

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>VANGUARD MEDICAL GROUP, PA 401(K) PROFIT SHARING 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>01/01/1999</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>22-2592636</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>973-559-3701</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>621111</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1999</u>		2b Employer Identification Number (EIN) <u>22-2592636</u>		2c Plan Sponsor's telephone number <u>973-559-3701</u>		2d Business code (see instructions) <u>621111</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/01/1999</u>											
2b Employer Identification Number (EIN) <u>22-2592636</u>											
2c Plan Sponsor's telephone number <u>973-559-3701</u>											
2d Business code (see instructions) <u>621111</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>VANGUARD MEDICAL GROUP, PA</u> <u>271 GROVE AVENUE, SUITE A</u> <u>VERONA, NJ 07004</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.	10/14/2022	PETER RUTHERFORD
	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 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	154
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)	123
a(2) Total number of active participants at the end of the plan year		6a(2)	112
b Retired or separated participants receiving benefits.....		6b	44
c Other retired or separated participants entitled to future benefits		6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	156
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	156
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	136
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan VANGUARD MEDICAL GROUP, PA 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 VANGUARD MEDICAL GROUP, PA	D Employer Identification Number (EIN) 22-2592636

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
JOHN HANCOCK LIFE INSURANCE COMPANY USA

(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
01-0233346	65838	46169	163	01/01/2021	12/31/2021

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 30512	(b) Total amount of fees paid 14898
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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
FCG ADVISORS, LLC
ONE MAIN ST. SUITE 202
CHATHAM, NJ 07928

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
30512	0	COMMISSIONS	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
TRI-STATE PENSION CONSULTANTS
100 PASSAIC AVE. SUITE 202
FAIRFIELD, NJ 07004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	11687	FEES	5

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

PREFERRED PENSION PLANNING CORPORAT

991 US HWY 22
BRIDGEWATER, NJ 08807

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	3211	FEES	5

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4		
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	9036899	
6	Contracts With Allocated Funds:			
a	State the basis of premium rates ▶			
b	Premiums paid to carrier	6b		
c	Premiums due but unpaid at the end of the year	6c		
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d		
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶			
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐			
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)			
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☒ guaranteed investment (4) ☐ other ▶			
b	Balance at the end of the previous year	7b	147609	
c	Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account..... (5) Other (specify below) ▶ POSITIVE VALUE ADJ 7c(1) 7c(2) 7c(3)593 7c(4)21724 7c(5)92	7c(6)	45420	
d	(6) Total additions	7d	193029	
e	Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account..... (4) Other (specify below) ▶ FEES	7e(1) 7e(2)701 7e(3) 7e(4)472	7e(5)	1173
f	(5) Total deductions	7f	191856	
	Balance at the end of the current year (subtract line 7e(5) from line 7d)		191856	

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
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan VANGUARD MEDICAL GROUP, PA 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 VANGUARD MEDICAL GROUP, PA	D Employer Identification Number (EIN) 22-2592636	

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)

CFS INVESTMENT ADVISORY SER

97 LACKAWANNA AVE
TOTOWA, NJ 07512

22-3558384

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	7882	Yes ☐ No ☒

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

J.W. COLE ADVISORS

4301 ANCHOR PLAZA
TAMPA, FL 33634

59-2615051

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	2836	Yes ☐ No ☒

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

JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233346

(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 62 68 28 63 59 60 67	RECORDKEEPER	270	Yes ☐ No ☒	Yes ☐ No ☐		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)

(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 ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>VANGUARD MEDICAL GROUP, PA 401(K) PROFIT SHARING 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>VANGUARD MEDICAL GROUP, PA</u>	D Employer Identification Number (EIN) <u>22-2592636</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2065 LIFETIME</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</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>2046</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2060 LIFETIME</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</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>188089</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2055 LIFETIME</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</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>109206</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2050 LIFETIME</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</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>294409</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2045 LIFETIME</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</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>524806</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2040 LIFETIME</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</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>396593</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2035 LIFETIME</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK USA</u>				
c EIN-PN <u>01-0233346-000</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>152616</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2030 LIFETIME		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24456
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2025 LIFETIME		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41521
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2020 LIFETIME		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10395
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2015 LIFETIME		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35520
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2010 LIFETIME		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4918
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER AGGRESSIVE LS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 437972
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER GROWTH LS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 435783
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER BALANCED LS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 877004
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER MODERATE LS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58025
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER CONSERV LS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22913

a Name of MTIA, CCT, PSA, or 103-12 IE: **AMERICAN CENTURY HERITAGE**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 158897
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a Name of MTIA, CCT, PSA, or 103-12 IE: **DFA EMERGING MARKETS VALUE**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36489
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a Name of MTIA, CCT, PSA, or 103-12 IE: **DFA INTERNATIONAL VALUE**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2166
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FINANCIAL INDUSTRIES FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8652
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FRANKLIN SMALL-MID GROWTH**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6632
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a Name of MTIA, CCT, PSA, or 103-12 IE: **INVESCO DEVELOPING MARKETS**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 209575
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a Name of MTIA, CCT, PSA, or 103-12 IE: **INVESCO SMALL CAP GROWTH**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 164760
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JH DISCIPLINED VALUE INTL FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 105786
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JPMORGAN MIDCAP VALUE FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 184651
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MID CAP INDEX FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52916
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a Name of MTIA, CCT, PSA, or 103-12 IE: MID VALUE FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10351
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a Name of MTIA, CCT, PSA, or 103-12 IE: NEW OPPORTUNITIES FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27384
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a Name of MTIA, CCT, PSA, or 103-12 IE: REAL EST. SECURITIES FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 218544
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a Name of MTIA, CCT, PSA, or 103-12 IE: ROYCE OPPORTUNITY

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 179698
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a Name of MTIA, CCT, PSA, or 103-12 IE: SCIENCE & TECHNOLOGY FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34067
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a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9279
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a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14042
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE HEALTH SCI

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 91916
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SCI & TECH

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 169982
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a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON FOREIGN SMALLER CO

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1049
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD ENERGY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11909
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD EXPLORER FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19247
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP GROWTH ETF		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12920
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP VALUE ETF		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20391
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP GROW INDEX		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 262497
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP VALUE INDEX		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84076
a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 92861
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPAC GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 235536
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS FUNDAMENTAL INV		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38572
a Name of MTIA, CCT, PSA, or 103-12 IE: AF THE GROWTH FUND OF AMERICA		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 341281

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESTMENT COMPANY OF AMERICA		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7796
a Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON MUTUAL INVESTORS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28273
a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 140021
a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL APPRECIATION FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 813189
a Name of MTIA, CCT, PSA, or 103-12 IE: DOMINI IMPACT EQUITY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15814
a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INCOME FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15537
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN MUTUAL BEACON FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6575
a Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL GLOBAL DISCOVERY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6043
a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL ALL CAP CORE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15044
a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL LARGE CAP VALUE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29951

a Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 118479
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO EQV INTL EQUITY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3392
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO GLOBAL FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15381
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK DISCIPLINED VALUE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11000
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK INTL GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8841
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK U.S. GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17495
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN U.S. EQUITY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40289
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE EQUITY INC		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 276966
a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON WORLD		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8910
a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 294436

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD GROWTH INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37175
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD VALUE INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 101765
a Name of MTIA, CCT, PSA, or 103-12 IE: AF AMERICAN BALANCED FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65527
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK GLOBAL ALLOCATION		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34746
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS UTILITIES FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13283
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO ALL ASSET		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13901
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR TOTAL BOND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 104526
a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23758
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO GLOBAL BOND OPPS FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45226
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO REAL RETURN		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7431

a Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC INCOME OPP FUND

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 107822
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SPECTRUM INC

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9530
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a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK STABLE VAL

b Name of sponsor of entity listed in (a): JOHN HANCOCK USA

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 175728
--------------------------------	------------------------	--

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)
-----------------	----------------------	---

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>VANGUARD MEDICAL GROUP, PA 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>VANGUARD MEDICAL GROUP, PA</u>	D Employer Identification Number (EIN) <u>22-2592636</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)	14386	15642
(2) Participant contributions.....	1b(2)	25696	33318
(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)	76233	118364
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	7571613	9036899
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	1053263	1502977

		(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	8741191	10707200

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	8741191	10707200
---	-----------	---------	----------

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)	374329	
(B) Participants	2a(1)(B)	738131	
(C) Others (including rollovers).....	2a(1)(C)	30254	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1142714
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	5934	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5934
(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)	9940	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		9940
(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)		1369742
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2528330
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	500642	
(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)		500642
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)	61679	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		61679
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		562321
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		1966009
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: THE MEGLIO GROUP, PC

(2) EIN: 81-4660533

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

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

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

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

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

A Name of plan VANGUARD MEDICAL GROUP, PA 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 VANGUARD MEDICAL GROUP, PA	D Employer Identification Number (EIN) 22-2592636

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 01-0233346		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

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

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

**VANGUARD MEDICAL GROUP, P.A. 401(k) PROFIT SHARING PLAN
FINANCIAL STATEMENTS
WITH INDEPENDENT AUDITORS' REPORT AND NOTES
DECEMBER 31, 2021**

**VANGUARD MEDICAL GROUP, P.A. 401(k) PROFIT SHARING PLAN
DECEMBER 31, 2021**

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To the Plan Administrator of,
Vanguard Medical Group, P.A. 401(K) Profit Sharing Plan
Florham Park, New Jersey

Opinion

We have audited the financial statements of Vanguard Medical Group, P.A. 401(k) Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Vanguard Medical Group, P.A. 401(k) Profit Sharing Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the year ended December 31, 2021, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Vanguard Medical Group, P.A. 401(k) Profit Sharing Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Vanguard Medical Group, P.A. 401(k) Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Vanguard Medical Group, P.A. 401(k) Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Vanguard Medical Group, P.A. 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

Other Matter—Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule of Assets Held at Year-End and Assets - Schedule H, Line 4i on pages 11-15 is presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

The Meglio Group, P.C.

