

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>BLANCHARD VALLEY MEDICAL ASSC 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>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1977</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1977</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>07/01/1977</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>BLANCHARD VALLEY MEDICAL ASSC INC</u> <u>200 WEST PEARL STREET</u> <u>FINDLAY, OH 45840-1394</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-1148970</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>419-424-0380</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621111</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-1148970</u>	2c Plan Sponsor's telephone number <u>419-424-0380</u>	2d Business code (see instructions) <u>621111</u>	
2b Employer Identification Number (EIN) <u>34-1148970</u>					
2c Plan Sponsor's telephone number <u>419-424-0380</u>					
2d Business code (see instructions) <u>621111</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/22/2022	ANGELA WILLEKE RAY, M.D.
	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	180
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)	122
a(2) Total number of active participants at the end of the plan year		6a(2)	104
b Retired or separated participants receiving benefits.....		6b	16
c Other retired or separated participants entitled to future benefits		6c	51
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	171
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	171
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	171
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	11
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2R 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <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 BLANCHARD VALLEY MEDICAL ASSC INC 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BLANCHARD VALLEY MEDICAL ASSC INC	D Employer Identification Number (EIN) 34-1148970

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

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY USA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	92132	184	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	6192

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
SCROGGINSGREAR, INC. 200 NORTHLAND BLVD
CINCINNATI, OH 45246

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	6082	TPA COMPENSATION	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
SCROGGINSGREAR, INC. 200 NORTHLAND BOULEVARD
CINCINNATI, OH 45246

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	110	TPA FEE	5

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

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

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

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

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

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

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

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

(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** 12324832**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. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b****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)****d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d****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)****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan BLANCHARD VALLEY MEDICAL ASSC INC 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BLANCHARD VALLEY MEDICAL ASSC INC	D Employer Identification Number (EIN) 34-1148970	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIFTH THIRD BANK RETIREMENT SERVICE

31-1051736

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 33 51 52 59	CUSTODIAN	109411	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

NORTHWESTERN MUTUAL

611 E. WISCONSIN AVE
MILWAUKEE, WI 53202-4707

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT ADVISOR	58523	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 59 60 62 63 68	RECORD KEEPER	36785	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

MERRILL LYNCH PIERCE FENNER & SMITH

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 33 51 52 56 59 60 63	BROKER	34901	Yes ☐ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

LEGACY FINANCIAL ADVISORS, INC.

20-4972254

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT ADVISOR	23724	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

INFRESH, INC.

1219 W MAIN CROSS ST
SUITE 205
FINDLAY, OH 45840-0702

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT ADVISOR	10551	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

HIXON ZUERCHER CAPITAL MANAGEMENT

27-0025048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT ADVISOR	8649	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>BLANCHARD VALLEY MEDICAL ASSC INC 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BLANCHARD VALLEY MEDICAL ASSC INC</u>	D Employer Identification Number (EIN) <u>34-1148970</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2035 LIFETIME</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>44969</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER 2060 LIFETIME</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15389</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER AGGRESSIVE LS</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>58391</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER GROWTH LS</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>538871</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER BALANCED LS</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8036560</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER MODERATE LS</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16121</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JH MULTIMANAGER CONSERV LS</u>				
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.</u>				
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>469028</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: **DFA EMERGING MARKETS VALUE**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12546
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FINANCIAL INDUSTRIES FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4238
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a Name of MTIA, CCT, PSA, or 103-12 IE: **REAL EST. SECURITIES FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7587
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a Name of MTIA, CCT, PSA, or 103-12 IE: **SMALL CAP VALUE FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39188
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a Name of MTIA, CCT, PSA, or 103-12 IE: **T. ROWE PRICE HEALTH SCI**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30482
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a Name of MTIA, CCT, PSA, or 103-12 IE: **INTL EQUITY INDEX FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 304010
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a Name of MTIA, CCT, PSA, or 103-12 IE: **T. ROWE PRICE SCI & TECH**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3523
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a Name of MTIA, CCT, PSA, or 103-12 IE: **INVESCO DEVELOPING MARKETS**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2406
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD SMALL CAP VALUE INDEX**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 640
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a Name of MTIA, CCT, PSA, or 103-12 IE: **INVESCO SMALL CAP GROWTH**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6041
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a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71255
a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18063
a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL WORLD GROWTH & INCOME		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69756
a Name of MTIA, CCT, PSA, or 103-12 IE: CLEARBRIDGE AGGRESSIVE GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2771
a Name of MTIA, CCT, PSA, or 103-12 IE: NEW PERSPECTIVE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9445
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO OPP INTL GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2862
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY CONTRAFUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3456
a Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL GLOBAL DISCOVERY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55797
a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL INVESTORS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3106
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN MIDCAP VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6881

a Name of MTIA, CCT, PSA, or 103-12 IE: JP MORGAN US EQUITY FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 168709	

a Name of MTIA, CCT, PSA, or 103-12 IE: SPROTT GOLD EQUITY FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8082	

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD ENERGY FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6821	

a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 867277	

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD GROWTH INDEX FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32932	

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD VALUE INDEX FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 688	

a Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON MUTUAL INVESTORS			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10191	

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN BALANCED FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2808	

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO GLOBAL FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 91132	

