

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 2020 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</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.	10/15/2021	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 (2020)
v. 200204

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		5 280
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year.....		6a(1) 179
a(2) Total number of active participants at the end of the plan year		6a(2) 164
b Retired or separated participants receiving benefits.....		6b 99
c Other retired or separated participants entitled to future benefits		6c 35
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 298
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 298
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 262
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 25
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	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
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	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	GAP-B2-LT4X	26	01/01/2020	12/31/2020

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 0**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶ **GUARANTEED INVESTMENT****b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 158919**c** Additions: (1) Contributions deposited during the year **7c(1)** 27225
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)** 3718
(4) Transferred from separate account..... **7c(4)**
(5) Other (specify below)..... **7c(5)** 2252▶ **LOAN REPAYMENT - PRINCIPAL**(6) Total additions **7c(6)** 33195**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 192114**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 13969(2) Administration charge made by carrier..... **7e(2)** 1411(3) Transferred to separate account..... **7e(3)**(4) Other (specify below)..... **7e(4)** 218▶ **FORFEITURES**(5) Total deductions **7e(5)** 15598**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 176516

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
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)

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	0	Yes ☒ No ☐	Yes ☐ No ☒	8108	Yes ☐ No ☒

(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	439	Yes ☒ No ☐	Yes ☒ No ☐	7366	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	0	Yes ☒ No ☐	Yes ☒ No ☐	4887	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)

MERCER GLOBAL ADVISORS, INC

1200 17TH ST., STE. 500
DENVER, CO 80202

74-3257877

(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 ☒	3483	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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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:	DYER ROCHE & COMPANY, INC.	b EIN:	20-1954047
c Position:	AUDITOR		
d Address:	121 NORTH MARKET STREET WOOSTER, OH 44691	e Telephone:	330-674-1003

Explanation: DYER ROCHE & COMPANY MERGED WITH REA & ASSOCIATES EFFECTIVE NOVEMBER 1,2020

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

a Name of MTIA, CCT, PSA, or 103-12 IE: NATIONWIDE QUALIFIED PLANS VARIABLE

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE

c EIN-PN <u>31-4156830-009</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2561422</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
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	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)	51114		39435
	(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)	1970728		2561422
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	158919		176516
	(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	2180761	2777373

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	2180761	2777373
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	90897	
(B) Participants	2a(1)(B)	231070	
(C) Others (including rollovers).....	2a(1)(C)	7296	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		329263
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)	2576	
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2576
(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)		360884
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		692723

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	72268	
(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)		72268
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)	23843	
(3) Investment advisory and management fees	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		23843
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		96111

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		596612
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 31-4156830		
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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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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) 2020
v. 200204

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14a	
14b	
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.....

b The corresponding number for the second preceding plan year.....

15a	
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.....

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.....

16a	
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

December 31, 2020 and 2019



Rea & associates

www.reacpa.com

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INDEPENDENT AUDITOR'S REPORT

To The Administrative Committee and Plan Participants 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 (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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 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 and Nationwide Life Insurance Company, the custodian/trustees 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 custodian/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, 2020 and 2019, that the information provided to the plan administrator by the custodian/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. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets held at end of year as of December 31, 2020 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. These supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian/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.

Rea & Associates, Inc.
Wooster, Ohio
October 14, 2021

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2020 AND 2019

	2020	2019
ASSETS:		
Investments:		
Investments, at fair value (See Note 4)	\$ 2,737,938	\$ 2,129,647
Total investments	2,737,938	2,129,647
RECEIVABLES:		
Notes receivable from participants	39,435	51,114
Participant contributions	-	6,827
Employer contributions	51,247	4,280
Total receivables	90,682	62,221
Net assets available for benefits	\$ 2,828,620	\$ 2,191,868

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, 2020 AND 2019

	2020	2019
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Contributions:		
Participants	\$ 224,243	\$ 240,911
Employer	137,864	152,848
Rollovers	7,296	-
Total contributions	369,403	393,759
Investment income:		
Net appreciation in fair value of investments	360,884	339,357
Interest earned on notes receivable from participants	2,576	2,175
Total additions	732,863	735,291
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	72,268	174,769
Administrative expenses	23,843	19,398
Total deductions	96,111	194,167
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	636,752	541,124
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	2,191,868	1,650,744
NET ASSETS AVAILABLE FOR BENEFITS, end of year	\$ 2,828,620	\$ 2,191,868

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

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

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF THE 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 retirement plan sponsored by Society for Handicapped Citizens of Medina County, Inc. (hereinafter called the "Organization") which was formed for the purpose of providing retirement benefits to 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.

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") was signed into law and impacted certain aspects of the Plan. See Note 11 for additional discussion regarding the Cares Act.

Contributions

Each year, participants may contribute from 1% to 20% of pretax annual compensation or make Roth contributions, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants who have completed at least 15 years of service are eligible for a qualified organization catch-up deferral subject to the limitations defined by the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover contributions). Until January 1, 2020, the Plan allowed for automatic deferral of contributions at the rate of 2% when eligibility for the Plan is reached. Effective January 1, 2020 the automatic deferral provision of the Plan was discontinued. The Organization also elected to make a matching contribution of 50% of the employees authorized deferral, to a maximum of 3% of the participants' eligible compensation. The Organization's discretionary non-elective contribution of 1.0% of eligible compensation in 2020 and 2019 is allocated to all eligible participants in the Plan year. Effective January 1, 2020 the Plan was amended to require Company's discretionary non-elective contribution be made only to participants completing 1,000 hours of service during the Plan year and are also employed by the Organization at the end of the Plan year. Prior to January 1, 2020, discretionary non-elective contributions were made to all participants eligible to contribute to the Plan regardless of employment status at the end of the Plan year. Discretionary non-elective contributions authorized for 2020 were \$51,247. Discretionary contributions made for 2019 were \$56,085. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

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

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF THE PLAN (CONTINUED)

Participant Accounts

Each participant's account is credited with the allocation of (a) participant contributions, (b) employer contributions, (c) Plan earnings and (d) forfeitures, as applicable. 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.

