

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

Part II	Basic Plan Information—enter all requested information
1a	Name of plan PROFIT SHARING PLAN & TRUST OF SOUTH CAROLINA ONCOLOGY ASSOCIATES, P. A.
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1986
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SOUTH CAROLINA ONCOLOGY ASSOCIATES, P. A. 166 STONERIDGE DRIVE COLUMBIA, SC 29210
2b	Employer Identification Number (EIN) 57-0787600
2c	Plan Sponsor's telephone number 803-461-3046
2d	Business code (see instructions) 621399

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2023	FRANK SOBASH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (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		5 251
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) 196
a(2) Total number of active participants at the end of the plan year		6a(2) 188
b Retired or separated participants receiving benefits		6b 18
c Other retired or separated participants entitled to future benefits.....		6c 44
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 250
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 250
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 250
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 11
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2R 2T 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 2 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 PROFIT SHARING PLAN & TRUST OF SOUTH CAROLINA ONCOLOGY ASSOCIATES, P. A.	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTH CAROLINA ONCOLOGY ASSOCIATES, P. A.	D Employer Identification Number (EIN) 57-0787600

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

(a) Name of insurance carrier GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	1260277-01	55	01/01/2022	12/31/2022

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

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

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	164541
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

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

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year	7b	160595
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c	Additions: (1) Contributions deposited during the year	7c(1)	24415	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	1641	
	(4) Transferred from separate account.....	7c(4)	50166	
	(5) Other (specify below)	7c(5)	18547	

▶ **FORFEITURES**

(6) Total additions.....	7c(6)	94769
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	255364
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	29776	
(2) Administration charge made by carrier.....	7e(2)	318	
(3) Transferred to separate account.....	7e(3)	60729	
(4) Other (specify below)	7e(4)	0	

(5) Total deductions.....	7e(5)	90823
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	164541
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
43-1236042	93513	110842600	1	01/01/2022	12/31/2022

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

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year	7b	0
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	0
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	7e(2)		
	7e(3)		
	7e(4)		

(5) Total deductions	7e(5)	0
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 PROFIT SHARING PLAN & TRUST OF SOUTH CAROLINA ONCOLOGY ASSOCIATES, P. A.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTH CAROLINA ONCOLOGY ASSOCIATES, P. A.	D Employer Identification Number (EIN) 57-0787600	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	47417	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MERRILL LYNCH

13-3180817

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	39020	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FUTUREPLAN BY ASCENSUS

82-3719843

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	TPA	28292	Yes ☒ No ☐	Yes ☐ No ☒	10000	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FUTUREPLAN BY ASCENSUS	13	10000

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GREAT-WEST LIFE & ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	TPA ALLOWANCE PAYMENT

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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>PROFIT SHARING PLAN & TRUST OF SOUTH CAROLINA ONCOLOGY ASSOCIATES, P. A.</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SOUTH CAROLINA ONCOLOGY ASSOCIATES, P. A.</u>	D Employer Identification Number (EIN) <u>57-0787600</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	2823737084
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....		1b(1)	20520332131039
(2) Participant contributions.....		1b(2)	00
(3) Other.....		1b(3)	528013648
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	15898441622181
(2) U.S. Government securities		1c(2)	916697911340
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other		1c(3)(B)	263922397293
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common.....		1c(4)(B)	45926683954015
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans.....		1c(8)	
(9) Value of interest in common/collective trusts.....		1c(9)	
(10) Value of interest in pooled separate accounts		1c(10)	
(11) Value of interest in master trust investment accounts.....		1c(11)	
(12) Value of interest in 103-12 investment entities		1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)	3234155027942540
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other		1c(15)	156863122124

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	41947094	37131264

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	41947094	37131264
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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)	2548957	
(B) Participants	2a(1)(B)	466727	
(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)		3015684
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	25821	
(B) U.S. Government securities	2b(1)(B)	23145	
(C) Corporate debt instruments	2b(1)(C)	12164	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	506	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		61636
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	64772	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	747443	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		812215
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-7229806
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-3340271
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1234197	
(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)		1234197
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	240682	
(4) Other	2i(4)	680	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		241362
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1475559
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-4815830
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: THE HOBBS GROUP, PA

(2) EIN: 57-0957419

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
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 PROFIT SHARING PLAN & TRUST OF SOUTH CAROLINA ONCOLOGY ASSOCIATES, P. A.		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTH CAROLINA ONCOLOGY ASSOCIATES, P. A.		D Employer Identification Number (EIN) 57-0787600
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 84-0467907		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ 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
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____% b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____
20	PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____

AUDITED FINANCIAL STATEMENTS
and
SUPPLEMENTAL SCHEDULE

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

December 31, 2022

TABLE OF CONTENTS
PROFIT SHARING PLAN AND TRUST OF SOUTH CAROLINA ONCOLOGY ASSOCIATES, P.A.
December 31, 2022

Independent Auditors' Report	1
------------------------------------	---

AUDITED FINANCIAL STATEMENTS

Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to the Financial Statements	6

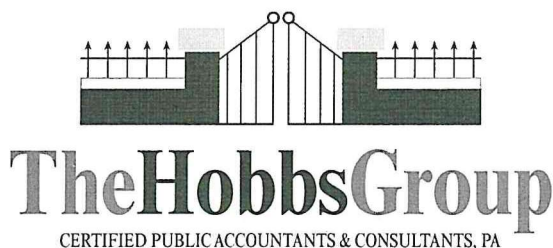
SUPPLEMENTAL SCHEDULE

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	12
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INDEPENDENT AUDITORS' REPORT

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

OPINION

We have audited the financial statements of the Profit Sharing Plan and Trust of South Carolina Oncology Associates, P.A. (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2022 and 2021, and the changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

BASIS FOR OPINION

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

RESPONSIBILITIES OF MANAGEMENT FOR THE FINANCIAL STATEMENTS

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

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

In performing an audit in accordance with GAAS, we:

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

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

SUPPLEMENTAL SCHEDULES REQUIRED BY ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule H, line 4i-Schedule of Assets (Held at End of Year) as of December 31, 2022 is presented for the purpose of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such infor-

mation directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Columbia, South Carolina
October 12, 2023

The Holla Group, P.A.