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL INCOME BUILDER			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54324	

a Name of MTIA, CCT, PSA, or 103-12 IE: IVY ASSET STRATEGY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE CAP APPRECIATION		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24548
a Name of MTIA, CCT, PSA, or 103-12 IE: INCOME FUND OF AMERICA		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66366
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2050 LIFETIME		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 153558
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MASSACHUSETTS INVESTORS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10146
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR TOTAL BOND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41026
a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24673
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE EQUITY INC		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 259
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO INTERNATIONAL BOND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15876
a Name of MTIA, CCT, PSA, or 103-12 IE: DELAWARE IVY ASSET STRATEGY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2820

a Name of MTIA, CCT, PSA, or 103-12 IE: [TEMPLETON GLOBAL BOND FUND](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6823
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TOTAL BOND MARKET FUND](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 422663
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a Name of MTIA, CCT, PSA, or 103-12 IE: [US GOVERNMENT SECURITIES](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2276
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a Name of MTIA, CCT, PSA, or 103-12 IE: [MONEY MARKET FUND](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 284239
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a Name of MTIA, CCT, PSA, or 103-12 IE: [T. ROWE PRICE SHORT TERM BOND](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26683
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VANGUARD SHORT-TERM FEDERAL](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28665
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a Name of MTIA, CCT, PSA, or 103-12 IE: [SMALLCAP WORLD FUND](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15797
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a Name of MTIA, CCT, PSA, or 103-12 IE: [JOHN HANCOCK BOND FUND](#)

b Name of sponsor of entity listed in (a): [JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38382
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 BLANCHARD VALLEY MEDICAL ASSC INC 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BLANCHARD VALLEY MEDICAL ASSC INC		
D Employer Identification Number (EIN) 34-1148970		

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	19135	1843
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	468510	486274
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	118	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1059783	
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	185360	186770
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	159550	111108
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	13495648	12241143
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	29136880	31905340

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	44524984 44932478
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	44524984 44932478

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	487036
	(B) Participants	2a(1)(B)	487426
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	974462
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	7663
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	7663
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	1410
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	1410

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1330716
c Other income.....	2c		4090972
d Total income. Add all income amounts in column (b) and enter total.....	2d		6405223
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5711120	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		5711120
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	283899	
(4) Other.....	2i(4)	2710	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		286609
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5997729
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		407494
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: VEID & VEID CPAS

(2) EIN: 54-2131378

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

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

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

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

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

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan BLANCHARD VALLEY MEDICAL ASSC INC 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 BLANCHARD VALLEY MEDICAL ASSC INC	D Employer Identification Number (EIN) 34-1148970

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 01-0233346 31-1051736	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3

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

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

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

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

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

BLANCHARD VALLEY MEDICAL ASSOCIATES, INC.

401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

For the year ended December 31, 2021

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INDEPENDENT AUDITORS' REPORT

To the Retirement Plan Committee of
Blanchard Valley Medical Associates, Inc. 401(k) Profit Sharing Plan
Findlay, Ohio

Opinion

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Blanchard Valley Medical Associates, Inc. 401(k) Profit Sharing Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Blanchard Valley Medical Associates, Inc. and the Blanchard Valley Medical Associates, 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 audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit, conducted in accordance with 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 risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Blanchard Valley Medical Associates, Inc. 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedule Required for ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of (1) Schedule H, line 4i – Schedule of Assets (Held at End of

Year) for the year ended December 31, 2021, (2) Schedule H, line 4j – Schedule of Reportable Transactions, referred to as “supplemental information” are presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the plan’s management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

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

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



Veid & Veid
Certified Public Accountants
Cincinnati, Ohio

October 17, 2022

BLANCHARD VALLEY MEDICAL ASSOCIATES, INC. 401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
December 31, 2021 and 2020

	2021			2020		
	General	Self-Directed	Total	General	Self-Directed	Total
ASSETS						
Cash	\$ 1,843	\$ -	\$ 1,843	\$ 19,135	\$ -	\$ 19,135
Investments, at fair value						
Money market	284,239	-	284,239	1,059,783	-	1,059,783
Brokerage accounts	-	31,905,340	31,905,340	-	29,136,880	29,136,880
Real Estate		186,770	186,770	-	185,360	185,360
Investments, at contract value						
Contract pooled separate accounts	11,956,904	-	11,956,904	13,495,648	-	13,495,648
<i>Total investments</i>	<u>12,241,143</u>	<u>32,092,110</u>	<u>44,333,253</u>	<u>14,555,431</u>	<u>29,322,240</u>	<u>43,877,671</u>
Receivables						
Employer contributions	244,046	242,228	486,274	215,113	253,397	468,510
Employee contributions	-	-	-	-	-	-
Other employee contribution payment in transit	-	-	-	-	118	118
Notes receivable from participants	81,846	29,262	111,108	109,679	49,871	159,550
<i>Total receivables</i>	<u>325,892</u>	<u>271,490</u>	<u>597,382</u>	<u>324,792</u>	<u>303,386</u>	<u>628,178</u>
TOTAL ASSETS	<u>12,568,878</u>	<u>32,363,600</u>	<u>44,932,478</u>	<u>14,899,358</u>	<u>29,625,626</u>	<u>44,524,984</u>
LIABILITIES						
Other	-	-	-	-	-	-
TOTAL LIABILITIES	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u>\$ 12,568,878</u>	<u>\$ 32,363,600</u>	<u>\$ 44,932,478</u>	<u>\$ 14,899,358</u>	<u>\$ 29,625,626</u>	<u>\$ 44,524,984</u>

See accompanying notes and independent auditors' report

BLANCHARD VALLEY MEDICAL ASSOCIATES, INC. 401(k) PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
December 31, 2021 and 2020

ADDITIONS

Additions to net assets attributed to:

Investment income:

	2021			2020		
	General	Self-Directed	Total	General	Self-Directed	Total
Interest	\$ -	3,164	\$ 3,164	\$ -	\$ 25,265	\$ 25,265
Interest participant loans	5,371	2,292	7,663	7,998	3,203	11,201
Dividends and capital distributions		1,625,174	1,625,174		\$ 678,531	678,531
Net appreciation (depreciation) in fair value of pooled separate account investments	1,330,717	-	1,330,717	1,770,345	-	1,770,345
Net appreciation (depreciation) in fair value of brokerage accounts	-	2,462,633	2,462,633	-	2,731,257	2,731,257
Net appreciation in fair value of real estate	-	1,410	1,410	-	-	-
Other income	-	-	-	16,265	-	16,265
Total investment income	1,336,088	4,094,673	5,430,761	1,794,608	3,438,256	5,232,864

Contributions

Employer	244,805	242,231	487,036	215,113	253,397	468,510
Employee	307,593	179,833	487,426	332,562	219,717	552,279
Rollovers within the Plan	(9,363)	9,363	-	(3,910)	3,910	-
Rollovers	-	-	-	6,218	-	6,218
Total contributions	543,035	431,427	974,462	549,883	477,024	1,027,007
Total additions	1,879,123	4,526,100	6,405,223	2,344,591	3,915,280	6,259,871

See accompanying notes and independent auditors' report

BLANCHARD VALLEY MEDICAL ASSOCIATES, INC. 401(k) PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
December 31, 2021 and 2020

	2021			2020		
	General	Self-Directed	Total	General	Self-Directed	Total
DEDUCTIONS						
Deductions from net assets attributed to:						
Benefits paid to participants	4,148,984	1,562,136	5,711,120	970,311	597,118	1,567,429
Other expense	-	2,710	2,710	-	2,656	2,656
Administrative expenses	60,619	223,280	283,899	50,138	194,735	244,873
<i>Total deductions</i>	<u>4,209,603</u>	<u>1,788,126</u>	<u>5,997,729</u>	<u>1,020,449</u>	<u>794,509</u>	<u>1,814,958</u>
 NET INCREASE (DECREASE)	 (2,330,480)	 2,737,974	 407,494	 1,324,142	 3,120,771	 4,444,913
 NET ASSETS AVAILABLE FOR PLAN BENEFITS AT BEGINNING OF YEAR	 <u>14,899,358</u>	 <u>29,625,626</u>	 <u>44,524,984</u>	 <u>13,575,216</u>	 <u>26,504,855</u>	 <u>40,080,071</u>
 NET ASSETS AVAILABLE FOR PLAN BENEFITS AT END OF YEAR	 <u>\$ 12,568,878</u>	 <u>\$ 32,363,600</u>	 <u>\$ 44,932,478</u>	 <u>\$ 14,899,358</u>	 <u>\$ 29,625,626</u>	 <u>\$ 44,524,984</u>

See accompanying notes and independent auditors' report

BLANCHARD VALLEY MEDICAL ASSOCIATES, INC.

401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2021 and 2020

(See accompanying financial statements and independent auditors' report)

NOTE 1 - PLAN DESCRIPTION

The following description of the Blanchard Valley Medical Associates, Inc. 401(k) Profit Sharing Plan ("Plan") is provided for general purposes only. Participants should refer to the Plan agreement or the summary plan description for a more complete description of the Plan's provisions.

GENERAL

The Plan is a 401(k) defined contribution plan covering all employees of Blanchard Valley Medical Associates, Inc. (the "Company") who have completed one year of service (at least 1,000 hours) and have attained 21 years of age. Each employee who has met the eligibility requirement will automatically become a participant on the first entry date which occurs after satisfying the requirements. The Plan entry dates are January 1 and July 1 of each year. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

CONTRIBUTIONS

The Company's contribution is determined at the discretion of the directors of the Company. During 2020, the Company made no matching contribution, but did make a safe harbor non-elective contribution of \$205,483 and a profit-sharing contribution of \$281,553, which were allocated among participants eligible to share in the contribution for the plan year. During 2020, the Company made no matching contribution, but did make a safe harbor non-elective contribution of \$204,242 and a profit-sharing contribution of \$264,268, which were allocated among participants eligible to share in the contribution for the plan year. The maximum annual addition (allocation of employer contribution, forfeitures and employee contributions) to the participant's account is limited to the lesser of 100% of the individual's salary, or \$58,000 plus \$6,500 catch up if over age 50.

Participants may contribute through payroll deduction in either a pre-tax deferral or Roth deferral (after-tax) by a specific percentage or dollar amount of the participant's compensation. Employees can contribute up to \$19,500 to the Plan annually. Employees over the age of 50 are allowed an additional \$6,500 to be deferred based on Internal Revenue regulations. These amounts are treated as tax deferred compensation (if pre-tax deferral elected) and are exempt from federal taxation until they are withdrawn from the Plan.

PARTICIPANT ACCOUNTS

Each participant's account is adjusted by (a) the participant's contribution, (b) allocations of any employer's contributions, and (c) allocations of the Plan's earnings or losses (including any administrative expenses paid by the Plan). Allocations are based upon the performance of the investment funds chosen by the participant. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

BLANCHARD VALLEY MEDICAL ASSOCIATES, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2021 and 2020

(Continued)

(See accompanying financial statements and independent auditors' report)

NOTE 1 - PLAN DESCRIPTION (Continued)

SELF-DIRECTED ACCOUNTS

The Plan allows for self-directed accounts which allow participants to invest their account balances in any investment desired within certain specified limitations. Participants are allowed to place investments into self-directed accounts in addition to or in place of the general accounts available through the Plan.