Participant-Directed Investment Options

Upon enrollment in the Plan, a participant may direct contributions credited to his or her account among several investment options with varying degrees of risk and volatility, allowing participants to allocate their investments with their own risk tolerances and time horizons. Participants may change their investment option on any normal business day.

Vesting

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

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. 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. Such loans bear an interest rate commensurate with local prevailing rates as determined by the plan administrator. Principal and interest are paid ratably through payroll deductions. See Note 11 which describes temporary provisions adopted due to the CARES Act.

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. Distribution of a participant's account balance may be authorized at any time by the plan administrator under certain hardship conditions. See Note 11 which describes temporary provisions adopted due to the CARES Act.

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

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF THE PLAN (CONTINUED)

Forfeited Accounts

Forfeited nonvested accounts may be used to fund additional employer discretionary contributions, pay administrative expenses or reduce employer matching or discretionary profit sharing contributions. No forfeitures were used for any purpose during 2020. 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, 2020 and 2019 were \$35,824 and \$31,400, respectively. New forfeitures amounted to \$4,424 and \$31,400 for the years December 31, 2020 and 2019, respectively.

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.

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.

Investment Valuation and Income Recognition

The Plan's investments are stated at daily unit valuations intended to approximate fair value in the investment accounts held by Nationwide Trust Company, FSB and Nationwide Life Insurance Company. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Administrative Committee determines the Plan's valuation policies utilizing information provided by their investments advisers. See Note 4 for discussion of fair value measurements.

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, 2020 or 2019. 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. See Note 11 which describes temporary provisions adopted due to the CARES Act.

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

NOTES TO THE FINANCIAL STATEMENTS

NOTE 2: SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

Payment of Benefits

Benefits are recorded when paid. See Note 11 which describes temporary provisions adopted due to the CARES Act.

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.

Adoption of ASU 2018-13

In August 2018 the Financial Accounting Standards Board issued Accounting Standards Update (ASU) No. 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework – Changes to Disclosure Requirements for Fair Value Measurement*, which modifies the disclosure requirements for fair value measurements by removing, modifying or adding certain disclosures. The Plan adopted this ASU effective January 1, 2019. The effect of adoption the ASU resulted in the removal of modification of certain fair value measurement disclosures presented in the financial statements related to reporting of Level 3 valuation processes and rollforward activities.

Subsequent Events

Subsequent events have been evaluated through October 14, 2021, which is the date the financial statements were available to be issued.

During the first quarter of 2021 Plan management engaged T. Rowe Price to serve as recordkeeper, and Reliance Trust Company to serve as custodian, for the Plan. The transfer of assets to the new custodian was completed in the second quarter of 2021. The current plan documents have been retained.

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

NOTES TO THE FINANCIAL STATEMENTS

NOTE 3: INFORMATION PREPARED AND CERTIFIED BY NATIONWIDE TRUST COMPANY,
FSB AND NATIONWIDE LIFE INSURANCE COMPANY

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, 2020 and 2019, and net appreciation in fair value of investments and interest earned on notes receivable from participants, for the years then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Nationwide Trust Company, FSB and Nationwide Life Insurance Company, the trustee/custodians of the Plan.

NOTE 4: FAIR VALUE OF INVESTMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 investments) and the lowest priority to unobservable inputs (Level 3 investments).

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

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

NOTES TO THE FINANCIAL STATEMENTS

NOTE 4: FAIR VALUE OF INVESTMENTS (CONTINUED)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2020 and 2019.

Pooled separate accounts: Valued at NAV per unit based on the quoted market prices of the underlying investments. The NAV, as provided by the custodian, was used as a practical expedient to estimate fair value.

Guaranteed investment contract: Guaranteed investment contracts are reported at fair 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 determined by the contract issuer in accordance with uniform procedures applicable to contracts of similar class. Participant transactions (purchases and sales) may occur daily. See Note 5 for discussion of limitations on exchanges from the fund. Due to the valuation methodology used, these investments, which are considered to be not benefit responsive, are considered to be Level 3 investments. The fair market value of the guaranteed investment contract was \$176,516 and 158,919 at December 31, 2020 and 2019 respectively.

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

Assets measured at fair value at December 31, 2020 and 2019 consist of pooled separate accounts measured using NAV per share as a practical expedient totaling \$2,561,422 and \$1,970,728, respectively. These investments have not been classified in the fair value hierarchy in accordance with Subtopic 820-10.

