

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 01/01/2021 and ending 12/31/2021	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information
1a Name of plan PROVIDENCE MEDICAL ASSOCIATES 401(K) PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/2015
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) PROVIDENCE MEDICAL ASSOCIATES, INC. 21311 MADRONA AVE STE 101 TORRANCE, CA 90503	2b Employer Identification Number (EIN) 32-0437628 2c Plan Sponsor's telephone number 310-487-1996 2d Business code (see instructions) 621111

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.	02/17/2023	JAVIER HO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/17/2023	JAVIER HO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	234
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)	202
a(2) Total number of active participants at the end of the plan year		6a(2)	180
b Retired or separated participants receiving benefits.....		6b	1
c Other retired or separated participants entitled to future benefits		6c	39
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	220
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	220
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	218
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: 2A 2S 2E 3D 2G 2J 2K 2F 2T			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan PROVIDENCE MEDICAL ASSOCIATES 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PROVIDENCE MEDICAL ASSOCIATES, INC.	D Employer Identification Number (EIN) 32-0437628	

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
THE VANGUARD GROUP, INC.
23-1945930

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

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

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

THE VANGUARD GROUP, INC.

23-1945930

(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 25 37 52	NONE	39947	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

VANGUARD ADVISERS INC.

23-2811930

(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?
26	NONE	17901	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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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
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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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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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 01/01/2021 and ending 12/31/2021		
A Name of plan PROVIDENCE MEDICAL ASSOCIATES 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 PROVIDENCE MEDICAL ASSOCIATES, INC.	D Employer Identification Number (EIN) 32-0437628	

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)	73565	359377
(2) Participant contributions.....	1b(2)	2351	8729
(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)	84274	96256
(9) Value of interest in common/collective trusts.....	1c(9)	2529695	2006196
(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)	60211556	71087673
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	62901441 73558231
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	62901441 73558231

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)	2492525
	(B) Participants	2a(1)(B)	3320461
	(C) Others (including rollovers).....	2a(1)(C)	57101
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	5870087
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)	3004
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	3004
(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)	2239661
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	2239661
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		6778607
c Other income.....	2c		632
d Total income. Add all income amounts in column (b) and enter total.....	2d		14891991
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4175861	
(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)		4175861
f Corrective distributions (see instructions).....	2f		1592
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)	57748	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		57748
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4235201
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		10656790
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: LTSP INC

(2) EIN: 95-3864890

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		1713919

	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?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>PROVIDENCE MEDICAL ASSOCIATES 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PROVIDENCE MEDICAL ASSOCIATES, INC.</u>	D Employer Identification Number (EIN) <u>32-0437628</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>23-2186884</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

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 _____

Providence Medical Associates 401(k) Plan

**Report, Financial Statements
and Supplemental Schedules**

**December 31, 2021 and 2020 and
Year Ended December 31, 2021**



CERTIFIED PUBLIC ACCOUNTANTS

Principals
Mark D. Murphy
Doris D. Farinacci
Mark A. Simurda

Independent Auditor's Report

To the Plan Participants and Plan Administrator of the
Providence Medical Associates 401(k) Plan

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audit of Providence Medical Associates 401(k) 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 ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained a certification from the qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

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

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

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

Responsibilities of Management for the 2021 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Providence Medical Associates 401(k) Plan’s ability to continue as a going concern for one year after the date that the financial statements are issued.

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

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements. In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Providence Medical Associates 401(k) 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 Providence Medical Associates 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedules of (1) Form 5500 Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2021 and (2) Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

Auditor's Report on the 2020 Financial Statement

We were engaged to audit the 2020 financial statements of Providence Medical Associates 401(k) Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated July 28, 2022, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink that reads "LTSP, INC." in a cursive, stylized font.

Newport Beach, California
January 31, 2023

Providence Medical Associates 401(k) Plan
Statements of Net Assets Available for Benefits

	December 31,	
	2021	2020
Assets		
Investments, at fair value		
Mutual funds	\$ 71,087,673	\$ 60,211,556
Common collective trust fund	<u>2,006,196</u>	<u>2,529,696</u>
Total investments, at fair value	<u>73,093,869</u>	<u>62,741,252</u>
Receivables		
Employee contributions	8,729	2,351
Employer contributions	359,377	73,565
Notes receivable from participants	<u>96,256</u>	<u>84,274</u>
Total receivables	<u>464,362</u>	<u>160,190</u>
Total assets	<u>73,558,231</u>	<u>62,901,442</u>
Liability	<u>-</u>	<u>-</u>
Net assets available for benefits	<u>\$ 73,558,231</u>	<u>\$ 62,901,442</u>

See the accompanying notes to these financial statements

Providence Medical Associates 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2021

Additions	
Investment income	
Net appreciation in fair value of investments	\$ 6,778,606
Interest and dividend income	<u>2,239,661</u>
Total investment income	<u>9,018,267</u>
Interest income from notes receivable from participants	<u>3,004</u>
Contributions	
Employer	2,492,525
Participants	3,320,461
Participant rollovers	<u>57,101</u>
Total contributions	<u>5,870,087</u>
Total additions	<u>14,891,358</u>
Deductions	
Benefits paid to participants	4,176,821
Administration expenses	<u>57,748</u>
Total deductions	<u>4,234,569</u>
Net increase in net assets available for benefits	10,656,789
Net assets available for benefits, beginning of year	<u>62,901,442</u>
Net assets available for benefits, end of year	<u><u>\$ 73,558,231</u></u>

See the accompanying notes to these financial statements

Providence Medical Associates 401(k) Plan
Notes to Financial Statements
December 31, 2021

Note 1. Description of the Plan

The following description of the Providence Medical Associates 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan was adopted effective January 1, 2015 to qualify is a defined contribution retirement plan for Providence Medical Associate’s (the “Company”) eligible employees. The Plan has a pre-tax salary reduction provision as defined under Section 401(k) and an employer matching contribution under 401(m) of the Internal Revenue code (the “IRC”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The Plan covers substantially all employees of the Company.