AUDITED FINANCIAL STATEMENTS

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

	December 31,	
	2022	2021
ASSETS		
Investments at fair value	\$ 34,443,820	\$ 38,271,700
Cash and cash equivalents	542,757	1,618,081
	<u>34,986,577</u>	<u>39,889,781</u>
Receivables:		
Employer contribution	2,131,039	2,052,033
Accrued interest	13,648	5,280
	<u>2,144,687</u>	<u>2,057,313</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 37,131,264</u>	<u>\$ 41,947,094</u>

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

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

	For the Years Ended December 31,	
	2022	2021
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ (7,229,805)	\$ 3,721,029
Interest and dividends	873,851	1,238,441
	<u>(6,355,954)</u>	<u>4,959,470</u>
Contributions:		
Employer	2,548,957	2,453,949
Employee	466,727	421,690
Rollover	0	8,761
	<u>3,015,684</u>	<u>2,884,400</u>
TOTAL ADDITIONS (DEDUCTIONS)	(3,340,270)	7,843,870
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	1,234,198	2,969,575
Administrative expenses	241,362	263,954
	<u>1,475,560</u>	<u>3,233,529</u>
TOTAL DEDUCTIONS	1,475,560	3,233,529
NET CHANGE	(4,815,830)	4,610,341
Net assets available for benefits at beginning of year	<u>41,947,094</u>	<u>37,336,753</u>
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	<u>\$ 37,131,264</u>	<u>\$ 41,947,094</u>

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

NOTES TO THE FINANCIAL STATEMENTS

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

December 31, 2022

NOTE A -- GENERAL DESCRIPTION OF THE PLAN

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

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

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

Contributions: As of January 1, 2020, participants may now contribute up to 100% of their annual compensation, as defined in the Plan, subject to the limitations as defined in the Internal Revenue Code (IRC). Participants who have attained age fifty before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified retirement plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan provides for discretionary contributions by the Employer. For 2022 and 2021, the employer's discretionary contributions, for each employee, ranged in between 4% and 20% of eligible compensation, based on management's discretion. In 2022 and 2021, the plan also made employer safe harbor matching contributions equal to 3% of eligible compensation. The total employer contributions, net of forfeitures, for the years ended December 31, 2022 and 2021, were \$2,548,957 and \$2,453,949, respectively.

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

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

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

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

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

NOTE A -- GENERAL DESCRIPTION OF THE PLAN – Continued

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

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

Forfeited Accounts: At December 31, 2022 and 2021, forfeited non-vested accounts totaled \$17,200 and \$18,048 respectively. These accounts will be used to reduce future employer contributions. Employer contributions were reduced by \$17,200 and \$18,048 for the years ended December 31, 2022 and 2021, respectively.

NOTE B -- SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

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

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

Payment of Benefits: Benefits are recorded when paid.

NOTES TO THE FINANCIAL STATEMENTS

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

NOTE B -- SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued

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

Subsequent events: The Plan has evaluated subsequent events through October 12, 2023, the date the financial statements were available to be issued.

NOTE C -- RISK AND UNCERTAINTIES

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

NOTE D -- FAIR VALUE MEASUREMENTS

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

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

Level 2 Inputs to the valuation methodology include

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

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.

NOTES TO THE FINANCIAL STATEMENTS

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

NOTE D -- FAIR VALUE MEASUREMENTS – Continued

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

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

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

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

Certificates of deposit: Valued at amortized costs.

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

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

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

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

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NOTES TO THE FINANCIAL STATEMENTS

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

NOTE D -- FAIR VALUE MEASUREMENTS – Continued

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021:

Assets at Fair Value as of December 31, 2022				
	Level 1	Level 2	Level 3	Total
Common stock	\$ 3,954,015			\$ 3,954,015
Certificates of deposit		\$ 1,116,508		1,116,508
Mutual funds	27,795,198			27,795,198
Fixed annuities		147,341		147,341
Corporate preferred debt		397,294		397,294
Government securities		122,124		122,124
Variable annuities		911,340		911,340
TOTAL INVESTMENTS	<u>\$ 31,749,213</u>	<u>\$ 2,694,607</u>	<u>\$ 0</u>	<u>\$ 34,443,820</u>

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

Transfers Between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

For the years ended December 31, 2022 and 2021, there were no significant transfers between levels.

NOTE E -- TAX STATUS

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

NOTES TO THE FINANCIAL STATEMENTS

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

NOTE E -- TAX STATUS – Continued

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

SUPPLEMENTAL SCHEDULE

Schedule H, Line 4i
PROFIT SHARING PLAN AND TRUST OF SOUTH CAROLINA ONCOLOGY ASSOCIATES, P.A.
EIN: 57-0787600
Plan Number: 001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
As of December 31, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*	Merrill Lynch	Cash	**	\$ 19,884
	BlackRock	BIF Money Fund	**	505,673
	Empower	Money market	**	17,200
	3M Company	Common Stocks/Options	**	19,547
	Abbott Labs	Common Stocks/Options	**	25,142
	Abbvie Inc. 2046-05-14	Abbvie Inc.	**	12,108
	Accenture PLC	Common Stocks/Options	**	3,736
	Adobe Inc	Common Stocks/Options	**	6,058
	Air Products & Chem	Common Stocks/Options	**	34,833
	Alcon Sa	Common Stocks/Options	**	4,799
	Alibaba Group Holding	Common Stocks/Options	**	4,405
	Alibaba Group Holding Lt	Common Stocks/Options	**	1,321
	Alphabet Inc CL A	Common Stocks/Options	**	119,463
	Alphabet Inc CL C	Common Stocks/Options	**	11,269
	Alps Smith Short	Mutual Funds	**	286,461
	Alps Smith Total Return	Mutual Funds	**	289,591
	Amana Income Fund	Mutual Funds	**	75,242
	Amazon Com Inc	Common Stocks/Options	**	102,228
	Amer Express Company	Common Stocks/Options	**	4,137
	American Cap Inc Bldr	Mutual Funds	**	11,443
	American Euro Pacific Growth	Mutual Funds	**	5,865
	American Fundamental Investors	Mutual Funds	**	10,731
	American New Economy	Mutual Funds	**	11,386
	American New Perspective	Mutual Funds	**	11,424
	American Small Cap World	Mutual Funds	**	10,423
	American Funds New World R6	Mutual Funds	**	378,409
	Ameriprise Finl Inc.	Common Stocks/Options	**	7,162
	Amgen Inc.	Common Stocks/Options	**	6,304
	Amgen Inc. 2026-05-14	Amgen Inc.	**	2,630
	Anheuser-Bush Inbev 2030-06-01	Anheuser-Bush	**	2,739
	ANSYS Inc	Common Stocks/Options	**	5,798
	Anthem	Common Stocks/Options	**	14,876
	Aon Plc Reg	Common Stocks/Options	**	7,203
	Apple Inc	Common Stocks/Options	**	155,916
	Apple Inc. 2027-11-13	Apple Inc.	**	2,804
	AT&T Inc. 2028-02-01	AT&T	**	2,834
	Atmos Energy Corp	Common Stocks/Options	**	5,491
	Autodesk Inc	Common Stocks/Options	**	20,182
	Automatic Data Proc	Common Stocks/Options	**	37,979
	Bank of Montreal 2024-06-28	Bank of Montreal	**	13,487
	Bank Of Nova Scotia 2026-06-24	Bank of Nova Scotia	**	10,653
	Becton Dickinson Co	Common Stocks/Options	**	23,141
	Blackrock Global Allocation	Mutual Funds		27,471