PARTICIPANT LOANS

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their vested account balance, whichever is less. The loans are secured by the balance in the participant's account. Interest rates are set by the Plan Administrator upon the date of the loan application based on the prevailing interest rates charged by persons in the business of lending money for loans which would be made under similar circumstances. Participant loans are limited to a maximum of two loans outstanding per participant. See Note 8 for CARES Act ability to borrow up to a maximum of \$100,000 thru December 31, 2020.

VESTING

Participants' contributions, rollover contributions, safe harbor contributions and earnings are fully vested at all times. The Company's matching contributions, profit-sharing contributions and earnings thereon vest as follows:

Years of Service	Percentage
Less than 1	0%
1	20%
2	40%
3	60%
4	80%
5 or more	100%

FORFEITURES

Any portion of a participant's account which is not vested at the time of termination from the Plan is forfeited immediately at the date of termination. Forfeitures are allocated to participants as part of the Company's annual contribution. The participant's balance will be reinstated if the participant returns to service within five years from the original termination date. Forfeitures were \$1,843 and \$19,135 in 2021 and 2020, respectively.

PAYMENT OF BENEFITS

The Plan provides for distribution of a participant's account upon termination of employment, retirement, death or disability under several options. If the participant's vested interest is greater than \$5,000, the participant may choose to receive his benefit in the form of cash, an annuity, or a combination of these. If the vested interest is less than \$5,000 then the vested account balance may only be distributed in a single lump-sum payment in cash or in property.

BLANCHARD VALLEY MEDICAL ASSOCIATES, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2021 and 2020
(Continued)

(See accompanying financial statements and independent auditors' report)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The accompanying financial statements of the Plan have been prepared in accordance with U.S. generally accepted accounting principles with the applicable accounting requirements of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A summary of the Plan's significant accounting policies consistently applied in the preparation of the accompanying financial statements follows:

BASIS OF ACCOUNTING

The financial statements are prepared on the accrual method of accounting.

USE OF ESTIMATES

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

NOTES RECEIVABLE FROM PARTICIPANTS

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

SELF-DIRECTED ACCOUNTS

As previously stated, the Plan allows for self-directed accounts. The Plan reports investment income of interest and dividends exclusive of changes in fair value net of appreciation (unrealized and realized gains/(losses)) of investments. The Plan's self-directed accounts report real estate income and expenses separately. Real estate appreciated in value in the amount of \$1,410 and \$0, respectively for 2021 and 2020. Land values were adjusted due to subsequent sales in January and February 2022 as further discussed in Note 9. Real estate expenses were \$2,710 and \$2,656 for 2021 and 2020, respectively.

INVESTMENT VALUATION AND INCOME RECOGNITION

The Plan invests in a contract with John Hancock Life Insurance Company (U.S.A.) in pooled separate accounts of segregated investments with John Hancock Life Insurance Company (U.S.A.). John Hancock Life Insurance Company (U.S.A.) has based its contract value of its pooled separate accounts utilizing the fair market value of the underlying assets using the daily quoted market prices of publicly traded investments. The contract value is equal to the number of participation units owned under the contract in each pooled separate account times the unit value of the participation units. The participation units in the pooled separate accounts are valued at the net asset value of units held by the Plan at year end.

**BLANCHARD VALLEY MEDICAL ASSOCIATES, INC.
401(k) PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

**December 31, 2021 and 2020
(Continued)**

(See accompanying financial statements and independent auditors' report)

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (Continued)

INVESTMENT VALUATION AND INCOME RECOGNITION (Continued)

The self-directed accounts are also stated at fair market value using quoted market prices to value investments in publicly traded securities. Real estate is valued based on real estate appraisals obtained and other assets, such as limited partnership interests are valued based on similar market transactions as reported by the investment custodian.

Stable value funds, guaranteed investment contracts and other synthetic guaranteed investment contracts are valued based on contract value. Contract value is the relevant measurement attributable for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts. As of December 31, 2021 and 2020, the Plan had no stable value funds, guaranteed investment contracts or other synthetic guaranteed investment contracts. As of December 31, 2021 and 2020 the contract value of the pooled separate accounts and money market funds was the same as fair market value and reported on the net asset value (NAV) basis, based on management's expectation that the unit pricing represents what is expected for each pooled separate account to be transacted at.

Purchases and sales are recorded on a trade-date basis. Interest and dividend income are recorded on an accrual basis.

The change in the difference between cost and fair value of investments held is reflected in the statement of changes in net assets available for benefits as net appreciation (depreciation) in fair value of investments. Gains and losses on disposition of investments are recognized at the time of disposition with the amount of gain or loss determined on an average cost basis for the pooled investments and for the individual holdings (brokerage accounts) on an historic transactional cost basis. Realized gains and losses are included in the net appreciation/(depreciation).

ADMINISTRATIVE EXPENSES

Administrative expenses for the Plan are paid by the Plan and the Company.

BENEFIT PAYMENTS

Benefits are recorded when paid.

PLAN TERMINATION

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

**BLANCHARD VALLEY MEDICAL ASSOCIATES, INC.
401(k) PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2021 and 2020

(Continued)

(See accompanying financial statements and independent auditors' report)

NOTE 3 - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for plan benefits. The United States generally accepted accounting principles provide a framework for measuring fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2: Inputs to the valuation methodology include; quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

The following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded (Level 1).

Corporate/Municipal bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings (Level 2).

