

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 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>SOCIETY FOR HANDICAPPED CITIZENS OF MEDINA COUNTY, INC. 403(B) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2010</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2010</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2010</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SOCIETY FOR HANDICAPPED CITIZENS OF MEDINA COUNTY, INC.</u> <u>4283 PARADISE RD</u> <u>SEVILLE, OH 44273</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-1011571</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>330-722-1900</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>624100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-1011571</u>	2c Plan Sponsor's telephone number <u>330-722-1900</u>	2d Business code (see instructions) <u>624100</u>	
2b Employer Identification Number (EIN) <u>34-1011571</u>					
2c Plan Sponsor's telephone number <u>330-722-1900</u>					
2d Business code (see instructions) <u>624100</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/21/2021	MICHAEL BEH
	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 (2019)
v. 190130

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	5 293
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 168 6a(2) 181 6b 97 6c 2 6d 280 6e 0 6f 280 6g 264 6h 53
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2K 2L 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ 0 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan SOCIETY FOR HANDICAPPED CITIZENS OF MEDINA COUNTY, INC. 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SOCIETY FOR HANDICAPPED CITIZENS OF MEDINA COUNTY, INC.	D Employer Identification Number (EIN) 34-1011571	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	1617	Yes ☒ No ☐	Yes ☒ No ☐	10318	Yes ☐ No ☒

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

APS-PENTEGRA

13-3892096

(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	9831	Yes ☒ No ☐	Yes ☒ No ☐	1200	Yes ☐ No ☒

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

FIRST OHIO PLANNING, LLC

26-0142879

(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	BROKER	7951	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☐

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

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

ROYAL ALLIANCE INSURANCE AGENCY

ONE WORD FINANCIAL CENTER
14 FLOOR
NEW YORK, NY 10281

(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	ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

ADVISOR GROUP

2300 WINDY RIDGE PARKWAY
SUITE 1100
ATLANTA, GA 30339

(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	BROKER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan SOCIETY FOR HANDICAPPED CITIZENS OF MEDINA COUNTY, INC. 403(B) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 SOCIETY FOR HANDICAPPED CITIZENS OF MEDINA COUNTY, INC.	D Employer Identification Number (EIN) 34-1011571	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	29018	51114
(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)	1614048	2129647
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	1643066 2180761
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	1643066 2180761

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	153304
	(B) Participants	2a(1)(B)	236859
	(C) Others (including rollovers)	2a(1)(C)	0
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	390163
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	2174
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	2174
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		339357
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		731694

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	174601	
(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)		174601
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)	11448	
(3) Investment advisory and management fees	2i(3)	7950	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		19398
j Total expenses. Add all expense amounts in column (b) and enter total	2j		193999

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		537695
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 Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: REA & ASSOCIATES

(2) EIN: 34-1310124

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.)

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.)

	Yes	No	Amount
4a	X		497
4b		X	

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

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

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

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

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

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 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>SOCIETY FOR HANDICAPPED CITIZENS OF MEDINA COUNTY, INC. 403(B) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SOCIETY FOR HANDICAPPED CITIZENS OF MEDINA COUNTY, INC.</u>	D Employer Identification Number (EIN) <u>34-1011571</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-4156830</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

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) 2019
v. 190130

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:	
a	The current year	14a
b	The plan year immediately preceding the current plan year	14b
c	The second preceding plan year	14c
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:	
a	The corresponding number for the plan year immediately preceding the current plan year	15a
b	The corresponding number for the second preceding plan year	15b
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:	
a	Enter the number of employers who withdrew during the preceding plan year	16a
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐	

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

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____% b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____
20	PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____

SOCIETY FOR HANDICAPPED CITIZENS OF
MEDINA COUNTY, INC. 403(b) PLAN

FINANCIAL STATEMENTS

FOR THE YEARS ENDED
DECEMBER 31, 2019 AND 2018



Rea & associates

www.reacpa.com

SOCIETY FOR HANDICAPPED CITIZENS OF MEDINA COUNTY, INC. 403(b) PLAN
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INDEPENDENT AUDITOR'S REPORT

To The Administrative Committee of
Society for Handicapped Citizens of Medina County, Inc. 403(b) Plan
Medina, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Society For Handicapped Citizens of Medina County, Inc. 403(b) Plan, which comprise the statements of net assets available for benefits as of December 31, 2019, and the related statements of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these 2019 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Nationwide Trust Company, FSB, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2019, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the 2019 financial statements. Accordingly, we do not express an opinion on these 2019 financial statements.