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

NOTES TO THE FINANCIAL STATEMENTS

NOTE 4: FAIR VALUE OF INVESTMENTS (CONTINUED)

The following table summarizes investments for which fair value is measured using NAV per share as a practical expedient as of December 31, 2020 and 2019, respectively:

December 31, 2020	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled separate accounts:				
Bond funds ^(a)	\$ 130,767	None	Daily	None
High yield bonds ^(b)	1,117	None	Daily	None
Large-cap stocks ^(c)	418,813	None	Daily	None
Mid-cap stocks ^(d)	132,276	None	Daily	None
Small-cap stocks ^(e)	148,864	None	Daily	None
Foreign stocks ^(f)	280,593	None	Daily	None
Managed asset allocation ^(g)	1,322,164	None	Daily	None
Real estate ^(h)	84,313	None	Daily	None
Money market ⁽ⁱ⁾	42,515	None	Daily	None

December 31, 2019	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled separate accounts:				
Bond funds ^(a)	\$ 105,304	None	Daily	None
High yield bonds ^(b)	935	None	Daily	None
Large-cap stocks ^(c)	308,512	None	Daily	None
Mid-cap stocks ^(d)	109,641	None	Daily	None
Small-cap stocks ^(e)	114,828	None	Daily	None
Foreign stocks ^(f)	219,860	None	Daily	None
Managed asset allocation ^(g)	994,467	None	Daily	None
Real estate ^(h)	78,992	None	Daily	None
Money market ⁽ⁱ⁾	38,189	None	Daily	None

^(a) This category includes funds that seek to achieve its objective through a mix of current income and capital appreciation as determined by the funds' investment subadvisor. It invests, under normal circumstances, at least 80% of the funds' investable assets in bonds and other debt securities. For purposes of this policy bonds include all fixed-income securities with a maturity date at issue of greater than one year. Certain funds invest in non-investment grade bonds.

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

NOTES TO THE FINANCIAL STATEMENTS

NOTE 4: FAIR VALUE OF INVESTMENTS (CONTINUED)

- (b) This category includes funds that pursue its investment objective of providing a high level of current income by investing in high-yielding, higher-risk corporate bonds (“junk bond”) with medium- and lower-range credit quality ratings.
- (c) This category includes funds that seek to provide growth of capital and to a lesser extent current income primarily through investments in common stocks of large, financially established “blue chip” companies or by matching the return of indices of such common stocks. Risk and return are typically moderate to high.
- (d) This category includes funds that seek to provide long-term capital appreciation through investments in equity securities of mid-capitalization companies or by matching the return of indices of such common stocks. Risk and return are typically moderate to high.
- (e) This category includes funds that seek long-term capital appreciation by investing in the common stock of small companies or by matching the return of indices of such common stocks. Under normal market conditions the funds will invest at least 80% of its net assets in such companies. Risk and return are typically high.
- (f) This category includes funds that seek capital growth by investing in securities of companies located outside of the United States which the investment advisor believes to have the potential for growth. Risk and return are typically high.
- (g) This category includes funds that seek the highest total return consistent with its asset mix. The funds are “funds of funds”, meaning that they seek to achieve their objectives by investing in other mutual funds (the underlying funds) that represent a wide variety of asset classes and investment styles. The target date in the fund names refers to the approximate year an investor plans to retire and likely would stop making new investments in the fund.
- (h) This category includes a fund which seeks total return through investment of at least 80% of its net assets in income producing common stocks and other equity securities issued by real estate companies such as real estate investment trusts.
- (i) This category includes a fund which seeks to provide current income consistent with the stability of principal. The fund invests in a portfolio of U.S. Treasury and government securities maturing in 397 days or less and related collateralized repurchase obligations.

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

NOTES TO THE FINANCIAL STATEMENTS

NOTE 4: FAIR VALUE OF INVESTMENTS (CONTINUED)

The following are activities related to the fair value of the Plan's Level 3 investments for the years ended December 31, 2020 and 2019:

	2020	2019
Purchases	\$ 29,704	\$ 38,013
Issuances	13,969	6,848
Transfers in/out of Level 3	-	-

NOTE 5: GUARANTEED INVESTMENT CONTRACT

The Plan has entered into a non-fully-benefit responsive investment contract with Nationwide Life Insurance Company. Nationwide Life Insurance Company maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula established by the issuer, but may not be less than 1.00%. The crediting interest rate was 2.15% for each of the years ended December 31, 2020 and 2019.

The guaranteed investment contract does not meet the criteria to be considered fully benefit responsive and is therefore reported at fair value. The contract holder may exchange amounts from the fund to a companion contract, as defined; exchanges may not exceed 20% of the value of the fund less any amounts exchanged during the one-year period ending on the exchange date. In the event of plan termination or a defined reduction in the number of participants, the contract issuer will pay the amount withdrawn, increased or decreased by a market value adjustment determined by the contract issuer.

NOTE 6: RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

Certain plan investments are managed by Nationwide Trust Company. Nationwide Trust Company is the trustee/custodian as defined by the Plan and, there, such transactions and associated administrative expenses qualify as party-in-interest transactions.

Additionally the Plan holds party-in-interest receivables of \$39,435 and \$51,114 as of December 31, 2020 and 2019, respectively, in the form of notes receivable from participants.

Fees incurred by the Plan for investment management services are included in administrative expenses and totaled \$18,956 and \$9,567 for the years ended December 31, 2020 and 2019. The Plan also made direct payments during 2020 and 2019 to the third-party administrator of \$4,887 and \$9,831, 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 THE FINANCIAL STATEMENTS

NOTE 7: PLAN TERMINATION

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

NOTE 8: TAX STATUS

Pentegra Services, Inc., sponsor of the 403(b) Volume Submitter Plan, has obtained an opinion letter dated March 31, 2017 in which the IRS stated that the restated volume submitter plan document was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The plan sponsor adopted this restated volume submitter plan document on September 1, 2020. The volume submitter document has been relied on by the Plan. The Plan has been amended since the date of the opinion letter. The plan administrator and the Plan's counsel believe that the Plan is currently designed and is 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.

