

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>ANIMAL CLINIC NORTHVIEW, INC. 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>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>04/16/1998</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>34-1297522</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>440-327-8282</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>541940</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>04/16/1998</u>		2b Employer Identification Number (EIN) <u>34-1297522</u>		2c Plan Sponsor's telephone number <u>440-327-8282</u>		2d Business code (see instructions) <u>541940</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>										
1c Effective date of plan <u>04/16/1998</u>											
2b Employer Identification Number (EIN) <u>34-1297522</u>											
2c Plan Sponsor's telephone number <u>440-327-8282</u>											
2d Business code (see instructions) <u>541940</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>ANIMAL CLINIC NORTHVIEW, INC.</u> <u>36400 CENTER RIDGE ROAD</u> <u>NORTH RIDGEVILLE, OH 44039-2832</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2022	BRIAN GREENFIELD
	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	126
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)	103
a(2) Total number of active participants at the end of the plan year		6a(2)	124
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	34
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	158
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	158
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	158
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 2J 2K 2F 2G 3D 2T			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <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 ANIMAL CLINIC NORTHVIEW, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 ANIMAL CLINIC NORTHVIEW, INC.	D Employer Identification Number (EIN) 34-1297522

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
AMERITAS LIFE INSURANCE CORP.

(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
47-0098400	61301	300651	158	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 37610	(b) Total amount of fees paid 0
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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
PAYDEN, SCOTT V
4816 BRECKSVILLE RD STE 18
RICHFIELD COMMONS
RICHFIELD, OH 44286-9179

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
30088	0	COMMISSIONS	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
WALL ST MONEY MGRS INC
4816 BRECKSVILLE RD STE 18 BLDG II
RICHFIELD COMMONS
RICHFIELD, OH 44286-9197

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7522	0	COMMISSIONS	3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year	7b	
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	0
d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

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 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>ANIMAL CLINIC NORTHVIEW, INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) <u>002</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ANIMAL CLINIC NORTHVIEW, INC.</u>	D Employer Identification Number (EIN) <u>34-1297522</u>
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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: T. ROWE PRICE 2030 FUND

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

c EIN-PN <u>47-0098400-002</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>35276</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE 2040 FUND

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

c EIN-PN <u>47-0098400-002</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>165981</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE 2050 FUND

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

c EIN-PN <u>47-0098400-002</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>176779</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE 2055 FUND

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

c EIN-PN <u>47-0098400-002</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>3677</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE 2060 FUND

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

c EIN-PN <u>47-0098400-002</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>19358</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: CALVERT CONSERVATIVE ALLOCATION FND

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

c EIN-PN <u>47-0098400-002</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>12719</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON BALANCED FUND

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

c EIN-PN <u>47-0098400-002</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>35992</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE CAPITAL APPREC. FUND		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 815214
a Name of MTIA, CCT, PSA, or 103-12 IE: CALVERT MODERATE ALLOCATION FUND		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 131200
a Name of MTIA, CCT, PSA, or 103-12 IE: CALVERT GROWTH ALLOCATION FUND		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12359
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP GOVT MONEY MARKET		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34741
a Name of MTIA, CCT, PSA, or 103-12 IE: CALVERT SHORT DURATION INCOME FUND		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35190
a Name of MTIA, CCT, PSA, or 103-12 IE: LORD ABBETT SHORT DURATION INCOME		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 129418
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TOTAL BOND MARKET INDEX		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18282
a Name of MTIA, CCT, PSA, or 103-12 IE: METWEST TOTAL RETURN BOND FUND		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 160757
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES INVESTMENT GRADE BOND		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 96762
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR STRATEGIC INCOME		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68621

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO INSTITUTIONAL INCOME FUND		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 220772
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INFLATION-PROTECTED SECS		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39120
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN CONVERTIBLE SECURITIES		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 356043
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD VALUE INDEX		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 153
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN EQUITY INCOME FUND		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 265746
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD 500 INDEX FUND		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 83893
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS FUNDAMENTAL INVESTOR		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4111
a Name of MTIA, CCT, PSA, or 103-12 IE: ALGER CAPITAL APPRECIATION FUND		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 549186
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD GROWTH INDEX FUND		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25188
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE BLUE CHIP GROWTH FUND		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 922740

a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON MID CAP VALUE FUND

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

c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1719
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID CAP VALUE INDEX FUND

