

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>GRANTS PASS CLINIC 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>03/01/1969</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>93-0407781</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>541-472-5500</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>621111</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>03/01/1969</u>		2b Employer Identification Number (EIN) <u>93-0407781</u>		2c Plan Sponsor's telephone number <u>541-472-5500</u>		2d Business code (see instructions) <u>621111</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>03/01/1969</u>											
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2c Plan Sponsor's telephone number <u>541-472-5500</u>											
2d Business code (see instructions) <u>621111</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GRANTS PASS CLINIC, L.L.P.</u> <u>495 SW RAMSEY AVENUE</u> <u>GRANTS PASS, OR 97527</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	CHRISTI SIEDLECKI
	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.

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	5 150
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 86 6a(2) 94 6b 1 6c 64 6d 159 6e 6f 159 6g 147 6h 8
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3B 3H 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 GRANTS PASS CLINIC 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 GRANTS PASS CLINIC, L.L.P.	D Employer Identification Number (EIN) 93-0407781

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
NEW YORK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5582869	66915	GA85138	22	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	0

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(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	0
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

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

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

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

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

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

b	Balance at the end of the previous year	7b	1805426
c	Additions: (1) Contributions deposited during the year	7c(1)	145694
	(2) Dividends and credits.....	7c(2)	0
	(3) Interest credited during the year.....	7c(3)	49897
	(4) Transferred from separate account.....	7c(4)	0
	(5) Other (specify below)	7c(5)	-1
	▶		
	(6) Total additions	7c(6)	195590
d	Total of balance and additions (add lines 7b and 7c(6))	7d	2001016
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	109412
	(2) Administration charge made by carrier.....	7e(2)	6403
	(3) Transferred to separate account.....	7e(3)	0
	(4) Other (specify below)	7e(4)	0
	▶		
	(5) Total deductions	7e(5)	115815
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1885201

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan GRANTS PASS CLINIC 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 GRANTS PASS CLINIC, L.L.P.	D Employer Identification Number (EIN) 93-0407781	

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 FIDELITY INVESTMENTS INSTITUTIONAL 04-2647786
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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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	17511	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
AB SM CAP GRTH K - ALLIANCEBERNSTE 18, RUE EUGNE RUPPERT LUXEMBOURG, MO L-245 LU	0.50%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
ARTISAN HIGH INC ADV - DST ASSET M 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
M&N DSCPL VALUE I - BNY MELLON INV 301 BELLEVUE PARKWAY WILMINGTON, DE 19809	0.15%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
MSIF GLBL OPP PTF I - DST ASSET MA 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
NYL GUAR INT ACCOUNT 51 MADISON AVENUE NEW YORK, NY 10010	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
VICTORY S ESTB VAL I - FIS INVESTO FAITH INVESTOR SERVICES, LLC 14785 PRESTON ROAD, SUITE 1000 DALLAS, TX 75254	0.10%	

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection		
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>				
A Name of plan <u>GRANTS PASS CLINIC 401(K) & PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> B Three-digit plan number (PN) ► </td> <td style="width: 20%; padding: 5px; text-align: center;"> <u>001</u> </td> </tr> </table>		B Three-digit plan number (PN) ►	<u>001</u>
B Three-digit plan number (PN) ►	<u>001</u>			
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GRANTS PASS CLINIC, L.L.P.</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> D Employer Identification Number (EIN) <u>93-0407781</u> </td> <td style="width: 20%;"></td> </tr> </table>		D Employer Identification Number (EIN) <u>93-0407781</u>	
D Employer Identification Number (EIN) <u>93-0407781</u>				

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a 0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1) 0	0
(2) Participant contributions.....		1b(2) 0	0
(3) Other		1b(3) 2	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1) 2164	2228
(2) U.S. Government securities		1c(2) 0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A) 0	0
(B) All other.....		1c(3)(B) 0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A) 0	0
(B) Common		1c(4)(B) 0	0
(5) Partnership/joint venture interests		1c(5) 0	0
(6) Real estate (other than employer real property)		1c(6) 0	0
(7) Loans (other than to participants).....		1c(7) 0	0
(8) Participant loans		1c(8) 81563	27250
(9) Value of interest in common/collective trusts		1c(9) 0	0
(10) Value of interest in pooled separate accounts		1c(10) 0	0
(11) Value of interest in master trust investment accounts		1c(11) 0	0
(12) Value of interest in 103-12 investment entities		1c(12) 0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)		1c(13) 22093517	25848941
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14) 1805425	1885201
(15) Other.....		1c(15) 0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	23982671	27763620

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	23982671	27763620
---	-----------	----------	----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	483076	
(B) Participants	2a(1)(B)	588923	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	1071999
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	4490	
(F) Other	2b(1)(F)	43493	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		47983
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	993316
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	993316	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		993316
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	0
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	0
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		2323982
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		4437280
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	637640	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		637640
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	1180	
(4) Other.....	2i(4)	17511	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		18691
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		656331
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		3780949
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

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: JONES & ROTH PC

(2) EIN: 93-0819646

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n		X	
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

