

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II Basic Plan Information —enter all requested information		
1a Name of plan <u>GOLDSBORO PEDIATRICS, P.A. 40L(K) PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GOLDSBORO PEDIATRICS, P.A.</u> <u>2706 MEDICAL OFFICE PLACE</u> <u>GOLDSBORO, NC 27534</u>		
1c Effective date of plan <u>10/01/1979</u>		
2b Employer Identification Number (EIN) <u>56-1249036</u>		
2c Plan Sponsor's telephone number <u>919-734-4736</u>		
2d Business code (see instructions) <u>621111</u>		

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2023	JOSEPH PONZI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

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		5 128
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) 97
a(2) Total number of active participants at the end of the plan year		6a(2) 75
b Retired or separated participants receiving benefits		6b 4
c Other retired or separated participants entitled to future benefits.....		6c 26
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 105
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 1
f Total. Add lines 6d and 6e		6f 106
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 102
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 10
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2H 2J 2R 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) ☐ 0 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan GOLDSBORO PEDIATRICS, P.A. 40L(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GOLDSBORO PEDIATRICS, P.A.	D Employer Identification Number (EIN) 56-1249036	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

NEWPORT GROUP, INC.

27-2037969

(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?
12 15 21	RECORDKEEPER	145435	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan GOLDSBORO PEDIATRICS, P.A. 40L(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 GOLDSBORO PEDIATRICS, P.A.	D Employer Identification Number (EIN) 56-1249036	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)		
(Complete as many entries as needed to report all interests in DFEs)			
a Name of MTIA, CCT, PSA, or 103-12 IE: RTC SVF - METLIFE 25053 CLASS 0			
b Name of sponsor of entity listed in (a): RELiance TRUST COMPANY STABLE VALUE FUND CIT, SERIES 25053			
c EIN-PN 46-6625485-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26571	
a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT TARGET 2020 CIT CLASS U1			
b Name of sponsor of entity listed in (a): EXETER TRUST COMPANY COLLECTIVE INVESTMENT FUNDS FOR EMPLOYEE BENEFIT			
c EIN-PN 02-0476209-024	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14212	
a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT TARGET 2025 CIT CLASS U1			
b Name of sponsor of entity listed in (a): EXETER TRUST COMPANY COLLECTIVE INVESTMENT FUNDS FOR EMPLOYEE BENEFIT			
c EIN-PN 02-0476209-041	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 181092	
a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT TARGET 2030 CIT CLASS U1			
b Name of sponsor of entity listed in (a): EXETER TRUST COMPANY COLLECTIVE INVESTMENT FUNDS FOR EMPLOYEE BENEFIT			
c EIN-PN 02-0476209-023	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 604982	
a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT TARGET 2035 CIT CLASS U1			
b Name of sponsor of entity listed in (a): EXETER TRUST COMPANY COLLECTIVE INVESTMENT FUNDS FOR EMPLOYEE BENEFIT			
c EIN-PN 02-0476209-042	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 825216	
a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT TARGET 2040 CIT CLASS U1			
b Name of sponsor of entity listed in (a): EXETER TRUST COMPANY COLLECTIVE INVESTMENT FUNDS FOR EMPLOYEE BENEFIT			
c EIN-PN 02-0476209-022	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 422528	
a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT TARGET 2045 CIT CLASS U1			
b Name of sponsor of entity listed in (a): EXETER TRUST COMPANY COLLECTIVE INVESTMENT FUNDS FOR EMPLOYEE BENEFIT			
c EIN-PN 02-0476209-043	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 383486	

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT TARGET 2050 CIT CLASS U1

b Name of sponsor of entity listed in (a): EXETER TRUST COMPANY COLLECTIVE INVESTMENT FUNDS FOR EMPLOYEE BENEFIT

c EIN-PN 02-0476209-027	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 274595
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a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT TARGET 2055 CIT CLASS U1

b Name of sponsor of entity listed in (a): EXETER TRUST COMPANY COLLECTIVE INVESTMENT FUNDS FOR EMPLOYEE BENEFIT

c EIN-PN 02-0476209-044	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 105931
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a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT TARGET 2060 CIT CLASS U1

b Name of sponsor of entity listed in (a): EXETER TRUST COMPANY COLLECTIVE INVESTMENT FUNDS FOR EMPLOYEE BENEFIT

c EIN-PN 02-0476209-058	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41594
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a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT TARGET INCOME CIT CLASS

b Name of sponsor of entity listed in (a): EXETER TRUST COMPANY COLLECTIVE INVESTMENT FUNDS FOR EMPLOYEE BENEFIT

c EIN-PN 02-0476209-026	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 152301
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>GOLDSBORO PEDIATRICS, P.A. 40L(K) PROFIT SHARING 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>GOLDSBORO PEDIATRICS, P.A.</u>		D Employer Identification Number (EIN) <u>56-1249036</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	708197	689514
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	23903	24255
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	534908	1561548
(2) U.S. Government securities.....	1c(2)	144970	1162757
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)	2259159	1612359
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)	458388	215911
(B) Common.....	1c(4)(B)	7132282	6801651
(5) Partnership/joint venture interests.....	1c(5)	302828	0
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)	14393	7336
(9) Value of interest in common/collective trusts.....	1c(9)	3271887	3032508
(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)	16446797	11230547
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	238097	33472