Schedule H, Line 4i
PROFIT SHARING PLAN AND TRUST OF SOUTH CAROLINA ONCOLOGY ASSOCIATES, P.A.
EIN: 57-0787600
Plan Number: 001

SCHEDULE OF ASSETS (HELD AT END OF YEAR) - Continued
As of December 31, 2022

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Blackrock Inc	Common Stocks/Options	**	29,054	
Blackrock Lifepath Index 2025 K	Mutual Funds	**	2,370,777	
Blackrock Lifepath Index 2030 K	Mutual Funds	**	1,773,737	
Blackrock Lifepath Index 2035 K	Mutual Funds	**	1,385,784	
Blackrock Lifepath Index 2040 K	Mutual Funds	**	3,563,663	
Blackrock Lifepath Index 2045 K	Mutual Funds	**	2,259,974	
Blackrock Lifepath Index 2050 K	Mutual Funds	**	1,344,406	
Blackrock Lifepath Index 2055 K	Mutual Funds	**	26,598	
Blackrock Lifepath Index Retirement K	Mutual Funds	**	393,142	
Blackstone Inc.	Common Stocks/Options	**	4,303	
Blackrock Strategic Income Opps	Mutual Funds	**	3	
Block Inc	Common Stocks/Options	**	5,216	
Boeing Co 2030-05-01	Boeing Co	**	8,805	
Boeing Company	Common Stocks/Options	**	48,575	
Boston Scientific Corp	Common Stocks/Options	**	4,442	
BP Capital Markets 2027-09-19	BP Capital	**	2,825	
Bristol-Myers Squibb Co	Common Stocks/Options	**	72,166	
Broadcom Inc.	Common Stocks/Options	**	44,171	
Brown Forman Corp Cl B	Common Stocks/Options	**	27,389	
Calvert Equity Fnd CL I	Mutual Funds	**	375,611	
Calvert US Lrg Cap Value	Mutual Funds	**	86,417	
Capital One Finl	Common Stocks/Options	**	5,392	
Capital One Fun 2024-10-30	Capital One	**	2,897	
CD American Express National 2025-05	Certificates of Deposit	**	223,222	
CD Capital One Bk 2026-05-26	Certificates of Deposit	**	220,679	
CD Goldman Sachs Bk 2027-05-26	Certificates of Deposit	**	228,907	
CD Morgan Stanley 2027-05-26	Certificates of Deposit	**	218,290	
CD UBS Bank USA 2024-05-28	Certificates of Deposit	**	225,410	
Chevron Corp	Common Stocks/Options	**	74,488	
Chubb Ltd	Common Stocks/Options	**	5,736	
Cie Generale Des	Common Stocks/Options	**	4,639	
Cigna Corp Reg	Common Stocks/Options	**	72,564	
Cinn Fincl Crp Ohio	Common Stocks/Options	**	4,915	
Citigroup Inc. 2028-01-10	Citigroup	**	11,234	
Citigroup Inc. 2028-07-24	Citigroup	**	2,762	
Clearbridge Small Cap Growth IS	Mutual Funds	**	161,466	
Clorox Co	Common Stocks/Options	**	22,032	
Coca Cola	Common Stocks/Options	**	36,130	
Colgate Palmolive	Common Stocks/Options	**	29,783	
Columbia Dividend Income	Mutual Funds	**	614,216	
Comcast Corp 2028-10-15	Comcast	**	2,882	
Comcast Corp New CL A	Common Stocks/Options	**	8,078	
Commerce Bancshares	Common Stocks/Options	**	3,540	

Schedule H, Line 4i
PROFIT SHARING PLAN AND TRUST OF SOUTH CAROLINA ONCOLOGY ASSOCIATES, P.A.
EIN: 57-0787600
Plan Number: 001

SCHEDULE OF ASSETS (HELD AT END OF YEAR) - Continued
As of December 31, 2022

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Conocophillips	Common Stocks/Options	**	82,482	
Constellation Brands Inc	Common Stocks/Options	**	4,635	
Corteva Inc Reg	Common Stocks/Options	**	8,464	
Costco Wholesale Corp 2027-05-18	Costco	**	2,825	
Costco Wholesale Crp	Common Stocks/Options	**	73,040	
Coterra Energy Inc.	Common Stocks/Options	**	5,651	
Crown Castle Reit Inc.	Common Stocks/Options	**	4,883	
Cullen Frst Bkrs	Common Stocks/Options	**	5,348	
CVS Health Corp 2028-03-25	CVS	**	2,907	
Danaher Corp	Common Stocks/Options	**	53,084	
Deere Co	Common Stocks/Options	**	3,859	
Diageo PLC SPSP ADR New	Common Stocks/Options	**	3,564	
Disney Co	Common Stocks/Options	**	11,816	
Domini Impct Intl Equ Fnd CL Y	Mutual Funds	**	88,461	
Dominion Energy Inc	Common Stocks/Options	**	4,292	
Doubleline Total Return	Mutual Funds	**	455,282	
Dow Chemical Co 2030-11-15	Dow	**	11,293	
Dow Dupont Inc. 2028-11-15	Dow	**	2,964	
Duke Energy Corp 2024-04-15	Duke Energy	**	1,965	
Duke Energy Corp New	Common Stocks/Options	**	5,767	
DuPont De Nemours Inc	Common Stocks/Options	**	2,951	
Eaton Corp PLC	Common Stocks/Options	**	3,767	
Ecolab Inc.	Common Stocks/Options	**	25,473	
Elevance Health Inc.	Common Stocks/Options	**	38,473	
Emerson Elec Co	Common Stocks/Options	**	29,971	
Energy Transfer 2048-06-15	Energy Transfer	**	10,842	
Eog Resources Inc 2026-01-15	Eog Resources, Inc	**	13,741	
Eatv Lifestyls Ppts Inc.	Common Stocks/Options	**	3,359	
Equity Residential Reit	Common Stocks/Options	**	5,074	
Expeditors Intl Wash Inc	Common Stocks/Options	**	9,457	
Exxon Mobil Corp 2030-10-15	Exxon Mobile Corp	**	2,626	
Factset Resh Sys Inc	Common Stocks/Options	**	8,425	
Federal Natl Mtg Assoc #3135GOQ22	Fannie Mae	**	21,251	
Federal Natl Mtge Assn Bonds 6.25%	Fannie Mae	**	3,368	
FHLMC GO 8697 Merr	Freddie Mac	**	1,854	
FHLMC GO 8799 Somm	Freddie Mac	**	881	
FHLMC SB 0355 Merr	Freddie Mac	**	318	
FHLMC SB 8049 Kudr	Freddie Mac	**	776	
FHLMC SB 8049 Mush	Freddie Mac	**	1,164	
FHLMC SB 8089 Kudr	Freddie Mac	**	642	
FHLMC SB 8089 Mush	Freddie Mac	**	642	
FHLMC SB 8112 Mush	Freddie Mac	**	677	
FHLMC SB 8132 Kudr	Freddie Mac	**	8,710	