THE MEGLIO GROUP, P.C.
Certified Public Accountants
Caldwell, New Jersey
October 12, 2022

VANGUARD MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2021, and 2020

ASSETS	2021	2020
Investments, at Fair Value		
Pooled Separate Accounts	\$ 9,036,899	\$ 7,423,894
Self Directed Accounts	1,311,011	1,053,263
Guaranteed Stable Value Fund - Fully Benefit Responsive, At Contract Value	<u>191,966</u>	<u>147,719</u>
Receivables		
Participant Notes Receivable	118,364	76,233
Participant Contributions Receivable	33,318	25,696
Employer Contributions Receivable	<u>15,642</u>	<u>14,386</u>
Total Receivables	<u>167,324</u>	<u>116,315</u>
Total Assets	<u>\$ 10,707,200</u>	<u>\$ 8,741,191</u>

See accompanying notes to financial statements and independent auditors' report.

**VANGUARD MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2021**

INCOME:

INVESTMENT INCOME (LOSS)	
Net Appereciation in Fair Value of Investments	\$ 1,369,741
Interest and Dividends From Investments	<u>9,940</u>
Total Investment Income (Loss)	<u>1,379,682</u>
Interest income, loans	5,934
CONTRIBUTIONS	
Participants	738,131
Employer Match	374,329
Rollover	<u>30,254</u>
Total Contributions	<u>1,142,714</u>
Total income	<u>2,528,330</u>

EXPENSES:

Benefits Paid To Participants	500,642
Administrative Fees	<u>61,679</u>
Total Expenses	<u>562,321</u>
Change in Net Assets Available for Benefits	1,966,009
Net Assets Available for Benefits, Beginning of Year	<u>8,741,191</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 10,707,200</u></u>

See accompanying notes to financial statements and independent auditors' report.

VANGUARD MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021, and 2020

NOTE 1 DESCRIPTION OF PLAN

The following description of the Vanguard Medical Group, P.A. 401(k) Plan Profit Sharing ("Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan is a defined contribution plan covering substantially all eligible employee of the Company. The Plan does not specify any excluded employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and was established to provide eligible employees, and their beneficiaries, funds for retirement. The Plan was initially effective on January 1, 1999, and amended and effective on January 1, 2018. It was amended on December 15, 2018, for hardship disbursements.

Vanguard Medical Group, P.A. is the Plan Sponsor and the parent company of Vanguard Health Solutions which provides medical services in various locations in New Jersey. The Plan Administrator is responsible for oversight of the Plan and along with the Investment advisors determines the appropriateness of the Plan's investment offerings, and monitors investment performance.

The Plan has pooled separate accounts in two John Hancock 401k accounts with different brokers/advisors and two other self-directed brokerage accounts managed by Ford Fowler and Ameriprise Financial, the investment advisers and held at J.W. Cole Investments. John Hancock is the 401k recordkeeper and custodian of the pooled separate accounts and J.W. Cole Investments is the recordkeeper and custodian of the two self-directed accounts. Preferred Pension Planning and Tri-State Planning are the third-party contract administrators.

Employee Eligibility and Contributions

Employees who have completed 1,000 hours during the twelve - month period immediately following the date of hire are eligible to participate. The entry date to the Plan is semi-annual either on the first day of the plan year or the first day of the seventh months of the plan year. Employees may contribute pre-tax or in Roth-401K contributions up to their eligible compensation up to the Internal Revenue Service's contribution limits. Participants who have attained age 50 before the end of the plan are eligible to make catch-up contributions.

Participants may also contribute certain rollover amounts representing distributions from other qualified plans.

Employer Contributions

The Plan is a "safe harbor" 401(K). In order to maintain safe harbor status, the Company contributes a safe harbor match equal to 100% of the participant's elective deferral for each pay period up to the first 3% of their Plan compensation plus 50% of the amount contributed between 3% and up to 5% of Plan compensation. Company safe harbor contributions are 100% vested immediately.

Participant Accounts

The participants in the pooled separate account participate in a portfolio offered by John Hancock that directs their monies into John Hancock's sub accounts where they are allocated into participant funds within the portfolio. Individual accounts are established for each participant. Each participant's account is credited with the participant's contributions, Plan earnings and charged with an allocation of investment gains or (losses), withdrawals, and administrative expenses. 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.

The participants in the self -directed accounts are managed by Ford Fowler and the investments are held by J.W Cole Investments.

VANGUARD MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 and 2020

NOTE 1 DESCRIPTION OF PLAN (continued)

Vesting

Participants and Company safe harbor contributions are 100% vested immediately. The Company may also elect to provide a discretionary profit-sharing contribution but is not required to do so. The profit-sharing contributes vests with the following schedule:

<u>Years of Service</u>	<u>Vested Interest</u>
Less than 1 years of service	0%
Two years but less than three years	20%
Three years but less than four years	40%
Four years but less than five years	60%
Five years but less than six years	80%
Six years or more	100%

A participant's "vested percentage" is based on vesting years of service. A participant earns and accumulates a year of vesting with at least 1,000 hours of service during a Plan year. A participant is always 100% percent vested in his/her own deferred salary contribution to the Plan, but with respect to the Company's contributions, any unvested portion of his/her account shall be forfeited at termination.

Participants will become 100% vested in the company's matching upon death or disability.

Payment of Benefits

On termination of service due to death, retirement, or disability, a participant or participant's beneficiary may elect to receive a single lump sum payment equal to the value of the vested portion of his or her account, equal installments, or partial payments. Participants are allowed to withdraw employee account balances prior to termination of their employment under certain conditions specified in the Plan. The Plan also allows for participant withdrawals in the event of financial hardship, limited to the dollar amount of participant elective deferrals. For termination of services, a participant may receive the value of the vested interest in his or her account if the account is valued over \$5,000 as a lump-sum distribution or a rollover depending on the balance in their account. If the amount is under \$5,000 only a lump-sum distribution is allowed.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 and up to a maximum of \$50,000. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant accounts. Loan terms range from one to five years unless for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at the prime rate as published in The Wall Street Journal on the 14th of each month plus 2%. Principal and interest are paid ratably through payroll deductions.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies of the Plan is presented to assist in understanding the financial statements. The financial statements and notes are representations of the Plan's administrator, who is responsible for their integrity and objectivity. The accounting policies conform to accounting principles generally accepted in the United States of America ("GAAP") and have been consistently applied in the preparation of financial statements.

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America, except those benefits paid to Plan participants are recorded on a cash basis.

VANGUARD MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 and 2020

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates. Any adjustments applied to estimated amounts are recognized in the year in which such adjustments are determined.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisers and trustees. See Note 4 for discussion of fair value measurements.

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

Contributions

Contributions from employees are recorded as they are withheld from the participant's wages.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Administrative Expenses Fees

All Plan expenses, including those without limitation, expenses, and fees (including fees for legal services, accounting fees, and stock transfer charges rendered and fees to the custodian, administrator, investment manager, trustee, or any insurance company) shall be paid from the Plan if, and to the extent, the Company does not pay such expenses, fees and charges. Plan expenses of \$61,679 and \$51,153 were paid by the Plan in 2021 and 2020, respectively.

Forfeited Accounts

Forfeited non-invested amounts on December 31, 2021, and December 31, 2020, were \$0.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. The interest rates at December 31, 2021, varied from 5.25% to 7.50%. Related fees are recorded as administrative expenses and are expensed when they are incurred. The notes receivable from participants for December 31, 2021, and 2020 is \$76,233 and \$81,457, respectively.

NOTE 3 INVESTMENTS

The Plan's investments were held by several custodians including John Hancock and FCG Advisors for the years ended December 31, 2021, and 2020. All investment information disclosed in the accompanying financial statements and supplemental schedule was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the custodians.

VANGUARD MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 and 2020

NOTE 4 FAIR VALUE MEASUREMENTS

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

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs to the valuation methodology include: 1) quoted prices for similar assets or liabilities in active markets; 2) quoted prices for identical or similar assets or liabilities in inactive markets; 3) inputs other than quoted prices that are observable for the asset or liability and 4) inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair market value measurement.

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.

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

The following is a description of the valuation methodologies used for the Plan's assets measured at fair value at December 31, 2021 and 2020.

Pooled Separate Accounts: The units of pooled separate accounts are stated at fair value as determined by the issuer of the account based on the net asset value of the underlying investments. All of the investments are designated as level 2 in the fair value hierarchy.

Self-Directed Brokerage Accounts: The accounts maintain mutual funds and individual stocks. The funds held are open-end mutual funds registered with the SEC and valued at the daily closing price as reported by the fund. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The stocks and mutual funds held by the Plan are deemed to be actively traded. The stocks and EFT funds are stated at fair value. The funds and stocks are all SEC registered, and are level 1 in the fair value hierarchy.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, 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.