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

A Name of plan GRANTS PASS CLINIC 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 GRANTS PASS CLINIC, L.L.P.	D Employer Identification Number (EIN) 93-0407781

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): 04-6568107 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)? If the plan is a defined benefit plan, go to line 8.	☐ Yes ☐ No ☐ N/A
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 _____

GRANTS PASS CLINIC 401(k) & PROFIT SHARING PLAN

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE**

For the Years Ended December 31, 2021 and 2020



GRANTS PASS CLINIC 401(k) & PROFIT SHARING PLAN
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE
For the Years Ended December 31, 2021 and 2020

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Grants Pass Clinic 401(k) & Profit Sharing Plan
Grants Pass, Oregon

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of Grants Pass Clinic 401(k) & Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section—

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

The Right People Beside You.

>jrcpa.com

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Bend, OR 97702
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EUGENE 260 Country Club Road
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HILLSBORO 5635 NE Elam Young Pkwy.
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Hillsboro, OR 97124
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Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of Grants Pass Clinic 401(k) & Profit Sharing Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Grants Pass Clinic 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 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we—

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Grants Pass Clinic 401(k) & Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Grants Pass Clinic 401(k) & Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matters

2021 Supplemental Schedule Required by ERISA

The supplemental schedule, as described in the table of contents, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

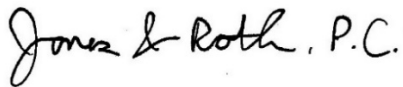
In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including the form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

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

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of Grants Pass Clinic 401(k) & Profit Sharing Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 15, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



Jones & Roth, P.C.
Bend, Oregon
October 13, 2022

FINANCIAL STATEMENTS

GRANTS PASS CLINIC 401(k) & PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets		
Investments, at fair value		
Registered investment companies	\$ 25,848,941	\$ 22,093,517
Interest-bearing cash	<u>2,228</u>	<u>2,164</u>
Total investments, at fair value	<u>25,851,169</u>	<u>22,095,681</u>
Investments, at contract value		
Unallocated insurance contracts	<u>1,885,201</u>	<u>1,805,425</u>
Receivables		
Notes receivable from participants	27,250	81,563
Employer contributions	329,341	359,347
Participant deferrals	79,255	102,688
Other	<u>-</u>	<u>2</u>
Total receivables	<u>435,846</u>	<u>543,600</u>
Net assets available for benefits	<u>\$ 28,172,216</u>	<u>\$ 24,444,706</u>

The accompanying notes are an integral part of these statements.

GRANTS PASS CLINIC 401(k) & PROFIT SHARING PLAN
 STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
 For the Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Additions to net assets attributed to		
Investment income:		
Net change in fair value of investments	\$ 2,323,982	\$ 2,777,291
Interest income	43,493	45,929
Dividend income	<u>993,316</u>	<u>627,842</u>
Total investment income	<u>3,360,791</u>	<u>3,451,062</u>
Interest income on notes receivable from participants	<u>4,490</u>	<u>6,413</u>
Contributions:		
Participant deferrals	565,490	648,137
Employer match	193,084	210,809
Employer profit sharing	259,986	292,628
Rollovers	<u>-</u>	<u>79,275</u>
Total contributions	<u>1,018,560</u>	<u>1,230,849</u>
Total additions	<u>4,383,841</u>	<u>4,688,324</u>
Deductions from net assets attributed to		
Benefits paid to participants	637,640	4,231,011
Corrective distributions	-	461
Administrative expenses and fees	<u>18,691</u>	<u>22,343</u>
Total deductions	<u>656,331</u>	<u>4,253,815</u>
Net increase in assets available for benefits	3,727,510	434,509
Net assets available for benefits, beginning of year	<u>24,444,706</u>	<u>24,010,197</u>
Net assets available for benefits, end of year	<u>\$ 28,172,216</u>	<u>\$ 24,444,706</u>

The accompanying notes are an integral part of these statements.

GRANTS PASS CLINIC 401(k) & PROFIT SHARING PLAN NOTES TO FINANCIAL STATEMENTS

1. Plan Description

The following description of Grants Pass Clinic 401(k) & Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan Agreement for a complete description of the Plan's provisions. The Plan's most recent restatement was effective June 23, 2021.

General

The Plan is a defined contribution plan covering substantially all employees (except union and part-time employees) of Grants Pass Clinic, L.L.P. and Grants Pass Management Services, Inc. dba Oregon Health Management Services (the Employers). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Prior to May 1, 2019, employees became eligible to participate in the Plan upon completion of three months of service and entered the Plan on the first day of the quarter after satisfying the eligibility requirements. Effective May 1, 2019, the Plan has semiannual entry dates of January 1 and July 1.

Contributions

Participants of the Plan can elect to make tax-deferred contributions that are partially matched by the Employers and are eligible for profit-sharing contributions if they are employed at the end of the Plan year and have completed one year of service. Participants may elect to make contributions up to the statutory limit. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan, unless they affirmatively elect not to participate, with a default rate set at 6 percent of eligible compensation. Contributions are automatically invested in a qualified default investment fund. The automatic enrollment provision does not include an automatic escalation. Participants may also contribute rollover amounts, representing distributions from tax-deferred accounts in other qualified plans.