In accordance with GAAP, Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2020 there are no uncertain position taken or expected to be taken that would require recognition of a liability. See Note 10 for disclosure of operational errors experienced by the Plan. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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 2020 statement of net assets available for benefits.

As of December 31, 2020 the Plan held \$1,637,559 in American Funds which were approximately 60% of investments. Therefore net assets available for benefits are particularly sensitive to changes related to these investments.

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

NOTES TO THE FINANCIAL STATEMENTS

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.

NOTE 11: CARES ACT

The CARES Act had impact on several matters and the Plan adopted the following provisions:

- Participants who were currently receiving required minimum distributions were offered the option to waive their 2020 distribution and participants who were due to receive the first required distribution in 2020 had their distribution automatically waived.
- Eligible Plan participants were allowed to request penalty-free distributions of up to \$100,000 for qualifying coronavirus-related reasons. These reasons included adverse financial consequences due to being quarantined, furloughed, laid off, having work hours reduced or being unable to work due to a lack of childcare due to COVID-19.
- Eligible Plan participants were allowed to request loans of up to \$100,000 or 100% of their vested balance from date of signing of the CARES Act through September 23, 2020.
- Temporary loan repayment deferrals allowed qualified Plan participants with Plan loan repayments to defer such repayments until December 31, 2020.

The Plan has not formalized an amendment regarding the adoption of provisions related to the CARES Act as of December 31, 2020. Under the terms of the CARES Act adoption of a formalized amendment is not required until December 31, 2022.

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

NOTES TO THE FINANCIAL STATEMENTS

NOTE 12: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

For the years ended December 31, 2020 and 2019 the following differences exist between the audited financial statements (prepared on the accrual basis) and the Form 5500 (prepared on the cash basis):

	2020	2019
Net assets per the Form 5500	\$ 2,777,373	\$ 2,180,761
Adjustment to record contributions receivable	51,247	11,107
Net assets available for benefits per the audited financial statements	<u>\$ 2,828,620</u>	<u>\$ 2,191,868</u>
Net income per the Form 5500	\$ 596,612	
Adjustments to:		
Record current year contributions receivable	51,247	
Reverse prior year contributions receivable	<u>(11,107)</u>	
Net increase per the audited financial statements	<u>\$ 636,752</u>	

A portion of the Plan's investments are recorded as pooled separate accounts on the financial statements but are recorded on the line for value of interest in registered investment companies on the Form 5500. Since Nationwide Trust Company does not report their separate accounts as a Direct Filing Entity, the Plan cannot categorize the assets as pooled separate accounts for Form 5500 reporting. Because the separate accounts are invested in mutual funds, the investments are shown on that associated line of the Form 5500.

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

FORM 5500, SCHEDULE H, PART IV, LINE 4(I) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2020

EIN: 34-1011157

PLAN NUMBER: 001

PLAN SPONSOR: SOCIETY FOR HANDICAPPED CITIZENS OF MEDINA COUNTY, INC.

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	Nationwide Financial Services	- JPM Cor Pls Bd R6	**	\$ 81,954
	Nationwide Financial Services	- AmFds 2055 TrgtDtRtrmt R6	**	64,749
	Nationwide Financial Services	- TRowePr Blue Chip Gr	**	222,290
	Nationwide Financial Services	- BOA-Fixed	**	176,516
	Nationwide Financial Services	- Cariln Eagle MdCap Gr I	**	47,787
	Nationwide Financial Services	- Fed MDT SmCap Gr Inst	**	65,954
	Nationwide Financial Services	- Vngrd MdCap Val Indx Adml	**	74,267
	Nationwide Financial Services	- Vngrd Sm Cap Val Indx Adml	**	80,319
	Nationwide Financial Services	- AmFds 2060 TrgtDtRtrmt R6	**	40,292
	Nationwide Financial Services	- Fed Gov Oblgtns Prmr	**	42,515
	Nationwide Financial Services	- CohenStrs RealEst Sec Z	**	84,313
	Nationwide Financial Services	- BlkRk GNMA Inst	**	9,850
	Nationwide Financial Services	- BlkRk Low Dur Bd Inst	**	8,020
	Nationwide Financial Services	- AmFds 2065 TrgtDtRtrmt R6	**	392
	Nationwide Financial Services	- NW Bd Indx R6	**	196
	Nationwide Financial Services	- NW MdCap Mkt Indx R6	**	10,222
	Nationwide Financial Services	- NW Intl Indx R6	**	67,291
	Nationwide Financial Services	- NW SmCap Indx R6	**	2,591
	Nationwide Financial Services	- NW S P 500 Indx R6	**	125,177
	Nationwide Financial Services	- AmFds Cap Wld Bd R6	**	30,747
	Nationwide Financial Services	- AmFds EuroPacfc Gr R6	**	132,582
	Nationwide Financial Services	- AmFds 2025 TrgtDtRtrmt R6	**	275,930
	Nationwide Financial Services	- AmFds 2030 TrgtDtRtrmt R6	**	130,741
	Nationwide Financial Services	- AmFds 2035 TrgtDtRtrmt R6	**	83,633
	Nationwide Financial Services	- AmFds 2040 TrgtDtRtrmt R6	**	101,025
	Nationwide Financial Services	- AmFds 2045 TrgtDtRtrmt R6	**	114,605
	Nationwide Financial Services	- AmFds 2050 TrgtDtRtrmt R6	**	183,796
	Nationwide Financial Services	- AmFds 2015 TrgtDtRtrmt R6	**	182,873
	Nationwide Financial Services	- AmFds 2010 TrgtDtRtrmt F6	**	36,242
	Nationwide Financial Services	- AmFds New Prspct R6	**	80,720
	Nationwide Financial Services	- AmFds 2020 TrgtDtRtrmt R6	**	107,886
	Nationwide Financial Services	- AmFds Wshngtn Mut Inv R6	**	71,346
	Nationwide Financial Services	- Vngrd Hi Yld Corp Adml	**	1,117
		SUBTOTAL		2,737,938
*	Participant loans	4.25 - 6.50%; various maturity dates	**	39,435
		TOTAL		2,777,373