NOTE 5 GUARANTEED VALUE INTEREST TEN YEAR TERM

Investments held by the Plan include the Guaranteed Interest 10-year term account with John Hancock Life Insurance Company, an account with guaranteed stated quarterly interest. John Hancock 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 account guarantees the return of the principal plus compound interest over the 10-year term provided that all contributions remain in the account for the duration of the ten years.

VANGUARD MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 and 2020

NOTE 5 GUARANTEED VALUE INTEREST TEN YEAR TERM (continued)

These contracts meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawal or transfer of all or a portion of their investments at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

The contract issuer is contractually obligated to repay the principal and interest at an interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer and resets quarterly.

The Plan's ability to receive amounts due in accordance with fully benefit responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: 1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), 2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, 3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or 4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibition transaction exemption under ERISA. The Plan Administrator does not believe that any events that would limit the Plan's ability to transact at contract value with participants are probable of occurring.

NOTE 6 PARTY-IN-INTEREST TRANSACTIONS

Administrative fees paid by the Plan for were \$51,153 for the year ended December 31, 2021. Fees paid to John Hancock, the investment advisers and the third - party contract administrators qualify as party in-interest transactions however, they are exempt from the ERISA prohibited transaction rules.

NOTE 7 FEDERAL INCOME TAX STATUS

The Plan adopted a prototype volume submitter profit sharing 401(k) plan. The Plan obtained its latest determination letter on March 31, 2014, in which the Internal Revenue Service identified the Plan as acceptable under the applicable section of the IRC. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore exempt from federal income taxes. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that, as of December 31, 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions however, there are currently no audits for tax periods in progress. In addition, there are no tax related interest or penalties presented in these financial statements.

VANGUARD MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 and 2020

NOTE 8 - RISKS AND UNCERTAINTIES

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

The Plan's contributions, if any, are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

NOTE 9 - PLAN TERMINATION

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

NOTE 10 - SUBSEQUENT EVENTS

For the year-ended December 31, 2021, the Plan Sponsor evaluated subsequent events for potential recognition and disclosure through October 12, 2022, the date of financial statements issuance. As a result of the spread of the COVID-19 coronavirus, economic uncertainties have arisen which are likely to negatively impact investment income and other plan transactions. Other financial impact could occur though such potential impact is unknown at this time.

In 2022, one location of the Vanguard Health Solutions was sold resulting in one pooled separate account instead of two as in 2021.

SUPPLEMENTAL INFORMATION

VANGUARD MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN
PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER 22-2592636, PLAN NUMBER 001
Schedule of Assets Held at Year-End - Schedule H, Line 4i
December 31, 2021

(a) (b) Identity of issue	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value at 12/31/21
Pooled Separate Accounts			
John Hancock	JH Multimanager 2065 Lifetime	N/a	\$ 2,046
John Hancock	JH Multimanager 2060 Lifetime	N/a	188,089
John Hancock	JH Multimanager 2055 Lifetime	N/a	109,206
John Hancock	JH Multimanager 2050 Lifetime	N/a	294,409
John Hancock	JH Multimanager 2045 Lifetime	N/a	524,806
John Hancock	JH Multimanager 2040 Lifetime	N/a	396,593
John Hancock	JH Multimanager 2035 Lifetime	N/a	152,616
John Hancock	JH Multimanager 2030 Lifetime	N/a	24,456
John Hancock	JH Multimanager 2025 Lifetime	N/a	41,521
John Hancock	JH Multimanager 2020 Lifetime	N/a	10,395
John Hancock	JH Multimanager 2015 Lifetime	N/a	35,520
John Hancock	JH Multimanager 2010 Lifetime	N/a	4,918
John Hancock	JH Multimanager Aggressive LS	N/a	437,972
John Hancock	JH Multimanager Growth LS	N/a	435,783
John Hancock	JH Multimanager Balanced LS	N/a	877,004
John Hancock	JH Multimanager Moderate LS	N/a	58,025
John Hancock	JH Multimanager Conservate LS	N/a	22,913
DFA	DFA Emerging Markets Value	N/a	36,489
DFA	DFA International Value	N/a	2,166
American Funds	EuroPacific Growth Fund	N/a	235,536
John Hancock	International Equity Index Fund	N/a	118,479
John Hancock	JH Disciplined Value Intl Fund	N/a	105,786
John Hancock	John Hancock International Growth	N/a	8,841
JP Morgan	JPMorgan Mid Cap Value Fund	N/a	184,651
John Hancock	Mid Value Fund	N/a	10,351
John Hancock	Mid Cap Index Fund	N/a	52,916
John Hancock	New Opportunities Fund	N/a	27,384
Templeton	Templeton Foreign Smaller Co	N/a	1,049
John Hancock	Science and Technology Fund	N/a	34,068
Subtotal for page			4,433,988

See accompanying notes to financial statements and independent auditors' report.

VANGUARD MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN
PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER 22-2592636, PLAN NUMBER 001
Schedule of Assets Held at Year-End - Schedule H, Line 4i (CONTINUED)

December 31, 2021

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value at 12/31/21
Pooled Separate Accounts			
John Hancock	Small Cap Index Fund	N/a	9,279
John Hancock	Small Cap Value Fund	N/a	14,042
T Rowe Price	T Rowe Price Health Science	N/a	91,916
T Rowe Price	T Rowe Price Science and Technology	N/a	169,982
T Rowe Price	T Rowe Price Equity Income	N/a	276,966
Vanguard Group	Vanguard Energy Fund	N/a	11,909
Vanguard Group	Vanguard Explorer Fund	N/a	19,247
American Funds	American Balanced Fund	N/a	65,527
Vanguard Group	Vanguard Small Cap Grow Index	N/a	262,497
Vanguard Group	Vanguard Small Cap Value Index	N/a	84,076
John Hancock	500 Index Fund	N/a	92,861
Vanguard Group	Blue Chip Growth Fund	N/a	140,021
John Hancock	Capital Appreciation Fund	N/a	813,189
Domini	Domini Impact Equity Fund	N/a	15,814
John Hancock	Equity Income Fund	N/a	15,537
Franklin Mutual	Small-Mid Growth	N/a	6,632
John Hancock	Mutual Global Discovery	N/a	6,043
John Hancock	Fundamental All Cap Core Fund	N/a	15,044
John Hancock	Fundamental Investors	N/a	38,572
John Hancock	Disciplined Value	N/a	11,000
Invesco	Invesco Small Cap Growth	N/a	164,760
PIMCO	PIMCO Real Return	N/a	7,431
JP Morgan	JP Morgan U.S. Equity Fund	N/a	40,289
American Funds	The Growth Fund of America	N/a	341,281
Templeton	Templeton World	N/a	8,910
Vanguard Group	Total Stock Market Index Fund	N/a	294,436
John Hancock	Fundamental Large Cap Value	N/a	29,951
Subtotal for page			3,047,212

See accompanying notes to financial statements and independent auditors' report.

VANGUARD MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN
PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER 22-2592636, PLAN NUMBER 001
Schedule of Assets Held at Year-End - Schedule H, Line 4i (CONTINUED)
December 31, 2021

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value at 12/31/21
Pooled Separate Accounts			
American Funds	Investment Company of America	N/a	\$ 7,796
American Century	American Century Heritage	N/a	158,897
BlackRock	BlackRock Global Allocation	N/a	34,746
Vanguard Group	Vanguard Growth Index Fund	N/a	37,175
Vanguard Group	Vanguard Value Index Fund	N/a	101,764
Washington Mutual	Washington Mutual Investors	N/a	28,274
PIMCO	PIMCO Global Bond Opps Fund	N/a	45,226
PIMCO	PIMCO All Asset	N/a	13,901
Fidelity Investments	Fidelity Advisor Total Bond	N/a	104,527
Invesco	Invesco Developing Markets	N/a	209,575
Invesco	Invesco International Growth	N/a	3,392
Franklin	Franklin Mutual Beacon Fund	N/a	6,575
John Hancock	Strategic Income Opp Fund	N/a	107,822
John Hancock	High Yield Fund	N/a	23,758
MFS	MFS Utilities Fund	N/a	13,283
John Hancock	JH Multi-Index 2060 Preserve	N/a	43
T Rowe Price	T Rowe Price Spectrum Income Fund	N/a	9,530
John Hancock	Stable Value	N/a	175,728
John Hancock	JH Multi-Index Income Preserve	N/a	605
John Hancock	Financial Industries Fund	N/a	8,652
Invesco	Invesco Global Fund	N/a	15,381
Royce	Royce Opportunity	N/a	179,699
John Hancock	John Hancock U.S. Growth Fund	N/a	17,495
John Hancock	Real Estate Securities Fund	N/a	218,544
Subtotal for page			1,522,388

See accompanying notes to financial statements and independent auditors' report.