The Plan was amended and restated effective January 1, 2022. With the amendment and restatement, the Plan received an opinion letter from the Internal Revenue Service dated June 30, 2020.

Participant Eligibility

Under the terms of the Plan, upon being hired, all employees become eligible to participate in the Plan, with the exception of union employees, leased employees, and residents of Puerto Rico.

Participant Contributions

The Company’s eligible employees may contribute a flat dollar amount or a percentage of their compensation, subject to the limitations as defined by the Plan document not to exceed the amount allowed by the IRC, each year on a pre-tax basis or post-tax (“Roth”) basis by salary reduction. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions as defined by the IRC. The Plan adopted “Safe Harbor” provisions which include an automatic enrollment feature. When hired as an employee, participants are automatically enrolled in the Plan with a minimum 5% deferral rate. Participants can opt out or change their deferral rates upon a request. If any participant's compensation deferrals for a year exceed the maximum amount allowable for that year, the excess amount will be returned to the Company and then paid to the participant as taxable compensation.

The Plan allows eligible participants to make rollover contributions from other qualified plans.

Company Contributions

The Company provides for a safe harbor matching contribution equal to 100% of the participant’s contribution not to exceed a total of 5% of the compensation for the Plan year ended December 31, 2021.

Note 1. Description of the Plan (continued)

The Company may also make a discretionary contribution without regard to the Company's current or accumulated profits as determined each year by resolution of the Company's board of directors. The discretionary contribution is allocated to all eligible employees. During the year ended December 31, 2021, there were no additional discretionary contributions made.

Participant Accounts

Participants direct the investment of all contributions to their account into various investment options offered by the Plan. Each participant's account is credited with the participant's contributions and withdrawals, as applicable, and allocations of: (a) Company contributions and (b) Plan earnings less an allocation of investment and operating expenses charged to the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Allocation of Investment Activity

Each investment fund is valued based on the underlying securities held by each fund. The net increase or decrease in such values resulting from fund income and allocated expenses, if any, are apportioned to each participant's account in proportion to the value of the participant's account as compared to the investment fund as a whole.

Notes Receivable from Participants

Participants may borrow from their accounts up to a maximum of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and must be repaid at a fixed interest rate which is commensurate with local prevailing rates as determined by the Plan. Generally, loans must be repaid within five years, unless the loan was for the purchase of a principal residence.

In this case, the repayment period may be extended. Principal and interest is paid ratably through payroll deductions. Delinquent or defaulted notes receivables from participants are written off as "deemed" distributions at the end of the quarter following the quarter in which the default occurs.

The Plan classifies participant loans as notes receivable from participants in the statements of net assets available for benefits and measures them at their unpaid principal balance plus any accrued interest.

Payment of Benefits

Participants receive 100% of their Company matching contributions and 100% of their pre-tax and post-tax contributions and earnings on their contributions as soon as administratively feasible upon termination of employment, retirement, disability, or death. If a participant's vested account balance is \$5,000 or less, they will receive a distribution in a single lump-sum payment regardless of whether the participant consents to the distribution or not. Amounts in the participant's rollover account will be considered as part of the \$5,000 threshold used to determine whether they must consent to a distribution.

Note 1. Description of the Plan (continued)

Vesting

Participants are 100% vested in their contributions, rollover contributions, safe harbor matching contributions, discretionary contributions, and earnings on their contributions.

Safe Harbor Election

The Plan has selected to be a Safe Harbor Plan according to IRS regulations. Accordingly, the Plan must meet certain requirements relating to employer contributions and vesting schedules and meet the applicable “Safe Harbor” requirements. If the Plan meets the “Safe Harbor” requirements it is not subject to the Average Deferral Percentage or Average Contribution Percentage discrimination tests required by the IRC.

Forfeitures

Forfeitures are to be used to reduce Company’s matching contributions or to pay the Plan’s administrative fees. During the year ended December 31, 2021, approximately \$61,800 in forfeitures were used to pay the Plan’s administrative fees. As of December 31, 2021 and 2020, forfeited non-vested accounts available for use totaled approximately \$700 and \$52,700, respectively.

Plan Administrative Expenses

The Company provides or pays for certain accounting, legal, administrative and management services without charge to the Plan. Plan recordkeeping fees and investment consulting fees that are not paid by forfeitures are charged directly to participant accounts and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

Contribution Funding

The Company makes contributions to the Plan for employee contributions and any Company matching contributions concurrent with the related payroll periods.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America and present the net assets available for benefits and the changes in those net assets. Except for unutilized forfeitures (Note 1), the Plan’s net assets are entirely allocated to individual participants’ accounts.

Note 2. Summary of Significant Accounting Policies (continued)

Use of Estimates

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

Investment Valuation and Revenue Recognition

All investments are carried at fair value or an approximation of fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date and interest is accrued as earned.

Non-Distributed Benefits

The Plan does not accrue non-distributed benefits related to participants who have withdrawn from the Plan, but recognizes such benefits as a deduction from net assets in the period in which such benefits are paid.

Subsequent Events

The Company has evaluated all events subsequent to December 31, 2021, the date of the statement of net assets available for benefits, through the date of the Independent Auditor's Report, the date which the financial statements were available for issuance.