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	31535809	26371858

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	31535809	26371858
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	751560	
(B) Participants	2a(1)(B)	450206	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1201766
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	11363	
(B) U.S. Government securities	2b(1)(B)	8825	
(C) Corporate debt instruments	2b(1)(C)	51235	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	582	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		72005
(2) Dividends: (A) Preferred stock	2b(2)(A)	15020	
(B) Common stock	2b(2)(B)	158940	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	508115	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		682075
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	3721768	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4024470	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-302702
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-1171853	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-1171853

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-590476
(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)		-2575269
c Other income	2c		-8943
d Total income. Add all income amounts in column (b) and enter total	2d		-2693397
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2325119	
(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)		2325119
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	145435	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		145435
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2470554
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-5163951
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: GREER WALKER LLP

(2) EIN: 56-1434747

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan GOLDSBORO PEDIATRICS, P.A. 40L(K) PROFIT SHARING PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 GOLDSBORO PEDIATRICS, P.A.		D Employer Identification Number (EIN) 56-1249036
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 75-3182674		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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 _____

****Printing Instructions****

In order to ensure that the signatures on the documents print, please make sure your settings in Adobe are set to print “document and markups” or similar.

GOLDSBORO PEDIATRICS, P.A.
401(K) PROFIT SHARING PLAN

Financial Statements and Supplemental Schedule
for the Years Ended December 31, 2022 and 2021
and Independent Auditors' Report



GreerWalker

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GreerWalker

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees and Participants of the Goldsboro Pediatrics, P.A. 401(k) Profit Sharing Plan:

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

We have performed audits of the financial statements of Goldsboro Pediatrics, P.A. 401(k) Profit Sharing Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section:

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

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

Responsibilities of Management for the Financial Statements

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audits 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audits 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 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 GAAP.

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

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

Other Matters – Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2022 (the “ERISA-required supplemental schedule”) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL’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 ERISA-required supplemental schedule, 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 ERISA-required supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the ERISA-required supplemental schedule, we evaluated whether the ERISA-required supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the ERISA-required supplemental schedule, other than the information in the ERISA-required supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the ERISA-required supplemental schedule 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).



Certified Public Accounts
October 2, 2023
Charlotte, NC

GOLDSBORO PEDIATRICS, P.A. 401(K) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ASSETS:		
Investments, at fair value	<u>\$ 25,650,753</u>	<u>\$ 30,789,316</u>
Receivables:		
Employer contributions	689,514	708,197
Notes receivable from participants	7,336	14,393
Accrued interest and dividend income	<u>24,255</u>	<u>23,903</u>
Total receivables	<u>721,105</u>	<u>746,493</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 26,371,858</u></u>	<u><u>\$ 31,535,809</u></u>

See notes to financial statements.

GOLDSBORO PEDIATRICS, P.A. 401(K) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ (4,649,243)	\$ 2,757,142
Interest and dividend income	753,498	851,447
Total investment income (loss), net	<u>(3,895,745)</u>	<u>3,608,589</u>
Interest income on notes receivable from participants	<u>582</u>	<u>962</u>
Contributions:		
Participants	450,206	450,102
Employer	751,560	758,020
Total contributions	<u>1,201,766</u>	<u>1,208,122</u>
Total additions, net	<u>(2,693,397)</u>	<u>4,817,673</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	2,325,119	435,684
Administrative expenses	145,435	148,772
Total deductions	<u>2,470,554</u>	<u>584,456</u>
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	(5,163,951)	4,233,217
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>31,535,809</u>	<u>27,302,592</u>
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u>\$ 26,371,858</u>	<u>\$ 31,535,809</u>

See notes to financial statements.