The Employers make a matching contribution of 50 percent of the first 6 percent of a participant's compensation contributed to the Plan. The Employers may also make a discretionary profit-sharing contribution for the year. Profit-sharing contributions are allocated pro rata to participants within the same classification as defined by the Plan. For the years ended December 31, 2021 and 2020, the Employers made discretionary profit-sharing contributions of 3 percent of eligible compensation.

Participant Accounts

Each participant's account is credited with the participant's and Employers' contributions and the earnings and change in value of the investments allocated to their account and is charged with an allocation of administrative expenses and fees. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants direct the investments of their accounts between several investment alternatives available through an affiliate of Fidelity Management Trust Company, the trustee.

GRANTS PASS CLINIC 401(k) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

1. Plan Description, continued

Vesting

Participants are vested immediately in their elective deferrals and the Employers' matching contributions, plus earnings thereon. The Employers' profit-sharing contributions are subject to a graded vesting schedule and participants become 100 percent vested after six years. The portion of an individual's account that is not vested at the time an employee terminates his or her employment is forfeited.

Notes Receivable from Participants

The Plan allows employed participants to obtain loans in an amount not to exceed the lesser of \$50,000 or 50 percent of their vested account balance, reduced by the highest outstanding loan balance during the prior 12-month period. Loan transactions are treated as transfers from the investment funds to the participant's loan fund. Loan terms cannot exceed five years, unless the purpose of such loan was to acquire the principal residence of the participant. The loans are secured by the balance in the participant's vested account and bear interest at a reasonable rate commensurate with prevailing interest rates. Principal and interest are paid ratably through payroll deductions.

As a result of the Coronavirus Aid, Relief and Economic Security Act (the CARES Act) signed into law on March 27, 2020, the maximum loan amount increased to the lesser of \$100,000 or 100 percent of a participant's vested balance. This temporary relief only applies to loans initiated through September 22, 2020.

Payment of Benefits

In the event of termination, death, disability, or retirement, a participant may elect to receive a lump-sum payment or installment payments equal to the value of the participant's vested interest in his or her account.

Under the CARES Act, signed into law on March 27, 2020, qualifying participants affected by the COVID-19 coronavirus pandemic were eligible to take early withdrawals up to \$100,000, subject to special rules under the CARES Act.

Hardship Withdrawals

If a participant has an immediate and heavy financial need as defined by the Plan, hardship withdrawals are allowed in an amount not in excess of the value of the participant's deferral contributions, excluding earnings. In the event of a hardship withdrawal, the participant's elective-deferral contributions, if any, will be automatically suspended and the participant will be ineligible to resume making such contributions for six months.

GRANTS PASS CLINIC 401(k) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

1. Plan Description, continued

Forfeited Accounts

A forfeiture of the unvested portion of a participant's account occurs in the Plan year that a participant receives a distribution of his or her entire vested account or, if no distribution is made, after five consecutive 1-year breaks in service. Forfeitures are retained in the Plan and used to reduce future Employers' contributions or pay Plan expenses. At December 31, 2021 and 2020, forfeited non-vested accounts available for future use totaled \$2,967 and \$40,131, respectively.

During the years ended December 31, 2021 and 2020, the Plan used \$28,175 and \$30,405, respectively, of forfeitures to reduce Employers' contributions or pay Plan administrative expenses.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value, except for fully benefit-responsive investment contracts which are reported at contract value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note 8 for information on fair value measurements. See Note 9 for information on valuation of investment contracts.

Investment income is recorded on the accrual basis. Purchases and sales of securities are recorded on a trade-date basis. Net change in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2021 and 2020. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid.

GRANTS PASS CLINIC 401(k) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

2. Summary of Significant Accounting Policies, continued

Administrative Expenses and Fees

Certain administrative expenses of the Plan have been paid directly by the Employers and are therefore excluded from these financial statements. Investment related expenses are included in net change in fair value of investments. Fees for the administration of notes receivable from participants are included in administration expenses and charged directly to the participant's account.

3. Information Certified by the Plan's Trustee

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity Management Trust Company, the trustee for the years ended December 31, 2021 and 2020, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate as of and for the years ended December 31:

	2021	2020
Investments, at fair value:		
Registered investment companies	\$ 25,848,941	\$ 22,093,517
Interest-bearing cash	2,228	2,164
Investments, at contract value:		
Unallocated insurance contracts	1,885,201	1,805,425
Notes receivable from participants	27,250	81,563
Net change in fair value of investments	2,323,982	2,777,291
Interest and dividend income	1,036,809	673,771
Interest income on notes receivable from participants	4,490	6,413

4. Tax Status

The Plan is a prototype of a volume submitter profit sharing plan with CODA. Fidelity Management and Research Company, the sponsor of the volume submitter plan, has received an opinion letter from the Internal Revenue Service (IRS) dated June 30, 2020, that the adoption agreement and basic Plan document satisfy Internal Revenue Code (IRC) Section 401. The Plan has been amended since receiving the opinion letter. However, the Plan Administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

GRANTS PASS CLINIC 401(k) & PROFIT SHARING PLAN NOTES TO FINANCIAL STATEMENTS

5. Plan Termination

Although they have not expressed any intent to do so, the Employers have the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of full or partial Plan termination, affected participants would become 100 percent vested in their Employers' contributions.