Note 3. Information Certified by the Trustee

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Vanguard Fiduciary Trust Company (the "trustee") as complete and accurate, except for comparing such information certified by the trustees to information included in the Plan's financial statements and supplemental schedules:

Note 3. Information Certified by the Trustee (continued)

a) Investments

	December 31,	
	2021	2020
Mutual funds	<u>\$ 71,087,673</u>	<u>\$ 60,211,556</u>
Common collective trust fund	<u>\$ 2,006,196</u>	<u>\$ 2,529,696</u>
b) Notes receivable from participants*	<u>\$ 96,256</u>	<u>\$ 84,274</u>

c) Investment income and other additions

	Year Ended December 31, 2021
Net appreciation in fair value of investments	<u>\$ 6,778,606</u>
Interest and dividend income	<u>\$ 2,239,661</u>
Interest income from notes receivable from participants	<u>\$ 3,004</u>

d) Supplemental Schedule:

Form 5500 Schedule H, Line 4i – Schedule of Assets (Held at End of Year) *

**Notes receivable from participants are participant loans allowed under the related regulations. The participant loans are certified by the trustee and are included as investments on the supplemental schedule, Form 5500 Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.*

Note 4. Fair Value Measurements

Fair value measurements are based on a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy 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;

Note 4. Fair Value Measurements (continued)

- 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 of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange commission. The mutual funds held by the Plan are deemed to be actively traded.

Common/collective trust fund: This investment is valued at Net Asset Value ("NAV") as a practical expedient based on contract value, which represents invested principal plus accrued interest thereon. In determining contract value, the fund manager considers such factors as the benefit responsiveness of the contacts, the ability of the parties to the contracts to perform in accordance with the terms of the contracts and the likelihood of default by the issuer of an investment security. While the fair value of the investments in the common/collective trust are determined by the investee's trustee based on the fair value of the underlying securities within the investment at the fund level, the fair value of the investment as reported by the investment custodian at the Plan level is based on NAV as the practical expedient which is contract value. Contract value is the relevant fair value for such an investment as that is the value of that participant's transactions are reported.

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

Note 4. Fair Value Measurements (continued)

The following tables set forth by level within the fair value hierarchy the investments held by the Plan as of December 31, 2021 and 2020:

	Fair Value Measurements Using Input Type			
<u>December 31, 2021</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	<u>\$ 71,087,673</u>	<u>\$ ---</u>	<u>\$ ---</u>	<u>\$71,087,673</u>
Total investments categorized in the fair value hierarchy	<u>\$ 71,087,673</u>	<u>\$ ---</u>	<u>\$ ---</u>	<u>71,087,673</u>
Common/collective trust fund at NAV*				<u>2,006,196</u>
Total investments at fair value				<u>\$73,093,869</u>

	Fair Value Measurements Using Input Type			
<u>December 31, 2020</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	<u>\$ 60,211,556</u>	<u>\$ ---</u>	<u>\$ ---</u>	<u>\$60,211,556</u>
Total investments categorized in the fair value hierarchy	<u>\$ 60,211,556</u>	<u>\$ ---</u>	<u>\$ ---</u>	<u>60,211,556</u>
Common/collective trust fund at NAV*				<u>2,529,696</u>
Total investments at fair value				<u>\$62,741,252</u>

**Certain investments that are measured at fair value using the NAV per share (or its equivalent) as a practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in the table are intended to permit reconciliation of the fair value hierarchy to the amounts presented on the Statements of Net Assets Available for Benefits.*

The common/collective trust investment fund is subject to a daily redemption frequency and there are no redemption notice requirements, or unfunded commitments related to the common/collective trust fund as of December 31, 2021 and 2020.

Note 5. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statements of net assets available for plan benefits.

Note 6. Plan Termination

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

Note 7. Income Tax Status

The Company is relying on the prototype opinion letter, issued by the Internal Revenue Service on March 31, 2014 that is applicable to the prototype plan document adopted by the Company. The Plan has been amended since receiving the opinion letter, however, the Company and the plan administrator believe that the Plan is currently designed and operated in compliance with the applicable requirements of the Internal Revenue Code and the Plan and continues to be tax-exempt. The Company believes that the Plan as adopted has been operated in accordance with the Plan document. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the positions taken by the Plan, and has concluded that as of December 31, 2021 and 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan's tax returns generally remain open for Federal tax audits for three years from the filing date.

Note 8. Related Party and Party-In-Interest Transactions

Certain Plan investments are in mutual funds managed by Vanguard. Vanguard Fiduciary Trust Company, the Plan's trustee and record-keeper is an affiliate of Vanguard.

Fees incurred by the Plan for investment management services are included in net appreciation (depreciation) in fair value of investments. These fees are paid to the investment fund manager and may include certain revenue sharing fees that are paid to the trustees, other investment custodians and investment advisors.

Additionally, as noted in Note 1 certain administrative expenses related to participant initiated transactions and certain plan level expenses including recordkeeping fees and investment consulting fees are paid directly to the trustees, third party administrator and investment advisor.

Fees may also be paid to certain service providers that are considered parties-in-interest under ERISA which are included in administrative expenses.

The Plan also allows for the issuance of notes receivable to participants in accordance with the related regulations.

These transactions qualify as party-in-interest transactions for which there are statutory exemptions.

Note 9. Prohibited Transactions

During the year ended December 31, 2021 and 2020, the plan sponsor inadvertently failed to deposit \$1,234,782 and \$479,137, of participant deferrals and loan repayments within the required timeframe as stated by the U.S. Department of Labor (“DOL”). These deferrals were deposited beyond the earliest expected date on which assets could be segregated from the Company’s assets. The DOL considers late deposits to be prohibited transactions. The plan sponsor is required to file Form 5330 and pay the excise tax relating to the prohibited transaction from the plan sponsor’s assets and not from assets of the Plan, in addition to calculating and depositing the lost earning on these deferrals to the affected participants’ accounts. The plan sponsor calculated lost earnings on these 2021 and 2020 deferrals and loan repayments and deposited the lost earnings in 2022.

The plan sponsor has self-corrected these prohibited transactions and does not believe that these issues will have a material impact on the Plan’s net assets available for benefits or the Plan’s tax status.

Note 10. Reconciliation of Financial Statements to the Form 5500

The differences between the Form 5500 reporting and the financial statement reporting is primarily due to the Form 5500 being prepared on a modified cash basis of accounting while the financial statements are prepared on the accrual basis of accounting.