**BLANCHARD VALLEY MEDICAL ASSOCIATES, INC.
401(k) PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2021 and 2020

(Continued)

(See accompanying financial statements and independent auditors' report)

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded (Level 1).

Real estate: The real estate held in self-directed accounts is valued by appraisers using similar real estate transactions (Level 2). As of December 31, 2021, due to subsequent sales of two land parcels near the end of the year, the sales price received was utilized to value these assets as further stated in Note 9.

The Plan had no level 3 investments in 2021 or 2020. The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2021 and 2020:

Fair Market Value Hierarchy

<u>2020</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
General Money Market	\$284,239			\$284,239
Self-Directed Brokerage:				
Money market cash	\$2,194,055			\$2,194,055
Corporate bonds		\$60,019		\$60,019
Bond mutual funds	\$5,066,877			\$5,066,877
Common stock	\$5,700,525			\$5,700,525
Equity mutual funds	\$18,883,864			\$18,883,864
Real estate	-	186,770	-	186,770
Total assets in the fair value hierarchy	<u>\$32,129,560</u>	<u>\$246,789</u>	<u>-</u>	<u>\$32,376,349</u>
Investments measured at net asset value – contract pooled separate accounts				<u>\$11,956,904</u>
Investments				<u>\$44,333,253</u>

**BLANCHARD VALLEY MEDICAL ASSOCIATES, INC.
401(k) PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

**December 31, 2021 and 2020
(Continued)**

(See accompanying financial statements and independent auditors' report)

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

Fair Market Value Hierarchy

<u>2020</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
General Money Market	\$1,059,783			\$1,059,783
Self-Directed Brokerage:				
Money market cash	\$2,284,565			\$2,284,565
Corporate bonds		\$180,080		\$180,080
Bond mutual funds	\$4,582,332			\$4,582,332
Common stock	\$5,021,410			\$5,021,410
Equity mutual funds	\$17,068,493			\$17,068,493
Real estate	-	185,360	-	185,360
Total assets in the fair value hierarchy	<u>\$30,016,583</u>	<u>\$365,440</u>	<u>-</u>	<u>\$30,382,023</u>
Investments measured at net asset value – contract pooled separate accounts				<u>\$13,495,648</u>
Investments				<u>\$43,877,572</u>

NOTE 4 - INVESTMENT CONCENTRATIONS AND CREDIT RISK

The general pooled segregated accounts are participant directed. The Plan has a high concentration in the John Hancock Lifestyle Balanced investment account. At December 31, 2021 and 2020, the Plan had \$8,036,560 and \$9,976,320 invested in the John Hancock Lifestyle Balanced investment account. This represented 17.8% and 22.4% of total net assets available for plan benefits in 2021 and 2020, respectively.

The Plan has contracted with John Hancock Life Insurance (USA) for its general pooled segregated account offerings. The Plan Sponsor has determined that as of 2021 and the date of this report there are no contract restrictions due to liquidation or other transfer provisions that would result in market value adjustments and surrender charges that would limit the ability to transact the contract at less than contract value. In addition, the Plan Sponsor has considered the ability of ManuLife and John Hancock Life Insurance (USA) to fulfill its contracts based on its financial strength ratings from A.M. Best which was A+. Therefore, the Plan Sponsor has concluded that the contract value of its pooled segregated accounts is fair value and represents a fully benefit-responsive value.

BLANCHARD VALLEY MEDICAL ASSOCIATES, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2021 and 2020

(Continued)

(See accompanying financial statements and independent auditors' report)

NOTE 5 - INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated February 14, 2011, that the Plan and related trust are designed in accordance with the Internal Revenue Code (Code) sections 401(a). The letter specifically addressed Plan amendments executed on November 17, 2008, December 11, 2006, December 18, 2006, January 1, 2006, December 23, 2005, September 19, 2005, December 31, 2003 and May 15, 2002.

Effective May 1, 2009, the Company amended and restated the Plan to clarify that daily valuation dates for plan assets of participant directed accounts will be valued on a daily basis on which plan assets for which there is an established market are valued and the trustee is conducting business.

Effective July 1, 2017, the Plan was amended to limit the number of new loans to two per participant for those loans after that date. Existing participant loans prior to July 1, 2017 were not impacted.

Although the Plan has been amended since the last amendment listed on the Internal Revenue Service determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code and therefore believe that the Plan is qualified and the related trust is tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 6 - RELATED PARTY TRANSACTIONS

John Hancock Life Insurance Company (U.S.A.) the custodian of the general plan assets of the Plan also has a related party John Hancock Asset Management that manages the investment assets of the pooled segregated accounts. Therefore, transactions with John Hancock Life Insurance Company (U.S.A.) qualify as party-in-interest transactions. Fees paid to John Hancock Life Insurance Company were \$60,619 and \$50,138 for the years ended 2021 and 2020, respectively.

NOTE 7 - 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.

**BLANCHARD VALLEY MEDICAL ASSOCIATES, INC.
401(k) PROFIT SHARING PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2021 and 2020

(Continued)

(See accompanying financial statements and independent auditors' report)

NOTE 8 - COVID-19 & CARES ACT

In January 2020, the World Health Organization declared the outbreak of a novel coronavirus (COVID-19) as a "Public Health Emergency of International Concern." COVID-19 continues to spread throughout the world and has adversely impacted global commercial activity and contributed to significant declines and volatility in financial markets. The coronavirus outbreak and government responses, such as, mandated "Stay at Home" orders, social distancing, wearing of masks and limiting elective surgeries have impacted the Plan Sponsor's operations. The Plan Sponsor continues to stay abreast of the fluid environment and adopts best practices to keep employees and customers safe.