* A party-in-interest as defined by ERISA

** Cost information has been excluded in accordance with Form 5500 instructions as all investments are participant directed

Note: This schedule is based on information which has been certified as complete and accurate by Nationwide Trust Company, the custodian of the Plan.

Society for Handicapped Citizens of
Medina County, Inc. 403(b) Plan
Financial Statements

December 31, 2020 and 2019



Rea & associates

www.reacpa.com

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INDEPENDENT AUDITOR'S REPORT

To The Administrative Committee and Plan Participants 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 (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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 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 and Nationwide Life Insurance Company, the custodian/trustees 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 custodian/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, 2020 and 2019, that the information provided to the plan administrator by the custodian/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. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets held at end of year as of December 31, 2020 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. These supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian/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.

Rea & Associates, Inc.
Wooster, Ohio
October 14, 2021

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2020 AND 2019

	2020	2019
ASSETS:		
Investments:		
Investments, at fair value (See Note 4)	\$ 2,737,938	\$ 2,129,647
Total investments	2,737,938	2,129,647
RECEIVABLES:		
Notes receivable from participants	39,435	51,114
Participant contributions	-	6,827
Employer contributions	51,247	4,280
Total receivables	90,682	62,221
Net assets available for benefits	\$ 2,828,620	\$ 2,191,868

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, 2020 AND 2019

	2020	2019
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Contributions:		
Participants	\$ 224,243	\$ 240,911
Employer	137,864	152,848
Rollovers	7,296	-
Total contributions	369,403	393,759
Investment income:		
Net appreciation in fair value of investments	360,884	339,357
Interest earned on notes receivable from participants	2,576	2,175
Total additions	732,863	735,291
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	72,268	174,769
Administrative expenses	23,843	19,398
Total deductions	96,111	194,167
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	636,752	541,124
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	2,191,868	1,650,744
NET ASSETS AVAILABLE FOR BENEFITS, end of year	\$ 2,828,620	\$ 2,191,868

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

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

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF THE 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 retirement plan sponsored by Society for Handicapped Citizens of Medina County, Inc. (hereinafter called the "Organization") which was formed for the purpose of providing retirement benefits to 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.

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") was signed into law and impacted certain aspects of the Plan. See Note 11 for additional discussion regarding the Cares Act.

Contributions

Each year, participants may contribute from 1% to 20% of pretax annual compensation or make Roth contributions, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants who have completed at least 15 years of service are eligible for a qualified organization catch-up deferral subject to the limitations defined by the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover contributions). Until January 1, 2020, the Plan allowed for automatic deferral of contributions at the rate of 2% when eligibility for the Plan is reached. Effective January 1, 2020 the automatic deferral provision of the Plan was discontinued. The Organization also elected to make a matching contribution of 50% of the employees authorized deferral, to a maximum of 3% of the participants' eligible compensation. The Organization's discretionary non-elective contribution of 1.0% of eligible compensation in 2020 and 2019 is allocated to all eligible participants in the Plan year. Effective January 1, 2020 the Plan was amended to require Company's discretionary non-elective contribution be made only to participants completing 1,000 hours of service during the Plan year and are also employed by the Organization at the end of the Plan year. Prior to January 1, 2020, discretionary non-elective contributions were made to all participants eligible to contribute to the Plan regardless of employment status at the end of the Plan year. Discretionary non-elective contributions authorized for 2020 were \$51,247. Discretionary contributions made for 2019 were \$56,085. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

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

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF THE PLAN (CONTINUED)

Participant Accounts

Each participant's account is credited with the allocation of (a) participant contributions, (b) employer contributions, (c) Plan earnings and (d) forfeitures, as applicable. 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.

Participant-Directed Investment Options

Upon enrollment in the Plan, a participant may direct contributions credited to his or her account among several investment options with varying degrees of risk and volatility, allowing participants to allocate their investments with their own risk tolerances and time horizons. Participants may change their investment option on any normal business day.

Vesting

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

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. 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. Such loans bear an interest rate commensurate with local prevailing rates as determined by the plan administrator. Principal and interest are paid ratably through payroll deductions. See Note 11 which describes temporary provisions adopted due to the CARES Act.

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. Distribution of a participant's account balance may be authorized at any time by the plan administrator under certain hardship conditions. See Note 11 which describes temporary provisions adopted due to the CARES Act.