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	December 31, 2021	December 31, 2020
Net assets available for benefits per the financial statements	\$ 73,558,231	\$ 62,901,442
Less: employee contributions receivable at year end	(8,729)	(2,351)
Less: employer contributions receivable at year end	(359,377)	(73,565)
Less: rounding difference	---	(1)
Net assets available for benefits per Form 5500	<u>\$ 73,190,125</u>	<u>\$ 62,825,525</u>

The following is a reconciliation of net increase in assets available for benefits per the financial statements to the Form 5500:

	Year Ended December 31, 2021
Net increase in net assets available for benefits per the financial statements	\$ 10,656,789
Less: 2021 employee contributions receivable	(8,729)
Less: 2021 employer contributions receivable	(359,377)
Add: 2020 employee contributions receivable	2,351
Add: 2020 employer contributions receivable	73,565
Add: 2020 rounding difference	<u>1</u>
Net increase in net assets available for benefits per Form 5500	<u>\$ 10,634,600</u>

Supplemental Schedules

Providence Medical Associates 401(k) Plan
Supplemental Schedule
December 31, 2021
FEIN: 32-0437628
Plan #001

Form 5500 Schedule H, Line 4i
Schedule of Assets (Held at End of Year)

	(b) Identity of Issue	(c) Description of Investment Including Maturity		
	Borrower, Lessor or Similar	Date, Rate of Interest, Collateral, Par or Maturity		(e) Current
(a)	Party	Value	(d) Cost	Value
	<u>Mutual Funds</u>			
	Pimco	Pimco Income Institutional	**	\$ 218,384
	American Funds	American Funds New World Fund; Class R6	**	\$ 145,282
	Nuveen	Nuveen Real Estate Securities R6	**	\$ 181,595
	Neuberger Berman	Neuberger Mid Cap Growth Fund; Class R6	**	\$ 683,593
	American Funds	American Funds American Balanced R6	**	\$ 1,777,339
*	Vanguard	Vanguard Federal Money Market Fund	**	\$ 240,355
*	Vanguard	Vanguard Target Retirement 2015 Fund	**	\$ 2,159,182
*	Vanguard	Vanguard Target Retirement 2020 Fund	**	\$ 5,618,462
*	Vanguard	Vanguard Target Retirement 2025 Fund	**	\$ 5,350,107
*	Vanguard	Vanguard Target Retirement 2030 Fund	**	\$ 3,983,997
*	Vanguard	Vanguard Target Retirement 2035 Fund	**	\$ 5,779,171
*	Vanguard	Vanguard Target Retirement 2040 Fund	**	\$ 6,319,771
*	Vanguard	Vanguard Target Retirement 2045 Fund	**	\$ 7,465,973
*	Vanguard	Vanguard Target Retirement 2050 Fund	**	\$ 3,333,051
*	Vanguard	Vanguard Target Retirement 2055 Fund	**	\$ 728,984
*	Vanguard	Vanguard Target Retirement 2060 Fund	**	\$ 862,899
	Janus	Janus Global Life Sciences Fund; Class N	**	\$ 1,412,575
	MFS	Mid Cap Value Fund	**	\$ 33,966
*	Vanguard	Vanguard Target Retirement Income Fund	**	\$ 1,527,326
*	Vanguard	Vanguard High Dividend Yield Index Admiral	**	\$ 1,426,086
*	Vanguard	Vanguard International Growth Fund Admiral	**	\$ 1,996,712
*	Vanguard	Vanguard 500 Index Fund Admiral Shares	**	\$ 2,354,384
*	Vanguard	Vanguard Mid-Cap Index Fund Admiral Shares	**	\$ 1,098,931
*	Vanguard	Vanguard Small-Cap Index Fund Admiral Shares	**	\$ 586,091
*	Vanguard	Vanguard Small-Cap Value Index Fund Admiral	**	\$ 2,618,859
*	Vanguard	Vanguard Total International Stock Index Fund Admiral Shr	**	\$ 1,026,461
*	Vanguard	Vanguard Growth Index Fund	**	\$ 10,186,783
	Delaware	Ivy Small Cap Growth Fund	**	\$ 953,052
	Goldman Sachs	Goldman Sachs Core Fixed Income Institutional Shares	**	\$ 1,018,302

See Independent Auditor's Report
and the accompanying notes to the financial statements

**Providence Medical Associates 401(k) Plan
Supplemental Schedule
December 31, 2021
FEIN: 32-0437628
Plan #001**

**Form 5500 Schedule H, Line 4i
Schedule of Assets (Held at End of Year)**

(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
	<u>Common Collective Trust</u>			
	Goldman Sachs	Goldman Sachs Stable Value Collective Trust; Class I	**	\$ 2,006,196
	<u>Participant Notes</u>		\$0	\$ 96,256

* *Party-in-interest*

** *Historical cost is not required for participant directed investments*

See Independent Auditor's Report
and the accompanying notes to the financial statements

**Providence Medical Associates 401(k) Plan
Supplemental Schedule
For the Year Ended December 31, 2021
FEIN: 32-0437628
Plan #001**

**Form 5500 Schedule H, Line 4a
Schedule of Delinquent Participant Contributions**

Participant Contributions Transferred Late To the Plan	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption (PTE) 2002- 51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	

* \$	479,137	\$	-	\$	479,137	\$	-	\$	-
** \$	1,234,782	\$	-	\$	1,234,782	\$	-	\$	-

* Represents 2020 contributions corrected in 2022
** Represents 2021 contributions corrected in 2022

See Independent Auditor's Report
and the accompanying notes to the financial statements

Providence Medical Associates 401(k) Plan
Supplemental Schedule
December 31, 2021
FEIN: 32-0437628
Plan #001

Form 5500 Schedule H, Line 4i
Schedule of Assets (Held at End of Year)