Schedule H, Line 4i
PROFIT SHARING PLAN AND TRUST OF SOUTH CAROLINA ONCOLOGY ASSOCIATES, P.A.
EIN: 57-0787600
Plan Number: 001

SCHEDULE OF ASSETS (HELD AT END OF YEAR) - Continued
As of December 31, 2022

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
FHLMC SB 8132 Mush	Freddie Mac	**	11,877	
FHLMC SB 8133 Kudr	Freddie Mac	**	792	
FHLMC SB 8133 Mush	Freddie Mac	**	1,585	
FHLMC SB 8149 Kudr	Freddie Mac	**	848	
FHLMC SB 8149 Mush	Freddie Mac	**	1,695	
FHLMC SD 8063 Somm	Freddie Mac	**	285	
FHLMC SD 8084 Hutc	Freddie Mac	**	741	
FHLMC SD 8084 Merr	Freddie Mac	**	1,112	
FHLMC SD 8084 Somm	Freddie Mac	**	371	
FHLMC SD 8156 Kudr	Freddie Mac	**	1,453	
FHLMC SD 8156 Mush	Freddie Mac	**	2,180	
FHLMC SD 8157 Kudr	Freddie Mac	**	672	
FHLMC SD 8157 Mush	Freddie Mac	**	672	
FHLMC SD 8168 Hutc	Freddie Mac	**	723	
FHLMC SD 8168 Kudr	Freddie Mac	**	1,446	
FHLMC SD 8168 Merr	Freddie Mac	**	723	
FHLMC SD 8168 Mush	Freddie Mac	**	723	
FHLMC SD 8179 Mush	Freddie Mac	**	1,544	
FHLMC SD 8184 Hutc	Freddie Mac	**	793	
FHLMC SD 8184 Kudr	Freddie Mac	**	793	
FHLMC SD 8184 Somm	Freddie Mac	**	793	
FHLMC SD 8186 Hutc	Freddie Mac	**	2,183	
FHLMC SD 8186 Somm	Freddie Mac	**	2,183	
FHLMC SD 8190 Merr	Freddie Mac	**	807	
FHLMC SD 8190 Mush	Freddie Mac	**	1,614	
FHLMC SD 8196 Merr	Freddie Mac	**	2,470	
FHLMC SD 8206 Merr	Freddie Mac	**	842	
FHLMC SD 8243 Hutc	Freddie Mac	**	898	
FHLMC SD 8244 Hutc	Freddie Mac	**	1,845	
FHLMC ZS 4781 04 Hutc	Freddie Mac	**	120	
Fifth Third Bancorp 2024-01-25	Fifth Third	**	12,802	
First Eagle Global Class I	Mutual Funds	**	176,077	
First Eagle Global I	Mutual Funds	**	8,973	
Fixed Income Shares Series C	Mutual Funds	**	147,970	
Fixed Income Shares Series M	Mutual Funds	**	146,687	
FNMA PBM4905 Hutc	Fannie Mae	**	749	
FNMA PCA4185 Hutc	Fannie Mae	**	568	
FNMA PCA4185 Somm	Fannie Mae	**	189	
FNMA PCB2548 Kudr	Fannie Mae	**	797	
FNMA PCB2548 Mush	Fannie Mae	**	1,593	
FNMA PFM1578 Hutc	Fannie Mae	**	333	
FNMA PFM1578 Merr	Fannie Mae	**	333	
FNMA PFM1578 Somm	Fannie Mae	**	333	

Schedule H, Line 4i
PROFIT SHARING PLAN AND TRUST OF SOUTH CAROLINA ONCOLOGY ASSOCIATES, P.A.
EIN: 57-0787600
Plan Number: 001

