Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2022** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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.)
- [X] 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:
- [X] 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
PRIMECARE OF SOUTHEASTERN OHIO, INC 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1995

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)
PRIMECARE OF SOUTHEASTERN OHIO, INC

751 FOREST AVE
SUITE 402
ZANESVILLE, OH 43701

2b Employer Identification Number (EIN) 31-1413469

2c Plan Sponsor's telephone number 740-454-4651

2d Business code (see instructions) 621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2023	BRIAN LUFT
	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 [X] 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**	166
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	82
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	74
b	Retired or separated participants receiving benefits	**6b**	14
c	Other retired or separated participants entitled to future benefits	**6c**	78
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	166
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	166
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	162
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
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 2R 2T

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

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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)	Insurance Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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).	**2022** **This Form is Open to Public Inspection**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan	**B** Three-digit plan number (PN) ▶
PRIMECARE OF SOUTHEASTERN OHIO, INC 401(K) PROFIT SHARING PLAN & TRUST	001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
PRIMECARE OF SOUTHEASTERN OHIO, INC	31-1413469

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.

1 Coverage Information:

(a) Name of insurance carrier

NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year **(f)** From	**(g)** To
31-4156830	66869	GAP-54-U836	112	01/01/2022	12/31/2022

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

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

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

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

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

(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 **(c)** Amount	**(d)** Purpose	**(e)** Organization code

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	12598684

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((**1**) + (**2**) - (**3**))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (**1**) and (**2**))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2022
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
PRIMECARE OF SOUTHEASTERN OHIO, INC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PRIMECARE OF SOUTHEASTERN OHIO, INC

D Employer Identification Number (EIN)
31-1413469

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4156830

(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 38 50 51 52	INVEST. MGMT.	3356	Yes [X] No [ ]	Yes [X] No [ ]	53492	Yes [ ] No [X]

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

MCINTURF & HARMON COMPANY

963 ADAIR AVE
ZANESVILLE, OH 43701

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27 72	INVESTMENT ADV	0	Yes [X] No [ ]	Yes [X] No [ ]	18609	Yes [ ] No [X]

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

PENTEGRA

6830 COMMERCE COURT DR.
BLACKLICK, OH 43004

13-3892096

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37	TPA	3218	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [X]

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
PRIMECARE OF SOUTHEASTERN OHIO, INC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PRIMECARE OF SOUTHEASTERN OHIO, INC

D Employer Identification Number (EIN)
31-1413469

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-009	P	12702827

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

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a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2022** **This Form is Open to Public Inspection**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
PRIMECARE OF SOUTHEASTERN OHIO, INC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PRIMECARE OF SOUTHEASTERN OHIO, INC

D Employer Identification Number (EIN)
31-1413469

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	207575	176547
(2) Participant contributions	1b(2)	0	15584
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	214247	104143
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	17388531	12598684
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	17810353	12894958
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	17810353	12894958

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)	241442	
(B) Participants	2a(1)(B)	432011	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		673453
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	4216	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4216
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-3521277
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		-2843608
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2071787	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2071787
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2071787
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-4915395
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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) [X] 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: HAMILTON,WALTMAN,OBENOUR,MELSHEIMER **(2)** EIN: 20-3388433

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:

		Yes	No	Amount
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.)	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?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
PRIMECARE OF SOUTHEASTERN OHIO, INC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PRIMECARE OF SOUTHEASTERN OHIO, INC

D Employer Identification Number (EIN)
31-1413469

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 31-4156830 _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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_____

PRIMECARE OF SOUTHEASTERN OHIO, INC.
401(k) PROFIT SHARING PLAN AND TRUST

AUDITED FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION

YEAR ENDED DECEMBER 31, 2022

PRIMECARE OF SOUTHEASTERN OHIO, INC.
401(k) PROFIT SHARING PLAN AND TRUST

TABLE OF CONTENTS

	Page
Independent Auditors' Report on Financial Statements	1-4
Statements of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7-19
Schedule of Assets (Held at End of Year)	20-21