(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
	<u>Mutual Funds</u>			
	Pimco	Pimco Income Institutional	**	\$ 218,384
	American Funds	American Funds New World Fund; Class R6	**	\$ 145,282
	Nuveen	Nuveen Real Estate Securities R6	**	\$ 181,595
	Neuberger Berman	Neuberger Mid Cap Growth Fund; Class R6	**	\$ 683,593
	American Funds	American Funds American Balanced R6	**	\$ 1,777,339
*	Vanguard	Vanguard Federal Money Market Fund	**	\$ 240,355
*	Vanguard	Vanguard Target Retirement 2015 Fund	**	\$ 2,159,182
*	Vanguard	Vanguard Target Retirement 2020 Fund	**	\$ 5,618,462
*	Vanguard	Vanguard Target Retirement 2025 Fund	**	\$ 5,350,107
*	Vanguard	Vanguard Target Retirement 2030 Fund	**	\$ 3,983,997
*	Vanguard	Vanguard Target Retirement 2035 Fund	**	\$ 5,779,171
*	Vanguard	Vanguard Target Retirement 2040 Fund	**	\$ 6,319,771
*	Vanguard	Vanguard Target Retirement 2045 Fund	**	\$ 7,465,973
*	Vanguard	Vanguard Target Retirement 2050 Fund	**	\$ 3,333,051
*	Vanguard	Vanguard Target Retirement 2055 Fund	**	\$ 728,984
*	Vanguard	Vanguard Target Retirement 2060 Fund	**	\$ 862,899
	Janus	Janus Global Life Sciences Fund; Class N	**	\$ 1,412,575
	MFS	Mid Cap Value Fund	**	\$ 33,966
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*	Vanguard	Vanguard High Dividend Yield Index Admiral	**	\$ 1,426,086
*	Vanguard	Vanguard International Growth Fund Admiral	**	\$ 1,996,712
*	Vanguard	Vanguard 500 Index Fund Admiral Shares	**	\$ 2,354,384
*	Vanguard	Vanguard Mid-Cap Index Fund Admiral Shares	**	\$ 1,098,931
*	Vanguard	Vanguard Small-Cap Index Fund Admiral Shares	**	\$ 586,091
*	Vanguard	Vanguard Small-Cap Value Index Fund Admiral	**	\$ 2,618,859
*	Vanguard	Vanguard Total International Stock Index Fund Admiral Shr	**	\$ 1,026,461
*	Vanguard	Vanguard Growth Index Fund	**	\$ 10,186,783
	Delaware	Ivy Small Cap Growth Fund	**	\$ 953,052
	Goldman Sachs	Goldman Sachs Core Fixed Income Institutional Shares	**	\$ 1,018,302

Providence Medical Associates 401(k) Plan
Supplemental Schedule
December 31, 2021
FEIN: 32-0437628
Plan #001

Form 5500 Schedule H, Line 4i
Schedule of Assets (Held at End of Year)

(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
	<u>Common Collective Trust</u>			
	Goldman Sachs	Goldman Sachs Stable Value Collective Trust; Class I	**	\$ 2,006,196
	<u>Participant Notes</u>		\$0	\$ 96,256

* *Party-in-interest*

** *Historical cost is not required for participant directed investments*

Providence Medical Associates 401(k) Plan

**Report, Financial Statements
and Supplemental Schedules**

**December 31, 2021 and 2020 and
Year Ended December 31, 2021**



CERTIFIED PUBLIC ACCOUNTANTS

Principals
Mark D. Murphy
Doris D. Farinacci
Mark A. Simurda

Independent Auditor's Report

To the Plan Participants and Plan Administrator of the
Providence Medical Associates 401(k) Plan

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audit of Providence Medical Associates 401(k) 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 ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained a certification from the qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

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

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

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

Responsibilities of Management for the 2021 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Providence Medical Associates 401(k) Plan’s ability to continue as a going concern for one year after the date that the financial statements are issued.

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

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements. In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Providence Medical Associates 401(k) 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 Providence Medical Associates 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedules of (1) Form 5500 Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2021 and (2) Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

Auditor's Report on the 2020 Financial Statement

We were engaged to audit the 2020 financial statements of Providence Medical Associates 401(k) Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated July 28, 2022, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink that reads "LTSP, INC." in a cursive, stylized font.

Newport Beach, California
January 31, 2023

Providence Medical Associates 401(k) Plan
Statements of Net Assets Available for Benefits

	<u>December 31,</u>	
	<u>2021</u>	<u>2020</u>
Assets		
Investments, at fair value		
Mutual funds	\$ 71,087,673	\$ 60,211,556
Common collective trust fund	<u>2,006,196</u>	<u>2,529,696</u>
Total investments, at fair value	<u>73,093,869</u>	<u>62,741,252</u>
Receivables		
Employee contributions	8,729	2,351
Employer contributions	359,377	73,565
Notes receivable from participants	<u>96,256</u>	<u>84,274</u>
Total receivables	<u>464,362</u>	<u>160,190</u>
Total assets	<u>73,558,231</u>	<u>62,901,442</u>
Liability	<u>-</u>	<u>-</u>
Net assets available for benefits	<u>\$ 73,558,231</u>	<u>\$ 62,901,442</u>

See the accompanying notes to these financial statements

Providence Medical Associates 401(k) Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2021

Additions	
Investment income	
Net appreciation in fair value of investments	\$ 6,778,606
Interest and dividend income	<u>2,239,661</u>
Total investment income	<u>9,018,267</u>
Interest income from notes receivable from participants	<u>3,004</u>
Contributions	
Employer	2,492,525
Participants	3,320,461
Participant rollovers	<u>57,101</u>
Total contributions	<u>5,870,087</u>
Total additions	<u>14,891,358</u>
Deductions	
Benefits paid to participants	4,176,821
Administration expenses	<u>57,748</u>
Total deductions	<u>4,234,569</u>
Net increase in net assets available for benefits	10,656,789
Net assets available for benefits, beginning of year	<u>62,901,442</u>
Net assets available for benefits, end of year	<u><u>\$ 73,558,231</u></u>

See the accompanying notes to these financial statements

Providence Medical Associates 401(k) Plan
Notes to Financial Statements
December 31, 2021

Note 1. Description of the Plan

The following description of the Providence Medical Associates 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan was adopted effective January 1, 2015 to qualify is a defined contribution retirement plan for Providence Medical Associate’s (the “Company”) eligible employees. The Plan has a pre-tax salary reduction provision as defined under Section 401(k) and an employer matching contribution under 401(m) of the Internal Revenue code (the “IRC”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The Plan covers substantially all employees of the Company.