SCHEDULE OF ASSETS (HELD AT END OF YEAR) - Continued
As of December 31, 2022

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
FNMA PFM2414 Hutc	Fannie Mae	**	230	
FNMA PFM3093 Hutc	Fannie Mae	**	1,532	
FNMA PFM3093 Merr	Fannie Mae	**	1,916	
FNMA PFM3093 Somm	Fannie Mae	**	1,149	
FNMA PFM3340 Hutc	Fannie Mae	**	507	
FNMA PFM3340 Somm	Fannie Mae	**	253	
FNMA PFM3387 Merr	Fannie Mae	**	294	
FNMA PFM3619 Hutc	Fannie Mae	**	741	
FNMA PFM3619 Merr	Fannie Mae	**	741	
FNMA PFM3619 Somm	Fannie Mae	**	370	
FNMA PFM4240 Kudr	Fannie Mae	**	911	
FNMA PFM4240 Mush	Fannie Mae	**	1,367	
FNMA PFM5000 Hutc	Fannie Mae	**	1,147	
FNMA PFM5000 Merr	Fannie Mae	**	1,720	
FNMA PFM5000 Somm	Fannie Mae	**	1,147	
FNMA PFM5010 Merr	Fannie Mae	**	570	
FNMA PFM5010 Somm	Fannie Mae	**	285	
FNMA PFM5127 Merr	Fannie Mae	**	635	
FNMA PFM5197 Hutc	Fannie Mae	**	377	
FNMA PFM5425 Hutc	Fannie Mae	**	724	
FNMA PFM5425 Merr	Fannie Mae	**	362	
FNMA PFM5594 Kudr	Fannie Mae	**	2,035	
FNMA PFM5594 Mush	Fannie Mae	**	2,544	
FNMA PFM6479 Kudr	Fannie Mae	**	2,775	
FNMA PFM6479 Mush	Fannie Mae	**	3,468	
FNMA PFM6599 Somm	Fannie Mae	**	407	
FNMA PFM7592 Hutc	Fannie Mae	**	1,334	
FNMA PFM7592 Merr	Fannie Mae	**	1,334	
FNMA PFM7592 Somm	Fannie Mae	**	445	
FNMA PFM7599 Hutc	Fannie Mae	**	879	
FNMA PFM7599 Merr	Fannie Mae	**	1,757	
FNMA PFM7599 Somm	Fannie Mae	**	439	
FNMA PFM7877 Somm	Fannie Mae	**	627	
FNMA PFM8138 Hutc	Fannie Mae	**	540	
FNMA PFM8138 Merr	Fannie Mae	**	540	
FNMA PFM9138 Hutc	Fannie Mae	**	1,304	
FNMA PFM9138 Somm	Fannie Mae	**	1,957	
FNMA PFS0015 Merr	Fannie Mae	**	3,479	
FNMA PFS1163 Merr	Fannie Mae	**	790	
FNMA PFS1630 Kudr	Fannie Mae	**	812	
FNMA PFS1630 Mush	Fannie Mae	**	2,435	
FNMA PMA2803 Kudr	Fannie Mae	**	737	
FNMA PMA2803 Mush	Fannie Mae	**	737	

Schedule H, Line 4i
PROFIT SHARING PLAN AND TRUST OF SOUTH CAROLINA ONCOLOGY ASSOCIATES, P.A.
EIN: 57-0787600
Plan Number: 001

SCHEDULE OF ASSETS (HELD AT END OF YEAR) - Continued
As of December 31, 2022

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
FNMA PMA2806 Hutc	Fannie Mae	**	443	
FNMA PMA2806 Kudr	Fannie Mae	**	2,661	
FNMA PMA2806 Merr	Fannie Mae	**	443	
FNMA PMA2806 Somm	Fannie Mae	**	222	
FNMA PMA3058 Hutc	Fannie Mae	**	3,132	
FNMA PMA3058 Merr	Fannie Mae	**	522	
FNMA PMA3058 Somm	Fannie Mae	**	1,174	
FNMA PMA3332 Hutc	Fannie Mae	**	1,655	
FNMA PMA3332 Merr	Fannie Mae	**	993	
FNMA PMA3332 Somm	Fannie Mae	**	662	
FNMA PMA3333 Merr	Fannie Mae	**	1,074	
FNMA PMA3333 Somm	Fannie Mae	**	403	
FNMA PMA3364 Merr	Fannie Mae	**	471	
FNMA PMA3384 Hutc	Fannie Mae	**	1,654	
FNMA PMA3384 Merr	Fannie Mae	**	551	
FNMA PMA3384 Somm	Fannie Mae	**	110	
FNMA PMA3416 Merr	Fannie Mae	**	315	
FNMA PMA3559 Somm	Fannie Mae	**	128	
FNMA PMA3564 Merr	Fannie Mae	**	444	
FNMA PMA3592 Merr	Fannie Mae	**	76	
FNMA PMA3615 Merr	Fannie Mae	**	1,089	
FNMA PMA3637 Merr	Fannie Mae	**	1,739	
FNMA PMA3685 Merr	Fannie Mae	**	128	
FNMA PMA3687 Merr	Fannie Mae	**	508	
FNMA PMA3692 Merr	Fannie Mae	**	478	
FNMA PMA3692 Somm	Fannie Mae	**	957	
FNMA PMA3694 Merr	Fannie Mae	**	155	
FNMA PMA3737 Kudr	Fannie Mae	**	2,171	
FNMA PMA3737 Mush	Fannie Mae	**	2,961	
FNMA PMA3746 Somm	Fannie Mae	**	867	
FNMA PMA3835 Hutc	Fannie Mae	**	1,988	
FNMA PMA3835 Somm	Fannie Mae	**	166	
FNMA PMA3851 Somm	Fannie Mae	**	356	
FNMA PMA3871 Merr	Fannie Mae	**	213	
FNMA PMA3945 Hutc	Fannie Mae	**	396	
FNMA PMA3945 Merr	Fannie Mae	**	198	
FNMA PMA3962 Merr	Fannie Mae	**	387	
FNMA PMA3991 Hutc	Fannie Mae	**	1,467	
FNMA PMA3992 Hutc	Fannie Mae	**	839	
FNMA PMA3992 Merr	Fannie Mae	**	1,049	
FNMA PMA3992 Somm	Fannie Mae	**	419	
FNMA PMA4026 Merr	Fannie Mae	**	1,317	
FNMA PMA4048 Hutc	Fannie Mae	**	672	

Schedule H, Line 4i
PROFIT SHARING PLAN AND TRUST OF SOUTH CAROLINA ONCOLOGY ASSOCIATES, P.A.
EIN: 57-0787600
Plan Number: 001

