability to transact at contract value with the Issuers. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

5. Derivative Instrument

The participant within the Plan took a position in the Partnership on June 1, 2021. The participant holds a derivative designated as a hedging instrument for the purpose of garnering positive alpha relative to the S&P 500 Index. In holding this instrument, the participant is subjected to off-balance sheet risk, concentration of credit risk (due to balances in excess of federally insured limits), interest rate risk, price risk, and exchange rate risk, amongst others. The Partnership holds primarily exchange traded funds, purchased or sold short, and option contracts used to speculate on the price of the underlying financial instrument or foreign currency. The changes in net assets attributable to this instrument are summarized in the following tables.

Income from Sec 1256 contracts & straddles	\$ 11,978
Dividend income	384
Trader expenses	(921)
Total allocated income	<u>\$ 11,441</u>
Fair value as of December 31, 2020	\$ 0
Purchase price (June 1, 2021)	200,100
Net depreciation	(100)
Allocated income	11,441
Fair value as of December 31, 2021	<u>\$ 211,441</u>

JACKSONVILLE SPINE CENTER, P.A. RETIREMENT SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 AND 2020

6. Certified Investments

Certain information related to investments and note receivable disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held at December 31, 2021 and 2020, and net appreciation in fair value of investments, and interest income for the year ended December 31, 2021 and 2020, was obtained by management and agreed to or derived from information certified as complete and accurate by the Ameritas, a qualified institution. As of December 31, 2021 and 2020, and for the year ended December 31, 2021, the plan administrator has elected the method of annual reporting compliance by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Investments held outside of Ameritas, were not certified by a qualified institution as complete and accurate. Three participants held investments outside of Ameritas as of December 31, 2021 and 2020.

Accordingly, Ameritas has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

	<u>2021</u>	<u>2020</u>
Mutual funds	\$ 996,329	\$ 556,975
Plan interest in Master CITs	\$ 802,795	\$ 759,016
Fully benefit-responsive investment contract	\$ 35,610	\$ 56,486
Cash and cash equivalents	\$ 172,197	\$ 43,237
Note receivable from participant	\$ 5,094	\$ 0
Net appreciation in fair value of investments	\$ 160,609	\$ 82,711
Net appreciation in plan interest in master CITs	\$ 123,746	\$ 78,688

JACKSONVILLE SPINE CENTER, P.A. RETIREMENT SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 AND 2020

6. Certified Investments (continued)

	<u>2021</u>	<u>2020</u>
Interest income from note receivable from participant	\$ 147	\$ 0
Other income from investments	\$ 77	\$ 0

7. Related Party Transactions

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan, or an employer whose employees are covered by the Plan. Certain Plan investments and the related transactions were in investment funds managed by the custodians; therefore, these investments and transactions qualify as party-in-interest transactions. Fees paid to parties-in-interest by the Plan for services amounted to \$18,068 and \$16,579 during the years ended December 31, 2021 and 2020.

8. 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 terminate the Plan subject to the provisions of ERISA. In the event of termination of the Plan, each participant's account will become fully vested and nonforfeitable. All appropriate accounting provisions of the Plan will continue to apply until the accounts of all participants have been distributed.

9. Income Tax Status

The IRS has determined and informed the Plan sponsor by a letter dated June 30, 2020, that the Plan is designed in accordance with the applicable sections of the Internal Revenue Code (the "IRC") . Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

The plan administrator evaluated the Plan's tax positions and concluded that the Plan had taken no uncertain tax positions that require adjustments to the financial statements. Therefore, no provision for income taxes has been included in the Plan's financial statements. The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in progress.

JACKSONVILLE SPINE CENTER, P.A. RETIREMENT SAVINGS PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 AND 2020

10. 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.

11. ERISA Bonding Requirement

ERISA section 412 and related regulations generally require that every fiduciary of an employee benefit plan and every person who handles funds or other property of such a plan shall be bonded. ERISA's bonding requirements are intended to protect employee benefit plans from risk of loss due to fraud or dishonesty on the part of the persons who "handle" plan funds or other property. ERISA refers to persons who handle funds or other property of an employee benefit plan as "plan officials." A plan official must be bonded for at least 10% of the amount of funds he or she handles, subject to a minimum bond amount of \$1,000 per plan with respect to which the plan official has handling functions. In most instances, the maximum bond amount that can be required under ERISA with respect to any one plan official is \$500,000 per plan.

The Plan purchased an ERISA fidelity bond effective June 1, 2021, until cancelled. Prior to this effective date, the Plan, plan administrator, and officials were not bonded.