6. Related Party and Party in Interest Transactions

Certain Plan investments are shares of registered investment companies managed by an affiliate of Fidelity Management Trust Company, the trustee of the Plan. During the years ended December 31, 2021 and 2020, \$17,511 and \$22,343, respectively, of recordkeeping fees were paid directly to the trustee from Plan assets. These party in interest transactions are exempt from the prohibited transaction rules of ERISA.

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.

8. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under professional standards are described below:

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.

GRANTS PASS CLINIC 401(k) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

8. Fair Value Measurements, continued

The asset's 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 their fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There were no changes in the methodologies used at December 31, 2021 and 2020.

Registered investment companies (mutual funds): Valued at the net asset value (NAV) of shares held by the Plan at year end. All mutual funds held by the Plan are open-ended mutual funds that are registered with the SEC. The Plan's mutual funds are deemed to be actively traded and have a readily determinable fair value.

Interest-bearing cash: Valued at cost which approximates fair value.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31:

Investments at Fair Value as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Investments in the fair value hierarchy:				
Interest-bearing cash	\$ 2,228	\$ -	\$ -	\$ 2,228
Registered investment companies	<u>25,848,941</u>	<u>-</u>	<u>-</u>	<u>25,848,941</u>
Total investments at fair value	<u>\$ 25,851,169</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$25,851,169</u>

Investments at Fair Value as of December 31, 2020				
	Level 1	Level 2	Level 3	Total
Investments in the fair value hierarchy:				
Interest-bearing cash	\$ 2,164	\$ -	\$ -	\$ 2,164
Registered investment companies	<u>22,093,517</u>	<u>-</u>	<u>-</u>	<u>22,093,517</u>
Total investments at fair value	<u>\$ 22,095,681</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$22,095,681</u>

GRANTS PASS CLINIC 401(k) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

9. Investment Contracts

The Plan holds a benefit-responsive investment contract with New York Life Insurance Company. New York Life Insurance Company maintains the contributions in a guaranteed interest account, which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. All assets in the stable value fund are credited with interest using a declared rate. There is no specific portfolio of assets in which the stable value fund invests. The credited interest rate is backed by the income received from assets held in a general account. Certain events, such as the premature termination of the contract by the Plan or the termination of the Plan, would limit the Plan's ability to transact at contract value. The Plan Administrator believes the occurrence of such events that would also limit the Plan's ability to transact at contract value with the Plan participants is not probable. Because the contract is considered fully benefit-responsive, it is stated at contract value on the accompanying statements of net assets available for benefits. Assets in the guaranteed interest account were credited at an interest rate of 1.60 percent and 1.70 percent as of December 31, 2021 and 2020, respectively.

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

These financial statements have been prepared using the accrual basis of accounting. Schedule H of Form 5500 presents the net assets and activity of the Plan on the cash basis. The following is a reconciliation of net assets available for benefits per the financial statements for the years ended December 31, 2021 and 2020, to Schedule H of Form 5500:

	<u>2021</u>	<u>2020</u>
Net assets available for benefits per the financial statements	\$ 28,172,216	\$ 24,444,706
Contributions receivable, employers	(329,341)	(359,347)
Contributions receivable, participants	<u>(79,255)</u>	<u>(102,688)</u>
Net assets available for benefits per Schedule H of Form 5500	<u>\$ 27,763,620</u>	<u>\$ 23,982,671</u>

The following is a reconciliation of contributions per the financial statements for the year ended December 31, 2021, to Schedule H of Form 5500:

Contributions per the financial statements	\$ 1,018,560
Contributions paid in 2021 for 2020:	
Employers	359,347
Participant deferrals	102,688
Less contributions paid in 2022 for 2021:	
Employers	(329,341)
Participant deferrals	<u>(79,255)</u>
Contributions per Schedule H of Form 5500	<u>\$ 1,071,999</u>

GRANTS PASS CLINIC 401(k) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

10. Reconciliation of Financial Statements to Schedule H of Form 5500, continued

The following is a reconciliation of contributions per the financial statements for the year ended December 31, 2020, to Schedule H of Form 5500:

Contributions per the financial statements	\$ 1,230,849
Contributions paid in 2020 for 2019:	
Employers	413,791
Participant deferrals	54,102
Less contributions paid in 2021 for 2020:	
Employers	(359,347)
Participant deferrals	<u>(102,688)</u>
Contributions per Schedule H of Form 5500	<u>\$ 1,236,707</u>

11. Subsequent Events

Management evaluates events and transactions that occur after the statements of net assets available for benefits date as potential subsequent events. Management has performed this evaluation through the date of the independent auditor's report.