VANGUARD MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN
PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER 22-2592636, PLAN NUMBER 001
Schedule of Assets Held at Year-End - Schedule H, Line 4i (CONTINUED)
December 31, 2021

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current Value at 12/31/21
Pooled Separate Accounts			
Vanguard Group	Vanguard Mid-Cap Growth ETF	N/a	12,920
Vanguard Group	Vanguard Mid-Cap Value ETF	N/a	20,391
	Subtotal for pooled separate accounts		33,311
	Total for pooled separate accounts		9,036,899
Vanguard	Guaranteed Interest Accounts	N/a	191,966
Self Directed Accounts - Mutual Funds			
American Funds	American Balanced Fund F2	N/a	64,989
American Funds	American New Perspective CL F2	N/a	65,000
American Funds	American 2030 Target Date Retirement F2	N/a	38,857
American Funds	American Fundamental Investors CL F2	N/a	135,088
American Funds	American Funds Growth Portfolio F2	N/a	139,867
Janus	Janus Henderson Enterprise I	N/a	48,643
Vanguard Group	Vanguard Target Retirement 2030	N/a	61,754
American Funds	American Funds Mod Growth & Income Portfolio F2	N/a	66,363
Money Markets			
Fidelity	Fidelity Money Market Fund Premium Class	N/a	14,500
Equities			
Cisco	Cisco Systems Inc. Common Stock	N/a	42,836
Alphabet Inc	Alphabet Inc Common Stock - Class A	N/a	28,970
Alphabet Inc	Alphabet Inc Common Stock - Class C	N/a	28,936
Apple Inc	Apple Common Stock	N/a	176,762
Intel Corp	Intel Corp Common Stock	N/a	17,581
Oracle Corp	Oracle Corp Common Stock	N/a	25,199
	Subtotal for self directed accounts		955,345
	Subtotal for page		10,217,521

See accompanying notes to financial statements and independent auditors' report.

VANGUARD MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN
PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER 22-2592636, PLAN NUMBER 001
Schedule of Assets Held at Year-End - Schedule H, Line 4i (CONTINUED)
December 31, 2020

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value at 12/31/21
Self Directed Accounts			
Exchange Traded			
iShares	iShares Core S&P 500 EFT (IVV)	N/a	101,655
iShares	iShares S&P Growth EFT (IVW)	N/a	126,492
iShares	iShares S&P 500 Value EFT (IVE)	N/a	70,547
Spider	Spider Ser TR S&P Dividend ETF	N/a	56,972
Subtotal			355,666
Total Investments From All Pages			19,576,775
Notes Receivable from Participants		5.25-7.5%	118,364
TOTAL			\$ 19,695,139

See accompanying notes to financial statements and independent auditors' report.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form Is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ☐	
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐	

Part II	Basic Plan Information—enter all requested information
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1a Name of plan Vanguard Medical Group, PA 401(k) Profit Sharing Plan	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan <u>01/01/1999</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) Vanguard Medical Group, PA 271 Grove Avenue, Suite A Verona NJ 07004	2b Employer Identification Number (EIN) <u>22-2592636</u> 2c Plan Sponsor's telephone number <u>973-559-3701</u> 2d Business code (see instructions) <u>621111</u>

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

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

SIGN HERE		<u>10/14/22</u> Date	PETER RUTHERFORD Enter name of individual signing as plan administrator
SIGN HERE		<u>10/14/22</u> Date	THOMAS MCCARRICK Enter name of individual signing as employer or plan sponsor
SIGN HERE		_____ Date	_____ Enter name of individual signing as DFE

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		5 154
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) 123
a(2) Total number of active participants at the end of the plan year		6a(2) 112
b Retired or separated participants receiving benefits.....		6b 44
c Other retired or separated participants entitled to future benefits		6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 156
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 156
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 136
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning	01/01/2021	and ending	12/31/2021
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A Name of plan Vanguard Medical Group, PA 401(k) Profit Sharing Plan	B Three-digit plan number (PN) ►	001
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C Plan sponsor's name as shown on line 2a of Form 5500 Vanguard Medical Group, PA	D Employer Identification Number (EIN) 22-2592636
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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 JOHN HANCOCK LIFE INSURANCE COMPANY USA					
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	46169	163	01/01/2021	12/31/2021

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
30,512	14,898

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 FCG ADVISORS, LLC ONE MAIN ST. SUITE 202 CHATHAM NJ 07928			
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(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
30,512	0	Commissions	3

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

 TRI-STATE PENSION CONSULTANTS
 100 PASSAIC AVE. SUITE 202

 FAIRFIELD NJ 07004

(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	11,687	Fees	5

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

PREFERRED PENSION PLANNING CORPORAT
991 US HWY 22

BRIDGEWATER NJ 08807

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	3,211	FEES	5

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	9,036,899

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

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

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

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

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

b Balance at the end of the previous year	7b	147,609
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c Additions: (1) Contributions deposited during the year	7c(1)	23,011	
(2) Dividends and credits.....	7c(2)		
(3) Interest credited during the year.....	7c(3)	593	
(4) Transferred from separate account.....	7c(4)	21,724	
(5) Other (specify below).....	7c(5)	92	

▶POSITIVE VALUE ADJ

(6) Total additions	7c(6)	45,420
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d Total of balance and additions (add lines 7b and 7c(6))	7d	193,029
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier.....	7e(2)	701	
(3) Transferred to separate account.....	7e(3)		
(4) Other (specify below).....	7e(4)	472	

▶FEES

(5) Total deductions	7e(5)	1,173
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	191,856
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	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
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan Vanguard Medical Group, PA 401(k) Profit Sharing Plan		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 Vanguard Medical Group, PA		D Employer Identification Number (EIN) 22-2592636

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

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

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

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

CFS INVESTMENT ADVISORY SER
97 LACKAWANNA AVE

22 - 3558384

TOTOWA NJ 07512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	7,882	Yes ☐ No ☒

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

J.W. COLE ADVISORS
4301 ANCHOR PLAZA

59 - 2615051

TAMPA FL 33634

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	2,836	Yes ☐ No ☒

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

JOHN HANCOCK LIFE INSURANCE COMPANY

01 - 0233346

(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 28 60 62 63 67 68 59	RECORDKEEPER	270	Yes ☐ No ☒	Yes ☐ No ☐		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)

(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 ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III	Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)
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a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan Vanguard Medical Group, PA 401(k) Profit Sharing Plan	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 Vanguard Medical Group, PA		
D Employer Identification Number (EIN) 22-2592636		
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: JH Multimanager 2065 Lifetime		
b Name of sponsor of entity listed in (a): John Hancock USA		
c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2,046
a Name of MTIA, CCT, PSA, or 103-12 IE: JH Multimanager 2060 Lifetime		
b Name of sponsor of entity listed in (a): John Hancock USA		
c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 188,089
a Name of MTIA, CCT, PSA, or 103-12 IE: JH Multimanager 2055 Lifetime		
b Name of sponsor of entity listed in (a): John Hancock USA		
c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 109,206
a Name of MTIA, CCT, PSA, or 103-12 IE: JH Multimanager 2050 Lifetime		
b Name of sponsor of entity listed in (a): John Hancock USA		
c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 294,409
a Name of MTIA, CCT, PSA, or 103-12 IE: JH Multimanager 2045 Lifetime		
b Name of sponsor of entity listed in (a): John Hancock USA		
c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 524,806
a Name of MTIA, CCT, PSA, or 103-12 IE: JH Multimanager 2040 Lifetime		
b Name of sponsor of entity listed in (a): John Hancock USA		
c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 396,593
a Name of MTIA, CCT, PSA, or 103-12 IE: JH Multimanager 2035 Lifetime		
b Name of sponsor of entity listed in (a): John Hancock USA		
c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 152,616

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

Schedule D (Form 5500) 2021 v. 201209

a Name of MTIA, CCT, PSA, or 103-12 IE: **JH Multimanager 2030 Lifetime****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	24,456
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JH Multimanager 2025 Lifetime****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	41,521
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JH Multimanager 2020 Lifetime****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10,395
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JH Multimanager 2015 Lifetime****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	35,520
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JH Multimanager 2010 Lifetime****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4,918
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JH Multimanager Aggressive LS****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	437,972
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JH Multimanager Growth LS****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	435,783
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JH Multimanager Balanced LS****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	877,004
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JH Multimanager Moderate LS****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	58,025
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JH Multimanager Conserv LS****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	22,913
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a Name of MTIA, CCT, PSA, or 103-12 IE: **American Century Heritage****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	158,897
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a Name of MTIA, CCT, PSA, or 103-12 IE: **DFA Emerging Markets Value****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	36,489
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a Name of MTIA, CCT, PSA, or 103-12 IE: **DFA International Value****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2,166
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Financial Industries Fund****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8,652
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Franklin Small-Mid Growth****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6,632
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Invesco Developing Markets****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	209,575
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Invesco Small Cap Growth****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	164,760
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JH Disciplined Value Intl Fund****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	105,786
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JPMorgan MidCap Value Fund****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	184,651
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Mid Cap Index Fund****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	52,916
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Mid Value Fund****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10,351
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a Name of MTIA, CCT, PSA, or 103-12 IE: **New Opportunities Fund****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	27,384
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Real Est. Securities Fund****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	218,544
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Royce Opportunity****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	179,698
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Science & Technology Fund****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	34,067
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Small Cap Index Fund****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9,279
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Small Cap Value Fund****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	14,042
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a Name of MTIA, CCT, PSA, or 103-12 IE: **T. Rowe Price Health Sci****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	91,916
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a Name of MTIA, CCT, PSA, or 103-12 IE: **T. Rowe Price Sci & Tech****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	169,982
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Templeton Foreign Smaller Co****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1,049
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Vanguard Energy Fund****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	11,909
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Vanguard Explorer Fund****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	19,247
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Vanguard Mid-Cap Growth ETF****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	12,920
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Vanguard Mid-Cap Value ETF****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	20,391
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Vanguard Small Cap Grow Index****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	262,497
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Vanguard Small Cap Value Index****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	84,076
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a Name of MTIA, CCT, PSA, or 103-12 IE: **500 Index Fund****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	92,861
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a Name of MTIA, CCT, PSA, or 103-12 IE: **American Funds EuroPac Growth****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	235,536
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a Name of MTIA, CCT, PSA, or 103-12 IE: **American Funds Fundamental Inv****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	38,572
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a Name of MTIA, CCT, PSA, or 103-12 IE: **AF The Growth Fund of America****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	341,281
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Investment Company of America**

b Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7,796
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Washington Mutual Investors**

b Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	28,273
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Blue Chip Growth Fund**

b Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	140,021
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Capital Appreciation Fund**

b Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	813,189
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Domini Impact Equity Fund**

b Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	15,814
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Equity Income Fund**

b Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	15,537
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Franklin Mutual Beacon Fund**

b Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6,575
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Mutual Global Discovery**

b Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6,043
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Fundamental All Cap Core Fund**

b Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	15,044
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Fundamental Large Cap Value**

b Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	29,951
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Intl Equity Index Fund****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	118,479
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Invesco EQV Intl Equity Fund****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3,392
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Invesco Global Fund****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	15,381
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a Name of MTIA, CCT, PSA, or 103-12 IE: **John Hancock Disciplined Value****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	11,000
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a Name of MTIA, CCT, PSA, or 103-12 IE: **John Hancock Intl Growth****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8,841
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a Name of MTIA, CCT, PSA, or 103-12 IE: **John Hancock U.S. Growth Fund****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	17,495
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JPMorgan U.S. Equity Fund****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	40,289
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a Name of MTIA, CCT, PSA, or 103-12 IE: **T. Rowe Price Equity Inc****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	276,966
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Templeton World****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8,910
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Total Stock Market Index Fund****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	294,436
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Vanguard Growth Index Fund****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	37,175
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Vanguard Value Index Fund****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	101,765
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a Name of MTIA, CCT, PSA, or 103-12 IE: **AF American Balanced Fund****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	65,527
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a Name of MTIA, CCT, PSA, or 103-12 IE: **BlackRock Global Allocation****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	34,746
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MFS Utilities Fund****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	13,283
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PIMCO All Asset****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	13,901
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Fidelity Advisor Total Bond****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	104,526
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a Name of MTIA, CCT, PSA, or 103-12 IE: **High Yield Fund****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	23,758
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PIMCO Global Bond Opps Fund****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	45,226
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a Name of MTIA, CCT, PSA, or 103-12 IE: **PIMCO Real Return****b** Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7,431
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a Name of MTIA, CCT, PSA, or 103-12 IE: **Strategic Income Opp Fund**

b Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	107,822
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a Name of MTIA, CCT, PSA, or 103-12 IE: **T. Rowe Price Spectrum Inc**

b Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9,530
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a Name of MTIA, CCT, PSA, or 103-12 IE: **John Hancock Stable Val**

b Name of sponsor of entity listed in (a): **John Hancock USA**

c EIN-PN 01-0233346 000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	175,728
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan Vanguard Medical Group, PA 401(k) Profit Sharing Plan	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 Vanguard Medical Group, PA	D Employer Identification Number (EIN) 22-2592636

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)	14,386	15,642
(2) Participant contributions.....	1b(2)	25,696	33,318
(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)	76,233	118,364
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	7,571,613	9,036,899
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	1,053,263	1,502,977

		(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	8,741,191 10,707,200
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	8,741,191 10,707,200

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	374,329
	(B) Participants	2a(1)(B)	738,131
	(C) Others (including rollovers).....	2a(1)(C)	30,254
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	1,142,714
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	5,934
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	5,934
(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)	9,940
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	9,940
(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)		1,369,742
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2,528,330

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	500,642	
(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)		500,642
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)	61,679	
(3) Investment advisory and management fees	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		61,679
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		562,321

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1,966,009
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: THE MEGLIO GROUP, PC

(2) EIN: 81-4660533

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.)		X	
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.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		500,000
4e	X		500,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan Vanguard Medical Group, PA 401(k) Profit Sharing Plan		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 Vanguard Medical Group, PA		D Employer Identification Number (EIN) 22-2592636
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 01-0233346		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2021 v. 201209		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

14a

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

14b

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

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

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

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

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

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

VANGUARD MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN
PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER 22-2592636, PLAN NUMBER 001
Schedule of Assets Held at Year-End - Schedule H, Line 4i
December 31, 2021

(a) (b) Identity of issue	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value at 12/31/21
Pooled Separate Accounts			
John Hancock	JH Multimanager 2065 Lifetime	N/a	\$ 2,046
John Hancock	JH Multimanager 2060 Lifetime	N/a	188,089
John Hancock	JH Multimanager 2055 Lifetime	N/a	109,206
John Hancock	JH Multimanager 2050 Lifetime	N/a	294,409
John Hancock	JH Multimanager 2045 Lifetime	N/a	524,806
John Hancock	JH Multimanager 2040 Lifetime	N/a	396,593
John Hancock	JH Multimanager 2035 Lifetime	N/a	152,616
John Hancock	JH Multimanager 2030 Lifetime	N/a	24,456
John Hancock	JH Multimanager 2025 Lifetime	N/a	41,521
John Hancock	JH Multimanager 2020 Lifetime	N/a	10,395
John Hancock	JH Multimanager 2015 Lifetime	N/a	35,520
John Hancock	JH Multimanager 2010 Lifetime	N/a	4,918
John Hancock	JH Multimanager Aggressive LS	N/a	437,972
John Hancock	JH Multimanager Growth LS	N/a	435,783
John Hancock	JH Multimanager Balanced LS	N/a	877,004
John Hancock	JH Multimanager Moderate LS	N/a	58,025
John Hancock	JH Multimanager Conservate LS	N/a	22,913
DFA	DFA Emerging Markets Value	N/a	36,489
DFA	DFA International Value	N/a	2,166
American Funds	EuroPacific Growth Fund	N/a	235,536
John Hancock	International Equity Index Fund	N/a	118,479
John Hancock	JH Disciplined Value Intl Fund	N/a	105,786
John Hancock	John Hancock International Growth	N/a	8,841
JP Morgan	JPMorgan Mid Cap Value Fund	N/a	184,651
John Hancock	Mid Value Fund	N/a	10,351
John Hancock	Mid Cap Index Fund	N/a	52,916
John Hancock	New Opportunities Fund	N/a	27,384
Templeton	Templeton Foreign Smaller Co	N/a	1,049
John Hancock	Science and Technology Fund	N/a	34,068
Subtotal for page			4,433,988

See accompanying notes to financial statements and independent auditors' report.

VANGUARD MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN
PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER 22-2592636, PLAN NUMBER 001
Schedule of Assets Held at Year-End - Schedule H, Line 4i (CONTINUED)

December 31, 2021

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value at 12/31/21
Pooled Separate Accounts			
John Hancock	Small Cap Index Fund	N/a	9,279
John Hancock	Small Cap Value Fund	N/a	14,042
T Rowe Price	T Rowe Price Health Science	N/a	91,916
T Rowe Price	T Rowe Price Science and Technology	N/a	169,982
T Rowe Price	T Rowe Price Equity Income	N/a	276,966
Vanguard Group	Vanguard Energy Fund	N/a	11,909
Vanguard Group	Vanguard Explorer Fund	N/a	19,247
American Funds	American Balanced Fund	N/a	65,527
Vanguard Group	Vanguard Small Cap Grow Index	N/a	262,497
Vanguard Group	Vanguard Small Cap Value Index	N/a	84,076
John Hancock	500 Index Fund	N/a	92,861
Vanguard Group	Blue Chip Growth Fund	N/a	140,021
John Hancock	Capital Appreciation Fund	N/a	813,189
Domini	Domini Impact Equity Fund	N/a	15,814
John Hancock	Equity Income Fund	N/a	15,537
Franklin Mutual	Small-Mid Growth	N/a	6,632
John Hancock	Mutual Global Discovery	N/a	6,043
John Hancock	Fundamental All Cap Core Fund	N/a	15,044
John Hancock	Fundamental Investors	N/a	38,572
John Hancock	Disciplined Value	N/a	11,000
Invesco	Invesco Small Cap Growth	N/a	164,760
PIMCO	PIMCO Real Return	N/a	7,431
JP Morgan	JP Morgan U.S. Equity Fund	N/a	40,289
American Funds	The Growth Fund of America	N/a	341,281
Templeton	Templeton World	N/a	8,910
Vanguard Group	Total Stock Market Index Fund	N/a	294,436
John Hancock	Fundamental Large Cap Value	N/a	29,951
Subtotal for page			3,047,212

See accompanying notes to financial statements and independent auditors' report.