GOLDSBORO PEDIATRICS, P.A. 401(K) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

1. DESCRIPTION OF PLAN

The following description of the Goldsboro Pediatrics, P.A. 401(k) Profit Sharing 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 is a defined contribution plan covering all employees of Goldsboro Pediatrics, P.A. (the "Employer"), who have completed ninety days of service and are age twenty-one or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan's entry dates are the first day of the first month or seventh month. The Board of Trustees is responsible for oversight of the Plan, determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Contributions - Each year, participants may contribute up to 100% of their annual eligible compensation, as defined in the plan document. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. Employees who have completed three months of service and are at least twenty-one years old are eligible to receive the Employer's nonelective safe harbor contributions. For employees who are actively participating in the Plan, the Employer makes nonelective safe harbor contributions equal to 3% of employees' eligible compensation. Employees who have completed one year of service and are at least twenty-one years old are eligible to receive the Employer's discretionary profit-sharing contributions. For the years ended December 31, 2022 and 2021, the Employer made discretionary profit-sharing contributions totaling approximately \$558,000 and \$528,000, respectively. Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

Participant Accounts - Each participant's account is credited with the participant's contributions and the Employer's nonelective safe harbor contributions, as well as allocations of the Employer's discretionary profit-sharing contributions and the Plan's earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined in the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are vested immediately in their contributions and the Employer's nonelective safe harbor contributions, plus actual earnings thereon. Vesting in the Employer's discretionary profit-sharing contributions, plus actual earnings thereon, is based on years of continuous service. If a participant terminates employment prior to normal retirement age for any reason, other than death or permanent disability, the participant's interest in the contributions of the Employer vest 20% after two years of service, increasing 20% each succeeding year until fully vested after six years of service.

Notes Receivable from Participants - Effective January 1, 2018, participants were no longer permitted to borrow from their accounts. Prior to January 1, 2018, participants were permitted to borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans were secured by the balance in the participant's account. The loan interest rate was set at the prime rate, as defined in the plan document. Loans that were issued prior to January 1, 2018 are repaid ratably through payroll deductions.

Forfeited Accounts - Benefit payments to terminated employees partially vested in the Plan include their vested portion of the Employer's discretionary profit-sharing contributions. The nonvested portion of terminated participants' account balances is used to reduce the Employer's future contributions or to pay the Plan's administrative expenses, as determined by the Employer at its sole discretion. As of December 31, 2022 and 2021, forfeited nonvested accounts totaled approximately \$27,000 and \$40,000, respectively. During the year ended December 31, 2022, forfeited nonvested accounts of approximately \$41,000 were used to reduce the Employer's contributions. During the year ended December 31, 2021, no forfeited nonvested accounts were used to reduce the Employer's contributions or pay the Plan's administrative expenses.

Payment of Benefits - On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account or annual installments over a specified period of time. For termination of service for some other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution. The Plan permits in-service and hardship withdrawals under certain conditions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements have been prepared on the accrual basis of accounting.

Use of Accounting Estimates - The preparation of financial statements in accordance with generally accepted accounting principles in the United States of America ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates. Any adjustments applied to estimated amounts are recognized in the year in which such adjustments are determined.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date. See Note 5 for disclosure of fair value measurements. The Board of Trustees determines the Plan's valuation policies utilizing information provided by the investment advisors and Newport Trust Company, the Trustee of the Plan.

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

Contributions - Contributions from participants are recorded as they are withheld from the participants' wages. Contributions from the Employer are recorded in the period in which the related participant contributions are due.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022 or 2021. If a participant ceases to make loan repayments and management deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits - Benefits are recorded when paid.

Administrative Expenses - Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Employer. Expenses that are paid by the Employer are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

Subsequent Events - Management has evaluated subsequent events through October 2, 2023, the date the financial statements were available to be issued.

3. INFORMATION CERTIFIED BY TRUSTEE

The following is a summary of the Plan's asset information as of December 31, 2022 and 2021, and for the years then ended, included in the financial statements and supplemental schedule, that was prepared by, or derived from, information prepared by the Trustee and furnished to management. Management has obtained certifications from the Trustee that such information is complete and accurate as of and for the years ended December 31, 2022 and 2021.