Other Matter – Supplemental Schedules

The supplemental schedules of delinquent participant contributions and schedule of assets (held at end of year), which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

Other Matter – 2018 Financial Statements

The financial statements of the Plan as of and for the year ended December 31, 2018 were audited by predecessor auditors, Dyer, Roche & Company, Inc., who merged with Rea & Associates on November 1, 2020. Their report, dated October 15, 2019, did not express an opinion on the 2018 financial statements for the same reason as described in the Basis for Disclaimer of Opinion paragraph. Their report also indicated the form and content of the information included in the 2018 financial statements, other than that derived from the information certified by the trustee, was presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the 2019 financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Rea & Associates, Inc.

Wooster, Ohio
January 20, 2021

SOCIETY FOR HANDICAPPED CITIZENS OF MEDINA COUNTY, INC 403(b) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2019 AND 2018

	<u>2019</u>	<u>2018</u>
ASSETS:		
Investments, at fair value	\$ <u>2,129,647</u>	\$ <u>1,614,048</u>
Receivables:		
Notes receivable from participants	51,114	29,018
Participant contributions	6,827	5,025
Employer match and nondiscretionary	<u>4,280</u>	<u>2,653</u>
Total receivables	<u>62,221</u>	<u>36,696</u>
NET ASSETS AVAILABLE FOR BENEFITS	\$ <u><u>2,191,868</u></u>	\$ <u><u>1,650,744</u></u>

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

SOCIETY FOR HANDICAPPED CITIZENS OF MEDINA COUNTY, INC 403(b) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018

	<u>2019</u>	<u>2018</u>
Additions to Net Assets Attributed To:		
Net appreciation (depreciation) in fair value of \$ investments	339,357	\$ (102,560)
Interest earned on notes receivable from participants	2,175	1,946
Contributions:		
Participant	240,911	207,190
Rollover	-	29,616
Employer - discretionary and matching	<u>152,848</u>	<u>106,068</u>
Total additions	<u>735,291</u>	<u>242,260</u>
Deductions From Net Assets Attributed To:		
Benefits paid to participants	174,769	238,164
Administrative expenses	<u>19,398</u>	<u>15,434</u>
Total deductions	<u>194,167</u>	<u>253,598</u>
Net increase (decrease) in net assets	541,124	(11,338)
Net Assets Available For Plan Benefits:		
Beginning of year	<u>1,650,744</u>	<u>1,662,082</u>
End of year	<u>\$ 2,191,868</u>	<u>\$ 1,650,744</u>

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

SOCIETY FOR HANDICAPPED CITIZENS OF
MEDINA COUNTY, INC. 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 1: Description of Plan

The following description of the Society for Handicapped Citizens of Medina County, Inc. 403(b) Plan (the 'Plan') provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan sponsored by Society for Handicapped Citizens of Medina County, Inc. (hereinafter called the "Organization") covering employees meeting defined eligibility requirements with the Organization. Entry into the Plan occurs on the first day of the first month following the date eligibility requirements are met. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Administrative Committee is responsible for the oversight of the Plan, including determining the appropriateness of the Plan's investment offerings and monitoring investment performance.

Contributions

Each year, participants may contribute from 1% to 20% of pretax annual compensation or make Roth contributions, as defined in the Plan. The Plan allows for automatic deferral of contributions at the rate of 2% when eligibility for the Plan is reached. The Organization's discretionary non-elective contribution of 1.0% in 2019 and 0.5% in 2018 is allocated to all eligible participants in the Plan year. See also Subsequent Events below. The Organization also has elected to make a matching contribution of 50% of the employees authorized deferral, to a maximum of 3% of the participants' eligible compensation. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

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

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Organization's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of service. A participant is 100% vested after three years of credited service.

Payment of Benefits

On termination of service, a participant may elect to receive the value of his or her account in a lump-sum amount or in the form of a rollover to another qualified plan. Participants whose account balances are less than \$5,000 are required to take a distribution upon separation from employment.

SOCIETY FOR HANDICAPPED CITIZENS OF
MEDINA COUNTY, INC. 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 1: Description of Plan (Continued)

Notes Receivable from Participants

Participants may borrow from their fund accounts a maximum of 50% of the vested amount. Loan transactions are treated as transfers to (from) the investment fund from (to) the loan. The loans are secured by the balance in the participant's account and bear an interest rate commensurate with local prevailing rates as determined by the plan administrator. Principal and interest are paid ratably through monthly payroll deductions.

Forfeited Accounts

In 2018 the Plan was amended to provide that forfeitures be allocated in the Plan year following the Plan year in which the designated forfeitures occur. During 2019 forfeitures in the amount of \$44,165 were allocated to participants as an employer discretionary contribution. Forfeitures available for reallocation to Plan participants as of December 31, 2019 amount to \$31,400. New forfeitures amounted to \$31,400 and \$16,596 for the years December 31, 2019 and 2018, respectively.