The Plan was amended and restated effective January 1, 2022. With the amendment and restatement, the Plan received an opinion letter from the Internal Revenue Service dated June 30, 2020.

Participant Eligibility

Under the terms of the Plan, upon being hired, all employees become eligible to participate in the Plan, with the exception of union employees, leased employees, and residents of Puerto Rico.

Participant Contributions

The Company’s eligible employees may contribute a flat dollar amount or a percentage of their compensation, subject to the limitations as defined by the Plan document not to exceed the amount allowed by the IRC, each year on a pre-tax basis or post-tax (“Roth”) basis by salary reduction. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions as defined by the IRC. The Plan adopted “Safe Harbor” provisions which include an automatic enrollment feature. When hired as an employee, participants are automatically enrolled in the Plan with a minimum 5% deferral rate. Participants can opt out or change their deferral rates upon a request. If any participant's compensation deferrals for a year exceed the maximum amount allowable for that year, the excess amount will be returned to the Company and then paid to the participant as taxable compensation.

The Plan allows eligible participants to make rollover contributions from other qualified plans.

Company Contributions

The Company provides for a safe harbor matching contribution equal to 100% of the participant’s contribution not to exceed a total of 5% of the compensation for the Plan year ended December 31, 2021.

Note 1. Description of the Plan (continued)

The Company may also make a discretionary contribution without regard to the Company's current or accumulated profits as determined each year by resolution of the Company's board of directors. The discretionary contribution is allocated to all eligible employees. During the year ended December 31, 2021, there were no additional discretionary contributions made.

Participant Accounts

Participants direct the investment of all contributions to their account into various investment options offered by the Plan. Each participant's account is credited with the participant's contributions and withdrawals, as applicable, and allocations of: (a) Company contributions and (b) Plan earnings less an allocation of investment and operating expenses charged to the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Allocation of Investment Activity

Each investment fund is valued based on the underlying securities held by each fund. The net increase or decrease in such values resulting from fund income and allocated expenses, if any, are apportioned to each participant's account in proportion to the value of the participant's account as compared to the investment fund as a whole.

Notes Receivable from Participants

Participants may borrow from their accounts up to a maximum of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and must be repaid at a fixed interest rate which is commensurate with local prevailing rates as determined by the Plan. Generally, loans must be repaid within five years, unless the loan was for the purchase of a principal residence.

In this case, the repayment period may be extended. Principal and interest is paid ratably through payroll deductions. Delinquent or defaulted notes receivables from participants are written off as "deemed" distributions at the end of the quarter following the quarter in which the default occurs.

The Plan classifies participant loans as notes receivable from participants in the statements of net assets available for benefits and measures them at their unpaid principal balance plus any accrued interest.

Payment of Benefits

Participants receive 100% of their Company matching contributions and 100% of their pre-tax and post-tax contributions and earnings on their contributions as soon as administratively feasible upon termination of employment, retirement, disability, or death. If a participant's vested account balance is \$5,000 or less, they will receive a distribution in a single lump-sum payment regardless of whether the participant consents to the distribution or not. Amounts in the participant's rollover account will be considered as part of the \$5,000 threshold used to determine whether they must consent to a distribution.

Note 1. Description of the Plan (continued)

Vesting

Participants are 100% vested in their contributions, rollover contributions, safe harbor matching contributions, discretionary contributions, and earnings on their contributions.

Safe Harbor Election

The Plan has selected to be a Safe Harbor Plan according to IRS regulations. Accordingly, the Plan must meet certain requirements relating to employer contributions and vesting schedules and meet the applicable “Safe Harbor” requirements. If the Plan meets the “Safe Harbor” requirements it is not subject to the Average Deferral Percentage or Average Contribution Percentage discrimination tests required by the IRC.

Forfeitures

Forfeitures are to be used to reduce Company’s matching contributions or to pay the Plan’s administrative fees. During the year ended December 31, 2021, approximately \$61,800 in forfeitures were used to pay the Plan’s administrative fees. As of December 31, 2021 and 2020, forfeited non-vested accounts available for use totaled approximately \$700 and \$52,700, respectively.

Plan Administrative Expenses

The Company provides or pays for certain accounting, legal, administrative and management services without charge to the Plan. Plan recordkeeping fees and investment consulting fees that are not paid by forfeitures are charged directly to participant accounts and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) of fair value of investments.

Contribution Funding

The Company makes contributions to the Plan for employee contributions and any Company matching contributions concurrent with the related payroll periods.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America and present the net assets available for benefits and the changes in those net assets. Except for unutilized forfeitures (Note 1), the Plan’s net assets are entirely allocated to individual participants’ accounts.

Note 2. Summary of Significant Accounting Policies (continued)

Use of Estimates

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

Investment Valuation and Revenue Recognition

All investments are carried at fair value or an approximation of fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date and interest is accrued as earned.

Non-Distributed Benefits

The Plan does not accrue non-distributed benefits related to participants who have withdrawn from the Plan, but recognizes such benefits as a deduction from net assets in the period in which such benefits are paid.

Subsequent Events

The Company has evaluated all events subsequent to December 31, 2021, the date of the statement of net assets available for benefits, through the date of the Independent Auditor's Report, the date which the financial statements were available for issuance.