	<u>2022</u>		<u>2021</u>	
	<u>Fair Value</u>	<u>Cost</u>	<u>Fair Value</u>	<u>Cost</u>
Assets:				
Participant-directed investments:				
Collective trust funds	\$ 3,032,508	*	\$ 3,271,887	*
Mutual funds	\$ 708,314	*	\$ 959,925	*
Self-directed accounts	\$ 33,472	*	\$ 238,097	*
Notes receivable from participants	\$ 7,336	*	\$ 14,393	*
Nonparticipant-directed investments:				
Common stocks	\$ 6,801,651	\$ 5,544,681	\$ 7,132,282	\$ 4,631,842
Exchange traded funds	\$ 6,379,213	\$ 6,768,802	\$ 9,771,413	\$ 9,031,969
Mutual funds	\$ 4,143,020	\$ 3,997,968	\$ 5,715,459	\$ 4,578,315
Corporate bonds	\$ 1,612,359	\$ 1,800,810	\$ 2,259,159	\$ 2,255,805
Cash equivalents	\$ 1,561,548	\$ 1,561,548	\$ 534,908	\$ 534,908
Government securities	\$ 1,162,757	\$ 1,199,592	\$ 144,970	\$ 138,049
Preferred stocks	\$ 215,911	\$ 246,659	\$ 458,388	\$ 440,475
Other	\$ -	\$ -	\$ 302,828	\$ 104,286
Accrued interest and dividend income	\$ 24,255	\$ 24,255	\$ 23,903	\$ 23,903
			<u>2022</u>	<u>2021</u>
Income (loss):				
Net appreciation (depreciation) in fair value of investments		\$ (4,649,243)		\$ 2,757,142
Interest and dividend income		\$ 753,498		\$ 851,447
Interest income on notes receivable from participants		\$ 582		\$ 962

* Cost information is omitted for participant-directed investments.

4. NONPARTICIPANT-DIRECTED INVESTMENTS

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

	<u>2022</u>	<u>2021</u>
Net assets:		
Common stocks	\$ 6,801,651	\$ 7,132,282
Exchange traded funds	6,379,213	9,771,413
Mutual funds	4,143,020	5,715,459
Corporate bonds	1,612,359	2,259,159
Cash equivalents	1,561,548	534,908
Government securities	1,162,757	144,970
Preferred stock	215,911	458,388
Other	-	302,828
Accrued interest and dividend income	<u>24,255</u>	<u>23,903</u>
Total	<u>\$ 21,900,714</u>	<u>\$ 26,343,310</u>

Changes in net assets:		
Contributions	\$ 532,714	\$ 515,227
Interest and dividend income	688,110	808,199
Net appreciation (depreciation) in fair value of investments	(3,847,458)	2,318,109
Benefits paid to participants	(1,674,822)	(395,365)
Administrative expenses	<u>(141,140)</u>	<u>(145,804)</u>
Total	<u>\$ (4,442,596)</u>	<u>\$ 3,100,366</u>

5. FAIR VALUE MEASUREMENTS

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

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

The following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used as of December 31, 2022 and 2021.

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

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

Collective trust funds: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the Trustee, is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

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

Cash equivalents: Valued as of the ending cash balance plus any accrued interest held by the Plan as of year-end.

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

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

Self-directed accounts: Valued at the closing price of the underlying investments held in the accounts as reported on the active markets on which the underlying investments are traded.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2022:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common stocks	\$ 6,801,651	\$ -	\$ -	\$ 6,801,651
Exchange traded funds	6,379,213	-	-	6,379,213
Mutual funds	4,851,334	-	-	4,851,334
Corporate bonds	-	1,612,359	-	1,612,359
Cash equivalents	1,561,548	-	-	1,561,548
Government securities	-	1,162,757	-	1,162,757
Preferred stock	215,911	-	-	215,911
Self-directed accounts	<u>33,472</u>	<u>-</u>	<u>-</u>	<u>33,472</u>
Total investments in the fair value hierarchy	<u>\$ 19,843,129</u>	<u>\$ 2,775,116</u>	<u>\$ -</u>	22,618,245
Investments measured at NAV, as a practical expedient				<u>3,032,508</u>
Investments, at fair value				<u>\$ 25,650,753</u>

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Exchange traded funds	\$ 9,771,413	\$ -	\$ -	\$ 9,771,413
Common stocks	7,132,282	-	-	7,132,282
Mutual funds	6,675,384	-	-	6,675,384
Corporate bonds	-	2,259,159	-	2,259,159
Cash equivalents	534,908	-	-	534,908
Preferred stock	458,388	-	-	458,388
Other	-	302,828	-	302,828
Self-directed accounts	238,097	-	-	238,097
Government securities	<u>-</u>	<u>144,970</u>	<u>-</u>	<u>144,970</u>
Total investments in the fair value hierarchy	<u>\$ 24,810,472</u>	<u>\$ 2,706,957</u>	<u>\$ -</u>	27,517,429
Investments measured at NAV, as a practical expedient				<u>3,271,887</u>
Investments, at fair value				<u>\$ 30,789,316</u>

Fair Value of Investments in Entities that Use NAV as a Practical Expedient

The following table summarizes investments measured at fair value based on NAV per share as a practical expedient as of December 31, 2022 and 2021:

December 31, 2022	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective trust funds - blended	\$3,005,937	None	Daily	30 days
Collective trust funds – stable value	\$26,571	None	Daily	30 days

December 31, 2021	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective trust funds – blended	\$3,232,151	None	Daily	30 days
Collective trust funds – stable value	\$39,736	None	Daily	30 days

6. RELATED-PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

Certain investments of the Plan are managed by Newport Trust Company. Newport Trust Company is the Trustee and recordkeeper for the Plan and, therefore, these transactions qualify as exempt party in interest transactions.