Investment Options

Upon enrollment in the Plan, a participant may direct employee contributions among investment choices in increments of 1 percent. Participants may change their investment option on any normal business day.

Note 2: Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual basis of accounting in conformity with generally accepted accounting principles.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual amounts could differ from these estimates.

Administrative Expenses

Expenses paid by the Plan include fees for recordkeeping of Plan assets and third-party administration of participant accounts, as well as per-transaction fees for certain participant-initiated transactions. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

SOCIETY FOR HANDICAPPED CITIZENS OF
MEDINA COUNTY, INC. 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 2: Summary of Accounting Policies (Continued)

Investment Valuation and Income Recognition

The Plan's investments are stated at daily unit valuations intended to approximate fair market value in the investment accounts held by Nationwide Trust Company, FSB. Purchases and sales are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2019 or 2018. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Reclassifications

Certain items reported in the prior year have been reclassified to conform with the current year presentation.

Subsequent Events

The Plan was amended effective January 1, 2020 to provide for (1) removal of the provision for automatic deferrals; (2) change in the eligibility conditions for receipt of discretionary nonelective contributions to require being an active participant as of the end of the Plan year who also provided 1,000 or more hours of service, unless the participant severed employment during the Plan year due to death, disability or attainment of normal retirement age as defined; and (3) provide that forfeitures which are not used to reduce nonelective contributions, reduce matching contributions or to pay reasonable Plan expenses, be allocated as additional discretionary nonelective contributions.

The Plan has implemented certain requirements by the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) which change the Plan to, among others, allow certain eligible individuals to receive coronavirus-related relief for loan repayment, allow participants to take "coronavirus-related distributions" from the Plan under certain circumstances without incurring the 10% early payment penalty, suspend required minimum distributions, and delay the commencement date for required minimum distributions. The optional features within the CARES Act are currently being assessed but have not been implemented to date. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and IRS guidance.

Subsequent events have been evaluated through January 20, 2021, which is the date the financial statements were available to be issued.

SOCIETY FOR HANDICAPPED CITIZENS OF
MEDINA COUNTY, INC. 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 3: Information Prepared and Certified by Trustee

Upon enrollment in the Plan, a participant may direct contributions in any of the investment funds offered by the Plan. Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2019 and 2018, and net appreciation in fair value of investments and interest earned on notes receivable from participants for the years ended December 31, 2019 and 2018, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Nationwide Trust Company, FSB, the trustee of the Plan.

Note 4: Fair Value of Investments

FASB ASC 820, Fair Value Measurements, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels:

Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities.

Level 2 inputs are inputs (other than quoted prices included within level 1) that are observable for the asset or liability, either directly or indirectly.

Level 3 are unobservable inputs for the asset or liability and may rely on the Trustee's own assumptions about the assumptions that market participants would use in pricing the asset or liability.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. The Plan determines the fair value of plan investments as follows:

Level 2 Fair Value Measurements

The fair value of investments in pooled separate accounts with underlying investments in registered investment companies is based on daily unit valuations intended to approximate fair market value in the investment accounts held by the plan trustee at year-end.

Level 3 Fair Value Measurements

Guaranteed investment contracts are reported at contract value as reported by the insurance company. There is no deferred sales charge related to the insurance contract, however the balance is subject to market value adjustment.

SOCIETY FOR HANDICAPPED CITIZENS OF
MEDINA COUNTY, INC. 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 4: Fair Value of Investments (Continued)

Investments by level in the fair value hierarchy are as follows:

	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>December 31, 2019</u>			
Pooled separate accounts	\$ 2,021,842	\$ -	\$ 2,021,842
Guaranteed investment contract	<u>-</u>	<u>158,919</u>	<u>158,919</u>
Total	\$ <u>2,021,842</u>	\$ <u>158,919</u>	\$ <u>2,180,761</u>
<u>December 31, 2018</u>			
Pooled separate accounts	\$ 1,481,059	\$ -	\$ 1,481,059
Guaranteed investment contract	<u>-</u>	<u>132,989</u>	<u>132,989</u>
Total	\$ <u>1,418,059</u>	\$ <u>132,989</u>	\$ <u>1,614,048</u>

A summary of changes in Level 3 investments for the years ended December 31, 2019 and 2018, is as follows:

	<u>2019</u>	<u>2018</u>
Balance at beginning of year	\$ 132,989	\$ 117,213
Payments on loans	2,319	928
Contributions	32,513	28,353
Exchanges	-	-
Distributions and withdrawals	(10,073)	(14,334)
Net unrealized gain (loss)	<u>1,171</u>	<u>829</u>
Balance at end of year	\$ <u>158,919</u>	\$ <u>132,989</u>

Note 5: Related-Party and Party in Interest Transactions

Fees incurred by the Plan for investment management services are included in administrative expenses and totaled \$9,567 and \$9,307 for the years ended December 31, 2019 and 2018. The Plan also made direct payments during 2019 and 2018 to the third-party administrator of \$9,831 and \$6,126, respectively, which are also included in administrative expenses. The Plan Sponsor pays directly any other fees related to the Plan's operations.