VANGUARD MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN
PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER 22-2592636, PLAN NUMBER 001
Schedule of Assets Held at Year-End - Schedule H, Line 4i (CONTINUED)
December 31, 2021

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value at 12/31/21
Pooled Separate Accounts			
American Funds	Investment Company of America	N/a	\$ 7,796
American Century	American Century Heritage	N/a	158,897
BlackRock	BlackRock Global Allocation	N/a	34,746
Vanguard Group	Vanguard Growth Index Fund	N/a	37,175
Vanguard Group	Vanguard Value Index Fund	N/a	101,764
Washington Mutual	Washington Mutual Investors	N/a	28,274
PIMCO	PIMCO Global Bond Opps Fund	N/a	45,226
PIMCO	PIMCO All Asset	N/a	13,901
Fidelity Investments	Fidelity Advisor Total Bond	N/a	104,527
Invesco	Invesco Developing Markets	N/a	209,575
Invesco	Invesco International Growth	N/a	3,392
Franklin	Franklin Mutual Beacon Fund	N/a	6,575
John Hancock	Strategic Income Opp Fund	N/a	107,822
John Hancock	High Yield Fund	N/a	23,758
MFS	MFS Utilities Fund	N/a	13,283
John Hancock	JH Multi-Index 2060 Preserve	N/a	43
T Rowe Price	T Rowe Price Spectrum Income Fund	N/a	9,530
John Hancock	Stable Value	N/a	175,728
John Hancock	JH Multi-Index Income Preserve	N/a	605
John Hancock	Financial Industries Fund	N/a	8,652
Invesco	Invesco Global Fund	N/a	15,381
Royce	Royce Opportunity	N/a	179,699
John Hancock	John Hancock U.S. Growth Fund	N/a	17,495
John Hancock	Real Estate Securities Fund	N/a	218,544
Subtotal for page			1,522,388

See accompanying notes to financial statements and independent auditors' report.

VANGUARD MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN
PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER 22-2592636, PLAN NUMBER 001
Schedule of Assets Held at Year-End - Schedule H, Line 4i (CONTINUED)
December 31, 2021

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current Value at 12/31/21
Pooled Separate Accounts			
Vanguard Group	Vanguard Mid-Cap Growth ETF	N/a	12,920
Vanguard Group	Vanguard Mid-Cap Value ETF	N/a	20,391
	Subtotal for pooled separate accounts		33,311
	Total for pooled separate accounts		9,036,899
Vanguard	Guaranteed Interest Accounts	N/a	191,966
Self Directed Accounts - Mutual Funds			
American Funds	American Balanced Fund F2	N/a	64,989
American Funds	American New Perspective CL F2	N/a	65,000
American Funds	American 2030 Target Date Retirement F2	N/a	38,857
American Funds	American Fundamental Investors CL F2	N/a	135,088
American Funds	American Funds Growth Portfolio F2	N/a	139,867
Janus	Janus Henderson Enterprise I	N/a	48,643
Vanguard Group	Vanguard Target Retirement 2030	N/a	61,754
American Funds	American Funds Mod Growth & Income Portfolio F2	N/a	66,363
Money Markets			
Fidelity	Fidelity Money Market Fund Premium Class	N/a	14,500
Equities			
Cisco	Cisco Systems Inc. Common Stock	N/a	42,836
Alphabet Inc	Alphabet Inc Common Stock - Class A	N/a	28,970
Alphabet Inc	Alphabet Inc Common Stock - Class C	N/a	28,936
Apple Inc	Apple Common Stock	N/a	176,762
Intel Corp	Intel Corp Common Stock	N/a	17,581
Oracle Corp	Oracle Corp Common Stock	N/a	25,199
	Subtotal for self directed accounts		955,345
	Subtotal for page		10,217,521

See accompanying notes to financial statements and independent auditors' report.

VANGUARD MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN
PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER 22-2592636, PLAN NUMBER 001
Schedule of Assets Held at Year-End - Schedule H, Line 4i (CONTINUED)
December 31, 2020

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value at 12/31/21
Self Directed Accounts			
Exchange Traded			
iShares	iShares Core S&P 500 EFT (IVV)	N/a	101,655
iShares	iShares S&P Growth EFT (IVW)	N/a	126,492
iShares	iShares S&P 500 Value EFT (IVE)	N/a	70,547
Spider	Spider Ser TR S&P Dividend ETF	N/a	56,972
Subtotal			355,666
Total Investments From All Pages			19,576,775
Notes Receivable from Participants		5.25-7.5%	118,364
TOTAL			\$ 19,695,139

See accompanying notes to financial statements and independent auditors' report.

**VANGUARD MEDICAL GROUP, P.A. 401(k) PROFIT SHARING PLAN
FINANCIAL STATEMENTS
WITH INDEPENDENT AUDITORS' REPORT AND NOTES
DECEMBER 31, 2021**

**VANGUARD MEDICAL GROUP, P.A. 401(k) PROFIT SHARING PLAN
DECEMBER 31, 2021**

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THE
MEGLIO
GROUP, P.C.

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of,
Vanguard Medical Group, P.A. 401(K) Profit Sharing Plan
Florham Park, New Jersey

Opinion

We have audited the financial statements of Vanguard Medical Group, P.A. 401(k) Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Vanguard Medical Group, P.A. 401(k) Profit Sharing Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the year ended December 31, 2021, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Vanguard Medical Group, P.A. 401(k) Profit Sharing Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Vanguard Medical Group, P.A. 401(k) Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Vanguard Medical Group, P.A. 401(k) Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Vanguard Medical Group, P.A. 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

Other Matter—Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule of Assets Held at Year-End and Assets - Schedule H, Line 4i on pages 11-15 is presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

The Meglio Group, P.C.

THE MEGLIO GROUP, P.C.
Certified Public Accountants
Caldwell, New Jersey
October 12, 2022

VANGUARD MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2021, and 2020

ASSETS	2021	2020
Investments, at Fair Value		
Pooled Separate Accounts	\$ 9,036,899	\$ 7,423,894
Self Directed Accounts	1,311,011	1,053,263
Guaranteed Stable Value Fund - Fully Benefit Responsive, At Contract Value	<u>191,966</u>	<u>147,719</u>
Receivables		
Participant Notes Receivable	118,364	76,233
Participant Contributions Receivable	33,318	25,696
Employer Contributions Receivable	<u>15,642</u>	<u>14,386</u>
Total Receivables	<u>167,324</u>	<u>116,315</u>
Total Assets	<u>\$ 10,707,200</u>	<u>\$ 8,741,191</u>

See accompanying notes to financial statements and independent auditors' report.

**VANGUARD MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2021**

INCOME:

INVESTMENT INCOME (LOSS)	
Net Appereciation in Fair Value of Investments	\$ 1,369,741
Interest and Dividends From Investments	<u>9,940</u>
Total Investment Income (Loss)	<u>1,379,682</u>
Interest income, loans	5,934
CONTRIBUTIONS	
Participants	738,131
Employer Match	374,329
Rollover	<u>30,254</u>
Total Contributions	<u>1,142,714</u>
Total income	<u>2,528,330</u>

EXPENSES:

Benefits Paid To Participants	500,642
Administrative Fees	<u>61,679</u>
Total Expenses	<u>562,321</u>
Change in Net Assets Available for Benefits	1,966,009
Net Assets Available for Benefits, Beginning of Year	<u>8,741,191</u>
Net Assets Available for Benefits, End of Year	<u>\$ 10,707,200</u>

See accompanying notes to financial statements and independent auditors' report.

VANGUARD MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021, and 2020

NOTE 1 DESCRIPTION OF PLAN

The following description of the Vanguard Medical Group, P.A. 401(k) Plan Profit Sharing ("Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan is a defined contribution plan covering substantially all eligible employee of the Company. The Plan does not specify any excluded employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and was established to provide eligible employees, and their beneficiaries, funds for retirement. The Plan was initially effective on January 1, 1999, and amended and effective on January 1, 2018. It was amended on December 15, 2018, for hardship disbursements.

Vanguard Medical Group, P.A. is the Plan Sponsor and the parent company of Vanguard Health Solutions which provides medical services in various locations in New Jersey. The Plan Administrator is responsible for oversight of the Plan and along with the Investment advisors determines the appropriateness of the Plan's investment offerings, and monitors investment performance.

The Plan has pooled separate accounts in two John Hancock 401k accounts with different brokers/advisors and two other self-directed brokerage accounts managed by Ford Fowler and Ameriprise Financial, the investment advisers and held at J.W. Cole Investments. John Hancock is the 401k recordkeeper and custodian of the pooled separate accounts and J.W. Cole Investments is the recordkeeper and custodian of the two self-directed accounts. Preferred Pension Planning and Tri-State Planning are the third-party contract administrators.

Employee Eligibility and Contributions

Employees who have completed 1,000 hours during the twelve - month period immediately following the date of hire are eligible to participate. The entry date to the Plan is semi-annual either on the first day of the plan year or the first day of the seventh months of the plan year. Employees may contribute pre-tax or in Roth-401K contributions up to their eligible compensation up to the Internal Revenue Service's contribution limits. Participants who have attained age 50 before the end of the plan are eligible to make catch-up contributions.

Participants may also contribute certain rollover amounts representing distributions from other qualified plans.

Employer Contributions

The Plan is a "safe harbor" 401(K). In order to maintain safe harbor status, the Company contributes a safe harbor match equal to 100% of the participant's elective deferral for each pay period up to the first 3% of their Plan compensation plus 50% of the amount contributed between 3% and up to 5% of Plan compensation. Company safe harbor contributions are 100% vested immediately.