As described in Note 1, the Plan permitted participants to borrow from their account balances prior to January 1, 2018. These transactions qualify as exempt party in interest transactions.

7. PLAN TERMINATION

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

8. TAX STATUS

On June 30, 2020, the IRS stated that the prototype plan adopted by the Plan, as then designed, qualifies under Internal Revenue Code ("IRC") Section 401(a). The Plan has not received a determination letter specific to the Plan itself; however, management and the Plan's tax counsel believe that the Plan was designed and was being operated in compliance with the applicable requirements of the IRC and, therefore, that the Plan is qualified and the related trust is tax exempt.

GAAP requires management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. Management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022 and 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits of any tax periods in progress.

9. RISKS AND UNCERTAINTIES

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

GOLDSBORO PEDIATRICS, P.A. 401(K) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2022

EIN: 56-1249036 - PN: 001

(a)	(b)	(c)	(d)	(e)
Party in interest	Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	PARTICIPANT-DIRECTED INVESTMENTS:			
	Manning & Napier Retirement Target 2035 CIT - Class U1	Collective trust fund	**	\$ 825,216
	Manning & Napier Retirement Target 2030 CIT - Class U1	Collective trust fund	**	604,982
	Manning & Napier Retirement Target 2040 CIT - Class U1	Collective trust fund	**	422,528
	Manning & Napier Retirement Target 2045 CIT - Class U1	Collective trust fund	**	383,486
	Manning & Napier Retirement Target 2050 CIT - Class U1	Collective trust fund	**	274,595
	First Eagle Global Fund - Class I	Mutual fund	**	246,024
	Manning & Napier Retirement Target 2025 CIT - Class U1	Collective trust fund	**	181,092
	PRIMECAP Odyssey Growth Fund	Mutual fund	**	169,442
	Manning & Napier Retirement Target Income CIT - Class U1	Collective trust fund	**	152,301
	Manning & Napier Retirement Target 2055 CIT - Class U1	Collective trust fund	**	105,931
	Fidelity U.S. Bond Index Fund	Mutual fund	**	94,289
	Fidelity 500 Index Fund	Mutual fund	**	92,858
	Fidelity International Index Fund	Mutual fund	**	49,463
	Manning & Napier Retirement Target 2060 CIT - Class U1	Collective trust fund	**	41,594
*	SDBA UBS Mx	Self-directed accounts	**	33,472
	Reliance Trust Stable Value Fund CIT - Metlife GAC Series 25053 Fund - Class 0	Collective trust fund	**	26,571
	Fidelity Mid Cap Index Fund	Mutual fund	**	21,700
	Fidelity Small Cap Index Fund	Mutual fund	**	14,757
	Manning & Napier Retirement Target 2020 CIT - Class U1	Collective trust fund	**	14,212
	Fidelity Inflation-Protected Bond Index Fund	Mutual fund	**	8,947
	Pioneer Select Mid Cap Growth Fund - Class K	Mutual fund	**	5,192
	Wasatch Core Growth Fund Institutional Class	Mutual fund	**	5,191
	Fidelity Emerging Markets Index	Mutual fund	**	451
*	Participant Loans	Interest rates ranging from 5% to 6%	**	7,336
	Total Participant-Directed Investments			<u>\$ 3,781,630</u>

* Party in interest to the Plan

** Cost omitted for participant-directed investments.

See independent auditors' report.

GOLDSBORO PEDIATRICS, P.A. 401(K) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2022 (CONTINUED FROM PAGE 13)