SUPPLEMENTAL SCHEDULE

GRANTS PASS CLINIC 401(k) & PROFIT SHARING PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i
December 31, 2021

Employer Identification Number: 93-0407781

Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Maturity Value	(d) Cost	(e) Current Value
	Cash, interest bearing			
*	Fidelity Govt Money Market Fund	Interest Bearing Cash	**	\$ 2,228
	Registered investment companies			
	AB SM CAP GRTH K	Mutual Fund	**	63,392
	AF Balanced R6	Mutual Fund	**	2,021,849
	AF INFL Linked BD R6	Mutual Fund	**	80,143
	AM CENT EMG MKTS R6	Mutual Fund	**	116,356
	Artisan High Inc Adv	Mutual Fund	**	82,295
	BR International K	Mutual Fund	**	628,959
	Columbia Small Cap Index Fund	Mutual Fund	**	1,435,992
*	FID 500 INDEX	Mutual Fund	**	1,643,039
*	FID Real Estate INVS	Mutual Fund	**	180,720
	FKLN Dynatech R6	Mutual Fund	**	3,002,543
	M&N DSCPL Value I	Mutual Fund	**	1,522,801
	MFS MID CAP GRTH R6	Mutual Fund	**	97,515
	MSIF GLBL OPP PTF I	Mutual Fund	**	721,279
	MSIF NEW DISC VAL R6	Mutual Fund	**	26,366
	PGIM GLB TOT RTN R6	Mutual Fund	**	38
	PGIM Total RTN BD R6	Mutual Fund	**	898,332
	PIMCO Income Inst	Mutual Fund	**	1,086,457
	TRP Retire 2010	Mutual Fund	**	37,554
	TRP Retire 2015	Mutual Fund	**	82,209
	TRP Retire 2020	Mutual Fund	**	565,984
	TRP Retire 2025	Mutual Fund	**	2,547,426
	TRP Retire 2030	Mutual Fund	**	2,789,751
	TRP Retire 2035	Mutual Fund	**	3,006,362
	TRP Retire 2040	Mutual Fund	**	417,911
	TRP Retire 2045	Mutual Fund	**	979,040
	TRP Retire 2050	Mutual Fund	**	137,512
	TRP Retire 2055	Mutual Fund	**	62,650
	TRP Retire 2060	Mutual Fund	**	28,731
	Vang Midcap IDX ADM	Mutual Fund	**	359,358
	Victory Sycamore Established Value Fund	Mutual Fund	**	1,226,377
	Total registered investment companies			25,848,941
	Unallocated insurance contracts			
	NYL Guaranteed Interest Account	Group Annuity Contract	**	1,885,201
*	Participant loans	4.25 - 6.50% Interest	-	27,250
				\$ 27,763,620

* Represents a party in interest as defined by ERISA.

** Cost information may be omitted with respect to participant directed investments.

GRANTS PASS CLINIC 401(k) & PROFIT SHARING PLAN

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE**

For the Years Ended December 31, 2021 and 2020



GRANTS PASS CLINIC 401(k) & PROFIT SHARING PLAN
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE
For the Years Ended December 31, 2021 and 2020

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Grants Pass Clinic 401(k) & Profit Sharing Plan
Grants Pass, Oregon

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of Grants Pass Clinic 401(k) & Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section—

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of Grants Pass Clinic 401(k) & Profit Sharing Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Grants Pass Clinic 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 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we—

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Grants Pass Clinic 401(k) & Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Grants Pass Clinic 401(k) & Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matters

2021 Supplemental Schedule Required by ERISA

The supplemental schedule, as described in the table of contents, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

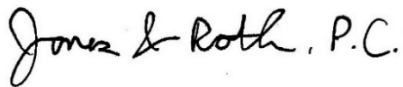
In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including the form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

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

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of Grants Pass Clinic 401(k) & Profit Sharing Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 15, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



Jones & Roth, P.C.
Bend, Oregon
October 13, 2022

FINANCIAL STATEMENTS

GRANTS PASS CLINIC 401(k) & PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets		
Investments, at fair value		
Registered investment companies	\$ 25,848,941	\$ 22,093,517
Interest-bearing cash	<u>2,228</u>	<u>2,164</u>
Total investments, at fair value	<u>25,851,169</u>	<u>22,095,681</u>
Investments, at contract value		
Unallocated insurance contracts	<u>1,885,201</u>	<u>1,805,425</u>
Receivables		
Notes receivable from participants	27,250	81,563
Employer contributions	329,341	359,347
Participant deferrals	79,255	102,688
Other	<u>-</u>	<u>2</u>
Total receivables	<u>435,846</u>	<u>543,600</u>
Net assets available for benefits	<u>\$ 28,172,216</u>	<u>\$ 24,444,706</u>

The accompanying notes are an integral part of these statements.