Participant Accounts

The participants in the pooled separate account participate in a portfolio offered by John Hancock that directs their monies into John Hancock's sub accounts where they are allocated into participant funds within the portfolio. Individual accounts are established for each participant. Each participant's account is credited with the participant's contributions, Plan earnings and charged with an allocation of investment gains or (losses), withdrawals, and administrative expenses. 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.

The participants in the self -directed accounts are managed by Ford Fowler and the investments are held by J.W Cole Investments.

VANGUARD MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 and 2020

NOTE 1 DESCRIPTION OF PLAN (continued)

Vesting

Participants and Company safe harbor contributions are 100% vested immediately. The Company may also elect to provide a discretionary profit-sharing contribution but is not required to do so. The profit-sharing contributes vests with the following schedule:

<u>Years of Service</u>	<u>Vested Interest</u>
Less than 1 years of service	0%
Two years but less than three years	20%
Three years but less than four years	40%
Four years but less than five years	60%
Five years but less than six years	80%
Six years or more	100%

A participant's "vested percentage" is based on vesting years of service. A participant earns and accumulates a year of vesting with at least 1,000 hours of service during a Plan year. A participant is always 100% percent vested in his/her own deferred salary contribution to the Plan, but with respect to the Company's contributions, any unvested portion of his/her account shall be forfeited at termination.

Participants will become 100% vested in the company's matching upon death or disability.

Payment of Benefits

On termination of service due to death, retirement, or disability, a participant or participant's beneficiary may elect to receive a single lump sum payment equal to the value of the vested portion of his or her account, equal installments, or partial payments. Participants are allowed to withdraw employee account balances prior to termination of their employment under certain conditions specified in the Plan. The Plan also allows for participant withdrawals in the event of financial hardship, limited to the dollar amount of participant elective deferrals. For termination of services, a participant may receive the value of the vested interest in his or her account if the account is valued over \$5,000 as a lump-sum distribution or a rollover depending on the balance in their account. If the amount is under \$5,000 only a lump-sum distribution is allowed.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 and up to a maximum of \$50,000. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant accounts. Loan terms range from one to five years unless for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at the prime rate as published in The Wall Street Journal on the 14th of each month plus 2%. Principal and interest are paid ratably through payroll deductions.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies of the Plan is presented to assist in understanding the financial statements. The financial statements and notes are representations of the Plan's administrator, who is responsible for their integrity and objectivity. The accounting policies conform to accounting principles generally accepted in the United States of America ("GAAP") and have been consistently applied in the preparation of financial statements.

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America, except those benefits paid to Plan participants are recorded on a cash basis.

VANGUARD MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 and 2020

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates. Any adjustments applied to estimated amounts are recognized in the year in which such adjustments are determined.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisers and trustees. See Note 4 for discussion of fair value measurements.

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

Contributions

Contributions from employees are recorded as they are withheld from the participant's wages.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Administrative Expenses Fees

All Plan expenses, including those without limitation, expenses, and fees (including fees for legal services, accounting fees, and stock transfer charges rendered and fees to the custodian, administrator, investment manager, trustee, or any insurance company) shall be paid from the Plan if, and to the extent, the Company does not pay such expenses, fees and charges. Plan expenses of \$61,679 and \$51,153 were paid by the Plan in 2021 and 2020, respectively.

Forfeited Accounts

Forfeited non-invested amounts on December 31, 2021, and December 31, 2020, were \$0.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. The interest rates at December 31, 2021, varied from 5.25% to 7.50%. Related fees are recorded as administrative expenses and are expensed when they are incurred. The notes receivable from participants for December 31, 2021, and 2020 is \$76,233 and \$81,457, respectively.

NOTE 3 INVESTMENTS

The Plan's investments were held by several custodians including John Hancock and FCG Advisors for the years ended December 31, 2021, and 2020. All investment information disclosed in the accompanying financial statements and supplemental schedule was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the custodians.

VANGUARD MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 and 2020

NOTE 4 FAIR VALUE MEASUREMENTS

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

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs to the valuation methodology include: 1) quoted prices for similar assets or liabilities in active markets; 2) quoted prices for identical or similar assets or liabilities in inactive markets; 3) inputs other than quoted prices that are observable for the asset or liability and 4) inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair market value measurement.

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.

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

The following is a description of the valuation methodologies used for the Plan’s assets measured at fair value at December 31, 2021 and 2020.

Pooled Separate Accounts: The units of pooled separate accounts are stated at fair value as determined by the issuer of the account based on the net asset value of the underlying investments. All of the investments are designated as level 2 in the fair value hierarchy.

Self-Directed Brokerage Accounts: The accounts maintain mutual funds and individual stocks. The funds held are open-end mutual funds registered with the SEC and valued at the daily closing price as reported by the fund. These funds are required to publish their daily net asset value (“NAV”) and to transact at that price. The stocks and mutual funds held by the Plan are deemed to be actively traded. The stocks and EFT funds are stated at fair value. The funds and stocks are all SEC registered, and are level 1 in the fair value hierarchy.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, 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.

NOTE 5 GUARANTEED VALUE INTEREST TEN YEAR TERM

Investments held by the Plan include the Guaranteed Interest 10-year term account with John Hancock Life Insurance Company, an account with guaranteed stated quarterly interest. John Hancock 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 account guarantees the return of the principal plus compound interest over the 10-year term provided that all contributions remain in the account for the duration of the ten years.

VANGUARD MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
DECEMBER 31, 2021 and 2020

NOTE 5 GUARANTEED VALUE INTEREST TEN YEAR TERM (continued)

These contracts meet the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawal or transfer of all or a portion of their investments at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

The contract issuer is contractually obligated to repay the principal and interest at an interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer and resets quarterly.

The Plan's ability to receive amounts due in accordance with fully benefit responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: 1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), 2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, 3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or 4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibition transaction exemption under ERISA. The Plan Administrator does not believe that any events that would limit the Plan's ability to transact at contract value with participants are probable of occurring.

NOTE 6 PARTY-IN-INTEREST TRANSACTIONS

Administrative fees paid by the Plan for were \$51,153 for the year ended December 31, 2021. Fees paid to John Hancock, the investment advisers and the third - party contract administrators qualify as party in-interest transactions however, they are exempt from the ERISA prohibited transaction rules.

NOTE 7 FEDERAL INCOME TAX STATUS

The Plan adopted a prototype volume submitter profit sharing 401(k) plan. The Plan obtained its latest determination letter on March 31, 2014, in which the Internal Revenue Service identified the Plan as acceptable under the applicable section of the IRC. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore exempt from federal income taxes. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that, as of December 31, 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions however, there are currently no audits for tax periods in progress. In addition, there are no tax related interest or penalties presented in these financial statements.

VANGUARD MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN 401(K) PLAN
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NOTE 8 - RISKS AND UNCERTAINTIES

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

The Plan's contributions, if any, are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

NOTE 9 - PLAN TERMINATION

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

NOTE 10 - SUBSEQUENT EVENTS

For the year-ended December 31, 2021, the Plan Sponsor evaluated subsequent events for potential recognition and disclosure through October 12, 2022, the date of financial statements issuance. As a result of the spread of the COVID-19 coronavirus, economic uncertainties have arisen which are likely to negatively impact investment income and other plan transactions. Other financial impact could occur though such potential impact is unknown at this time.

In 2022, one location of the Vanguard Health Solutions was sold resulting in one pooled separate account instead of two as in 2021.

SUPPLEMENTAL INFORMATION

VANGUARD MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN
PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER 22-2592636, PLAN NUMBER 001
Schedule of Assets Held at Year-End - Schedule H, Line 4i
December 31, 2021

(a) (b) Identity of issue	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value at 12/31/21
Pooled Separate Accounts			
John Hancock	JH Multimanager 2065 Lifetime	N/a	\$ 2,046
John Hancock	JH Multimanager 2060 Lifetime	N/a	188,089
John Hancock	JH Multimanager 2055 Lifetime	N/a	109,206
John Hancock	JH Multimanager 2050 Lifetime	N/a	294,409
John Hancock	JH Multimanager 2045 Lifetime	N/a	524,806
John Hancock	JH Multimanager 2040 Lifetime	N/a	396,593
John Hancock	JH Multimanager 2035 Lifetime	N/a	152,616
John Hancock	JH Multimanager 2030 Lifetime	N/a	24,456
John Hancock	JH Multimanager 2025 Lifetime	N/a	41,521
John Hancock	JH Multimanager 2020 Lifetime	N/a	10,395
John Hancock	JH Multimanager 2015 Lifetime	N/a	35,520
John Hancock	JH Multimanager 2010 Lifetime	N/a	4,918
John Hancock	JH Multimanager Aggressive LS	N/a	437,972
John Hancock	JH Multimanager Growth LS	N/a	435,783
John Hancock	JH Multimanager Balanced LS	N/a	877,004
John Hancock	JH Multimanager Moderate LS	N/a	58,025
John Hancock	JH Multimanager Conservate LS	N/a	22,913
DFA	DFA Emerging Markets Value	N/a	36,489
DFA	DFA International Value	N/a	2,166
American Funds	EuroPacific Growth Fund	N/a	235,536
John Hancock	International Equity Index Fund	N/a	118,479
John Hancock	JH Disciplined Value Intl Fund	N/a	105,786
John Hancock	John Hancock International Growth	N/a	8,841
JP Morgan	JPMorgan Mid Cap Value Fund	N/a	184,651
John Hancock	Mid Value Fund	N/a	10,351
John Hancock	Mid Cap Index Fund	N/a	52,916
John Hancock	New Opportunities Fund	N/a	27,384
Templeton	Templeton Foreign Smaller Co	N/a	1,049
John Hancock	Science and Technology Fund	N/a	34,068
Subtotal for page			4,433,988

See accompanying notes to financial statements and independent auditors' report.