EIN: 56-1249036 - PN: 001

(a)	(b)	(c)	(d)	(e)
Party in interest	Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
NONPARTICIPANT-DIRECTED INVESTMENTS:				
*	CASH EQUIVALENTS:			
	UBS Liquid Assets	Cash Equivalent	\$ 1,561,548	\$ 1,561,548
PREFERRED STOCKS:				
	Metlife Inc 4%	Preferred Stock	51,619	44,526
	Travelcenters Of America 8.25%	Preferred Stock	86,275	88,585
	US Bancorp Floating Rate Ser B	Preferred Stock	108,765	82,800
	Total Preferred Stocks		246,659	215,911
CORPORATE BONDS:				
	AT&T Inc	3.800% Due 2-15-27	18,133	15,230
	Ball Corp	4.000% Due 11-15-23	38,011	35,523
	Bank Of America Corp	1.319% Due 06-19-26	36,000	32,417
	Bank Of America Corp	2.299% Due 07-21-32	3,301	3,077
	Bank Of America Corp	3.093% Due 10-01-25	32,169	28,767
	Bank Of America Corp	6.250% Due 12-05-49	107,495	97,235
	Bank of Nova Scotia	1.350% Due 06-24-26	6,037	5,336
	Bat Capital Corp	3.557% Due 08-15-27	24,752	21,967
	Brighthouse Financial Inc	3.700% Due 06-22-27	119,788	116,044
	Bristol-Myers Squibb Co	3.400% Due 07-26-29	13,893	13,055
	Cigna Corp	2.400% Due 03-15-30	24,378	20,100
	Cigna Corp	3.400% Due 03-01-27	24,569	20,689
	Citigroup Inc	5.950% Due 12-31-49	105,000	90,070
	Enterprise Products Oper	3.750% Due 02-15-25	27,880	25,280
	Equinor Asa	1.750% Due 01-22-26	6,162	5,490

* Party in interest to the Plan

See independent auditors' report.

GOLDSBORO PEDIATRICS, P.A. 401(K) PROFIT SHARING PLANSCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2022 (CONTINUED FROM PAGE 14)

EIN: 56-1249036 - PN: 001

(a) Party in interest	(b) Identity of issuer, 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
	FS KKR Capital Corp	1.650% Due 10-12-24	98,655	90,338
	General Motors Finl Co	2.900% Due 02-26-25	25,606	26,570
	General Motors Finl Co	5.750% Due 12-31-99	103,755	81,000
	Gilead Sciences Inc	2.500% Due 09-01-23	25,201	23,669
	Goldman Sachs Group Inc	3.625% Due 02-20-24	21,890	19,717
	HCA Inc	4.125% Due 06-15-29	30,670	29,168
	Home Depot Inc	1.875% Due 09-15-31	52,111	43,354
	Intel Corp	2.450% Due 11-15-29	25,631	20,665
	JPMorgan Chase & Co	3.125% Due 01-23-25	24,072	21,238
	JPMorgan Chase & Co	3.625% Due 12-01-27	41,039	35,342
	Kroger Co	2.650% Due 10-15-26	25,382	22,059
	Lennar Corp	4.750% Due 11-29-27	16,640	15,462
	Morgan Stanley	2.699% Due 01-22-31	5,013	4,972
	Morgan Stanley	3.700% Due 10-23-24	6,654	5,865
	Nextera Energy Capital	2.750% Due 11-01-29	25,991	20,745
	Nextera Energy Capital	3.550% Due 05-01-27	2,212	1,888
	Pacific Gas & Electric	2.100% Due 08-01-27	31,896	27,479
	Paypal Holdings Inc	1.650% Due 06-01-25	49,950	48,264
	Prudential Financial Inc	5.625% Due 06-15-43	104,630	98,385
	Reliance Steel & Alum	4.500% Due 04-15-23	52,853	49,972
	Sherwin-Williams Co	3.450% Due 06-01-27	23,848	20,678
	Southern Cal Edison	3.700% Due 08-01-25	17,937	17,453
	Tenneco Packaging Inc Deb 7.95%25	7.950% Due 12-15-25	27,531	24,853
	T-Mobile USA Inc	2.250% Due 02-15-26	37,953	34,662
	United Technologies Corp	4.125% Due 11-16-28	41,247	34,514
	Unitedhealth Group Inc	3.500% Due 06-15-23	41,064	37,785
	Verizon Communications	2.550% Due 03-21-31	11,946	9,889
	Walt Disney Company/The	1.750% Due 08-30-24	24,980	22,901

See independent auditors' report.

GOLDSBORO PEDIATRICS, P.A. 401(K) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2022 (CONTINUED FROM PAGE 15)