SCHEDULE OF ASSETS (HELD AT END OF YEAR) - Continued
As of December 31, 2022

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
FNMA PMA4048 Kudr	Fannie Mae	**	672	
FNMA PMA4048 Merr	Fannie Mae	**	336	
FNMA PMA4048 Mush	Fannie Mae	**	672	
FNMA PMA4049 Merr	Fannie Mae	**	1,434	
FNMA PMA4049 Somm	Fannie Mae	**	574	
FNMA PMA4075 Kudr	Fannie Mae	**	1,776	
FNMA PMA4075 Mush	Fannie Mae	**	1,332	
FNMA PMA4080 Hutc	Fannie Mae	**	310	
FNMA PMA4080 Merr	Fannie Mae	**	620	
FNMA PMA4080 Somm	Fannie Mae	**	310	
FNMA PMA4097 Hutc	Fannie Mae	**	741	
FNMA PMA4097 Kudr	Fannie Mae	**	1,111	
FNMA PMA4097 Merr	Fannie Mae	**	1,482	
FNMA PMA4097 Mush	Fannie Mae	**	1,111	
FNMA PMA4097 Somm	Fannie Mae	**	1,111	
FNMA PMA4121 Kudr	Fannie Mae	**	788	
FNMA PMA4121 Mush	Fannie Mae	**	4,729	
FNMA PMA4124 Kudr	Fannie Mae	**	2,407	
FNMA PMA4124 Mush	Fannie Mae	**	2,889	
FNMA PMA4316 Kudr	Fannie Mae	**	1,340	
FNMA PMA4316 Mush	Fannie Mae	**	2,010	
FNMA PMA4327 Mush	Fannie Mae	**	590	
FNMA PMA4379 Kudr	Fannie Mae	**	723	
FNMA PMA4379 Mush	Fannie Mae	**	1,447	
FNMA PMA4384 Kudr	Fannie Mae	**	3,611	
FNMA PMA4384 Mush	Fannie Mae	**	5,055	
FNMA PMA4414 Kudr	Fannie Mae	**	748	
FNMA PMA4414 Mush	Fannie Mae	**	748	
FNMA PMA4466 Mush	Fannie Mae	**	4,650	
FNMA PMA4471 Kudr	Fannie Mae	**	769	
FNMA PMA4493 Kudr	Fannie Mae	**	3,929	
FNMA PMA4493 Mush	Fannie Mae	**	785	
FNMA PMA4548 Kudr	Fannie Mae	**	1,604	
FNMA PMA4548 Mush	Fannie Mae	**	2,407	
FNMA PMA4564 Hutc	Fannie Mae	**	1,659	
FNMA PMA4564 Kudr	Fannie Mae	**	1,659	
FNMA PMA4564 Merr	Fannie Mae	**	830	
FNMA PMA4564 Mush	Fannie Mae	**	830	
FNMA PMA4564 Somm	Fannie Mae	**	830	
FNMA PMA4578 Kudr	Fannie Mae	**	817	
FNMA PMA4579 Hutc	Fannie Mae	**	844	
FNMA PMA4579 Kudr	Fannie Mae	**	27,849	
FNMA PMA4579 Mush	Fannie Mae	**	37,976	

Schedule H, Line 4i
PROFIT SHARING PLAN AND TRUST OF SOUTH CAROLINA ONCOLOGY ASSOCIATES, P.A.
EIN: 57-0787600
Plan Number: 001
SCHEDULE OF ASSETS (HELD AT END OF YEAR) - Continued
As of December 31, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	FNMA PMA4580 Hutc	Fannie Mae	**	4,320
	FNMA PMA4580 Merr	Fannie Mae	**	5,183
	FNMA PMA4580 Somm	Fannie Mae	**	1,728
	FNMA PMA4598 Kudr	Fannie Mae	**	824
	FNMA PMA4618 Hutc	Fannie Mae	**	3,512
	FNMA PMA4618 Merr	Fannie Mae	**	2,634
	FNMA PMA4618 Somm	Fannie Mae	**	878
	FNMA PMA4700 Merr	Fannie Mae	**	919
	FNMA PMA4731 Hutc	Fannie Mae	**	900
	FNMA PMC4700 Somm	Fannie Mae	**	919
	FPA Crescent Fund	Mutual Funds	**	131,523
	Franklin Gld & Precious Metals	Mutual Funds	**	3,546
	Genl Dynamics Corp Com	Common Stocks/Options	**	53,592
	Genuine Parts Co	Common Stocks/Options	**	35,049
	Global X FDS X MLP And Evergv	Mutual Funds	**	145,595
	Goldman Sachs Group Inc. 2024-03-03	Goldman Sachs Group Inc.	**	1,974
	Goldman Sachs Group Inc. 2027-01-26	Goldman Sachs Group Inc.	**	10,470
	Hartford Midcap R6	Mutual Funds	**	142,016
	Hilton Worldwide Hldgs	Common Stocks/Options	**	47,006
	Home Depot Inc	Common Stocks/Options	**	27,796
	Honeywell Intl Inc	Common Stocks/Options	**	95,149
	Hormel Foods Corp	Common Stocks/Options	**	25,736
	HP Enterprise Co 2025-10-15	HP Enterprise Co	**	2,974
	Illinois Tool Works Inc	Common Stocks/Options	**	33,045
	Illinois Tool Works Inc. 2026-11-15	Illinois Tool Works Inc.	**	2,790
	Illumina Inc	Common Stocks/Options	**	7,481
	Intercontinentalexchang 2025-05-23	Intercontinentalexchang	**	1,954
	Intuitive Surgical Inc	Common Stocks/Options	**	6,103
	IShares Core S&P 500 ETF	Mutual Funds	**	763,809
	IShares Core U.S. Aggregate	Mutual Funds	**	18,234
	IShares Ibonds Dec 2030 Term Treasury	Mutual Funds	**	79,802
	IShares Inc MSCI Emerging	Mutual Funds	**	149,151
	IShares MSCI Brazil ETF	Mutual Funds	**	138,619
	IShares MSCI CDA ETF	Mutual Funds	**	132,000
	IShares MSCI CUSA ESG Select ETF	Mutual Funds	**	346,073
	IShares MSCI Eafe International Index K	Mutual Funds	**	952,831
	IShares Russell 2000 Small-Cap Index K	Mutual Funds	**	84,648
	IShares Russell Mid-Cap Index K	Mutual Funds	**	314,887
	IShares S&P CallCap 600 Value	Mutual Funds	**	139,247
	IShares S&P Index K	Mutual Funds	**	814,527
	IShares Silver TR	Mutual Funds	**	17,352
	IShares TR Core MSCI EAF	Mutual Funds	**	469,512
	IShares TR Ibonds 2025 Term High Yield	Mutual Funds	**	80,046

Schedule H, Line 4i
PROFIT SHARING PLAN AND TRUST OF SOUTH CAROLINA ONCOLOGY ASSOCIATES, P.A.
EIN: 57-0787600
Plan Number: 001