VANGUARD MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN
PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER 22-2592636, PLAN NUMBER 001
Schedule of Assets Held at Year-End - Schedule H, Line 4i (CONTINUED)

December 31, 2021

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value at 12/31/21
Pooled Separate Accounts			
John Hancock	Small Cap Index Fund	N/a	9,279
John Hancock	Small Cap Value Fund	N/a	14,042
T Rowe Price	T Rowe Price Health Science	N/a	91,916
T Rowe Price	T Rowe Price Science and Technology	N/a	169,982
T Rowe Price	T Rowe Price Equity Income	N/a	276,966
Vanguard Group	Vanguard Energy Fund	N/a	11,909
Vanguard Group	Vanguard Explorer Fund	N/a	19,247
American Funds	American Balanced Fund	N/a	65,527
Vanguard Group	Vanguard Small Cap Grow Index	N/a	262,497
Vanguard Group	Vanguard Small Cap Value Index	N/a	84,076
John Hancock	500 Index Fund	N/a	92,861
Vanguard Group	Blue Chip Growth Fund	N/a	140,021
John Hancock	Capital Appreciation Fund	N/a	813,189
Domini	Domini Impact Equity Fund	N/a	15,814
John Hancock	Equity Income Fund	N/a	15,537
Franklin Mutual	Small-Mid Growth	N/a	6,632
John Hancock	Mutual Global Discovery	N/a	6,043
John Hancock	Fundamental All Cap Core Fund	N/a	15,044
John Hancock	Fundamental Investors	N/a	38,572
John Hancock	Disciplined Value	N/a	11,000
Invesco	Invesco Small Cap Growth	N/a	164,760
PIMCO	PIMCO Real Return	N/a	7,431
JP Morgan	JP Morgan U.S. Equity Fund	N/a	40,289
American Funds	The Growth Fund of America	N/a	341,281
Templeton	Templeton World	N/a	8,910
Vanguard Group	Total Stock Market Index Fund	N/a	294,436
John Hancock	Fundamental Large Cap Value	N/a	29,951
Subtotal for page			3,047,212

See accompanying notes to financial statements and independent auditors' report.

VANGUARD MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN
PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER 22-2592636, PLAN NUMBER 001
Schedule of Assets Held at Year-End - Schedule H, Line 4i (CONTINUED)
December 31, 2021

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value at 12/31/21
Pooled Separate Accounts			
American Funds	Investment Company of America	N/a	\$ 7,796
American Century	American Century Heritage	N/a	158,897
BlackRock	BlackRock Global Allocation	N/a	34,746
Vanguard Group	Vanguard Growth Index Fund	N/a	37,175
Vanguard Group	Vanguard Value Index Fund	N/a	101,764
Washington Mutual	Washington Mutual Investors	N/a	28,274
PIMCO	PIMCO Global Bond Opps Fund	N/a	45,226
PIMCO	PIMCO All Asset	N/a	13,901
Fidelity Investments	Fidelity Advisor Total Bond	N/a	104,527
Invesco	Invesco Developing Markets	N/a	209,575
Invesco	Invesco International Growth	N/a	3,392
Franklin	Franklin Mutual Beacon Fund	N/a	6,575
John Hancock	Strategic Income Opp Fund	N/a	107,822
John Hancock	High Yield Fund	N/a	23,758
MFS	MFS Utilities Fund	N/a	13,283
John Hancock	JH Multi-Index 2060 Preserve	N/a	43
T Rowe Price	T Rowe Price Spectrum Income Fund	N/a	9,530
John Hancock	Stable Value	N/a	175,728
John Hancock	JH Multi-Index Income Preserve	N/a	605
John Hancock	Financial Industries Fund	N/a	8,652
Invesco	Invesco Global Fund	N/a	15,381
Royce	Royce Opportunity	N/a	179,699
John Hancock	John Hancock U.S. Growth Fund	N/a	17,495
John Hancock	Real Estate Securities Fund	N/a	218,544
Subtotal for page			1,522,388

See accompanying notes to financial statements and independent auditors' report.

VANGUARD MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN
PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER 22-2592636, PLAN NUMBER 001
Schedule of Assets Held at Year-End - Schedule H, Line 4i (CONTINUED)
December 31, 2021

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current Value at 12/31/21
Pooled Separate Accounts			
Vanguard Group	Vanguard Mid-Cap Growth ETF	N/a	12,920
Vanguard Group	Vanguard Mid-Cap Value ETF	N/a	20,391
	Subtotal for pooled separate accounts		33,311
	Total for pooled separate accounts		9,036,899
Vanguard	Guaranteed Interest Accounts	N/a	191,966
Self Directed Accounts - Mutual Funds			
American Funds	American Balanced Fund F2	N/a	64,989
American Funds	American New Perspective CL F2	N/a	65,000
American Funds	American 2030 Target Date Retirement F2	N/a	38,857
American Funds	American Fundamental Investors CL F2	N/a	135,088
American Funds	American Funds Growth Portfolio F2	N/a	139,867
Janus	Janus Henderson Enterprise I	N/a	48,643
Vanguard Group	Vanguard Target Retirement 2030	N/a	61,754
American Funds	American Funds Mod Growth & Income Portfolio F2	N/a	66,363
Money Markets			
Fidelity	Fidelity Money Market Fund Premium Class	N/a	14,500
Equities			
Cisco	Cisco Systems Inc. Common Stock	N/a	42,836
Alphabet Inc	Alphabet Inc Common Stock - Class A	N/a	28,970
Alphabet Inc	Alphabet Inc Common Stock - Class C	N/a	28,936
Apple Inc	Apple Common Stock	N/a	176,762
Intel Corp	Intel Corp Common Stock	N/a	17,581
Oracle Corp	Oracle Corp Common Stock	N/a	25,199
	Subtotal for self directed accounts		955,345
	Subtotal for page		10,217,521

See accompanying notes to financial statements and independent auditors' report.

VANGUARD MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN
PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER 22-2592636, PLAN NUMBER 001
Schedule of Assets Held at Year-End - Schedule H, Line 4i (CONTINUED)
December 31, 2020

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value at 12/31/21
Self Directed Accounts			
Exchange Traded			
iShares	iShares Core S&P 500 EFT (IVV)	N/a	101,655
iShares	iShares S&P Growth EFT (IVW)	N/a	126,492
iShares	iShares S&P 500 Value EFT (IVE)	N/a	70,547
Spider	Spider Ser TR S&P Dividend ETF	N/a	56,972
Subtotal			355,666
Total Investments From All Pages			19,576,775
Notes Receivable from Participants		5.25-7.5%	118,364
TOTAL			\$ 19,695,139

See accompanying notes to financial statements and independent auditors' report.

VANGUARD MEDICAL GROUP, P.A. 401(K) PROFIT SHARING PLAN
PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER 22-2592636, PLAN NUMBER 001
Schedule of Assets Held at Year-End - Schedule H, Line 4i
December 31, 2021

(a) (b) Identity of issue	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value at 12/31/21
Pooled Separate Accounts			
John Hancock	JH Multimanager 2065 Lifetime	N/a	\$ 2,046
John Hancock	JH Multimanager 2060 Lifetime	N/a	188,089
John Hancock	JH Multimanager 2055 Lifetime	N/a	109,206
John Hancock	JH Multimanager 2050 Lifetime	N/a	294,409
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John Hancock	JH Multimanager 2030 Lifetime	N/a	24,456
John Hancock	JH Multimanager 2025 Lifetime	N/a	41,521
John Hancock	JH Multimanager 2020 Lifetime	N/a	10,395
John Hancock	JH Multimanager 2015 Lifetime	N/a	35,520
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John Hancock	Mid Value Fund	N/a	10,351
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Schedule of Assets Held at Year-End - Schedule H, Line 4i (CONTINUED)

December 31, 2021

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Vanguard Group	Vanguard Small Cap Grow Index	N/a	262,497
Vanguard Group	Vanguard Small Cap Value Index	N/a	84,076
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Vanguard Group	Blue Chip Growth Fund	N/a	140,021
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PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER 22-2592636, PLAN NUMBER 001
Schedule of Assets Held at Year-End - Schedule H, Line 4i (CONTINUED)
December 31, 2021

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PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER 22-2592636, PLAN NUMBER 001
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Vanguard Group	Vanguard Mid-Cap Value ETF	N/a	20,391
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	Subtotal for page		10,217,521

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PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER 22-2592636, PLAN NUMBER 001
Schedule of Assets Held at Year-End - Schedule H, Line 4i (CONTINUED)
December 31, 2020

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Exchange Traded			
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iShares	iShares S&P 500 Value EFT (IVE)	N/a	70,547
Spider	Spider Ser TR S&P Dividend ETF	N/a	56,972
Subtotal			355,666
Total Investments From All Pages			19,576,775
Notes Receivable from Participants		5.25-7.5%	118,364
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