EIN: 56-1249036 - PN: 001

(a)	(b)	(c)	(d)	(e)
Party in interest	Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Walt Disney Company/The	2.650% Due 01-13-31	1,744	1,714
	Wells Fargo & Company	3.000% Due 10-23-26	48,634	42,500
	Wells Fargo & Company	4.150% Due 01-24-29	1,962	1,913
	Wells Fargo & Company	5.875% Due 12-31-49	133,906	120,614
	Western Digital Corp	4.750% Due 02-15-26	30,639	26,451
	Total Corporate Bonds		1,800,810	1,612,359
	EXCHANGE TRADED FUNDS:			
	Ft-Preferred Secur & Inc Etf	Exchange Traded Fund	781,464	663,785
	iShares iBoxx High Yield Corp	Exchange Traded Fund	593,681	503,556
	iShares Russell 1000 Value ETF	Exchange Traded Fund	638,880	621,765
	iShares Russell 2000 ETF	Exchange Traded Fund	356,615	344,012
	iShares Russell Mid-Cap ETF	Exchange Traded Fund	343,079	394,987
	iShares TIPS Bond ETF	Exchange Traded Fund	758,455	666,421
	SPDR Doubleline Tr Tact ETF	Exchange Traded Fund	567,072	463,943
	SPDR GOLD TRUST GOLD SHS	Exchange Traded Fund	393,736	483,474
	Vaneck Gold Miners Etf	Exchange Traded Fund	191,961	212,227
	Vanguard Health Care ETF	Exchange Traded Fund	168,445	224,238
	Vanguard Intermediate Term C	Exchange Traded Fund	552,365	456,380
	Vanguard International Bond	Exchange Traded Fund	313,015	256,928
	Vanguard Real Estate ETF	Exchange Traded Fund	223,815	212,633
	Vanguard S/T Corp Bond Etf	Exchange Traded Fund	652,541	602,497
	Vanguard Utilities ETF	Exchange Traded Fund	233,678	272,367
	Total Exchange Traded Funds		6,768,802	6,379,213
	GOVERNMENT SECURITIES:			
	Lansing MI Bldg Auth Ingham &E Prerefunded-Txbl-Cabs-Ref	0.000% Due 06-01-23	15,900	9,805
	Lansing MI Bldg Auth Ingham &E Unrefunded-Txbl-Cabs-Ref	0.000% Due 06-01-23	15,900	29,438

See independent auditors' report.

GOLDSBORO PEDIATRICS, P.A. 401(K) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2022 (CONTINUED FROM PAGE 16)

EIN: 56-1249036 - PN: 001

(a)	(b)	(c)	(d)	(e)
Party in interest	Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	US Treasury Bill	0.000% Due 03-23-23	98,434	99,069
	US Treasury Note/Bond	2.875% Due 05-15-32	22,105	20,295
	US Treasury Note/Bond	0.750% Due 03-31-26	31,439	30,504
	US Treasury Note/Bond	1.250% Due 07-31-23	251,035	245,244
	US Treasury Note/Bond	1.375% Due 01-31-25	200,047	188,125
	US Treasury Note/Bond	1.500% Due 02-28-23	251,924	249,034
	US Treasury Note/Bond	1.500% Due 09-30-24	35,491	32,324
	US Treasury Note/Bond	1.750% Due 06-30-24	253,027	239,834
	US Treasury When Issued Note/Bond	3.125% Due 11-15-28	24,290	19,085
	Total Government Securities		1,199,592	1,162,757
	MUTUAL FUNDS:			
	AlphaKeys KKR Energy Income Fund	Mutual Fund	-	79,646
	Calamos Market Neutral	Mutual Fund	411,793	407,792
	Hatteras Core Alternatives Tei	Mutual Fund	133,472	175,811
	Nuveen Floating Rate Income Fund I	Mutual Fund	648,628	608,464
	T. Rowe Price New Horizons	Mutual Fund	272,634	217,390
	Vanguard 500 Index Admiral	Mutual Fund	139,957	209,639
	Vanguard Growth Index Admiral	Mutual Fund	120,487	193,771
	Vanguard Mid-Cap Growth Index Admiral	Mutual Fund	163,154	242,755
	Vanguard Small Cap Index Adm	Mutual Fund	260,672	323,221
	Vanguard Wellington Admiral	Mutual Fund	1,847,171	1,684,531
	Total Mutual Funds		3,997,968	4,143,020
	COMMON STOCKS:			
	Abbott Laboratories	Common Stock	79,554	79,817
	Abbvie Inc	Common Stock	50,919	55,594
	Accenture PLC	Common Stock	37,445	38,959

See independent auditors' report.

GOLDSBORO PEDIATRICS, P.A. 401(K) PROFIT SHARING PLANSCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2022 (CONTINUED FROM PAGE 17)