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

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF THE PLAN (CONTINUED)

Forfeited Accounts

Forfeited nonvested accounts may be used to fund additional employer discretionary contributions, pay administrative expenses or reduce employer matching or discretionary profit sharing contributions. No forfeitures were used for any purpose during 2020. 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, 2020 and 2019 were \$35,824 and \$31,400, respectively. New forfeitures amounted to \$4,424 and \$31,400 for the years December 31, 2020 and 2019, respectively.

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.

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.

Investment Valuation and Income Recognition

The Plan's investments are stated at daily unit valuations intended to approximate fair value in the investment accounts held by Nationwide Trust Company, FSB and Nationwide Life Insurance Company. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Administrative Committee determines the Plan's valuation policies utilizing information provided by their investments advisers. See Note 4 for discussion of fair value measurements.

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, 2020 or 2019. 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. See Note 11 which describes temporary provisions adopted due to the CARES Act.

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

NOTES TO THE FINANCIAL STATEMENTS

NOTE 2: SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

Payment of Benefits

Benefits are recorded when paid. See Note 11 which describes temporary provisions adopted due to the CARES Act.

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.

Adoption of ASU 2018-13

In August 2018 the Financial Accounting Standards Board issued Accounting Standards Update (ASU) No. 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework – Changes to Disclosure Requirements for Fair Value Measurement*, which modifies the disclosure requirements for fair value measurements by removing, modifying or adding certain disclosures. The Plan adopted this ASU effective January 1, 2019. The effect of adoption the ASU resulted in the removal of modification of certain fair value measurement disclosures presented in the financial statements related to reporting of Level 3 valuation processes and rollforward activities.

Subsequent Events

Subsequent events have been evaluated through October 14, 2021, which is the date the financial statements were available to be issued.

During the first quarter of 2021 Plan management engaged T. Rowe Price to serve as recordkeeper, and Reliance Trust Company to serve as custodian, for the Plan. The transfer of assets to the new custodian was completed in the second quarter of 2021. The current plan documents have been retained.

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

NOTES TO THE FINANCIAL STATEMENTS

NOTE 3: INFORMATION PREPARED AND CERTIFIED BY NATIONWIDE TRUST COMPANY,
FSB AND NATIONWIDE LIFE INSURANCE COMPANY

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, 2020 and 2019, and net appreciation in fair value of investments and interest earned on notes receivable from participants, for the years then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Nationwide Trust Company, FSB and Nationwide Life Insurance Company, the trustee/custodians of the Plan.

NOTE 4: FAIR VALUE OF INVESTMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 investments) and the lowest priority to unobservable inputs (Level 3 investments).

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

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

NOTES TO THE FINANCIAL STATEMENTS

NOTE 4: FAIR VALUE OF INVESTMENTS (CONTINUED)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2020 and 2019.

Pooled separate accounts: Valued at NAV per unit based on the quoted market prices of the underlying investments. The NAV, as provided by the custodian, was used as a practical expedient to estimate fair value.

Guaranteed investment contract: Guaranteed investment contracts are reported at fair 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 determined by the contract issuer in accordance with uniform procedures applicable to contracts of similar class. Participant transactions (purchases and sales) may occur daily. See Note 5 for discussion of limitations on exchanges from the fund. Due to the valuation methodology used, these investments, which are considered to be not benefit responsive, are considered to be Level 3 investments. The fair market value of the guaranteed investment contract was \$176,516 and 158,919 at December 31, 2020 and 2019 respectively.

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

Assets measured at fair value at December 31, 2020 and 2019 consist of pooled separate accounts measured using NAV per share as a practical expedient totaling \$2,561,422 and \$1,970,728, respectively. These investments have not been classified in the fair value hierarchy in accordance with Subtopic 820-10.

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

NOTES TO THE FINANCIAL STATEMENTS

NOTE 4: FAIR VALUE OF INVESTMENTS (CONTINUED)

The following table summarizes investments for which fair value is measured using NAV per share as a practical expedient as of December 31, 2020 and 2019, respectively:

December 31, 2020	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled separate accounts:				
Bond funds ^(a)	\$ 130,767	None	Daily	None
High yield bonds ^(b)	1,117	None	Daily	None
Large-cap stocks ^(c)	418,813	None	Daily	None
Mid-cap stocks ^(d)	132,276	None	Daily	None
Small-cap stocks ^(e)	148,864	None	Daily	None
Foreign stocks ^(f)	280,593	None	Daily	None
Managed asset allocation ^(g)	1,322,164	None	Daily	None
Real estate ^(h)	84,313	None	Daily	None
Money market ⁽ⁱ⁾	42,515	None	Daily	None

December 31, 2019	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled separate accounts:				
Bond funds ^(a)	\$ 105,304	None	Daily	None
High yield bonds ^(b)	935	None	Daily	None
Large-cap stocks ^(c)	308,512	None	Daily	None
Mid-cap stocks ^(d)	109,641	None	Daily	None
Small-cap stocks ^(e)	114,828	None	Daily	None
Foreign stocks ^(f)	219,860	None	Daily	None
Managed asset allocation ^(g)	994,467	None	Daily	None
Real estate ^(h)	78,992	None	Daily	None
Money market ⁽ⁱ⁾	38,189	None	Daily	None

^(a) This category includes funds that seek to achieve its objective through a mix of current income and capital appreciation as determined by the funds' investment subadvisor. It invests, under normal circumstances, at least 80% of the funds' investable assets in bonds and other debt securities. For purposes of this policy bonds include all fixed-income securities with a maturity date at issue of greater than one year. Certain funds invest in non-investment grade bonds.