12. Subsequent Events

The Plan timely filed their Cycle 3 Defined Contribution Plan Restatement effective January 1, 2022, in accordance with IRS requirements to be filed no later than July 31, 2022. As this restatement was filed timely, the Plan was not subject to any penalties upon submission. In response, the IRS provided an updated opinion letter dated June 30, 2020, as evidence that the Plan's tax status was retained.

The Plan has evaluated subsequent events through February 11, 2023, the date on which the financial statements were available to be issued. No other material recognizable subsequent events were noted.

JACKSONVILLE SPINE CENTER, P.A. RETIREMENT SAVINGS PLAN
EIN: 20-0091237, PLAN #001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
	(i) Mutual funds:			
*	Ameritas Life Insurance Corp.	Vanguard 500 Index, Admiral Shares	\$	672,508
*	Ameritas Life Insurance Corp.	American Funds 2040 Target Date Retirement Fund, Class R-6		142,394
*	Fidelity Investments	Fidelity Internatl Index Fund		97,440
*	Charles Schwab & Co, Inc.	Kensington Dynamic Growth Institutional		75,027
*	Charles Schwab & Co, Inc.	Abr Dynamic Beldn Equity & Volatil Instl		72,194
*	Charles Schwab & Co, Inc.	Goldman Sachs GQG Ptnrs Intl Opps Instl		57,931
*	Fidelity Investments	AQR Style Premia Alternative Cl I		56,141
*	Charles Schwab & Co, Inc.	Goldman Sachs Small/Mid Cap Growth Instl		55,839
*	Fidelity Investments	AQR International Momentum Style Cl I		46,637
*	Fidelity Investments	Stone Ridge High Yld Reinsrnce Rsk Prem M		46,492
*	Ameritas Life Insurance Corp.	American Funds 2050 Target Date Retirement Fund, Class R-6		46,030
*	Fidelity Investments	AQR Managed Futures Fund Cl I		44,579
*	Fidelity Investments	Blackrock Global Long/short Credit I		40,300
*	Fidelity Investments	American Beacon AHL Mnkd Future Strat Y		36,725
*	Ameritas Life Insurance Corp.	American Funds 2045 Target Date Retirement Fund, Class R-6		31,649
*	Fidelity Investments	Touchstone Ultra Sht Duration Fix Inc Y		30,595
*	Ameritas Life Insurance Corp.	American Funds 2060 Target Date Retirement Fund, Class R-6		30,426
*	Fidelity Investments	Metropolitan West Low Duration Class I		26,838
*	Fidelity Investments	Alphasimplex Global Alternatives Fund Y		26,191
*	Fidelity Investments	DFA Intl Small Cap Value		25,224
*	Fidelity Investments	DFA Short Term Government Port		24,661
*	Fidelity Investments	Lord Abbett Infl Focused Bond Fund I		24,615
*	Ameritas Life Insurance Corp.	T. Rowe Price Growth Stock Fund, I Class		22,459
*	Fidelity Investments	Neuberger Berman Commodity Strat Inst		20,597
*	Fidelity Investments	Blackrock Low Duration Bond Instl		18,534
*	Fidelity Investments	AQR Diversified Arbitrage Class I		18,207
*	Fidelity Investments	LSV Small Cap Value Fund Institutional		13,285
*	Fidelity Investments	Fidelity Small Cap Index Fund		12,685
*	Fidelity Investments	AQR Small Cap Momentum Style Cl I		12,593
*	Fidelity Investments	Ab Bond Inflation Strategy Adv		7,927
*	Ameritas Life Insurance Corp.	Vanguard Mid-Cap Index Fund, Admiral Shares		7,860
*	Ameritas Life Insurance Corp.	DFA International Core Equity, Instl		7,455