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

c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 153
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY MID CAP VALUE FUND

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

c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43151
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a Name of MTIA, CCT, PSA, or 103-12 IE: FMI COMMON STOCK FUND

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

c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4663
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a Name of MTIA, CCT, PSA, or 103-12 IE: CALVERT S&P MIDCAP 400 INDEX FUND

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

c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1032
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID CAP GROWTH INDEX FUND

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

c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2063
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD EXTENDED MARKET INDEX FUND

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

c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 418555
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a Name of MTIA, CCT, PSA, or 103-12 IE: CARILLON EAGLE MID CAP GROWTH FUND

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

c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 595186
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a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON SMALL CAP VALUE FND

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

c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16959
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP VALUE INDEX FUND

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

c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 151
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR SMALL CAP FUND		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16925
a Name of MTIA, CCT, PSA, or 103-12 IE: WASATCH SMALL CAP VALUE FUND		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 488930
a Name of MTIA, CCT, PSA, or 103-12 IE: WASATCH SMALL CAP GROWTH FUND		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 85096
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON TRITON FUND		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 94230
a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN GENESIS FUND		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10984
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE FUND		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6883
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO GLOBAL FUND		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 78342
a Name of MTIA, CCT, PSA, or 103-12 IE: THORNBURG INTERNATIONAL EQUITY FUND		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 266165
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TOTAL INTERNATIONAL STOCK		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1032
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INTERNATIONAL GROWTH FUND		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12830

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS INTERNATIONAL NEW DISCOVERY FND		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27039
a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLOBAL BOND FUND		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69915
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD UTILITIES INDEX FUND		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47804
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD FINANCIALS INDEX FUND		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 198431
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA REAL ESTATE SECURITIES PORTFO.		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22555
a Name of MTIA, CCT, PSA, or 103-12 IE: COHEN & STEERS RE SECURITIES FUND		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 163716
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON GLOBAL TECH FUND		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 813901
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INFO & TECH INDEX FUND		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18696
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON GLOBAL LIFE SCIENCE		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31171
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD HEALTH CARE INDEX FUND		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP		
c EIN-PN 47-0098400-002	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 143587

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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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
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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>ANIMAL CLINIC NORTHVIEW, INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ANIMAL CLINIC NORTHVIEW, INC.</u>	D Employer Identification Number (EIN) <u>34-1297522</u>	

Part I	Asset and Liability Statement
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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	5104	6754
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	11891
(2) Participant contributions.....	1b(2)	0	25094
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	73739	108650
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	6853485	8187900
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	6932328	8340289

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
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	6932328	8340289
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	203295	
(B) Participants	2a(1)(B)	529217	
(C) Others (including rollovers).....	2a(1)(C)	152203	
(2) Noncash contributions.....	2a(2)	0	884715
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	5249	
(E) Participant loans.....	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5249
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		910355
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		0
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		1800319
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	389624	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		389624
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	2734	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2734
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		392358
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		1407961
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: MAJKUT CPAS LTD

(2) EIN: 34-1789797

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		693233
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 ANIMAL CLINIC NORTHVIEW, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 ANIMAL CLINIC NORTHVIEW, INC.	D Employer Identification Number (EIN) 34-1297522

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

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

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

Part III	Amendments
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9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 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 _____

ANIMAL CLINIC NORTHVIEW INC 401(k) PROFIT SHARING PLAN

**Financial Statements and Supplemental Information
For the Years Ended December 31, 2021 and 2020**

Majkut CPAs, Ltd.

Certified Public Accountants & Advisors to Business

TABLE OF CONTENTS

	<u>PAGE NUMBER</u>
Independent Auditor's Report	1 – 4
Financial Statements	
Statements of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7 - 14
Supplemental Information	
Schedule H: line 4i – Schedule of Assets (Held at End of Year)	15

Independent Auditor's Report

To the Administrator of
Animal Clinic Northview Inc 401(k) Profit Sharing Plan

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

We have performed audits of the accompanying financial statements of Animal Clinic Northview Inc 401(k) Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Animal Clinic Northview Inc 401(k) Profit Sharing Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2021 and 2020, and for the year ended December 31, 2021, stating the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Animal Clinic Northview Inc 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 ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Animal Clinic Northview Inc 401(k) Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements were 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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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 generally accepted auditing standards 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 generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risk 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 Animal Clinic Northview Inc 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 judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about Animal Clinic Northview Inc 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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 have identified during the audit.