The Coronavirus Aid, Relief and Economic Security (CARES) Act was signed into law on March 27, 2020. This new law allowed employers to modify their retirement plans to provide certain relief for participants and beneficiaries who may have been impacted by the coronavirus. One popular item for CARES Act plan amendments has been the ability to allow qualified individuals to make up to \$100,000 in distributions (depending on 100% of the vested account balance) through December 31, 2020. This special CARES Act distribution could then be repaid without earnings any time within three years after receiving the distribution to restore the account and not pay personal income taxes. As of October 5, 2021, the Plan has not made any CARES Act provision amendments but anticipates doing so. The Plan Sponsor anticipates formally amending its Plan for the CARES Act by the required date to do so prior to December 31, 2022.

NOTE 9 - SUBSEQUENT EVENT

On January 31, 2022 and February 18, 2022 - the Plan sold parcels of land for \$65,000 and \$56,000, respectively. The parcels of land were valued at December 31, 2021 using these sale prices due to the proximity of the sales to the end of the year.

NOTE 10 - DATE OF MANAGEMENT'S REVIEW

Management has evaluated subsequent events through October 17, 2022, the date on which the financial statements were available for issue. Note 8 discusses the expected Plan amendment to implement the CARES Act expected no later than December 31, 2022. Note 9 discusses the subsequent land parcel sales. There were no other material events subsequent to December 31, 2021 thru October 17, 2022.

BLANCHARD VALLEY MEDICAL ASSOCIATES, INC.
401(k) PROFIT SHARING PLAN
(EIN 34-1148970) PLAN 001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Form 5500, Schedule H, Line 4i)
December 31, 2021

a)	b)	c)	d)	e)
		Description	Cost	Current Value
*	John Hancock Life Insurance (USA)	Cash Uninvested	1,843	1,843
*	John Hancock Life Insurance (USA)	Money Market Fund	284,239	284,239
			<u>286,082</u>	<u>286,082</u>
		<i>Pooled Separate Accounts</i>		
*	John Hancock Life Insurance (USA)	American Family Balanced Fund	2,434	2,808
*	John Hancock Life Insurance (USA)	American Family Fundamental Investo	2,239	3,106
*	John Hancock Life Insurance (USA)	American Family New Perspective	6,824	9,445
*	John Hancock Life Insurance (USA)	American Family US Government	2,388	2,276
*	John Hancock Life Insurance (USA)	Blue Chip Growth Fund	14,430	18,063
*	John Hancock Life Insurance (USA)	Capital Income Builder	45,402	54,324
*	John Hancock Life Insurance (USA)	Capital World Growth & Income	50,694	69,756
*	John Hancock Life Insurance (USA)	ClearBridge Aggressive Growth	2,186	2,771
*	John Hancock Life Insurance (USA)	DFA Emerging Markets Value	10,994	12,546
*	John Hancock Life Insurance (USA)	Fidelity Advisor Total Bond	39,508	41,026
*	John Hancock Life Insurance (USA)	Fidelity ContraFund	3,042	3,456
*	John Hancock Life Insurance (USA)	Growth Index	21,017	32,932
*	John Hancock Life Insurance (USA)	Health Science	25,338	30,482
*	John Hancock Life Insurance (USA)	Income Fund of America	53,063	66,366
*	John Hancock Life Insurance (USA)	Index 500	81,684	71,255
*	John Hancock Life Insurance (USA)	International Equity Index Fund	239,207	304,010
*	John Hancock Life Insurance (USA)	Invesco Developing Markets	2,485	2,406
*	John Hancock Life Insurance (USA)	Invesco Small Cap Growth	4,240	6,041
*	John Hancock Life Insurance (USA)	Ivy Asset Strategy Fund	2,146	2,820
*	John Hancock Life Insurance (USA)	JP Morgan US Equity	106,100	168,709
*	John Hancock Life Insurance (USA)	JP Morgan Mid-Cap Value	4,840	6,881
*	John Hancock Life Insurance (USA)	John Hancock Bond Fund	36,838	38,382
*	John Hancock Life Insurance (USA)	Lifestyle Aggressive	58,463	58,391
*	John Hancock Life Insurance (USA)	Lifestyle Balanced	8,688,469	8,036,560
*	John Hancock Life Insurance (USA)	Lifestyle Conservative	753,621	469,028
*	John Hancock Life Insurance (USA)	Lifestyle Growth	628,629	538,871
*	John Hancock Life Insurance (USA)	Lifestyle Moderate	23,744	16,121
*	John Hancock Life Insurance (USA)	MFS Massachusetts Investors	7,141	10,146
*	John Hancock Life Insurance (USA)	Mutual Global Discovery	53,364	55,797
*	John Hancock Life Insurance (USA)	Oppenheimer Global	61,265	91,132
*	John Hancock Life Insurance (USA)	Oppenheimer International Growth	2,140	2,862
*	John Hancock Life Insurance (USA)	Invesco Intl Bond	16,960	15,876
*	John Hancock Life Insurance (USA)	Real Estate Securities Fund	7,517	7,587
*	John Hancock Life Insurance (USA)	JH Multimanager 2035 Lifetime	43,087	44,969
*	John Hancock Life Insurance (USA)	JH Multimanager 2050 Lifetime	113,791	153,558
*	John Hancock Life Insurance (USA)	JH Multimanager 2060 Lifetime	11,444	15,389
*	John Hancock Life Insurance (USA)	T Rowe Price Science Technology	3,169	3,523