*	Ameritas Life Insurance Corp.	Janus Henderson Triton Fund, Class T		5,245
*	Ameritas Life Insurance Corp.	Dodge & Cox Stock Fund		5,100
*	Ameritas Life Insurance Corp.	American Funds 2055 Target Date Retirement Fund, Class R-6		4,943
*	Fidelity Investments	Doubleline Low Durtn Emer Mkts Fix Inc I		4,121
*	Ameritas Life Insurance Corp.	American Funds Income Fund of America, Class R-6		4,048
*	Ameritas Life Insurance Corp.	Vanguard Small Cap Index, Admiral Shares		3,938
*	Ameritas Life Insurance Corp.	JPMorgan U.S. Equity Fund, Class R6		3,729
*	Ameritas Life Insurance Corp.	DFA Emerging Markets Core Equity, Institutional Class		3,545
*	Ameritas Life Insurance Corp.	American Funds 2030 Target Date Retirement Fund, Class R-6		2,392
*	Ameritas Life Insurance Corp.	American Funds 2025 Target Date Retirement Fund, Class R-6		1,698
*	Ameritas Life Insurance Corp.	Templeton Global Bond Fund, Class R6		473
*	Ameritas Life Insurance Corp.	Janus Henderson Global Real Estate Fund, Class T		437
		Total mutual funds		1,891,707
	(ii) Plan interest in master CITs			
*	Ameritas Life Insurance Corp.	Stadion Domestic Equity ETF Fund, Class 2		433,037
*	Ameritas Life Insurance Corp.	Stadion International Equity ETF Fund, Class 2		222,132
*	Ameritas Life Insurance Corp.	Stadion Dynamic Trend ETF Fund, Class 2		59,130
*	Ameritas Life Insurance Corp.	Stadion Cyclical Trend ETF Fund, Class 2		52,416
*	Ameritas Life Insurance Corp.	Stadion Long Duration Fixed Income ETF Fund, Class 2		36,080
		Total plan interest in master CITs		802,795
	(iii) Exchange-traded funds			
*	Charles Schwab & Co, Inc.	Vaneck Morningstar Wide Moat ETF		128,321
*	Fidelity Investments	Vanguard Intl Equity Fds Ftse Emr		67,266
*	Charles Schwab & Co, Inc.	Ishares Msci USA Min Vol Fctr ETF IV		54,123
*	Charles Schwab & Co, Inc.	Ishares Msci USA Qlty Fact ETF IV		52,693
*	Charles Schwab & Co, Inc.	Ishares Core S&P Small Cap ETF IV		36,414
*	Charles Schwab & Co, Inc.	Vanguard Small Cap Value ETF IV		32,193
*	Charles Schwab & Co, Inc.	Ishares Msci Eafe ETF		31,551
*	Charles Schwab & Co, Inc.	Global X US Infra Development ETF		22,802
*	Charles Schwab & Co, Inc.	Select Str Financial Select S ETF IV		22,727
*	Charles Schwab & Co, Inc.	Ishares Core S&P Mid Cap ETF IV		22,363
*	Charles Schwab & Co, Inc.	Ishares US Basis Materials ETF		22,153
*	Charles Schwab & Co, Inc.	Vaneck Agribusiness ETF		21,947
*	Charles Schwab & Co, Inc.	Spdr S&P Metals & Mining ETF		21,897
*	Charles Schwab & Co, Inc.	Spdr S&P Midcap 400 ETF IV		21,743
*	Charles Schwab & Co, Inc.	Spdr S&P Transportation ETF IV		21,325
*	Charles Schwab & Co, Inc.	Invesco Dynamic Leisure and Entertainment ETF		21,159
*	Fidelity Investments	Vanguard Real Estate ETF		20,417
*	Charles Schwab & Co, Inc.	Ishares Biotechnology ETF		20,298
*	Charles Schwab & Co, Inc.	Vaneck Ftse Emerging Mark ETF IV		19,685
*	Charles Schwab & Co, Inc.	Vanguard Ftse Pacific ETF IV		18,878
*	Charles Schwab & Co, Inc.	Spdr S&P Pharmaceuticals ETF IV		18,598
*	Charles Schwab & Co, Inc.	US Gbl Go Gld Precs Mtl Mnrs ETF IV		18,597
*	Charles Schwab & Co, Inc.	Ishares Msci All Count Asa Ex Jp ETF		17,781
		Total exchange-traded funds		734,931