Note 3. Information Certified by the Trustee

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Vanguard Fiduciary Trust Company (the "trustee") as complete and accurate, except for comparing such information certified by the trustees to information included in the Plan's financial statements and supplemental schedules:

Note 3. Information Certified by the Trustee (continued)

a) Investments

	December 31,	
	2021	2020
Mutual funds	\$ 71,087,673	\$ 60,211,556
Common collective trust fund	\$ 2,006,196	\$ 2,529,696
b) Notes receivable from participants*	\$ 96,256	\$ 84,274

c) Investment income and other additions

	Year Ended December 31, 2021
Net appreciation in fair value of investments	\$ 6,778,606
Interest and dividend income	\$ 2,239,661
Interest income from notes receivable from participants	\$ 3,004

d) Supplemental Schedule:

Form 5500 Schedule H, Line 4i – Schedule of Assets (Held at End of Year) *

**Notes receivable from participants are participant loans allowed under the related regulations. The participant loans are certified by the trustee and are included as investments on the supplemental schedule, Form 5500 Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.*

Note 4. Fair Value Measurements

Fair value measurements are based on a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy 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;

Note 4. Fair Value Measurements (continued)

- 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 of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange commission. The mutual funds held by the Plan are deemed to be actively traded.

Common/collective trust fund: This investment is valued at Net Asset Value ("NAV") as a practical expedient based on contract value, which represents invested principal plus accrued interest thereon. In determining contract value, the fund manager considers such factors as the benefit responsiveness of the contacts, the ability of the parties to the contracts to perform in accordance with the terms of the contracts and the likelihood of default by the issuer of an investment security. While the fair value of the investments in the common/collective trust are determined by the investee's trustee based on the fair value of the underlying securities within the investment at the fund level, the fair value of the investment as reported by the investment custodian at the Plan level is based on NAV as the practical expedient which is contract value. Contract value is the relevant fair value for such an investment as that is the value of that participant's transactions are reported.

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

Note 4. Fair Value Measurements (continued)

The following tables set forth by level within the fair value hierarchy the investments held by the Plan as of December 31, 2021 and 2020:

	Fair Value Measurements Using Input Type			
<u>December 31, 2021</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	<u>\$ 71,087,673</u>	<u>\$ ---</u>	<u>\$ ---</u>	<u>\$71,087,673</u>
Total investments categorized in the fair value hierarchy	<u>\$ 71,087,673</u>	<u>\$ ---</u>	<u>\$ ---</u>	<u>71,087,673</u>
Common/collective trust fund at NAV*				<u>2,006,196</u>
Total investments at fair value				<u>\$73,093,869</u>

	Fair Value Measurements Using Input Type			
<u>December 31, 2020</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	<u>\$ 60,211,556</u>	<u>\$ ---</u>	<u>\$ ---</u>	<u>\$60,211,556</u>
Total investments categorized in the fair value hierarchy	<u>\$ 60,211,556</u>	<u>\$ ---</u>	<u>\$ ---</u>	<u>60,211,556</u>
Common/collective trust fund at NAV*				<u>2,529,696</u>
Total investments at fair value				<u>\$62,741,252</u>

**Certain investments that are measured at fair value using the NAV per share (or its equivalent) as a practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in the table are intended to permit reconciliation of the fair value hierarchy to the amounts presented on the Statements of Net Assets Available for Benefits.*

The common/collective trust investment fund is subject to a daily redemption frequency and there are no redemption notice requirements, or unfunded commitments related to the common/collective trust fund as of December 31, 2021 and 2020.

Note 5. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statements of net assets available for plan benefits.

Note 6. Plan Termination

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

Note 7. Income Tax Status

The Company is relying on the prototype opinion letter, issued by the Internal Revenue Service on March 31, 2014 that is applicable to the prototype plan document adopted by the Company. The Plan has been amended since receiving the opinion letter, however, the Company and the plan administrator believe that the Plan is currently designed and operated in compliance with the applicable requirements of the Internal Revenue Code and the Plan and continues to be tax-exempt. The Company believes that the Plan as adopted has been operated in accordance with the Plan document. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the positions taken by the Plan, and has concluded that as of December 31, 2021 and 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan's tax returns generally remain open for Federal tax audits for three years from the filing date.

Note 8. Related Party and Party-In-Interest Transactions

Certain Plan investments are in mutual funds managed by Vanguard. Vanguard Fiduciary Trust Company, the Plan's trustee and record-keeper is an affiliate of Vanguard.

Fees incurred by the Plan for investment management services are included in net appreciation (depreciation) in fair value of investments. These fees are paid to the investment fund manager and may include certain revenue sharing fees that are paid to the trustees, other investment custodians and investment advisors.

Additionally, as noted in Note 1 certain administrative expenses related to participant initiated transactions and certain plan level expenses including recordkeeping fees and investment consulting fees are paid directly to the trustees, third party administrator and investment advisor.

Fees may also be paid to certain service providers that are considered parties-in-interest under ERISA which are included in administrative expenses.

The Plan also allows for the issuance of notes receivable to participants in accordance with the related regulations.

These transactions qualify as party-in-interest transactions for which there are statutory exemptions.

Note 9. Prohibited Transactions

During the year ended December 31, 2021 and 2020, the plan sponsor inadvertently failed to deposit \$1,234,782 and \$479,137, of participant deferrals and loan repayments within the required timeframe as stated by the U.S. Department of Labor (“DOL”). These deferrals were deposited beyond the earliest expected date on which assets could be segregated from the Company’s assets. The DOL considers late deposits to be prohibited transactions. The plan sponsor is required to file Form 5330 and pay the excise tax relating to the prohibited transaction from the plan sponsor’s assets and not from assets of the Plan, in addition to calculating and depositing the lost earning on these deferrals to the affected participants’ accounts. The plan sponsor calculated lost earnings on these 2021 and 2020 deferrals and loan repayments and deposited the lost earnings in 2022.

The plan sponsor has self-corrected these prohibited transactions and does not believe that these issues will have a material impact on the Plan’s net assets available for benefits or the Plan’s tax status.