HW OM CPAS

Hamilton, Waltman, Obenour, Melsheimer & Associates, LLC
Certified Public Accountants
www.zanesvillecpas.com

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Retirement Committee of the
PrimeCare of Southeastern Ohio, Inc. 401(k) Profit Sharing Plan and Trust

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

We have performed an audit of the financial statements of PrimeCare of Southeastern Ohio, Inc. 401(k) Profit Sharing Plan and Trust, 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 statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December, 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of PrimeCare of Southeastern Ohio, Inc. 401(k) Profit Sharing Plan and Trust's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our 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 December 31, 2022 and 2021 and for the year ended December 31, 2022, stating that the certified investment information, as described in Note F to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the financial statements referred to above, 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 financial statements referred to above 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).

Gary E Hamilton, CPA • Scott W. Obenour, CPA • Bryan T. Melsheimer, CPA • Troy K. Scott, CPA

1052 Military Road, P.O. Box 8200, Zanesville, Ohio 43702
740-454-8852 · 740-454-6443 (fax)

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740-622-0112

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of 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 PrimeCare of Southeastern Ohio, Inc. 401(k) Profit Sharing Plan and Trust'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.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 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 auditors' 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 generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of PrimeCare of Southeasten Ohio, Inc. 401(k) Profit Sharing Plan and Trust'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 PrimeCare of Southeasten Ohio, Inc. 401(k) Profit Sharing Plan and Trust'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 2022 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.

Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2022, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, 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 generally accepted auditing standards. For information included in the supplemental

schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules 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).

Hamilton, Waltman, Obenour, Melsheimer, & Assoc., LLC

Hamilton, Waltman, Obenour,
Melsheimer & Assoc., LLC
Certified Public Accountants
Zanesville, Ohio

October 13, 2023

PRIMECARE OF SOUTHEASTERN OHIO, INC.
401(k) PROFIT SHARING PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2022 AND 2021

	2022	2021
ASSETS		
Investments at fair value:		
Pooled Separate Accounts	$ 11,072,749	$ 15,604,383
Investments at contract value:		
Fully Benefit-Responsive Investment Contract	1,525,935	1,784,148
Receivables:		
Employer's contribution	176,547	207,575
Employee's contribution	15,584	-
Notes receivable from participants	104,143	214,247
Total receivables	296,274	421,822
TOTAL ASSETS	12,894,958	17,810,353
NET ASSETS AVAILABLE FOR BENEFITS	$ 12,894,958	$ 17,810,353

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

PRIMECARE OF SOUTHEASTERN OHIO, INC.
401(k) PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2022

	2022
ADDITIONS	
Additions to net assets attributed to:	
Investment income	
Net depreciation in fair value of investments	$ (3,521,277)
Interest	-
Dividends	-
Total investment income (loss)	(3,521,277)
Interest income on notes receivable from participants	4,216
Contributions:	
Participants	432,011
Employer's discretionary	241,442
Total contributions	673,453
TOTAL ADDITIONS	(2,843,608)
DEDUCTIONS	
Deductions from net assets attributed to:	
Benefits paid to participants	2,071,787
TOTAL DEDUCTIONS	2,071,787
NET INCREASE	(4,915,395)
NET ASSETS AVAILABLE FOR BENEFITS-BEGINNING OF YEAR	17,810,353
NET ASSETS AVAILABLE FOR BENEFITS-END OF YEAR	$ 12,894,958

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

PRIMECARE OF SOUTHEASTERN OHIO, INC. 401(k) PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE A—DESCRIPTION OF PLAN

The following description of the PrimeCare of Southeastern Ohio, Inc. ("the Company") 401(k) Profit Sharing Plan and Trust ("Plan"), provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all full-time employees of the Company who have attained age 21 and completed one year of service with at least 1,000 hours of service in that period. Participation begins on the next January 1 or July 1 after these requirements are met. The Plan requirements are subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

An amendment to the Plan was made October 26, 2020 changing the conditions of eligibility. Effective January 1, 2021, the age and service requirements are waived for any Eligible Employee employed on January 1, 2021. Any such employee will also enter the Plan on this date. This amendment to the Plan is only effective for the January 1, 2021 and May 1, 2022 and all conditions of eligibility were normal other than these dates.