BLANCHARD VALLEY MEDICAL ASSOCIATES, INC.
401(k) PROFIT SHARING PLAN
(EIN 34-1148970) PLAN 001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Form 5500, Schedule H, Line 4i)
December 31, 2021

a)	b)	c)	d)	e)
		Description	Cost	Current Value
		<i>Pooled Separate Accounts (Continued)</i>		
*		John Hancock Life Insurance (USA) Small Cap Value Index	367	640
*		John Hancock Life Insurance (USA) Small Value	28,201	39,188
*		John Hancock Life Insurance (USA) Small Cap World Fund	11,450	15,797
*		John Hancock Life Insurance (USA) T. Rowe Price Capital Appreciation	18,737	24,547
*		John Hancock Life Insurance (USA) T. Rowe Price Equity Income	228	259
*		John Hancock Life Insurance (USA) T. Rowe Price Short Term Bond	26,556	26,682
*		John Hancock Life Insurance (USA) Templeton Global Bond Fund	7,734	6,823
*		John Hancock Life Insurance (USA) Total Bond Market Fund	529,080	422,663
*		John Hancock Life Insurance (USA) Total Stock Market Index Fund	604,935	867,277
*		John Hancock Life Insurance (USA) Washington Mutual Investors	8,053	10,191
*		John Hancock Life Insurance (USA) Value Index	464	688
*		John Hancock Life Insurance (USA) TOCQ Gold Sprott Gold Fund	8,534	8,082
*		John Hancock Life Insurance (USA) Vanguard Energy Fund	5,282	6,821
*		John Hancock Life Insurance (USA) VS Financial Industries Fund	3,117	4,238
*		John Hancock Life Insurance (USA) VS US High Yield	31,437	24,673
*		John Hancock Life Insurance (USA) Vanguard Short-Term Federal	32,975	28,664
		<i>Total Pooled Separate Accounts</i>	<u>12,547,053</u>	<u>11,956,904</u>
		<i>Various Self-directed brokerage accounts</i>	23,218,631	31,905,340
		Participants' loans Interest rate 3.25% to 6.50%	-	111,108
		<i>Total Participants' Loans</i>	-	<u>111,108</u>
		Real estate <i>Real Estate</i>	<u>122,425</u>	<u>186,770</u>
		TOTAL ASSETS HELD FOR INVESTMENT PURPOSES	<u>\$ 36,174,191</u>	<u>\$ 44,446,204</u>

* Parties-in-interest

Note: All of the funds that are being held at John Hancock USA Insurance Company are known parties-in-interest.

BLANCHARD VALLEY MEDICAL ASSOCIATES, INC. 401(k) PROFIT SHARING PLAN
(EIN 34-1148970) PLAN 001
SCHEDULE OF REPORTABLE TRANSCATIONS
(Form 5500, Schedule H, Line 4j)
December 31, 2021

Purchase Price	Sale/ Maturity Proceeds	Expense Incurred With Transaction	Cost of Assets	Current Value of Assets on Transaction Date	Net Gain (Loss)
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Category (iii) - A Series of Transactions in a Security Issue Aggregating 5% of Plan Assets

John Hancock Multimanager Lifestyle Balanced	\$	694,319		\$	694,319	\$	694,319	\$	-
John Hancock Multimanager Lifestyle Balanced			\$	3,521,338		\$	3,220,416	\$	3,521,338
								\$	300,922

BLANCHARD VALLEY MEDICAL ASSOCIATES, INC.
401(k) PROFIT SHARING PLAN
(EIN 34-1148970) PLAN 001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Form 5500, Schedule H, Line 4i)
December 31, 2021