Supplemental Schedules Required by ERISA

The supplemental schedule of assets held at end of year is presented for the purpose of additional analysis and is not a required part of the financial statements but is 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 included in the supplemental schedule, other than that agreed to or derived from the certified investment information has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, 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 form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Memo CPAs LTD

Elyria, Ohio
September 28, 2022

Animal Clinic Northview Inc
401(k) Profit Sharing Plan
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020

ASSETS	<u>2021</u>	<u>2020</u>
Investments at fair value	\$ 8,101,142	\$ 6,737,991
Investments at contract value	93,512	116,514
Receivables		
Participant contributions receivable.	25,094	21,960
Employer contribution receivable.	11,891	8,180
Participant loans receivable.	<u>108,650</u>	<u>77,823</u>
Total receivables	<u>145,635</u>	<u>107,963</u>
Net Assets Available for Benefits	<u>\$ 8,340,289</u>	<u>\$ 6,962,468</u>

The accompanying notes are an integral part of these financial statements

Animal Clinic Northview Inc
401(k) Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2021

Additions:

Additions to net assets attributed to:

	<u>2021</u>
Investment income:	
Net appreciation in fair value of investments	\$ 910,355
Interest income	5,249
Contributions:	
Participants	651,280
Employer	<u>203,295</u>
	<u>854,575</u>
Total Additions	<u>1,770,179</u>

Deductions:

Deductions from net assets attributed to:

Benefits paid to participants	389,624
Administration expenses	<u>2,734</u>
Total Deductions.	<u>392,358</u>
Net Increase.	<u>1,377,821</u>

Net Assets Available for Benefits:

Beginning of Year	<u>6,962,468</u>
End of Year.	<u>\$ 8,340,289</u>

The accompanying notes are an integral part of these financial statements

Animal Clinic Northview Inc
401(k) Profit Sharing Plan
Notes to Financial Statements
For the Years Ended December 31, 2021 and 2020

Note 1 Description of Plan

The following description of the Animal Clinic Northview Inc 401(k) Profit Sharing Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – The plan is a defined contribution plan covering all employees of the Company who are at least twenty-one years of age with an employment term over nine months. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions – Each year, participants may contribute the maximum allowed by law. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company provides a safe harbor match of 100% of employee contributions up to 3% of pretax compensation, and 50% of contributions that fall within the 3% - 5% range of pretax compensation. Contributions are subject to certain limitations. The Company may also make an additional flexible discretionary contribution, no such contribution was made for the year ended December 31, 2021.

Participant Accounts – Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution, (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting – Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the employer's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after five years of credited service. Participants also become 100% vested in the event of death or total and permanent disability.

Payment of Benefits – Upon termination of service, benefit payments may be made either in lump sum or substantially equal installments. In-service distributions are allowed for participants that have attained 59 ½ years of age.

See independent auditor's report

Animal Clinic Northview Inc
401(k) Profit Sharing Plan
Notes to Financial Statements
For the Years Ended December 31, 2021 and 2020

Note 2 Summary of Significant Accounting Policies

Basis of Accounting – The financial statements of the Plan are prepared under the accrual method of accounting.

Estimates – The preparation of financial statements requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition – The Plan's investments are stated at fair value. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year-end.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the cash basis. Dividend income is recorded on the ex-dividend date.

Payment of Benefits – Benefits are recorded when paid.

Date of Management's Review – Subsequent events were evaluated through September 28, 2022, which is the date the financial statements were available to be issued.

See independent auditor's report

Animal Clinic Northview Inc
401(k) Profit Sharing Plan
Notes to Financial Statements
For the Years Ended December 31, 2021 and 2020

Note 3 Financial Information Certified by the Custodians

The following is a summary of the Plan financial information and data certified by the Plan custodian, Ameritas, in accordance with Section 2520.103-5 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

Statement of net assets available for benefits:

Investments	2021	2020
T. Rowe Price 2030 Fund	\$ 35,276	\$ 26,628
T. Rowe Price 2040 Fund	165,981	144,092
T. Rowe Price 2050 Fund	176,779	124,986
T. Rowe Price 2055 Fund	3,677	544
T. Rowe Price 2060 Fund	19,358	5,911
Calvert Conservative Allocation Fund	12,719	7,158
Janus Henderson Balanced Fund	35,992	707
T. Rowe Price Capital Appreciation Fund	815,214	839,803
Calvert Moderate Allocation Fund	131,200	115,140
Calvert Growth Allocation Fund	12,359	6,442
Fidelity VIP Govt Money Market Portfolio.	34,741	24,539
Guaranteed Investment Account	93,512	116,514
Calvert Short Duration Income Fund	35,190	35,125
Lord Abbett Short Duration Income Fund.	129,418	125,353
Vanguard Total Bond Market Index Fund.	18,282	15,256
Metwest Total Return Bond Fund.	160,757	160,605
Loomis Sayles Inv. Grade Bond Fund	96,762	22,633
Fidelity Advisor Strategic Income Fund	68,621	53,098
Pimco Institutional Income Fund	220,772	287,560
Vanguard Inflation-Protected Securities.	39,120	-0-
Franklin Convertible Securities.	356,043	372,658
Vanguard Value Index	153	-0-
American Equity Income Fund	265,746	216,148
Vanguard 500 Index Fund	83,893	1,837
American Funds Fundamental Investors	4,111	2,804
Alger Capital Appreciation Fund.	549,186	436,499

See independent auditor's report

Animal Clinic Northview Inc
401(k) Profit Sharing Plan
Notes to Financial Statements
For the Years Ended December 31, 2021 and 2020

Note 3 Financial Information Certified by the Custodians (Continued)

Vanguard Growth Index Fund	25,188	-0-
T. Rowe Price Blue Chip Growth Fund	922,740	774,264
Janus Henderson Mid Cap Value Fund.	1,719	1,164
Vanguard Mid-Cap Value Index Fund	153	-0-
American Century Mid-Cap Value Fund.	43,151	37,093
FMI Common Stock Fund	4,663	104,960
Calvert S&P Midcap 400 Index Fund	1,032	214
Vanguard Mid-Cap Growth Index Fund	2,063	124,101
Vanguard Extended Market Index Fund	418,555	-0-
Carillon Eagle Mid-Cap Growth Fund	595,186	578,212
Janus Henderson Small Cap Value Fund	16,959	12,215
Vanguard Small Cap Value Index Fund.	151	-0-
Fidelity Advisor Small Cap Fund	16,925	12,949
Wasatch Small Cap Value Fund	488,930	6,348
Wasatch Small Cap Growth Fund	85,096	350,869
Janus Henderson Triton Fund	94,230	150,041
Neuberger Berman Genesis Fund	10,984	1,497
American Funds New Perspective Fund.	6,883	5,388
Invesco Global Fund	78,342	65,330
Thornburg International Equity Fund	266,165	221,944
Vanguard Total International Stock Fund.	1,032	214
Vanguard International Growth Fund	12,830	4,702
MFS International New Discovery Fund.	27,039	23,759
Templeton Global Bond Fund	69,915	84,137
Vanguard Utilities Index Fund	47,804	93,190
Vanguard Financials Index Fund.	198,431	-0-
DFA Real Estate Securities Portfolio	22,555	-0-
Cohen & Steers RE Securities Fund	163,716	126,113
Janus Henderson Global Tech Fund	813,901	645,277
Vanguard Info & Tech Index Fund	18,696	19,813
Janus Henderson Global Life Sci. Fund.	31,171	31,084
Vanguard Health Care Index Fund	143,587	237,587
Outstanding Participant Loans.	108,650	77,823
	<u>\$ 8,303,304</u>	<u>\$ 6,932,328</u>

Statement of changes in nets assets available for benefits:

Net appreciation in fair value of
investments \$ 910,355

See independent auditor's report

Animal Clinic Northview Inc
401(k) Profit Sharing Plan
Notes to Financial Statements
For the Years Ended December 31, 2021 and 2020

Note 4 Fair Value Measurements

The Plan's investments in mutual funds through pooled separate accounts are reported at fair value in the accompanying statement of net assets available for benefits.

The methods used to measure fair value may produce an amount 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.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares as reported by the fund. The mutual funds held by the Plan are open-end mutual funds registered with the U.S. Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the Plan are considered to be actively traded. The fair values of common stocks are based on the closing price reported on the active market where the individual securities are traded. All investments reported at fair value for the years ended December 31, 2021 and 2020 were Level 1 investments.

See independent auditor's report

Animal Clinic Northview Inc
401(k) Profit Sharing Plan
Notes to Financial Statements
For the Years Ended December 31, 2021 and 2020

Note 5 Plan Termination

Although it has not 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 are 100% vested in their accounts.