GRANTS PASS CLINIC 401(k) & PROFIT SHARING PLAN
 STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
 For the Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Additions to net assets attributed to		
Investment income:		
Net change in fair value of investments	\$ 2,323,982	\$ 2,777,291
Interest income	43,493	45,929
Dividend income	<u>993,316</u>	<u>627,842</u>
Total investment income	<u>3,360,791</u>	<u>3,451,062</u>
Interest income on notes receivable from participants	<u>4,490</u>	<u>6,413</u>
Contributions:		
Participant deferrals	565,490	648,137
Employer match	193,084	210,809
Employer profit sharing	259,986	292,628
Rollovers	<u>-</u>	<u>79,275</u>
Total contributions	<u>1,018,560</u>	<u>1,230,849</u>
Total additions	<u>4,383,841</u>	<u>4,688,324</u>
Deductions from net assets attributed to		
Benefits paid to participants	637,640	4,231,011
Corrective distributions	-	461
Administrative expenses and fees	<u>18,691</u>	<u>22,343</u>
Total deductions	<u>656,331</u>	<u>4,253,815</u>
Net increase in assets available for benefits	3,727,510	434,509
Net assets available for benefits, beginning of year	<u>24,444,706</u>	<u>24,010,197</u>
Net assets available for benefits, end of year	<u>\$ 28,172,216</u>	<u>\$ 24,444,706</u>

The accompanying notes are an integral part of these statements.

GRANTS PASS CLINIC 401(k) & PROFIT SHARING PLAN NOTES TO FINANCIAL STATEMENTS

1. Plan Description

The following description of Grants Pass Clinic 401(k) & Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan Agreement for a complete description of the Plan's provisions. The Plan's most recent restatement was effective June 23, 2021.

General

The Plan is a defined contribution plan covering substantially all employees (except union and part-time employees) of Grants Pass Clinic, L.L.P. and Grants Pass Management Services, Inc. dba Oregon Health Management Services (the Employers). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Prior to May 1, 2019, employees became eligible to participate in the Plan upon completion of three months of service and entered the Plan on the first day of the quarter after satisfying the eligibility requirements. Effective May 1, 2019, the Plan has semiannual entry dates of January 1 and July 1.

Contributions

Participants of the Plan can elect to make tax-deferred contributions that are partially matched by the Employers and are eligible for profit-sharing contributions if they are employed at the end of the Plan year and have completed one year of service. Participants may elect to make contributions up to the statutory limit. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan, unless they affirmatively elect not to participate, with a default rate set at 6 percent of eligible compensation. Contributions are automatically invested in a qualified default investment fund. The automatic enrollment provision does not include an automatic escalation. Participants may also contribute rollover amounts, representing distributions from tax-deferred accounts in other qualified plans.

The Employers make a matching contribution of 50 percent of the first 6 percent of a participant's compensation contributed to the Plan. The Employers may also make a discretionary profit-sharing contribution for the year. Profit-sharing contributions are allocated pro rata to participants within the same classification as defined by the Plan. For the years ended December 31, 2021 and 2020, the Employers made discretionary profit-sharing contributions of 3 percent of eligible compensation.

Participant Accounts

Each participant's account is credited with the participant's and Employers' contributions and the earnings and change in value of the investments allocated to their account and is charged with an allocation of administrative expenses and fees. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants direct the investments of their accounts between several investment alternatives available through an affiliate of Fidelity Management Trust Company, the trustee.

GRANTS PASS CLINIC 401(k) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

1. Plan Description, continued

Vesting

Participants are vested immediately in their elective deferrals and the Employers' matching contributions, plus earnings thereon. The Employers' profit-sharing contributions are subject to a graded vesting schedule and participants become 100 percent vested after six years. The portion of an individual's account that is not vested at the time an employee terminates his or her employment is forfeited.

Notes Receivable from Participants

The Plan allows employed participants to obtain loans in an amount not to exceed the lesser of \$50,000 or 50 percent of their vested account balance, reduced by the highest outstanding loan balance during the prior 12-month period. Loan transactions are treated as transfers from the investment funds to the participant's loan fund. Loan terms cannot exceed five years, unless the purpose of such loan was to acquire the principal residence of the participant. The loans are secured by the balance in the participant's vested account and bear interest at a reasonable rate commensurate with prevailing interest rates. Principal and interest are paid ratably through payroll deductions.

As a result of the Coronavirus Aid, Relief and Economic Security Act (the CARES Act) signed into law on March 27, 2020, the maximum loan amount increased to the lesser of \$100,000 or 100 percent of a participant's vested balance. This temporary relief only applies to loans initiated through September 22, 2020.

Payment of Benefits

In the event of termination, death, disability, or retirement, a participant may elect to receive a lump-sum payment or installment payments equal to the value of the participant's vested interest in his or her account.

Under the CARES Act, signed into law on March 27, 2020, qualifying participants affected by the COVID-19 coronavirus pandemic were eligible to take early withdrawals up to \$100,000, subject to special rules under the CARES Act.

Hardship Withdrawals

If a participant has an immediate and heavy financial need as defined by the Plan, hardship withdrawals are allowed in an amount not in excess of the value of the participant's deferral contributions, excluding earnings. In the event of a hardship withdrawal, the participant's elective-deferral contributions, if any, will be automatically suspended and the participant will be ineligible to resume making such contributions for six months.