SOCIETY FOR HANDICAPPED CITIZENS OF
MEDINA COUNTY, INC. 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 6: Plan Termination

The Organization has the right under the Plan to discontinue participant contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Note 7: Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated March 31, 2008 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and therefore, believe the Plan is qualified and the related trust is tax-exempt.

Management has evaluated income tax positions taken or expected to be taken, if any, on income tax returns filed and the likelihood that, upon examination by the relevant jurisdictions, those income tax positions would be sustained. Based on the results of this examination management determined there are no positions that necessitated disclosure and/or adjustment.

The Plan's federal income tax returns are subject to examination by the IRS, generally for three years after they were filed.

Note 8: Reconciliation of Financial Statements to Form 5500

For the years ended December 31, 2019 and 2018 the following differences exist between the audited financial statements (prepared on the accrual basis) and the Form 5500 (prepared on the cash basis):

	<u>2019</u>	<u>2018</u>
Net Assets per the Form 5500	\$ 2,180,761	\$ 1,643,066
Adjustments for:		
Contributions receivable	<u>11,107</u>	<u>7,678</u>
Net Assets per the Financial Statements	\$ <u>2,191,868</u>	\$ <u>1,650,744</u>

SOCIETY FOR HANDICAPPED CITIZENS OF
MEDINA COUNTY, INC. 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 8: Reconciliation of Financial Statements to Form 5500 (continued)

The following is a reconciliation of net income per the financial statements for the years ended December 31, 2019 and 2018, to Form 5500:

	<u>2019</u>	<u>2018</u>
Net Income per the Form 5500	\$ 537,695	\$ (12,698)
Adjustments for:		
Contributions receivable	<u>3,429</u>	<u>1,360</u>
Net Increase (Decrease) per the Financial Statements	\$ <u>541,124</u>	\$ <u>(11,338)</u>

Note 9: Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, credit and market 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 the participants' account balances and the amounts reported in the 2019 statement of net assets available for benefits.

Note 10: Operational Errors

The Organization is in the process of self-correcting certain operational errors. These errors do not have a material impact on the Plan's net assets available for benefits, and the Organization does not expect those errors to affect the Plan's tax status.

Society for Handicapped Citizens of Medina County, Inc. 403 (b) Plan
Supplemental Schedule - Schedule of Delinquent Participant Contributions
Schedule H, Line 4a
December 31, 2019

EIN: 34-1011157
Plan Number: 001

		Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002- 51
		Check Here if Late Participant Loan Repayments Are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	
Participant Contributions Transferred Late to Plan	497		0	497	
				0	0

See accompanying independent auditor's report.

Society for Handicapped Citizens of Medina County, Inc. 403 (b) Plan
Supplemental Schedule - Schedule of Assets (Held At End of Year)
Schedule H, Line 4i
December 31, 2019