Contributions

Each year, participants may contribute up to 60% of pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers mutual funds within a separate account agreement and a guaranteed investment contract as investment options for participants. The Company contribution match for the year ended December 31, 2022 was 25% of the first 6% of compensation that a participant contributed to the Plan. Additional amounts may be contributed at the option of the Company.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of 1) the Company's contribution and, 2) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. As part of a separate account with an insurance company, units of the separate participant accounts reflect the underlying value of the investments selected by the individual participants.

NOTE A—DESCRIPTION OF PLAN (CONTINUED)

Vesting

The Plan was amended effective June 1, 2016 to remove their vesting provision. Participants are now immediately vested in their contributions, the Company's matching contribution portion of their accounts, safe-harbor contributions made by the Company, and the actual earnings thereon.

Notes Receivable from Participants

Participants may borrow from their fund accounts up to a maximum of $50,000 or 50% of their vested account balance, whichever is less. Loan transactions are treated as transfers between an investment fund and the loan fund. The loans are secured by the balance in the participant's account and bears a reasonable rate of interest for a period not to exceed five years. Loans used to acquire any dwelling unit, which is used as a principal residence of the participant, can provide for repayment in excess of five years. Interest rates range from 4.25% to 6.50% at December 31, 2022 and 2021. Principal and interest is paid ratably through bi-weekly payroll deductions.

Investment Options

Upon enrollment in the Plan, a participant may direct employee contributions into the following investment options:

> A "separate account" with Nationwide Life Insurance Company, which includes a large selection of pooled separate accounts, predominantly made up of mutual funds.
>
> A guaranteed fund, which is guaranteed investment contract offered by Nationwide Life Insurance Company.

Participants may change their investment choices an unlimited number of times within the separate account. However, certain restrictions apply to the exchange or transfer of amounts in the guaranteed fund.

Payment of Benefits

On termination due to retirement, death, or disability, the participant may elect to receive a lump sum payment or elect to receive periodic payments. The lump sum payment would be equal to the full value of their own contributions plus earnings thereon and the Company's matching contributions and earnings thereon. For termination of service due to other reasons, a participant may receive the value of their interest as a lump sum distribution.

NOTE A—DESCRIPTION OF PLAN (CONTINUED)

Forfeited Accounts

At December 31, 2022 and 2021, forfeited non-vested accounts totaled $855 and $848 respectively. These accounts will be used to reduce future employer contributions, pay plan expenses, or allocated to the remaining participants in a nondiscriminatory manner. Also, in 2022, employer contributions were not reduced from forfeited, non-vested accounts.

NOTE B—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain financial statements and accompanying notes. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Retirement Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians, and insurance company. See Note D for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) 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. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document.

NOTE B—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Risks and Uncertainties

The Plan utilizes various investment instruments. Investment securities, in general are exposed to various risks, such as interest rate and market 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 statements of net assets available for benefits.

On March 11, 2020, the World Health Organization characterized coronavirus (COVID-19) as a pandemic, and on March 13th, the President of the United States declared a national emergency relating to the disease. In addition to the President's declaration, state and local authorities have recommended social distancing and have imposed quarantine and isolation measures on large portions of the population, including mandatory business closures. These measures are designed to protect the overall public health, however are expected to have material adverse impacts on domestic and foreign economies and may result in the United States entering a period of recession.

As a result of COVID-19, there has been heightened market risk and volatility associated with the pandemic, and this could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits, as mentioned above. Because of the uncertainty of the markets during this time, Plan management is unable to estimate the total impact the pandemic will have.