GRANTS PASS CLINIC 401(k) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

1. Plan Description, continued

Forfeited Accounts

A forfeiture of the unvested portion of a participant's account occurs in the Plan year that a participant receives a distribution of his or her entire vested account or, if no distribution is made, after five consecutive 1-year breaks in service. Forfeitures are retained in the Plan and used to reduce future Employers' contributions or pay Plan expenses. At December 31, 2021 and 2020, forfeited non-vested accounts available for future use totaled \$2,967 and \$40,131, respectively.

During the years ended December 31, 2021 and 2020, the Plan used \$28,175 and \$30,405, respectively, of forfeitures to reduce Employers' contributions or pay Plan administrative expenses.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value, except for fully benefit-responsive investment contracts which are reported at contract value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note 8 for information on fair value measurements. See Note 9 for information on valuation of investment contracts.

Investment income is recorded on the accrual basis. Purchases and sales of securities are recorded on a trade-date basis. Net change in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2021 and 2020. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid.

GRANTS PASS CLINIC 401(k) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

2. Summary of Significant Accounting Policies, continued

Administrative Expenses and Fees

Certain administrative expenses of the Plan have been paid directly by the Employers and are therefore excluded from these financial statements. Investment related expenses are included in net change in fair value of investments. Fees for the administration of notes receivable from participants are included in administration expenses and charged directly to the participant's account.

3. Information Certified by the Plan's Trustee

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity Management Trust Company, the trustee for the years ended December 31, 2021 and 2020, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate as of and for the years ended December 31:

	<u>2021</u>	<u>2020</u>
Investments, at fair value:		
Registered investment companies	\$ 25,848,941	\$ 22,093,517
Interest-bearing cash	2,228	2,164
Investments, at contract value:		
Unallocated insurance contracts	1,885,201	1,805,425
Notes receivable from participants	27,250	81,563
Net change in fair value of investments	2,323,982	2,777,291
Interest and dividend income	1,036,809	673,771
Interest income on notes receivable from participants	4,490	6,413

4. Tax Status

The Plan is a prototype of a volume submitter profit sharing plan with CODA. Fidelity Management and Research Company, the sponsor of the volume submitter plan, has received an opinion letter from the Internal Revenue Service (IRS) dated June 30, 2020, that the adoption agreement and basic Plan document satisfy Internal Revenue Code (IRC) Section 401. The Plan has been amended since receiving the opinion letter. However, the Plan Administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

GRANTS PASS CLINIC 401(k) & PROFIT SHARING PLAN NOTES TO FINANCIAL STATEMENTS

5. Plan Termination

Although they have not expressed any intent to do so, the Employers have the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of full or partial Plan termination, affected participants would become 100 percent vested in their Employers' contributions.

6. Related Party and Party in Interest Transactions

Certain Plan investments are shares of registered investment companies managed by an affiliate of Fidelity Management Trust Company, the trustee of the Plan. During the years ended December 31, 2021 and 2020, \$17,511 and \$22,343, respectively, of recordkeeping fees were paid directly to the trustee from Plan assets. These party in interest transactions are exempt from the prohibited transaction rules of ERISA.

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.

8. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under professional standards are described below:

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.

GRANTS PASS CLINIC 401(k) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

8. Fair Value Measurements, continued

The asset's 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 their fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There were no changes in the methodologies used at December 31, 2021 and 2020.

Registered investment companies (mutual funds): Valued at the net asset value (NAV) of shares held by the Plan at year end. All mutual funds held by the Plan are open-ended mutual funds that are registered with the SEC. The Plan's mutual funds are deemed to be actively traded and have a readily determinable fair value.

Interest-bearing cash: Valued at cost which approximates fair value.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31:

Investments at Fair Value as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Investments in the fair value hierarchy:				
Interest-bearing cash	\$ 2,228	\$ -	\$ -	\$ 2,228
Registered investment companies	<u>25,848,941</u>	<u>-</u>	<u>-</u>	<u>25,848,941</u>
Total investments at fair value	<u>\$ 25,851,169</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$25,851,169</u>

Investments at Fair Value as of December 31, 2020				
	Level 1	Level 2	Level 3	Total
Investments in the fair value hierarchy:				
Interest-bearing cash	\$ 2,164	\$ -	\$ -	\$ 2,164
Registered investment companies	<u>22,093,517</u>	<u>-</u>	<u>-</u>	<u>22,093,517</u>
Total investments at fair value	<u>\$ 22,095,681</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$22,095,681</u>

GRANTS PASS CLINIC 401(k) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

9. Investment Contracts

The Plan holds a benefit-responsive investment contract with New York Life Insurance Company. New York Life Insurance Company maintains the contributions in a guaranteed interest account, which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. All assets in the stable value fund are credited with interest using a declared rate. There is no specific portfolio of assets in which the stable value fund invests. The credited interest rate is backed by the income received from assets held in a general account. Certain events, such as the premature termination of the contract by the Plan or the termination of the Plan, would limit the Plan's ability to transact at contract value. The Plan Administrator believes the occurrence of such events that would also limit the Plan's ability to transact at contract value with the Plan participants is not probable. Because the contract is considered fully benefit-responsive, it is stated at contract value on the accompanying statements of net assets available for benefits. Assets in the guaranteed interest account were credited at an interest rate of 1.60 percent and 1.70 percent as of December 31, 2021 and 2020, respectively.