EIN: 34-1011157

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Nationwide Financial Services	- JPM Cor Pls Bd R6	1	\$ 64,883
	Nationwide Financial Services	- AmFds 2055 TrgtDtRtrmt R6	1	45,257
	Nationwide Financial Services	- TRowePr Blue Chip Gr	1	157,723
	Nationwide Financial Services	- BOA-Fixed	1	158,919
	Nationwide Financial Services	- Cariln Eagle MdCap Gr I	1	37,559
	Nationwide Financial Services	- Fed MDT SmCap Gr Inst	1	48,026
	Nationwide Financial Services	- Vngrd MdCap Val Indx Adml	1	63,677
	Nationwide Financial Services	- Vngrd Sm Cap Val Indx Adml	1	64,970
	Nationwide Financial Services	- AmFds 2060 TrgtDtRtrmt R6	1	30,580
	Nationwide Financial Services	- Fed Gov Oblgtns Prmr	1	38,189
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	Nationwide Financial Services	- BlkRk Low Dur Bd Inst	1	6,830
	Nationwide Financial Services	- NW Bd Indx R6	1	196
	Nationwide Financial Services	- NW MdCap Mkt Indx R6	1	8,405
	Nationwide Financial Services	- NW Intl Indx R6	1	56,470
	Nationwide Financial Services	- NW SmCap Indx R6	1	1,832
	Nationwide Financial Services	- NW S P 500 Indx R6	1	94,373
	Nationwide Financial Services	- AmFds Cap Wld Bd R6	1	24,727
	Nationwide Financial Services	- AmFds EuroPacfc Gr R6	1	95,977
	Nationwide Financial Services	- AmFds 2025 TrgtDtRtrmt R6	1	221,081
	Nationwide Financial Services	- AmFds 2030 TrgtDtRtrmt R6	1	92,965
	Nationwide Financial Services	- AmFds 2035 TrgtDtRtrmt R6	1	60,543
	Nationwide Financial Services	- AmFds 2040 TrgtDtRtrmt R6	1	78,461
	Nationwide Financial Services	- AmFds 2045 TrgtDtRtrmt R6	1	80,148
	Nationwide Financial Services	- AmFds 2050 TrgtDtRtrmt R6	1	116,647
	Nationwide Financial Services	- AmFds 2015 TrgtDtRtrmt R6	1	155,273
	Nationwide Financial Services	- AmFds 2010 TrgtDtRtrmt F6	1	31,914
	Nationwide Financial Services	- AmFds New Prspct R6	1	67,413
	Nationwide Financial Services	- AmFds 2020 TrgtDtRtrmt R6	1	81,598
	Nationwide Financial Services	- AmFds Wshngtn Mut Inv R6	1	56,416
	Nationwide Financial Services	- Vngrd Hi Yld Corp Adml	1	935
*	Participant loans	4.25 - 6.50%; various maturity dates		51,114
		Total Investment Value		<u>\$ 2,180,761</u>

Column (a) * - indicates Party in Interest

Column (d) 1 - indicates Participant directed investment, therefore cost omitted in accordance with Form 5500 instructions

See accompanying independent auditor's report.

SOCIETY FOR HANDICAPPED CITIZENS OF
MEDINA COUNTY, INC. 403(b) PLAN

FINANCIAL STATEMENTS

FOR THE YEARS ENDED
DECEMBER 31, 2019 AND 2018



Rea & associates

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SOCIETY FOR HANDICAPPED CITIZENS OF MEDINA COUNTY, INC. 403(b) PLAN
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INDEPENDENT AUDITOR'S REPORT

To The Administrative Committee of
Society for Handicapped Citizens of Medina County, Inc. 403(b) Plan
Medina, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Society For Handicapped Citizens of Medina County, Inc. 403(b) Plan, which comprise the statements of net assets available for benefits as of December 31, 2019, and the related statements of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these 2019 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Nationwide Trust Company, FSB, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2019, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the 2019 financial statements. Accordingly, we do not express an opinion on these 2019 financial statements.

Other Matter – Supplemental Schedules

The supplemental schedules of delinquent participant contributions and schedule of assets (held at end of year), which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

Other Matter – 2018 Financial Statements

The financial statements of the Plan as of and for the year ended December 31, 2018 were audited by predecessor auditors, Dyer, Roche & Company, Inc., who merged with Rea & Associates on November 1, 2020. Their report, dated October 15, 2019, did not express an opinion on the 2018 financial statements for the same reason as described in the Basis for Disclaimer of Opinion paragraph. Their report also indicated the form and content of the information included in the 2018 financial statements, other than that derived from the information certified by the trustee, was presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the 2019 financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Rea & Associates, Inc.

Wooster, Ohio
January 20, 2021

SOCIETY FOR HANDICAPPED CITIZENS OF MEDINA COUNTY, INC 403(b) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2019 AND 2018

	<u>2019</u>	<u>2018</u>
ASSETS:		
Investments, at fair value	\$ <u>2,129,647</u>	\$ <u>1,614,048</u>
Receivables:		
Notes receivable from participants	51,114	29,018
Participant contributions	6,827	5,025
Employer match and nondiscretionary	<u>4,280</u>	<u>2,653</u>
Total receivables	<u>62,221</u>	<u>36,696</u>
NET ASSETS AVAILABLE FOR BENEFITS	\$ <u><u>2,191,868</u></u>	\$ <u><u>1,650,744</u></u>