EIN: 56-1249036 - PN: 001

(a)	(b)	(c)	(d)	(e)
Party in interest	Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Alphabet Inc CL A	Common Stock	211,428	249,956
	Amazon Com Inc	Common Stock	374,812	233,268
	American Electric Power Co	Common Stock	33,966	35,986
	American Tower REIT Inc	Common Stock	36,217	31,991
	Ameriprise Financial Inc	Common Stock	13,969	24,598
	Amgen Inc	Common Stock	126,062	186,737
	Analog Devices Inc	Common Stock	41,866	41,828
	Apple Inc	Common Stock	216,739	465,669
	Applied Material	Common Stock	44,925	36,225
	Automatic Data Processing	Common Stock	18,734	22,453
	BlackRock 2001 Term Tr Inc	Common Stock	26,468	29,762
	Boston Scientific	Common Stock	36,716	42,383
	Broadcom Ltd	Common Stock	51,650	54,795
	Chevron Corp	Common Stock	150,121	257,209
	Chubb Ltd	Common Stock	35,589	51,841
	Cisco Systems Inc	Common Stock	132,396	184,557
	Coca-Cola Company	Common Stock	239,437	312,898
	Costco Wholesale Corp-New	Common Stock	240,454	215,012
	Danaher Corp Del	Common Stock	20,605	27,869
	Diageo Plc Sposored Adr New	Common Stock	34,259	37,598
	Discover Financial	Common Stock	18,818	15,653
	Dollar General Corp	Common Stock	16,933	20,439
	Eli Lilly & Company	Common Stock	32,880	35,852
	Eog Resources Inc	Common Stock	27,070	38,856
	Estee Lauder Cos Cl A	Common Stock	24,864	26,052
	Exxon-Mobil Corporation	Common Stock	59,905	62,761
	Fedex Corp	Common Stock	181,190	173,200
	Home Depot Incorporated	Common Stock	62,746	72,016

See independent auditors' report.

GOLDSBORO PEDIATRICS, P.A. 401(K) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2022 (CONTINUED FROM PAGE 18)

EIN: 56-1249036 - PN: 001

(a)	(b)	(c)	(d)	(e)
Party in interest	Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Honeywell International	Common Stock	57,903	66,004
	Intuitive Surgical	Common Stock	35,920	34,230
	Johnson & Johnson	Common Stock	178,598	227,879
	JPMorgan Chase & Co	Common Stock	196,389	229,445
	Linde PLC	Common Stock	32,486	47,622
	Marsh & McLennan Inc.	Common Stock	26,718	38,722
	Mcdonalds Corp	Common Stock	178,156	275,916
	Merck & Company Inc	Common Stock	122,039	219,570
	Microsoft Corporation	Common Stock	351,844	583,722
	Morgan Stanley	Common Stock	32,548	27,121
	Nextera Energy Inc	Common Stock	40,836	48,822
	Nike Inc.	Common Stock	35,225	29,604
	O Reilly Automotive Inc	Common Stock	16,182	31,229
	Oracle Corp	Common Stock	46,719	51,088
	Palo Alto Networks Inc	Common Stock	26,537	22,326
	Parker Hannifin Corp	Common Stock	15,690	19,497
	Pepsico Inc	Common Stock	149,193	220,947
	Pfizer Incorporated	Common Stock	180,025	254,919
	Phillips 66	Common Stock	20,953	29,142
	Procter & Gamble Co	Common Stock	31,292	85,783
	Prologis Inc	Common Stock	40,885	37,539
	Raytheon Technologies Corp	Common Stock	46,973	52,277
	Republic Svcs Inc	Common Stock	18,403	24,637
	Rockwell International	Common Stock	10,308	14,166
	S&P Global Inc	Common Stock	24,512	22,106
	Salesforce Inc	Common Stock	47,431	31,822
	Schlumberger Ltd	Common Stock	17,771	26,302
	Sherwin Williams	Common Stock	31,884	33,938

See independent auditors' report.

GOLDSBORO PEDIATRICS, P.A. 401(K) PROFIT SHARING PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2022 (CONTINUED FROM PAGE 19)

EIN: 56-1249036 - PN: 001

(a) Party in interest	(b) Identity of issuer, 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
	Starbucks Corp.	Common Stock	40,422	37,994
	Texas Instruments Inc	Common Stock	76,764	79,966
	Thermo Fisher Scientific Inc	Common Stock	22,955	30,288
	Tjx Companies	Common Stock	28,017	37,890
	Truist Financial Corp	Common Stock	210,563	202,672
	Union Pacific Corp.	Common Stock	67,619	69,368
	United Parcel Service	Common Stock	45,561	43,112
	Unitedhealth Group Inc	Common Stock	104,566	123,002
	Visa Inc Class A Shares	Common Stock	60,425	63,990
	Wells Fargo & Co New	Common Stock	195,632	165,160
	Total Common Stocks		5,544,681	6,801,651
	TOTAL NONPARTICIPANT-DIRECTED INVESTMENTS		21,120,060	21,876,459
	GRAND TOTAL		\$ 21,120,060 ***	\$ 25,658,089

*** Grand total above for total cost does not include participant-directed investments.

See independent auditors' report.

Form 5500 annual return/Report of Employee Benefit Plan
Schedule H Line 4i – Schedule of Assets (Held at End of Year)

See Supplemental Schedule attached with IQPA Opinion and Financial Statements.