See Independent Auditors' Report.

JACKSONVILLE SPINE CENTER, P.A. RETIREMENT SAVINGS PLAN
EIN: 20-0091237, PLAN #001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
	(iv) Equities			
*	TD Ameritrade	Apple Inc Com		356,233
*	TD Ameritrade	Amazon Com Inc Com		333,434
*	TD Ameritrade	Tesla Inc Com		105,678
*	TD Ameritrade	Servicenow Inc Com		64,911
*	TD Ameritrade	Grayscale Bitcoin Trust Btc Com		51,375
*	TD Ameritrade	Spdr Gold Trust Gold Shs ETF		51,288
*	TD Ameritrade	Moderna Inc Com		50,796
*	TD Ameritrade	Microsoft Corp Com		41,704
*	TD Ameritrade	Grayscale Digital Com		36,375
*	TD Ameritrade	iShares Silver Trust iShares ETF		32,265
*	Charles Schwab & Co, Inc.	Accenture PLC F Class A		29,846
*	TD Ameritrade	Nvidia Corp Com		29,411
*	Charles Schwab & Co, Inc.	Apple Inc		28,589
*	Charles Schwab & Co, Inc.	ConocoPhillips		27,934
*	Charles Schwab & Co, Inc.	Nasdaq Inc		27,931
*	Charles Schwab & Co, Inc.	Microsoft Corp		27,242
*	Fidelity Investments	Microsoft Corp		27,241
*	Charles Schwab & Co, Inc.	Home Depot Inc		26,561
*	Charles Schwab & Co, Inc.	Quanta Services Inc		25,684
*	Charles Schwab & Co, Inc.	Pepsico Inc		24,493
*	Charles Schwab & Co, Inc.	Cisco Systems Inc		24,461
*	Charles Schwab & Co, Inc.	Blackrock Inc		23,805
*	Charles Schwab & Co, Inc.	TJX Companies Inc		22,624
*	Charles Schwab & Co, Inc.	Raytheon Technologies Co		22,290
*	Charles Schwab & Co, Inc.	Starbucks Corp		21,289
*	Charles Schwab & Co, Inc.	Johnson & Johnson		21,213
*	Charles Schwab & Co, Inc.	JPMorgan Chase & Co		20,902
*	Charles Schwab & Co, Inc.	Mastercard Inc Class A		19,763
*	Charles Schwab & Co, Inc.	Texas Instruments		19,412
*	TD Ameritrade	Walt Disney Company (THE) Com		19,206
*	Charles Schwab & Co, Inc.	Honeywell Intl Inc		19,183
*	TD Ameritrade	PayPal Holdings Inc Com		18,858
*	TD Ameritrade	Qualcomm Inc Com		18,287
*	Fidelity Investments	Apple Inc		17,757
*	Charles Schwab & Co, Inc.	Medtronic PLC		17,380
*	Charles Schwab & Co, Inc.	Fiserv Inc		17,125
*	Fidelity Investments	Amazon.com Inc		16,672
*	Charles Schwab & Co, Inc.	Texas Pacific Land Corp		16,235
*	TD Ameritrade	Affirm Hldgs Inc Com CL A		16,090
*	Fidelity Investments	Rockwell Automation Inc Com USD1		12,210
*	Fidelity Investments	Nvidia Corporation Com		12,059
*	Fidelity Investments	Merck & Co. Inc Com		11,189
*	Fidelity Investments	Qualcomm Inc		9,692
*	TD Ameritrade	Calavo Growers Inc Com		9,190
*	Fidelity Investments	S&P Global Inc Com		8,967
*	TD Ameritrade	Barrick Gold Corporation Com		8,248
*	Fidelity Investments	Oracle Corp		7,849
*	Fidelity Investments	Dish Network Corporation Cl A		7,299
*	Fidelity Investments	Dollar Gen Corp New Com		7,075
*	Fidelity Investments	Edwards Lifesciences Corp		6,866
*	Fidelity Investments	Procter And Gamble Co Com		6,543
*	Fidelity Investments	McDonalds Corp		6,434
*	Fidelity Investments	Tyson Foods Inc		6,363
*	Fidelity Investments	Target Corp		6,249
*	Fidelity Investments	Black Knight Inc Com		6,217
*	Fidelity Investments	HCA Healthcare Inc Com		6,166
*	Fidelity Investments	JPMorgan Chase & Co		5,859
*	Fidelity Investments	Discovery Inc Com Ser A		5,838
*	Fidelity Investments	AT&T Inc Com USD1		5,707
*	Fidelity Investments	Mondelez Intl Inc Com Npv		5,703
*	Fidelity Investments	Charles River Laboratories		5,652
*	TD Ameritrade	Plug Power Inc Com		5,646
*	Fidelity Investments	Centene Corp		5,191
*	Fidelity Investments	Markel Corp Com Npv		4,936
*	Fidelity Investments	Chevron Corp New Com		4,929
*	Fidelity Investments	Zoetis Inc		4,881
*	Fidelity Investments	Eli Lilly and Co		4,420
*	Fidelity Investments	Meta Platforms Inc Class A Common Stock		4,373
*	Fidelity Investments	ConocoPhillips Com		4,114
*	Fidelity Investments	Ally Financial Inc Com USD0.01		3,666
*	Fidelity Investments	Arch Capital Group Com Stk USD0.01		3,600
*	Fidelity Investments	Intel Corp Com USD0.001		3,296
*	Fidelity Investments	Axis Cap Hldgs Ltd Shs		3,268
*	Fidelity Investments	Intuit Inc		3,216
*	Fidelity Investments	Exelixis Inc Com USD0.001		3,126
*	Fidelity Investments	Alphabet Inc Cap Stk Cl A		2,897
*	Fidelity Investments	HP Inc Com		2,825
*	Fidelity Investments	Voya Financial Inc Com		2,785

See Independent Auditors' Report.