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

SOCIETY FOR HANDICAPPED CITIZENS OF MEDINA COUNTY, INC 403(b) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018

	<u>2019</u>	<u>2018</u>
Additions to Net Assets Attributed To:		
Net appreciation (depreciation) in fair value of \$ investments	339,357	\$ (102,560)
Interest earned on notes receivable from participants	2,175	1,946
Contributions:		
Participant	240,911	207,190
Rollover	-	29,616
Employer - discretionary and matching	<u>152,848</u>	<u>106,068</u>
Total additions	<u>735,291</u>	<u>242,260</u>
Deductions From Net Assets Attributed To:		
Benefits paid to participants	174,769	238,164
Administrative expenses	<u>19,398</u>	<u>15,434</u>
Total deductions	<u>194,167</u>	<u>253,598</u>
Net increase (decrease) in net assets	541,124	(11,338)
Net Assets Available For Plan Benefits:		
Beginning of year	<u>1,650,744</u>	<u>1,662,082</u>
End of year	<u>\$ 2,191,868</u>	<u>\$ 1,650,744</u>

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

SOCIETY FOR HANDICAPPED CITIZENS OF
MEDINA COUNTY, INC. 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 1: Description of Plan

The following description of the Society for Handicapped Citizens of Medina County, Inc. 403(b) Plan (the 'Plan') provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan sponsored by Society for Handicapped Citizens of Medina County, Inc. (hereinafter called the "Organization") covering employees meeting defined eligibility requirements with the Organization. Entry into the Plan occurs on the first day of the first month following the date eligibility requirements are met. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Administrative Committee is responsible for the oversight of the Plan, including determining the appropriateness of the Plan's investment offerings and monitoring investment performance.

Contributions

Each year, participants may contribute from 1% to 20% of pretax annual compensation or make Roth contributions, as defined in the Plan. The Plan allows for automatic deferral of contributions at the rate of 2% when eligibility for the Plan is reached. The Organization's discretionary non-elective contribution of 1.0% in 2019 and 0.5% in 2018 is allocated to all eligible participants in the Plan year. See also Subsequent Events below. The Organization also has elected to make a matching contribution of 50% of the employees authorized deferral, to a maximum of 3% of the participants' eligible compensation. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

Participant Accounts

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

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Organization's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of service. A participant is 100% vested after three years of credited service.

Payment of Benefits

On termination of service, a participant may elect to receive the value of his or her account in a lump-sum amount or in the form of a rollover to another qualified plan. Participants whose account balances are less than \$5,000 are required to take a distribution upon separation from employment.

SOCIETY FOR HANDICAPPED CITIZENS OF
MEDINA COUNTY, INC. 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 1: Description of Plan (Continued)

Notes Receivable from Participants

Participants may borrow from their fund accounts a maximum of 50% of the vested amount. Loan transactions are treated as transfers to (from) the investment fund from (to) the loan. The loans are secured by the balance in the participant's account and bear an interest rate commensurate with local prevailing rates as determined by the plan administrator. Principal and interest are paid ratably through monthly payroll deductions.

Forfeited Accounts

In 2018 the Plan was amended to provide that forfeitures be allocated in the Plan year following the Plan year in which the designated forfeitures occur. During 2019 forfeitures in the amount of \$44,165 were allocated to participants as an employer discretionary contribution. Forfeitures available for reallocation to Plan participants as of December 31, 2019 amount to \$31,400. New forfeitures amounted to \$31,400 and \$16,596 for the years December 31, 2019 and 2018, respectively.

Investment Options

Upon enrollment in the Plan, a participant may direct employee contributions among investment choices in increments of 1 percent. Participants may change their investment option on any normal business day.

Note 2: Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual basis of accounting in conformity with generally accepted accounting principles.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual amounts could differ from these estimates.

Administrative Expenses

Expenses paid by the Plan include fees for recordkeeping of Plan assets and third-party administration of participant accounts, as well as per-transaction fees for certain participant-initiated transactions. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

SOCIETY FOR HANDICAPPED CITIZENS OF
MEDINA COUNTY, INC. 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 2: Summary of Accounting Policies (Continued)

Investment Valuation and Income Recognition

The Plan's investments are stated at daily unit valuations intended to approximate fair market value in the investment accounts held by Nationwide Trust Company, FSB. Purchases and sales are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2019 or 2018. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Reclassifications

Certain items reported in the prior year have been reclassified to conform with the current year presentation.

Subsequent Events

The Plan was amended effective January 1, 2020 to provide for (1) removal of the provision for automatic deferrals; (2) change in the eligibility conditions for receipt of discretionary nonelective contributions to require being an active participant as of the end of the Plan year who also provided 1,000 or more hours of service, unless the participant severed employment during the Plan year due to death, disability or attainment of normal retirement age as defined; and (3) provide that forfeitures which are not used to reduce nonelective contributions, reduce matching contributions or to pay reasonable Plan expenses, be allocated as additional discretionary nonelective contributions.