Note 6 Tax Status

The Plan obtained its latest determination letter in 2019, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. Plan management and Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. 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 the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2019.

Note 7 Related Party Transactions

Certain Plan investments are shares of mutual funds and an insurance contract managed by Ameritas. Ameritas is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. The plan sponsor also absorbs various administrative expenses of the plan.

See independent auditor's report

Animal Clinic Northview Inc
401(k) Profit Sharing Plan
Notes to Financial Statements
For the Years Ended 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 risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note 9 Investment Contract with Insurance Company

The Plan holds a traditional fully benefit-responsive guaranteed investment contract with Ameritas. Ameritas maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a quarterly resetting rate of interest.

Because the contract meets the criteria to be considered fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at contract value. Contract value, as reported to the Plan by Ameritas, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contract at December 31, 2021 was \$93,512. The crediting interest rate is based on a formula agreed upon with the issuer and are reviewed on a quarterly basis for resetting.

See independent auditor's report

Animal Clinic Northview Inc
401(k) Profit Sharing Plan
Notes to Financial Statements
For the Years Ended December 31, 2021 and 2020

Note 9 Investment Contract with Insurance Company (continued)

Certain events limit the Plan's ability to transact at contract value with Ameritas. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events that cause a significant withdrawal from the plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. Furthermore, certain events would allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include (a) an uncured breach of the Plan's investment guidelines, (b) a material amendment to the contract without the issuer's consent, (c) a violation of a material obligation under the contract, or (d) a material misrepresentation. The Plan administrator does not believe that any events would limit the Plan's ability to transact at contract value with Plan participants or the issuer are probable of occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

Note 10 Reconciliation of Financial Statements to Schedule H of Form 5500

Contributions differed between Form 5500 and the financial statements due to timing differences in the recording of contributions. Contributions and the corresponding net increase in net assets available for benefits differed by \$30,142 for the year ended December 31, 2021.

See independent auditor's 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
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 Animal Clinic Northview, Inc. 401(k) Profit Sharing Plan	1b Three-digit plan number (PN) ▶ <u>002</u> 1c Effective date of plan <u>04/16/1998</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) Animal Clinic Northview, Inc. 36400 Center Ridge Road North Ridgeville OH 44039-2832	2b Employer Identification Number (EIN) <u>34-1297522</u> 2c Plan Sponsor's telephone number <u>440-327-8282</u> 2d Business code (see instructions) <u>541940</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	 Signature of plan administrator	<u>10/15/22</u> Date	Brian Greenfield 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. 201209

Animal Clinic Northview Inc 401(k) Profit Sharing Plan
 EIN: 34-1631429
 Plan Number: 002
 Schedule H, line 4i - Schedule of Assets (Held At End of Year)
 December 31, 2021