SCHEDULE OF ASSETS (HELD AT END OF YEAR) - Continued
As of December 31, 2022

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Janus Henderson Mortgage Backed	Mutual Funds	**	82,783	
Jazz Pharmaceuticals PLC	Common Stocks/Options	**	1,274	
Johnson And Johnson	Common Stocks/Options	**	34,093	
Johnson Controls Inter	Common Stocks/Options	**	5,056	
JP Morgan Chase & Co 2023-05-18	JP Morgan Chase & Co	**	1,983	
JP Morgan Chase & Co 2038-07-24	JP Morgan Chase & Co	**	15,012	
JP Morgan Large Cap Growth Fd	Mutual Funds	**	128,898	
JPMorgan Chase & Co	Common Stocks/Options	**	105,000	
JPMorgan Large Cap Growth Fund Class R6	Mutual Funds	**	395,152	
Key Guaranteed Portfolio Fund	Fixed Annuity	**	147,341	
Kimberly Clark	Common Stocks/Options	**	24,707	
Kinder Morgan Inc. 2031-02-15	Kinder Morgan Inc.	**	2,331	
KKR & Co Inc	Common Stocks/Options	**	2,785	
KLA Corp	Common Stocks/Options	**	3,016	
Kopernik International	Mutual Funds	**	271,117	
Lennar Corp Cl A	Common Stocks/Options	**	6,607	
Lowe's Companies Inc	Common Stocks/Options	**	45,028	
Lowes Cos Inc. 2024-07-23	Lowes Cos Inc.	**	2,799	
Lowes Cos Inc. 2028-09-15	Lowes Cos Inc.	**	5,891	
Marriott Inc New A	Common Stocks/Options	**	3,276	
Marsh & McLennan Cos Inc	Common Stocks/Options	**	4,633	
Martin Maretta Matls	Common Stocks/Options	**	6,083	
Marvell Technology Group	Common Stocks/Options	**	33,262	
McCormick	Common Stocks/Options	**	1,492	
McDonalds Corp 2029-09-01	McDonalds Corp	**	2,638	
McDonalds Corp Com	Common Stocks/Options	**	74,052	
McKesson Corporation Com	Common Stocks/Options	**	6,002	
Medtronic PLC	Common Stocks/Options	**	22,461	
Merck And Co Inc	Common Stocks/Options	**	12,870	
Meta Platforms Inc	Common Stocks/Options	**	20,217	
Metlife Contract #1100842600	Metlife	**	122,124	
Metlife Inc. 2030-03-23	Metlife Inc.	**	2,962	
Metropolitan West Total Return Bond Plan	Mutual Funds	**	27,856	
MFS International Diversificat	Mutual Funds	**	465,164	
MFS Value R6	Mutual Funds	**	453,071	
Microchip Technology Inc	Common Stocks/Options	**	6,463	
Microsoft Corp	Common Stocks/Options	**	202,648	
Mitsubishi Uf J Finl Grp	Common Stocks/Options	**	3,155	
Monster Beverage	Common Stocks/Options	**	16,448	
Morgan Stanley	Common Stocks/Options	**	6,291	
Morgan Stanley 2027-01-20	Morgan Stanley	**	2,833	
Morgan Stanley 2047-01-22	Morgan Stanley	**	11,952	
Nasdaq OMX Grp Inc	Common Stocks/Options	**	4,049	

Schedule H, Line 4i
PROFIT SHARING PLAN AND TRUST OF SOUTH CAROLINA ONCOLOGY ASSOCIATES, P.A.
EIN: 57-0787600
Plan Number: 001

SCHEDULE OF ASSETS (HELD AT END OF YEAR) - Continued
As of December 31, 2022

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Nestle S A Rep Rg Sh Adr	Common Stocks/Options	**	5,652	
Netflix Com Inc	Common Stocks/Options	**	16,513	
Newmont Corp 2032-07-15	Newmont Corp	**	2,397	
Nextera Energy Capital 2029-11-01	Nextera Energy Capital	**	2,602	
Nextera Energy Inc	Common Stocks/Options	**	86,442	
Northrop Grumman Corp	Common Stocks/Options	**	34,919	
Novartis	Common Stocks/Options	**	12,066	
Novo Nordisk A S ADR	Common Stocks/Options	**	8,120	
Nvidia	Common Stocks/Options	**	18,852	
Nxp Semiconductor N.V.	Common Stocks/Options	**	4,425	
Oracle Corp	Common Stocks/Options	**	19,454	
Oracle Corp 2032-11-09	Oracle Corp	**	10,496	
O'Reilly Automotive Inc	Common Stocks/Options	**	21,101	
Oshkosh Corporation	Common Stocks/Options	**	3,616	
Palo Alto Networks Inc Com	Common Stocks/Options	**	41,722	
Parker Hannifin Corp	Common Stocks/Options	**	45,105	
Parker Hannifin Corp 2027-09-15	Parker Hannifin Corp	**	10,685	
PayPal Holdings Inc SHS	Common Stocks/Options	**	7,692	
Pepsico Inc	Common Stocks/Options	**	36,674	
Pfizer Inc	Common Stocks/Options	**	5,893	
Pfizer Inc. 1950-05-28	Pfizer Inc.	**	14,311	
Pfizer Inc. 2029-03-15	Pfizer Inc.	**	2,827	
Phillips 66	Common Stocks/Options	**	4,788	
Pimco Income Fund	Mutual Funds	**	461,913	
Pioneer Natural Res Co	Common Stocks/Options	**	4,111	
PNC Financial Services 2026-07-23	PNC Financial Services	**	14,824	
PNC Financial Services 2029-04-23	PNC Financial Services	**	2,752	
PNC Finl Services Group	Common Stocks/Options	**	8,371	
PPG Industries Inc	Common Stocks/Options	**	4,024	
Price T Rowe Group Inc.	Common Stocks/Options	**	22,139	
Principal Short-Term Income Inst	Mutual Funds	**	4,197	
Procter & Gamble Co	Common Stocks/Options	**	103,061	
Progressive Crp Ohio	Common Stocks/Options	**	83,533	
Prologis Inc	Common Stocks/Options	**	50,841	
Qualcomm Inc	Common Stocks/Options	**	14,072	
Qualcomm Inc. 2032-05-20	Qualcomm Inc.	**	2,326	
Rengeneron Pharmactls	Common Stocks/Options	**	10,822	
Republic Services Inc 2031-02-15	Republic Services Inc	**	10,829	
Roche Hldg Ltd	Common Stocks/Options	**	9,161	
Royal Bank Of Canada 2023-04-17	Royal Bank Of Canada	**	1,983	
Royal Bank Of Canada 2026-04-27	Royal Bank Of Canada	**	14,243	
RPM International Inc.	Common Stocks/Options	**	5,750	
Salesforce Com Inc	Common Stocks/Options	**	10,475	