JACKSONVILLE SPINE CENTER, P.A. RETIREMENT SAVINGS PLAN
EIN: 20-0091237, PLAN #001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
	(iv) Equities (continued)			
*	Fidelity Investments	Microsoft Corp		27,241
*	Fidelity Investments	Rockwell Automation Inc Com USD1		12,210
*	Fidelity Investments	Nvidia Corporation Com		12,059
*	Fidelity Investments	Merck & Co. Inc Com		11,189
*	Fidelity Investments	Qualcomm Inc		9,692
*	Fidelity Investments	S&P Global Inc Com		8,967
*	Fidelity Investments	Oracle Corp		7,849
*	Fidelity Investments	Edwards Lifesciences Corp		6,866
*	Fidelity Investments	Procter And Gamble Co Com		6,543
*	Fidelity Investments	Mcdonalds Corp		6,434
*	Fidelity Investments	Tyson Foods Inc		6,363
*	Fidelity Investments	Target Corp		6,249
*	Fidelity Investments	HCA Healthcare Inc Com		6,166
*	Fidelity Investments	Jpmorgan Chase & Co		5,859
*	Fidelity Investments	Mondelez Intl Inc Com Npv		5,703
*	Fidelity Investments	Markel Corp Com Npv		4,936
*	Fidelity Investments	Zoetis Inc		4,881
*	Fidelity Investments	Eli Lilly and Co		4,420
*	Fidelity Investments	Meta Platforms Inc Class A Common Stock		4,373
*	Fidelity Investments	Intel Corp Com USD0.001		3,296
*	Fidelity Investments	Intuit Inc		3,216
*	Fidelity Investments	Exelixis Inc Com USD0.001		3,126
*	Fidelity Investments	HP Inc Com		2,825
*	Fidelity Investments	Voya Financial Inc Com		2,785
*	Fidelity Investments	Kroger Co Com USD1.00		2,761
*	Fidelity Investments	Epam Sys Inc Com USD0.001		2,674
*	Fidelity Investments	Nextera Energy Inc Com USD0.01		2,427
*	Fidelity Investments	Walgreens Boots Alliance Inc		2,347
*	Fidelity Investments	United Rentals Inc		2,326
*	Fidelity Investments	Lincoln Electric Holdings Inc		1,813
*	Fidelity Investments	NRG Energy Inc		1,809
*	Fidelity Investments	Marvell Technology Inc Com		1,750
*	Fidelity Investments	Grainger W W Inc Com USD0.50		1,555
*	Fidelity Investments	Lam Research Corp Com USD0.001		1,438
*	Fidelity Investments	Intuitive Surgical Inc		1,437
*	Fidelity Investments	Tractor Supply Co		1,432
*	Fidelity Investments	Olin Corp		1,380
*	Fidelity Investments	Trex Company Inc		1,350
*	Fidelity Investments	Edison International		1,297
*	Fidelity Investments	Essential Utils Inc Com		1,289
*	Fidelity Investments	Nucor Com USD0.40		1,256
*	Fidelity Investments	Western Digital Corp.Com		1,239
*	Fidelity Investments	General Electric Co Com New		1,228
*	Fidelity Investments	Kellogg Company Com USD0.25		1,224
*	Fidelity Investments	National Fuel Gas Co Com		1,215
*	Fidelity Investments	PNC Financial Services Group Com		1,203
*	Fidelity Investments	Weyerhauer Co Mtn Be Com New		1,194
*	Fidelity Investments	Visa Inc		1,084
*	Fidelity Investments	Gentex Corp		1,080
*	Fidelity Investments	Morgan Stanley Com USD0.01		1,080
*	Fidelity Investments	WEC Energy Group Inc Com		1,068
*	Fidelity Investments	Old Republic International Corp		1,057
*	Fidelity Investments	Xcel Energy Inc Com USD2.5		1,016
*	Fidelity Investments	Kraft Heinz Co Com		1,005
*	Fidelity Investments	Manpowergroup Inc Wis Com		973
*	Fidelity Investments	Western Union Co		910
*	Fidelity Investments	Viacomcbs Inc Cl B		785
			Total equities	2,084,091
	(v) Real estate investment trusts			
*	Fidelity Investments	Extra Space Storage Inc		13,604
*	Fidelity Investments	Alexandria Real Estate Equities Com		2,898
*	Fidelity Investments	Agnc Invst Corp Com		2,286
			Total real estate investment trusts	18,788
	(vi) Derivative instrument			
*	TD Ameritrade	Anacapa Alpha Lp		211,441
	(vii) Fully benefit-responsive investment contract			
*	Ameritas Life Insurance Corp.	Guaranteed Investment Account		35,610
	(viii) Cash and cash equivalents:			
*	Charles Schwab & Co, Inc.	Schwab Government Money		92,741
*	TD Ameritrade	Insured deposit account		66,885
*	Fidelity Investments	Fidelity Government Cash Reserves		11,382
*	Ameritas Life Insurance Corp.	Fidelity VIP Government Money Market Portfolio		1,152
*	Charles Schwab & Co, Inc.	Cash		37
			Total cash and cash equivalents	172,197
	(ix) Notes receivable from participants:			
*	Participant loans	Notes receivable from participants (5.25%)		5,094
	Total investments and notes receivable from participants			\$ 5,956,654