The Plan has implemented certain requirements by the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) which change the Plan to, among others, allow certain eligible individuals to receive coronavirus-related relief for loan repayment, allow participants to take "coronavirus-related distributions" from the Plan under certain circumstances without incurring the 10% early payment penalty, suspend required minimum distributions, and delay the commencement date for required minimum distributions. The optional features within the CARES Act are currently being assessed but have not been implemented to date. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and IRS guidance.

Subsequent events have been evaluated through January 20, 2021, which is the date the financial statements were available to be issued.

SOCIETY FOR HANDICAPPED CITIZENS OF
MEDINA COUNTY, INC. 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 3: Information Prepared and Certified by Trustee

Upon enrollment in the Plan, a participant may direct contributions in any of the investment funds offered by the Plan. Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2019 and 2018, and net appreciation in fair value of investments and interest earned on notes receivable from participants for the years ended December 31, 2019 and 2018, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Nationwide Trust Company, FSB, the trustee of the Plan.

Note 4: Fair Value of Investments

FASB ASC 820, Fair Value Measurements, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels:

Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities.

Level 2 inputs are inputs (other than quoted prices included within level 1) that are observable for the asset or liability, either directly or indirectly.

Level 3 are unobservable inputs for the asset or liability and may rely on the Trustee's own assumptions about the assumptions that market participants would use in pricing the asset or liability.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. The Plan determines the fair value of plan investments as follows:

Level 2 Fair Value Measurements

The fair value of investments in pooled separate accounts with underlying investments in registered investment companies is based on daily unit valuations intended to approximate fair market value in the investment accounts held by the plan trustee at year-end.

Level 3 Fair Value Measurements

Guaranteed investment contracts are reported at contract value as reported by the insurance company. There is no deferred sales charge related to the insurance contract, however the balance is subject to market value adjustment.

SOCIETY FOR HANDICAPPED CITIZENS OF
MEDINA COUNTY, INC. 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 4: Fair Value of Investments (Continued)

Investments by level in the fair value hierarchy are as follows:

	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>December 31, 2019</u>			
Pooled separate accounts	\$ 2,021,842	\$ -	\$ 2,021,842
Guaranteed investment contract	<u>-</u>	<u>158,919</u>	<u>158,919</u>
Total	\$ <u>2,021,842</u>	\$ <u>158,919</u>	\$ <u>2,180,761</u>
<u>December 31, 2018</u>			
Pooled separate accounts	\$ 1,481,059	\$ -	\$ 1,481,059
Guaranteed investment contract	<u>-</u>	<u>132,989</u>	<u>132,989</u>
Total	\$ <u>1,418,059</u>	\$ <u>132,989</u>	\$ <u>1,614,048</u>

A summary of changes in Level 3 investments for the years ended December 31, 2019 and 2018, is as follows:

	<u>2019</u>	<u>2018</u>
Balance at beginning of year	\$ 132,989	\$ 117,213
Payments on loans	2,319	928
Contributions	32,513	28,353
Exchanges	-	-
Distributions and withdrawals	(10,073)	(14,334)
Net unrealized gain (loss)	<u>1,171</u>	<u>829</u>
Balance at end of year	\$ <u>158,919</u>	\$ <u>132,989</u>

Note 5: Related-Party and Party in Interest Transactions

Fees incurred by the Plan for investment management services are included in administrative expenses and totaled \$9,567 and \$9,307 for the years ended December 31, 2019 and 2018. The Plan also made direct payments during 2019 and 2018 to the third-party administrator of \$9,831 and \$6,126, respectively, which are also included in administrative expenses. The Plan Sponsor pays directly any other fees related to the Plan's operations.

SOCIETY FOR HANDICAPPED CITIZENS OF
MEDINA COUNTY, INC. 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 6: Plan Termination

The Organization has the right under the Plan to discontinue participant contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Note 7: Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated March 31, 2008 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and therefore, believe the Plan is qualified and the related trust is tax-exempt.

Management has evaluated income tax positions taken or expected to be taken, if any, on income tax returns filed and the likelihood that, upon examination by the relevant jurisdictions, those income tax positions would be sustained. Based on the results of this examination management determined there are no positions that necessitated disclosure and/or adjustment.

The Plan's federal income tax returns are subject to examination by the IRS, generally for three years after they were filed.