Schedule H, Line 4i
PROFIT SHARING PLAN AND TRUST OF SOUTH CAROLINA ONCOLOGY ASSOCIATES, P.A.
EIN: 57-0787600
Plan Number: 001
SCHEDULE OF ASSETS (HELD AT END OF YEAR) - Continued
As of December 31, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Schlumberger Ltd	Common Stocks/Options	**	40,843
	Schwab Charles Corp New	Common Stocks/Options	**	31,805
	Sei Invt Co Pa Pv	Common Stocks/Options	**	6,996
	Sherwin Williams	Common Stocks/Options	**	35,600
	Shopify Inc CL A	Common Stocks/Options	**	5,692
	Sony Group Corp	Common Stocks/Options	**	5,568
	Southern Co 2023-07-01	Southern Co	**	1,981
	Southern Company	Common Stocks/Options	**	6,141
	SPDR Gold Trust	Mutual Funds	**	41,053
	Starbucks Corp	Common Stocks/Options	**	62,298
	Sysco Corporation	Common Stocks/Options	**	4,511
	Takeda Pharmaceutical 2030-03-31	Takeda Pharmaceutical	**	9,008
	Target Corp 2026-04-15	Target Corp	**	2,812
	Target Corp Com	Common Stocks/Options	**	2,981
	Tesla Inc	Common Stocks/Options	**	9,731
	Texas Instruments	Common Stocks/Options	**	6,609
	Thermo Fisher Scientific	Common Stocks/Options	**	61,127
	Thermo Fisher Scientific 2031-10-15	Thermo Fisher Scientific	**	2,440
	Thermo Fisher Scientific 2041-10-15	Thermo Fisher Scientific	**	11,818
	Toronto Dominion Bank	Common Stocks/Options	**	65,861
	Toronto Dominion Bank 2027-01-12	Toronto Dominion Bank	**	14,276
	Toronto Dominion Bank 2031-09-10	Toronto Dominion Bank	**	2,364
	Truist Financial Corp 2026-07-28	Truist Financial Corp	**	13,767
	U.S. Treasury Bond 2.75%	U.S. Treasury Bond	**	43,868
	U.S. Treasury Bond 2.75%	U.S. Treasury Bond	**	26,720
	U.S. Treasury Bond 2.875%	U.S. Treasury Bond	**	17,047
	U.S. Treasury Bond 2.875%	U.S. Treasury Bond	**	40,391
	U.S. Treasury Bond 3.125%	U.S. Treasury Bond	**	16,171
	U.S. Treasury Bond 3.375%	U.S. Treasury Bond	**	6,299
	U.S. Treasury Note #9128282RO	U.S. Treasury Bond	**	91,725
	U.S. Treasury Note #912828G38	U.S. Treasury Bond	**	24,984
	U.S. Treasury Note .500% 9128282ZFO	U.S. Treasury Bond	**	66,178
	U.S. Treasury Note .625% 91282CAE1	U.S. Treasury Bond	**	84,475
	U.S. Treasury Note .75% 91282CCW9	U.S. Treasury Bond	**	15,255
	U.S. Treasury Note 1.875% 912828Y95	U.S. Treasury Bond	**	71,297
	U.S. Treasury Note 2.375% 9128286T2	U.S. Treasury Bond	**	44,647
	U.S. Treasury Note 3.125%	U.S. Treasury Bond	**	18,304
	U.S. Treasury Note 3.125%	U.S. Treasury Bond	**	18,080
	Union Pacific Corp	Common Stocks/Options	**	50,111
	United Technologies Corp 2025-08-16	United Technologies Corp	**	2,934
	United Technologies Corp 2028-11-16	United Technologies Corp	**	10,549
	Unitedhealth Group Inc. 2025-07-15	Unitedhealth Group Inc.	**	2,935
	US Bancorp 2025-05-12	US Bancorp	**	12,990

Schedule H, Line 4i
PROFIT SHARING PLAN AND TRUST OF SOUTH CAROLINA ONCOLOGY ASSOCIATES, P.A.
EIN: 57-0787600
Plan Number: 001

SCHEDULE OF ASSETS (HELD AT END OF YEAR) - Continued
As of December 31, 2022

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
US Bancorp 2026-07-22	US Bancorp	**	2,772	
Vaneck Oil Services ETF Services	Mutual Funds	**	6,993	
Vanguard 500 Index Fund	Mutual Funds	**	942,873	
Vanguard Ftse All World	Mutual Funds	**	244,533	
Vanguard Growth ETF	Mutual Funds	**	447,855	
Vanguard Short Term Bond	Mutual Funds	**	19,422	
Vanguard Total Bond Mkt	Mutual Funds	**	308,696	
Vanguard Value ETF	Mutual Funds	**	699,730	
Verizon Communications 2030-09-18	Verizon Communications	**	2,340	
Vertex Pharmctls Inc	Common Stocks/Options	**	12,995	
Visa Inc	Common Stocks/Options	**	113,021	
W W Grainger Incorp	Common Stocks/Options	**	38,381	
WalMart Inc	Common Stocks/Options	**	83,940	
Walmart Inc. 2028-06-26	Walmart Inc.	**	2,904	
Wells Fargo SPEC MD Cp Val R6	Mutual Funds	**	220,588	
Wells Fargo SPEC SM Cp Val R6	Mutual Funds	**	134,304	
WellsFargo&Co. 2024-09-09	Wells Fargo & Company	**	1,941	
Western Asset Core Bond IS	Mutual Funds	**	1,017,892	
Workday Inc CL A	Common Stocks/Options	**	4,518	
Xcel Energy Inc	Common Stocks/Options	**	36,597	
Xylem Inc.	Common Stocks/Options	**	6,413	
Yum Brands Inc	Common Stocks/Options	**	6,916	
Yum China Holdings Inc	Common Stocks/Options	**	3,552	
Zoetis Inc	Common Stocks/Options	**	53,051	
			<u>\$ 34,986,577</u>	

* Indicates party-in-interest to the Plan.

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

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

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2022****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

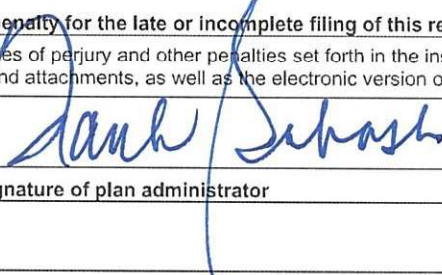
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report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

Part II Basic Plan Information—enter all requested information

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

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		<u>12-04-2023</u>	FRANK SOBASH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413