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

These financial statements have been prepared using the accrual basis of accounting. Schedule H of Form 5500 presents the net assets and activity of the Plan on the cash basis. The following is a reconciliation of net assets available for benefits per the financial statements for the years ended December 31, 2021 and 2020, to Schedule H of Form 5500:

	<u>2021</u>	<u>2020</u>
Net assets available for benefits per the financial statements	\$ 28,172,216	\$ 24,444,706
Contributions receivable, employers	(329,341)	(359,347)
Contributions receivable, participants	<u>(79,255)</u>	<u>(102,688)</u>
Net assets available for benefits per Schedule H of Form 5500	<u>\$ 27,763,620</u>	<u>\$ 23,982,671</u>

The following is a reconciliation of contributions per the financial statements for the year ended December 31, 2021, to Schedule H of Form 5500:

Contributions per the financial statements	\$ 1,018,560
Contributions paid in 2021 for 2020:	
Employers	359,347
Participant deferrals	102,688
Less contributions paid in 2022 for 2021:	
Employers	(329,341)
Participant deferrals	<u>(79,255)</u>
Contributions per Schedule H of Form 5500	<u>\$ 1,071,999</u>

GRANTS PASS CLINIC 401(k) & PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

10. Reconciliation of Financial Statements to Schedule H of Form 5500, continued

The following is a reconciliation of contributions per the financial statements for the year ended December 31, 2020, to Schedule H of Form 5500:

Contributions per the financial statements	\$ 1,230,849
Contributions paid in 2020 for 2019:	
Employers	413,791
Participant deferrals	54,102
Less contributions paid in 2021 for 2020:	
Employers	(359,347)
Participant deferrals	<u>(102,688)</u>
Contributions per Schedule H of Form 5500	<u>\$ 1,236,707</u>

11. Subsequent Events

Management evaluates events and transactions that occur after the statements of net assets available for benefits date as potential subsequent events. Management has performed this evaluation through the date of the independent auditor's report.

SUPPLEMENTAL SCHEDULE

GRANTS PASS CLINIC 401(k) & PROFIT SHARING PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES - Schedule H, Line 4i
December 31, 2021

Employer Identification Number: 93-0407781

Plan Number: 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Maturity Value	(d) Cost	(e) Current Value
	Cash, interest bearing			
*	Fidelity Govt Money Market Fund	Interest Bearing Cash	**	\$ 2,228
	Registered investment companies			
	AB SM CAP GRTH K	Mutual Fund	**	63,392
	AF Balanced R6	Mutual Fund	**	2,021,849
	AF INFL Linked BD R6	Mutual Fund	**	80,143
	AM CENT EMG MKTS R6	Mutual Fund	**	116,356
	Artisan High Inc Adv	Mutual Fund	**	82,295
	BR International K	Mutual Fund	**	628,959
	Columbia Small Cap Index Fund	Mutual Fund	**	1,435,992
*	FID 500 INDEX	Mutual Fund	**	1,643,039
*	FID Real Estate INVS	Mutual Fund	**	180,720
	FKLN Dynatech R6	Mutual Fund	**	3,002,543
	M&N DSCPL Value I	Mutual Fund	**	1,522,801
	MFS MID CAP GRTH R6	Mutual Fund	**	97,515
	MSIF GLBL OPP PTF I	Mutual Fund	**	721,279
	MSIF NEW DISC VAL R6	Mutual Fund	**	26,366
	PGIM GLB TOT RTN R6	Mutual Fund	**	38
	PGIM Total RTN BD R6	Mutual Fund	**	898,332
	PIMCO Income Inst	Mutual Fund	**	1,086,457
	TRP Retire 2010	Mutual Fund	**	37,554
	TRP Retire 2015	Mutual Fund	**	82,209
	TRP Retire 2020	Mutual Fund	**	565,984
	TRP Retire 2025	Mutual Fund	**	2,547,426
	TRP Retire 2030	Mutual Fund	**	2,789,751
	TRP Retire 2035	Mutual Fund	**	3,006,362
	TRP Retire 2040	Mutual Fund	**	417,911
	TRP Retire 2045	Mutual Fund	**	979,040
	TRP Retire 2050	Mutual Fund	**	137,512
	TRP Retire 2055	Mutual Fund	**	62,650
	TRP Retire 2060	Mutual Fund	**	28,731
	Vang Midcap IDX ADM	Mutual Fund	**	359,358
	Victory Sycamore Established Value Fund	Mutual Fund	**	1,226,377
	Total registered investment companies			25,848,941
	Unallocated insurance contracts			
	NYL Guaranteed Interest Account	Group Annuity Contract	**	1,885,201
*	Participant loans	4.25 - 6.50% Interest	-	27,250
				\$ 27,763,620

* Represents a party in interest as defined by ERISA.

** Cost information may be omitted with respect to participant directed investments.