JACKSONVILLE SPINE CENTER, P.A. RETIREMENT SAVINGS PLAN
EIN: 20-0091237, PLAN #001
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
FOR THE YEAR ENDED DECEMBER 31, 2021

Participant Contributions Transferred Late to Plan			Total that Constitutes Nonexempt Prohibited Transactions			
Check here if Late Participant Loan Repayments are included			Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	Total corrected under VFCP and PTE 2002-51
Amount Withheld	Date Withheld	Date Remitted				
\$ 3,388	1/10/2020	1/23/2020	\$ 3,388			
3,179	4/3/2020	4/21/2020	3,179			
7,263	4/6/2020	4/21/2020	7,263			
2,083	4/8/2020	4/27/2020	2,083			
2,083	4/8/2020	4/27/2020	2,083			
2,083	4/8/2020	4/28/2020	2,083			
2,916	6/12/2020	6/26/2020	2,916			
2,954	6/26/2020	7/13/2020	2,954			
2,083	7/8/2020	7/21/2020	2,083			
2,083	7/8/2020	7/21/2020	2,083			
2,083	7/8/2020	7/23/2020	2,083			
3,841	7/10/2020	7/23/2020	3,841			
97	7/10/2020	8/13/2020	97			
5,259	8/5/2020	9/4/2020	5,259			
2,083	9/8/2020	9/21/2020	2,083			
2,083	9/8/2020	9/23/2020	2,083			
2,083	9/8/2020	9/22/2020	2,083			
2,083	10/7/2020	11/11/2020	2,083			
2,083	10/7/2020	11/16/2020	2,083			
2,083	10/7/2020	11/16/2020	2,083			
10,315	12/7/2020	12/31/2020	10,315			
2,858	12/11/2020	12/31/2020	2,858			
2,942	12/11/2020	1/4/2021	2,942			
2,942	12/11/2020	1/4/2021	2,942			
2,942	12/11/2020	1/4/2021	2,942			
2,159	1/5/2021	1/19/2021	2,159			
209	1/5/2021	1/20/2021	209			
2,113	1/8/2021	1/26/2021	2,113			
2,125	1/8/2021	1/21/2021	2,125			
1,885	3/19/2021	4/1/2021	1,885			
2,566	3/22/2021	4/5/2021	2,566			
8,675	4/5/2021	4/26/2021	8,675			
2,566	4/5/2021	4/28/2021	2,566			
2,125	4/6/2021	5/3/2021	2,125			
9,086	5/5/2021	5/18/2021	9,086			
2,125	5/14/2021	6/7/2021	2,125			
2,125	5/14/2021	6/7/2021	2,125			
2,125	5/14/2021	6/4/2021	2,125			
2,566	5/20/2021	6/8/2021	2,566			
2,591	6/7/2021	8/6/2021	2,591			
6,500	6/7/2021	8/9/2021	6,500			
1,823	6/11/2021	8/9/2021	1,823			
2,566	6/21/2021	8/9/2021	2,566			
2,125	6/23/2021	8/16/2021	2,125			
2,125	6/23/2021	8/16/2021	2,125			
2,125	6/23/2021	8/13/2021	2,125			
1,762	6/25/2021	8/9/2021	1,762			
2,878	7/6/2021	8/9/2021	2,878			
7,500	7/6/2021	8/12/2021	7,500			
3,156	7/9/2021	8/11/2021	3,156			
2,125	7/16/2021	8/16/2021	2,125			
2,125	7/16/2021	8/16/2021	2,125			
2,125	7/16/2021	8/13/2021	2,125			
2,878	7/20/2021	8/10/2021	2,878			
3,068	7/23/2021	8/11/2021	3,068			
3,014	8/5/2021	9/1/2021	3,014			
7,500	8/5/2021	9/3/2021	7,500			
2,986	8/6/2021	9/1/2021	2,986			
2,625	8/20/2021	9/7/2021	2,625			
3,212	9/3/2021	10/11/2021	3,212			
7,230	9/7/2021	10/11/2021	7,230			
2,125	9/15/2021	10/13/2021	2,125			
2,125	9/15/2021	10/19/2021	2,125			
1,360	9/15/2021	10/11/2021	1,360			
3,673	9/20/2021	10/11/2021	3,673			
2,830	10/1/2021	11/3/2021	2,830			
3,663	10/5/2021	11/3/2021	3,663			
4,250	10/5/2021	11/8/2021	4,250			
2,756	10/15/2021	11/3/2021	2,756			
2,625	10/15/2021	11/8/2021	2,625			
2,125	10/15/2021	11/8/2021	2,125			
3,280	10/20/2021	11/4/2021	3,280			
2,339	10/29/2021	11/18/2021	2,339			
4,250	11/5/2021	11/18/2021	4,250			
2,534	11/12/2021	12/7/2021	2,534			
2,625	11/15/2021	12/6/2021	2,625			
1,735	11/15/2021	12/6/2021	1,735			
2,625	11/15/2021	12/8/2021	2,625			
3,861	11/22/2021	12/7/2021	3,861			
2,687	11/26/2021	12/21/2021	2,687			
11,231	12/6/2021	12/21/2021	11,231			
3,213	12/10/2021	12/29/2021	3,213			
4,435	4/20/2022	6/16/2022	4,435			
8,000	9/15/2021	6/16/2022	8,000			
2,817	9/20/2021	6/16/2022	2,817			
\$ 275,545			\$ 275,545			