Note 10. Reconciliation of Financial Statements to the Form 5500

The differences between the Form 5500 reporting and the financial statement reporting is primarily due to the Form 5500 being prepared on a modified cash basis of accounting while the financial statements are prepared on the accrual basis of accounting.

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	December 31, 2021	December 31, 2020
Net assets available for benefits per the financial statements	\$ 73,558,231	\$ 62,901,442
Less: employee contributions receivable at year end	(8,729)	(2,351)
Less: employer contributions receivable at year end	(359,377)	(73,565)
Less: rounding difference	---	(1)
Net assets available for benefits per Form 5500	<u>\$ 73,190,125</u>	<u>\$ 62,825,525</u>

The following is a reconciliation of net increase in assets available for benefits per the financial statements to the Form 5500:

	Year Ended December 31, 2021
Net increase in net assets available for benefits per the financial statements	\$ 10,656,789
Less: 2021 employee contributions receivable	(8,729)
Less: 2021 employer contributions receivable	(359,377)
Add: 2020 employee contributions receivable	2,351
Add: 2020 employer contributions receivable	73,565
Add: 2020 rounding difference	<u>1</u>
Net increase in net assets available for benefits per Form 5500	<u>\$ 10,634,600</u>

Supplemental Schedules

Providence Medical Associates 401(k) Plan
Supplemental Schedule
December 31, 2021
FEIN: 32-0437628
Plan #001

Form 5500 Schedule H, Line 4i
Schedule of Assets (Held at End of Year)

	(b) Identity of Issue	(c) Description of Investment Including Maturity		
	Borrower, Lessor or Similar	Date, Rate of Interest, Collateral, Par or Maturity		(e) Current
(a)	Party	Value	(d) Cost	Value
	<u>Mutual Funds</u>			
	Pimco	Pimco Income Institutional	**	\$ 218,384
	American Funds	American Funds New World Fund; Class R6	**	\$ 145,282
	Nuveen	Nuveen Real Estate Securities R6	**	\$ 181,595
	Neuberger Berman	Neuberger Mid Cap Growth Fund; Class R6	**	\$ 683,593
	American Funds	American Funds American Balanced R6	**	\$ 1,777,339
*	Vanguard	Vanguard Federal Money Market Fund	**	\$ 240,355
*	Vanguard	Vanguard Target Retirement 2015 Fund	**	\$ 2,159,182
*	Vanguard	Vanguard Target Retirement 2020 Fund	**	\$ 5,618,462
*	Vanguard	Vanguard Target Retirement 2025 Fund	**	\$ 5,350,107
*	Vanguard	Vanguard Target Retirement 2030 Fund	**	\$ 3,983,997
*	Vanguard	Vanguard Target Retirement 2035 Fund	**	\$ 5,779,171
*	Vanguard	Vanguard Target Retirement 2040 Fund	**	\$ 6,319,771
*	Vanguard	Vanguard Target Retirement 2045 Fund	**	\$ 7,465,973
*	Vanguard	Vanguard Target Retirement 2050 Fund	**	\$ 3,333,051
*	Vanguard	Vanguard Target Retirement 2055 Fund	**	\$ 728,984
*	Vanguard	Vanguard Target Retirement 2060 Fund	**	\$ 862,899
	Janus	Janus Global Life Sciences Fund; Class N	**	\$ 1,412,575
	MFS	Mid Cap Value Fund	**	\$ 33,966
*	Vanguard	Vanguard Target Retirement Income Fund	**	\$ 1,527,326
*	Vanguard	Vanguard High Dividend Yield Index Admiral	**	\$ 1,426,086
*	Vanguard	Vanguard International Growth Fund Admiral	**	\$ 1,996,712
*	Vanguard	Vanguard 500 Index Fund Admiral Shares	**	\$ 2,354,384
*	Vanguard	Vanguard Mid-Cap Index Fund Admiral Shares	**	\$ 1,098,931
*	Vanguard	Vanguard Small-Cap Index Fund Admiral Shares	**	\$ 586,091
*	Vanguard	Vanguard Small-Cap Value Index Fund Admiral	**	\$ 2,618,859
*	Vanguard	Vanguard Total International Stock Index Fund Admiral Shr	**	\$ 1,026,461
*	Vanguard	Vanguard Growth Index Fund	**	\$ 10,186,783
	Delaware	Ivy Small Cap Growth Fund	**	\$ 953,052
	Goldman Sachs	Goldman Sachs Core Fixed Income Institutional Shares	**	\$ 1,018,302

See Independent Auditor's Report
and the accompanying notes to the financial statements

**Providence Medical Associates 401(k) Plan
Supplemental Schedule
December 31, 2021
FEIN: 32-0437628
Plan #001**

**Form 5500 Schedule H, Line 4i
Schedule of Assets (Held at End of Year)**

(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
	<u>Common Collective Trust</u>			
	Goldman Sachs	Goldman Sachs Stable Value Collective Trust; Class I	**	\$ 2,006,196
	<u>Participant Notes</u>		\$0	\$ 96,256

* *Party-in-interest*

** *Historical cost is not required for participant directed investments*

See Independent Auditor's Report
and the accompanying notes to the financial statements

**Providence Medical Associates 401(k) Plan
Supplemental Schedule
For the Year Ended December 31, 2021
FEIN: 32-0437628
Plan #001**

**Form 5500 Schedule H, Line 4a
Schedule of Delinquent Participant Contributions**

Participant Contributions Transferred Late To the Plan	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption (PTE) 2002- 51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	

*	\$	479,137	\$	-	\$	479,137	\$	-	\$	-
**	\$	1,234,782	\$	-	\$	1,234,782	\$	-	\$	-

* Represents 2020 contributions corrected in 2022
 ** Represents 2021 contributions corrected in 2022

See Independent Auditor's Report
and the accompanying notes to the financial statements