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

NOTES TO THE FINANCIAL STATEMENTS

NOTE 4: FAIR VALUE OF INVESTMENTS (CONTINUED)

- (b) This category includes funds that pursue its investment objective of providing a high level of current income by investing in high-yielding, higher-risk corporate bonds (“junk bond”) with medium- and lower-range credit quality ratings.
- (c) This category includes funds that seek to provide growth of capital and to a lesser extent current income primarily through investments in common stocks of large, financially established “blue chip” companies or by matching the return of indices of such common stocks. Risk and return are typically moderate to high.
- (d) This category includes funds that seek to provide long-term capital appreciation through investments in equity securities of mid-capitalization companies or by matching the return of indices of such common stocks. Risk and return are typically moderate to high.
- (e) This category includes funds that seek long-term capital appreciation by investing in the common stock of small companies or by matching the return of indices of such common stocks. Under normal market conditions the funds will invest at least 80% of its net assets in such companies. Risk and return are typically high.
- (f) This category includes funds that seek capital growth by investing in securities of companies located outside of the United States which the investment advisor believes to have the potential for growth. Risk and return are typically high.
- (g) This category includes funds that seek the highest total return consistent with its asset mix. The funds are “funds of funds”, meaning that they seek to achieve their objectives by investing in other mutual funds (the underlying funds) that represent a wide variety of asset classes and investment styles. The target date in the fund names refers to the approximate year an investor plans to retire and likely would stop making new investments in the fund.
- (h) This category includes a fund which seeks total return through investment of at least 80% of its net assets in income producing common stocks and other equity securities issued by real estate companies such as real estate investment trusts.
- (i) This category includes a fund which seeks to provide current income consistent with the stability of principal. The fund invests in a portfolio of U.S. Treasury and government securities maturing in 397 days or less and related collateralized repurchase obligations.

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

NOTES TO THE FINANCIAL STATEMENTS

NOTE 4: FAIR VALUE OF INVESTMENTS (CONTINUED)

The following are activities related to the fair value of the Plan's Level 3 investments for the years ended December 31, 2020 and 2019:

	2020	2019
Purchases	\$ 29,704	\$ 38,013
Issuances	13,969	6,848
Transfers in/out of Level 3	-	-

NOTE 5: GUARANTEED INVESTMENT CONTRACT

The Plan has entered into a non-fully-benefit responsive investment contract with Nationwide Life Insurance Company. Nationwide Life Insurance Company maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula established by the issuer, but may not be less than 1.00%. The crediting interest rate was 2.15% for each of the years ended December 31, 2020 and 2019.

The guaranteed investment contract does not meet the criteria to be considered fully benefit responsive and is therefore reported at fair value. The contract holder may exchange amounts from the fund to a companion contract, as defined; exchanges may not exceed 20% of the value of the fund less any amounts exchanged during the one-year period ending on the exchange date. In the event of plan termination or a defined reduction in the number of participants, the contract issuer will pay the amount withdrawn, increased or decreased by a market value adjustment determined by the contract issuer.

NOTE 6: RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

Certain plan investments are managed by Nationwide Trust Company. Nationwide Trust Company is the trustee/custodian as defined by the Plan and, there, such transactions and associated administrative expenses qualify as party-in-interest transactions.

Additionally the Plan holds party-in-interest receivables of \$39,435 and \$51,114 as of December 31, 2020 and 2019, respectively, in the form of notes receivable from participants.

Fees incurred by the Plan for investment management services are included in administrative expenses and totaled \$18,956 and \$9,567 for the years ended December 31, 2020 and 2019. The Plan also made direct payments during 2020 and 2019 to the third-party administrator of \$4,887 and \$9,831, 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 THE FINANCIAL STATEMENTS

NOTE 7: PLAN TERMINATION

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

NOTE 8: TAX STATUS

Pentegra Services, Inc., sponsor of the 403(b) Volume Submitter Plan, has obtained an opinion letter dated March 31, 2017 in which the IRS stated that the restated volume submitter plan document was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The plan sponsor adopted this restated volume submitter plan document on September 1, 2020. The volume submitter document has been relied on by the Plan. The Plan has been amended since the date of the opinion letter. The plan administrator and the Plan's counsel believe that the Plan is currently designed and is 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.

In accordance with GAAP, Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2020 there are no uncertain position taken or expected to be taken that would require recognition of a liability. See Note 10 for disclosure of operational errors experienced by the Plan. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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 2020 statement of net assets available for benefits.

As of December 31, 2020 the Plan held \$1,637,559 in American Funds which were approximately 60% of investments. Therefore net assets available for benefits are particularly sensitive to changes related to these investments.

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

NOTES TO THE FINANCIAL STATEMENTS

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.

NOTE 11: CARES ACT

The CARES Act had impact on several matters and the Plan adopted the following provisions:

- Participants who were currently receiving required minimum distributions were offered the option to waive their 2020 distribution and participants who were due to receive the first required distribution in 2020 had their distribution automatically waived.
- Eligible Plan participants were allowed to request penalty-free distributions of up to \$100,000 for qualifying coronavirus-related reasons. These reasons included adverse financial consequences due to being quarantined, furloughed, laid off, having work hours reduced or being unable to work due to a lack of childcare due to COVID-19.
- Eligible Plan participants were allowed to request loans of up to \$100,000 or 100% of their vested balance from date of signing of the CARES Act through September 23, 2020.
- Temporary loan repayment deferrals allowed qualified Plan participants with Plan loan repayments to defer such repayments until December 31, 2020.