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. 1510-0110 1510-0039 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	01/01/2021 and ending 12/31/2021
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) ☐ 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 Jacksonville Spine Center, P. A. Retirement Savings Plan	1b Three-digit plan number (PN) 001
	1c Effective date of plan 01/01/2005
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) Jacksonville Spine Center, P.A. 10475 Centurion Parkway North Suite 201 Jacksonville FL 32256	2b Employer identification Number (EIN) 20-0091237 2c Plan Sponsor's telephone number (904) 223-3321 2d Business code (see instructions) 621112

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		2/14/23	Christopher Roberts, MD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		2/14/23	Christopher Roberts, MD
	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

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	5 140
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) 108
a(2) Total number of active participants at the end of the plan year	6a(2) 97
b Retired or separated participants receiving benefits.....	6b 4
c Other retired or separated participants entitled to future benefits	6c 38
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d 139
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e.....	6f 139
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 94
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2R 2T 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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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 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		and ending	
A Name of plan	B Three-digit plan number (PN) ►		
C Plan sponsor's name as shown on line 2a of Form 5500		D Employer Identification Number (EIN)	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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		

Liabilities

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

Net Assets

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

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(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)		
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)		
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(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		

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(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)		
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)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		
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:

(2) EIN:

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			

	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			
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			
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			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
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			
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			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
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			
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			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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 _____.			

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Jacksonville Spine Center, P. A. Retirement Savings Plan

EIN: 20-0091237

Plan Sponsor's Name Jacksonville Spine Center, P.A.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Ameritas Life Insurance Corp.	AMERICAN FUNDS 2050 TARGET DATE RETIREMENT FUND CLASS R-6 - BL	46,030	46,030
	Ameritas Life Insurance Corp.	AMERICAN FUNDS 2055 TARGET DATE RETIREMENT FUND CLASS R-6 - BK	4,943	4,943
	Ameritas Life Insurance Corp.	AMERICAN FUNDS INCOME FUND OF AMERICA CLASS R-6 - BX	4,048	4,048
	Ameritas Life Insurance Corp.	AMERICAN FUNDS 2060 TARGET DATE RETIREMENT FUND CLASS R-6 - BU	30,431	30,426
	Ameritas Life Insurance Corp.	STADION CYCLICAL TREND ETF FUND CLASS 2 - A0	52,404	52,416
	Ameritas Life Insurance Corp.	STADION DYNAMIC TREND ETF FUND CLASS 2 - A2	59,142	59,130
	Ameritas Life Insurance Corp.	FIDELITY VIP GOVERNMENT MONEY MARKET	1,148	1,152