a)	b)	c) Description	d) Cost	e) Current Value
*	John Hancock Life Insurance (USA)	Cash Uninvested	1,843	1,843
*	John Hancock Life Insurance (USA)	Money Market Fund	284,239	284,239
			<u>286,082</u>	<u>286,082</u>
<i>Pooled Separate Accounts</i>				
*	John Hancock Life Insurance (USA)	American Family Balanced Fund	2,434	2,808
*	John Hancock Life Insurance (USA)	American Family Fundamental Investo	2,239	3,106
*	John Hancock Life Insurance (USA)	American Family New Perspective	6,824	9,445
*	John Hancock Life Insurance (USA)	American Family US Government	2,388	2,276
*	John Hancock Life Insurance (USA)	Blue Chip Growth Fund	14,430	18,063
*	John Hancock Life Insurance (USA)	Capital Income Builder	45,402	54,324
*	John Hancock Life Insurance (USA)	Capital World Growth & Income	50,694	69,756
*	John Hancock Life Insurance (USA)	ClearBridge Aggressive Growth	2,186	2,771
*	John Hancock Life Insurance (USA)	DFA Emerging Markets Value	10,994	12,546
*	John Hancock Life Insurance (USA)	Fidelity Advisor Total Bond	39,508	41,026
*	John Hancock Life Insurance (USA)	Fidelity ContraFund	3,042	3,456
*	John Hancock Life Insurance (USA)	Growth Index	21,017	32,932
*	John Hancock Life Insurance (USA)	Health Science	25,338	30,482
*	John Hancock Life Insurance (USA)	Income Fund of America	53,063	66,366
*	John Hancock Life Insurance (USA)	Index 500	81,684	71,255
*	John Hancock Life Insurance (USA)	International Equity Index Fund	239,207	304,010
*	John Hancock Life Insurance (USA)	Invesco Developing Markets	2,485	2,406
*	John Hancock Life Insurance (USA)	Invesco Small Cap Growth	4,240	6,041
*	John Hancock Life Insurance (USA)	Ivy Asset Strategy Fund	2,146	2,820
*	John Hancock Life Insurance (USA)	JP Morgan US Equity	106,100	168,709
*	John Hancock Life Insurance (USA)	JP Morgan Mid-Cap Value	4,840	6,881
*	John Hancock Life Insurance (USA)	John Hancock Bond Fund	36,838	38,382
*	John Hancock Life Insurance (USA)	Lifestyle Aggressive	58,463	58,391
*	John Hancock Life Insurance (USA)	Lifestyle Balanced	8,688,469	8,036,560
*	John Hancock Life Insurance (USA)	Lifestyle Conservative	753,621	469,028
*	John Hancock Life Insurance (USA)	Lifestyle Growth	628,629	538,871
*	John Hancock Life Insurance (USA)	Lifestyle Moderate	23,744	16,121
*	John Hancock Life Insurance (USA)	MFS Massachusetts Investors	7,141	10,146
*	John Hancock Life Insurance (USA)	Mutual Global Discovery	53,364	55,797
*	John Hancock Life Insurance (USA)	Oppenheimer Global	61,265	91,132
*	John Hancock Life Insurance (USA)	Oppenheimer International Growth	2,140	2,862
*	John Hancock Life Insurance (USA)	Invesco Intl Bond	16,960	15,876
*	John Hancock Life Insurance (USA)	Real Estate Securities Fund	7,517	7,587
*	John Hancock Life Insurance (USA)	JH Multimanager 2035 Lifetime	43,087	44,969
*	John Hancock Life Insurance (USA)	JH Multimanager 2050 Lifetime	113,791	153,558
*	John Hancock Life Insurance (USA)	JH Multimanager 2060 Lifetime	11,444	15,389
*	John Hancock Life Insurance (USA)	T Rowe Price Science Technology	3,169	3,523

BLANCHARD VALLEY MEDICAL ASSOCIATES, INC.
401(k) PROFIT SHARING PLAN
(EIN 34-1148970) PLAN 001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Form 5500, Schedule H, Line 4i)
December 31, 2021

a)	b)	c) Description	d) Cost	e) Current Value
		<i>Pooled Separate Accounts (Continued)</i>		
*	John Hancock Life Insurance (USA)	Small Cap Value Index	367	640
*	John Hancock Life Insurance (USA)	Small Value	28,201	39,188
*	John Hancock Life Insurance (USA)	Small Cap World Fund	11,450	15,797
*	John Hancock Life Insurance (USA)	T. Rowe Price Capital Appreciation	18,737	24,547
*	John Hancock Life Insurance (USA)	T. Rowe Price Equity Income	228	259
*	John Hancock Life Insurance (USA)	T. Rowe Price Short Term Bond	26,556	26,682
*	John Hancock Life Insurance (USA)	Templeton Global Bond Fund	7,734	6,823
*	John Hancock Life Insurance (USA)	Total Bond Market Fund	529,080	422,663
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*	John Hancock Life Insurance (USA)	Value Index	464	688
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*	John Hancock Life Insurance (USA)	Vanguard Energy Fund	5,282	6,821
*	John Hancock Life Insurance (USA)	VS Financial Industries Fund	3,117	4,238
*	John Hancock Life Insurance (USA)	VS US High Yield	31,437	24,673
*	John Hancock Life Insurance (USA)	Vanguard Short-Term Federal	32,975	28,664
		<i>Total Pooled Separate Accounts</i>	12,547,053	11,956,904
	Various	<i>Self-directed brokerage accounts</i>	23,218,631	31,905,340
	Participants' loans	Interest rate 3.25% to 6.50%	-	111,108
		<i>Total Participants' Loans</i>	-	111,108
	Real estate	<i>Real Estate</i>	122,425	186,770
	TOTAL ASSETS HELD FOR INVESTMENT PURPOSES		\$ 36,174,191	\$ 44,446,204
	* Parties-in-interest			

Note: All of the funds that are being held at John Hancock USA Insurance Company are known parties-in-interest.

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

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2021****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

- 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 Blanchard Valley Medical Assc Inc 401(k) Profit Sharing Plan	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 07/01/1977
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) Blanchard Valley Medical Assc Inc 200 West Pearl Street Findlay OH 45840-1394	2b Employer Identification Number (EIN) 34-1148970
	2c Plan Sponsor's telephone number (419) 424-0380
	2d Business code (see instructions) 621111

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		9/28/2022	ANGELA WILLEKE RAY, M.D.
	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	5 180
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) 122
a(2) Total number of active participants at the end of the plan year	6a(2) 104
b Retired or separated participants receiving benefits.....	6b 16
c Other retired or separated participants entitled to future benefits	6c 51
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 171
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 171
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 171
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 11
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2A 2E 2F 2G 2J 2R 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information - Small Plan)
- (3) ☒ 1 **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 _____

BLANCHARD VALLEY MEDICAL ASSOCIATES, INC. 401(k) PROFIT SHARING PLAN
(EIN 34-1148970) PLAN 001
SCHEDULE OF REPORTABLE TRANSCATIONS
(Form 5500, Schedule H, Line 4j)
December 31, 2021

Purchase Price	Sale/ Maturity Proceeds	Expense Incurred With Transaction	Cost of Assets	Current Value of Assets on Transaction Date	Net Gain (Loss)
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								\$	300,922