(a)	(b) Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Ameritas Life Insurance Corp	T. Rowe Price 2030 Fund	**	35,276
*	Ameritas Life Insurance Corp	T. Rowe Price 2040 Fund	**	165,981
*	Ameritas Life Insurance Corp	T. Rowe Price 2050 Fund	**	176,779
*	Ameritas Life Insurance Corp	T. Rowe Price 2055 Fund	**	3,677
*	Ameritas Life Insurance Corp	T. Rowe Price 2060 Fund	**	19,358
*	Ameritas Life Insurance Corp	Calvert Conservative Allocation Fund	**	12,719
*	Ameritas Life Insurance Corp	Janus Henderson Balanced Fund	**	35,992
*	Ameritas Life Insurance Corp	T. Rowe Price Capital Appreciation Fund	**	815,214
*	Ameritas Life Insurance Corp	Calvert Moderate Allocation Fund	**	131,200
*	Ameritas Life Insurance Corp	Calvert Growth Allocation Fund	**	12,359
*	Ameritas Life Insurance Corp	Fidelity VIP Govt Money Market Portfolio	**	34,741
*	Ameritas Life Insurance Corp	Calvert Short Duration Income Fund	**	35,190
*	Ameritas Life Insurance Corp	Lord Abbett Short Duration Income Fund	**	129,418
*	Ameritas Life Insurance Corp	Vanguard Total Bond Market Index Fund	**	18,282
*	Ameritas Life Insurance Corp	Metwest Total Return Bond Fund	**	160,757
*	Ameritas Life Insurance Corp	Loomis Sayles Investment Grade Bond Fund	**	96,762
*	Ameritas Life Insurance Corp	Fidelity Advisor Strategic Income Fund	**	68,621
*	Ameritas Life Insurance Corp	Pimco Institutional Income Fund	**	220,772
*	Ameritas Life Insurance Corp	Vanguard Inflation-Protected Securities	**	39,120
*	Ameritas Life Insurance Corp	Franklin Convertible Securities	**	356,043
*	Ameritas Life Insurance Corp	Vanguard Value Index	**	153
*	Ameritas Life Insurance Corp	American Equity Income Fund	**	265,746
*	Ameritas Life Insurance Corp	Vanguard 500 Index Fund	**	83,893
*	Ameritas Life Insurance Corp	American Funds Fundamental Investors	**	4,111
*	Ameritas Life Insurance Corp	Alger Capital Appreciation Fund	**	549,186
*	Ameritas Life Insurance Corp	Vanguard Growth Index Fund	**	25,188
*	Ameritas Life Insurance Corp	T. Rowe Price Blue Chip Growth Fund	**	922,740
*	Ameritas Life Insurance Corp	Janus Henderson Mid Cap Value Fund	**	1,719
*	Ameritas Life Insurance Corp	Vanguard Mid Cap Value Index Fund	**	153
*	Ameritas Life Insurance Corp	American Century Mid Cap Value Fund	**	43,151
*	Ameritas Life Insurance Corp	FMI Common Stock Fund	**	4,663
*	Ameritas Life Insurance Corp	Calvert S&P Midcap 400 Index Fund	**	1,032
*	Ameritas Life Insurance Corp	Vanguard Mid Cap Growth Index Fund	**	2,063
*	Ameritas Life Insurance Corp	Vanguard Extended Market Index Fund	**	418,555
*	Ameritas Life Insurance Corp	Carillon Eagle Mid Cap Growth Fund	**	595,186
*	Ameritas Life Insurance Corp	Janus Henderson Small Cap Value Fund	**	16,959
*	Ameritas Life Insurance Corp	Vanguard Small Cap Value Index Fund	**	151
*	Ameritas Life Insurance Corp	Fidelity Advisor Small Cap Fund	**	16,925
*	Ameritas Life Insurance Corp	Wasatch Small Cap Value Fund	**	488,930
*	Ameritas Life Insurance Corp	Wasatch Small Cap Growth Fund	**	85,096
*	Ameritas Life Insurance Corp	Janus Henderson Triton Fund	**	94,230
*	Ameritas Life Insurance Corp	Neuberger Berman Genesis Fund	**	10,984
*	Ameritas Life Insurance Corp	American Funds New Perspective Fund	**	6,883
*	Ameritas Life Insurance Corp	Invesco Global Fund	**	78,342
*	Ameritas Life Insurance Corp	Thornburg International Equity Fund	**	266,165
*	Ameritas Life Insurance Corp	Vanguard Total International Stock Fund	**	1,032
*	Ameritas Life Insurance Corp	Vanguard International Growth Fund	**	12,830
*	Ameritas Life Insurance Corp	MFS International New Discovery Fund	**	27,039
*	Ameritas Life Insurance Corp	Templeton Global Bond Fund	**	69,915
*	Ameritas Life Insurance Corp	Vanguard Utilities Index Fund	**	47,804
*	Ameritas Life Insurance Corp	Vanguard Financials Index Fund	**	198,431
*	Ameritas Life Insurance Corp	DFA Real Estate Securities Portfolio	**	22,555
*	Ameritas Life Insurance Corp	Cohen & Steers RE Securities Fund	**	163,716
*	Ameritas Life Insurance Corp	Janus Henderson Global Tech Fund	**	813,901
*	Ameritas Life Insurance Corp	Vanguard Info & Tech Index Fund	**	18,696
*	Ameritas Life Insurance Corp	Janus Henderson Global Life Science Fund	**	31,171
*	Ameritas Life Insurance Corp	Vanguard Health Care Index Fund	**	143,587
*		Outstanding Participant Loans (interest ranging from 4%-6.5%)	**	108,650
*	Ameritas Life Insurance Corp	Guaranteed Investment Account	**	83,512
		Total		\$ <u>8,293,304</u>

* Denotes Party-in Interest as defined by ERISA
 ** Not required as all funds are participant-directed