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Jacksonville Spine Center, P. A. Retirement Savings Plan

EIN: 20-0091237

Plan Sponsor's Name Jacksonville Spine Center, P.A.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Ameritas Life Insurance Corp.	GUARANTEED INVESTMENT ACCOUNT		35,610
	Ameritas Life Insurance Corp.	TEMPLETON GLOBAL BOND FUND CLASS R6 - BZ	473	473
	Ameritas Life Insurance Corp.	STADION LONG DURATION FIXED INCOME ETF FUND CLASS 2 - A4	36,082	36,080
	Ameritas Life Insurance Corp.	DODGE & COX STOCK FUND - AS	5,100	5,100
	Ameritas Life Insurance Corp.	STADION DOMESTIC EQUITY ETF FUND CLASS 2 - A1	432,954	433,037
	Ameritas Life Insurance Corp.	VANGUARD 500 INDEX ADMIRAL SHARES - A9	672,510	672,508
	Ameritas Life Insurance Corp.	JPMORGAN U.S. EQUITY FUND CLASS R6 - AW	3,729	3,729

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Jacksonville Spine Center, P. A. Retirement Savings Plan

EIN: 20-0091237

Plan Sponsor's Name Jacksonville Spine Center, P.A.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Ameritas Life Insurance Corp.	T. ROWE PRICE GROWTH STOCK FUND I CLASS - BY	22,459	22,459
	Ameritas Life Insurance Corp.	VANGUARD MID-CAP INDEX FUND ADMIRAL SHARES - BF	7,860	7,860
	Ameritas Life Insurance Corp.	JANUS HENDERSON TRITON FUND CLASS T - AV	5,245	5,245
	Ameritas Life Insurance Corp.	VANGUARD SMALL CAP INDEX ADMIRAL SHARES - BG	3,938	3,938
	Ameritas Life Insurance Corp.	STADION INTERNATIONAL EQUITY ETF FUND CLASS 2 - A3	222,085	222,132
	Ameritas Life Insurance Corp.	DFA INTERNATIONAL CORE EQUITY INSTL - A0	7,456	7,455
	.Ameritas Life Insurance Corp	AMERICAN FUNDS 2025 TARGET DATE RETIREMENT FUND CLASS R-6 - BR	1,698	1,698

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Jacksonville Spine Center, P. A. Retirement Savings Plan

EIN: 20-0091237

Plan Sponsor's Name Jacksonville Spine Center, P.A.

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Ameritas Life Insurance Corp.	DFA EMERGING MARKETS CORE EQUITY INSTITUTIONAL CLASS - AN	3,546	3,545
	Ameritas Life Insurance Corp.	AMERICAN FUNDS 2030 TARGET DATE RETIREMENT FUND CLASS R-6 - BQ	2,392	2,392
	Ameritas Life Insurance Corp.	JANUS HENDERSON GLOBAL REAL ESTATE FUND CLASS T - B1	437	437
	Ameritas Life Insurance Corp.	AMERICAN FUNDS 2040 TARGET DATE RETIREMENT FUND CLASS R-6 - B0	142,417	142,394
	Ameritas Life Insurance Corp.	AMERICAN FUNDS 2045 TARGET DATE RETIREMENT	31,645	31,649
	Loan Fund	Interest Rate 4.25%		5,094
	Charles Schwab	Cash Accounts and Equity and Mutual Funds	1,484,979	1,484,979

[illegible]

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		and ending
A Name of plan	B Three-digit plan number (PN)	
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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		

Liabilities

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

Net Assets

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

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(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)		
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)		
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(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		

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(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)		
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)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		
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:

(2) EIN:

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			

	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			
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			
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			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
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			
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			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
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			
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			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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 _____.			

Attachment to 2021 Form 5500
Schedule H, line 4a - Schedule of Delinquent Participant Contributions

Plan Name Jacksonville Spine Center, P. A. Retirement Savings Plan

EIN: 20-0091237

Plan Sponsor's Name Jacksonville Spine Center, P.A.

PN: 001

Participant Contributions Transferred Late to Plan	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	
Check here if Late Participant Loan Repayments are included: ☐	275,545	0	0	0