Note 8: Reconciliation of Financial Statements to Form 5500

For the years ended December 31, 2019 and 2018 the following differences exist between the audited financial statements (prepared on the accrual basis) and the Form 5500 (prepared on the cash basis):

	<u>2019</u>	<u>2018</u>
Net Assets per the Form 5500	\$ 2,180,761	\$ 1,643,066
Adjustments for:		
Contributions receivable	<u>11,107</u>	<u>7,678</u>
Net Assets per the Financial Statements	\$ <u>2,191,868</u>	\$ <u>1,650,744</u>

SOCIETY FOR HANDICAPPED CITIZENS OF
MEDINA COUNTY, INC. 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS

Note 8: Reconciliation of Financial Statements to Form 5500 (continued)

The following is a reconciliation of net income per the financial statements for the years ended December 31, 2019 and 2018, to Form 5500:

	<u>2019</u>	<u>2018</u>
Net Income per the Form 5500	\$ 537,695	\$ (12,698)
Adjustments for:		
Contributions receivable	<u>3,429</u>	<u>1,360</u>
Net Increase (Decrease) per the Financial Statements	\$ <u>541,124</u>	\$ <u>(11,338)</u>

Note 9: Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, credit and market 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 the participants' account balances and the amounts reported in the 2019 statement of net assets available for benefits.

Note 10: Operational Errors

The Organization is in the process of self-correcting certain operational errors. These errors do not have a material impact on the Plan's net assets available for benefits, and the Organization does not expect those errors to affect the Plan's tax status.

Society for Handicapped Citizens of Medina County, Inc. 403 (b) Plan
Supplemental Schedule - Schedule of Delinquent Participant Contributions
Schedule H, Line 4a
December 31, 2019

EIN: 34-1011157
Plan Number: 001

		Check Here if Late Participant Loan Repayments Are Included	Total That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002- 51
			Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Participant Contributions Transferred Late to Plan	497		0	497	0	0

See accompanying independent auditor's report.

Society for Handicapped Citizens of Medina County, Inc. 403 (b) Plan
Supplemental Schedule - Schedule of Assets (Held At End of Year)
Schedule H, Line 4i
December 31, 2019

EIN: 34-1011157

Plan Number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Nationwide Financial Services	- JPM Cor Pls Bd R6	1	\$ 64,883
	Nationwide Financial Services	- AmFds 2055 TrgtDtRtrmt R6	1	45,257
	Nationwide Financial Services	- TRowePr Blue Chip Gr	1	157,723
	Nationwide Financial Services	- BOA-Fixed	1	158,919
	Nationwide Financial Services	- Cariln Eagle MdCap Gr I	1	37,559
	Nationwide Financial Services	- Fed MDT SmCap Gr Inst	1	48,026
	Nationwide Financial Services	- Vngrd MdCap Val Indx Adml	1	63,677
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	Nationwide Financial Services	- AmFds 2060 TrgtDtRtrmt R6	1	30,580
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	Nationwide Financial Services	- BlkRk Low Dur Bd Inst	1	6,830
	Nationwide Financial Services	- NW Bd Indx R6	1	196
	Nationwide Financial Services	- NW MdCap Mkt Indx R6	1	8,405
	Nationwide Financial Services	- NW Intl Indx R6	1	56,470
	Nationwide Financial Services	- NW SmCap Indx R6	1	1,832
	Nationwide Financial Services	- NW S P 500 Indx R6	1	94,373
	Nationwide Financial Services	- AmFds Cap Wld Bd R6	1	24,727
	Nationwide Financial Services	- AmFds EuroPacfc Gr R6	1	95,977
	Nationwide Financial Services	- AmFds 2025 TrgtDtRtrmt R6	1	221,081
	Nationwide Financial Services	- AmFds 2030 TrgtDtRtrmt R6	1	92,965
	Nationwide Financial Services	- AmFds 2035 TrgtDtRtrmt R6	1	60,543
	Nationwide Financial Services	- AmFds 2040 TrgtDtRtrmt R6	1	78,461
	Nationwide Financial Services	- AmFds 2045 TrgtDtRtrmt R6	1	80,148
	Nationwide Financial Services	- AmFds 2050 TrgtDtRtrmt R6	1	116,647
	Nationwide Financial Services	- AmFds 2015 TrgtDtRtrmt R6	1	155,273
	Nationwide Financial Services	- AmFds 2010 TrgtDtRtrmt F6	1	31,914
	Nationwide Financial Services	- AmFds New Prspct R6	1	67,413
	Nationwide Financial Services	- AmFds 2020 TrgtDtRtrmt R6	1	81,598
	Nationwide Financial Services	- AmFds Wshngtn Mut Inv R6	1	56,416
	Nationwide Financial Services	- Vngrd Hi Yld Corp Adml	1	935
*	Participant loans	4.25 - 6.50%; various maturity dates		51,114
		Total Investment Value		<u>\$ 2,180,761</u>

Column (a) * - indicates Party in Interest

Column (d) 1 - indicates Participant directed investment, therefore cost omitted in accordance with Form 5500 instructions

See accompanying independent auditor's report.