The Plan has not formalized an amendment regarding the adoption of provisions related to the CARES Act as of December 31, 2020. Under the terms of the CARES Act adoption of a formalized amendment is not required until December 31, 2022.

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

NOTES TO THE FINANCIAL STATEMENTS

NOTE 12: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

For the years ended December 31, 2020 and 2019 the following differences exist between the audited financial statements (prepared on the accrual basis) and the Form 5500 (prepared on the cash basis):

	<u>2020</u>	<u>2019</u>
Net assets per the Form 5500	\$ 2,777,373	\$ 2,180,761
Adjustment to record contributions receivable	<u>51,247</u>	<u>11,107</u>
Net assets available for benefits per the audited financial statements	<u>\$ 2,828,620</u>	<u>\$ 2,191,868</u>
Net income per the Form 5500	\$ 596,612	
Adjustments to:		
Record current year contributions receivable	51,247	
Reverse prior year contributions receivable	<u>(11,107)</u>	
Net increase per the audited financial statements	<u>\$ 636,752</u>	

A portion of the Plan's investments are recorded as pooled separate accounts on the financial statements but are recorded on the line for value of interest in registered investment companies on the Form 5500. Since Nationwide Trust Company does not report their separate accounts as a Direct Filing Entity, the Plan cannot categorize the assets as pooled separate accounts for Form 5500 reporting. Because the separate accounts are invested in mutual funds, the investments are shown on that associated line of the Form 5500.

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

FORM 5500, SCHEDULE H, PART IV, LINE 4(I) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2020

EIN: 34-1011157

PLAN NUMBER: 001

PLAN SPONSOR: SOCIETY FOR HANDICAPPED CITIZENS OF MEDINA COUNTY, INC.

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current Value
	Nationwide Financial Services	- JPM Cor Pls Bd R6	**	\$ 81,954
	Nationwide Financial Services	- AmFds 2055 TrgtDtRtrmt R6	**	64,749
	Nationwide Financial Services	- TRowePr Blue Chip Gr	**	222,290
	Nationwide Financial Services	- BOA-Fixed	**	176,516
	Nationwide Financial Services	- Cariln Eagle MdCap Gr I	**	47,787
	Nationwide Financial Services	- Fed MDT SmCap Gr Inst	**	65,954
	Nationwide Financial Services	- Vngrd MdCap Val Indx Adml	**	74,267
	Nationwide Financial Services	- Vngrd Sm Cap Val Indx Adml	**	80,319
	Nationwide Financial Services	- AmFds 2060 TrgtDtRtrmt R6	**	40,292
	Nationwide Financial Services	- Fed Gov Oblgtns Prmr	**	42,515
	Nationwide Financial Services	- CohenStrs RealEst Sec Z	**	84,313
	Nationwide Financial Services	- BlkRk GNMA Inst	**	9,850
	Nationwide Financial Services	- BlkRk Low Dur Bd Inst	**	8,020
	Nationwide Financial Services	- AmFds 2065 TrgtDtRtrmt R6	**	392
	Nationwide Financial Services	- NW Bd Indx R6	**	196
	Nationwide Financial Services	- NW MdCap Mkt Indx R6	**	10,222
	Nationwide Financial Services	- NW Intl Indx R6	**	67,291
	Nationwide Financial Services	- NW SmCap Indx R6	**	2,591
	Nationwide Financial Services	- NW S P 500 Indx R6	**	125,177
	Nationwide Financial Services	- AmFds Cap Wld Bd R6	**	30,747
	Nationwide Financial Services	- AmFds EuroPacfc Gr R6	**	132,582
	Nationwide Financial Services	- AmFds 2025 TrgtDtRtrmt R6	**	275,930
	Nationwide Financial Services	- AmFds 2030 TrgtDtRtrmt R6	**	130,741
	Nationwide Financial Services	- AmFds 2035 TrgtDtRtrmt R6	**	83,633
	Nationwide Financial Services	- AmFds 2040 TrgtDtRtrmt R6	**	101,025
	Nationwide Financial Services	- AmFds 2045 TrgtDtRtrmt R6	**	114,605
	Nationwide Financial Services	- AmFds 2050 TrgtDtRtrmt R6	**	183,796
	Nationwide Financial Services	- AmFds 2015 TrgtDtRtrmt R6	**	182,873
	Nationwide Financial Services	- AmFds 2010 TrgtDtRtrmt F6	**	36,242
	Nationwide Financial Services	- AmFds New Prspct R6	**	80,720
	Nationwide Financial Services	- AmFds 2020 TrgtDtRtrmt R6	**	107,886
	Nationwide Financial Services	- AmFds Wshngtn Mut Inv R6	**	71,346
	Nationwide Financial Services	- Vngrd Hi Yld Corp Adml	**	1,117
		SUBTOTAL		2,737,938
*	Participant loans	4.25 - 6.50%; various maturity dates	**	39,435
		TOTAL		2,777,373

* A party-in-interest as defined by ERISA

** Cost information has been excluded in accordance with Form 5500 instructions as all investments are participant directec

Note: This schedule is based on information which has been certified as complete and accurate by Nationwide Trust Company, the custodian of the Plan.