Accounting Changes

In July 2019 the AICPA Auditing Standards Board (ASB) issued a final standard, Statement on Auditing Standards (SAS) No. 136, Forming an Opinion and Reporting on Financial Statements of Employee Benefit Plans Subject to ERISA (EBP SAS). The EBP SAS prescribes certain new performance requirements for an audit of financial statements of employee benefit plans subject to the Employee Retirement Income Security Act of 1974 ERISA and changes the form and content of the related auditors' report.

To enhance the quality of employee benefit plan audits, the EBP SAS specifically addresses requirements for:

- Engagement acceptance
- Audit risk assessment and response, including the auditors' consideration of relevant plan provisions
- Communication of reportable findings with those charged with governance
- The auditors' responsibilities relating to the ERISA-required supplemental schedule and the Form 5500
- The form and content of the related auditors' report
- "Limited-Scope Audits" now referred to ERISA section 103(a)(3)(C) audits

NOTE B—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Accounting Changes (Continued)
In addition, in July 2019, the AICPA Auditing Standards Board (ASB) issued Statement on Auditing Standards (SAS) No. 137, The Auditors' Responsibilities Relating to Other Information Included in Annual Reports.

SAS No. 137 clarifies the scope of documents that the auditor is required to subject to the procedures and states that though a document may be referred to as an annual report, such document may not meet the definition of annual report for purposes of SAS.

The determination as to which documents constitute the entity's annual report is often difficult when the entity does not have a regulatory requirement to prepare an annual report or a framework that dictates what that annual report should contain, SAS No. 137 includes a requirement for the auditor, through discussion with management, to determine and obtain management's written acknowledgment regarding which document or documents comprise the annual report. This is intended to ensure that both the auditor and management understand the documents that are considered the entity's annual report and therefore are subject to the auditors' procedures.

SAS No. 136 and 137 are effective for audits of financial statements for periods ending on or after December 15, 2020. Early implementation is not permitted. SAS No. 141 approved in May 2020 by the Auditing Standards Board (ASB), deferred effective dates to periods ending on or after December 15, 2021, with early adoption now permitted.

Benefits Paid
Benefits are recorded when paid.

Administrative Expenses
Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the plan sponsor. Expenses that are paid by the plan sponsor are excluded from these financial statements. Investment related expenses are included in the net appreciation (depreciation) of fair value of the investments.

NOTE C—INVESTMENTS

During 2022, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by ($3,521,277) as follows:

		2022
Investment contracts with insurance company:		
Pooled Separate Accounts	$	(3,554,960)
Guaranteed Contracts		33,683
	$	(3,521,277)

See independent auditors' report.

NOTE D—FAIR VALUE MEASUREMENTS

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include • Quoted prices for similar assets or liabilities in active markets • Quoted prices for identical or similar assets or liabilities in inactive markets • Inputs other than quoted prices that are observable for the asset or liability • Inputs that are derived principally from or corroborated by observable market data by correlation or other means If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

Pooled Separate Accounts: Valued using net asset value, using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on the fair market value of the underlying assets held in the pooled separate accounts, less operating expenses accrued but not deducted, if any.

NOTE D—FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021:

	Assets at Fair Value as of December 31, 2022			
	Level 1	*Level 2*	*Level 3*	*Total*
Investment contracts with insurance company-Pooled Separate Account	$ —	$ —	$ —	$ 11,072,749
Total Assets at Fair Value	$ —	$ —	$ —	$ 11,072,749

	Assets at Fair Value as of December 31, 2021			
	Level 1	*Level 2*	*Level 3*	*Total*
Investment contracts with insurance company-Pooled Separate Account	$ —	$ —	$ —	$ 15,604,383
Total Assets at Fair Value	$ —	$ —	$ —	$ 15,604,383

The investment strategies for the pooled separate accounts are as follows:

FUND NAME	FUND STRATEGY
American Century Inflation Adjusted Bond Fund A Class	Inflation-Protected Bond
American Century Disciplined Core Value A	Large Value
American Funds EuroPacific Growth Fund Class R-3	Foreign Large Growth
American Funds The New Economy Fund Class R-3	World Large-Stock Growth
Invesco Small Cap Equity Fund Class A	Small Cap
American Funds New World R-3	Diversified Emerging Markets
American Funds The Bond Fund of America Class R-3	Intermediate Core Bond
American Funds The Income Fund of America Class R-3	Large Value
American Century Real Estate A	Real Estate Sector Equity
American Funds Fundamental Investors Class R-3	Large Blend
American Funds The Growth Fund of America Class R-3	Large Growth
American Funds American High Income R-3	High Yield Bond
American Funds American Balanced Fund	Large Blend
American Funds New Perspective Fund Class R-3	World Large-Stock Growth
American Funds Capital Income Builder Class R-3	World Allocation
American Funds Capital World Growth and Income Fund Class R-3	World Large-Stock Blend
American Funds Washington Mutual Investors Fund Class R-3	Large Blend

NOTE D—FAIR VALUE MEASUREMENTS (CONTINUED)

FUND NAME	FUND STRATEGY
Baron Asset Fund Retail Class	Mid-Cap Growth
JPMorgan Core Bond Fund	Intermediate Core Bond
American Century Disciplined Core Value Fund Investor Class	Large Value
JPMorgan Mid Cap Growth Fund Class A	Mid-Cap Growth
BlackRock Health Sciences Opportunities Portfolio Investor A Shares	Large Blend
Baron Small Cap Fund Retail Class	Small Cap
Aberdeen U.S. Sustainable Leaders Fund Institutional Service Class	Large Growth
Aberdeen Emerging Markets Fund Class A	Diversified Emerging Mkts
Nationwide Loomis Short-Term Bond A	Short-Term Bond
BNY Mellon Appreciation Fund, Inc. - Investor Shares	Large Blend
Nationwide Investor Destinations Aggressive Fund Service Class	Large Blend
Nationwide Investor Destinations Conservative Fund Service Class	Large Blend
BNY Mellon International Core Equity Fund Class A	Foreign Large Blend
Nationwide Investor Destinations Moderately Aggressive Fund Service Class	Income and Growth
Nationwide Investor Destinations Moderately Conservative Fund Service Class	Income and Growth
Nationwide Investor Destinations Moderate Fund Class Service	Income and Growth
BNY Mellon Balanced Opportunity Fund - Class Z	Income and Growth
BNY Mellon Sustainable U.S. Equity Fund Class Z	Large Blend
Janus Henderson Research Fund Class T	Large Growth
Janus Henderson Forty Fund Class T	Large Growth
Nationwide Inflation-Protected Securities Fund Institutional Service Class	Inflation-Protected Bond
BNY Mellon Small/Mid Cap Growth Fund Class A	Mid Cap
Manning & Napier Pro-Blend Extended Term Series Class S	Moderate Allocation
BNY Mellon Core Plus Fund Class A	Intermediate Core-Plus Bond
Manning & Napier Pro-Blend Moderate Term Series Class S	Large Growth
Manning & Napier Pro-Blend Conservative Term Series Class S	Income and Growth
Manning & Napier Pro-Blend Maximum Term Series	Large Growth
Fidelity Advisor Balanced Fund Class A	Income and Growth
Fidelity Advisor Equity Income Fund Class M	Large Value
Fidelity Advisor Growth Opportunities Fund Class M	Large Growth
Fidelity Advisor Freedom 2025 Fund Class A	Target Date

NOTE D—FAIR VALUE MEASUREMENTS (CONTINUED)

FUND NAME	FUND STRATEGY
Federated Hermes Corporate Bond Fund Class F Shares	Corporate Bond
Fidelity Advisor Freedom 2020 Fund Class A	Target Date
Fidelity Advisor Equity Growth Fund Class A	Large Growth
Fidelity Advisor Freedom 2030 Fund Class A	Target Date
Fidelity Advisor Freedom 2040 Fund Class A	Target Date
Fidelity Advisor Investment Grade Bond Fund Class A	Intermediate Core Bond
Federated Hermes Opportunistic High Yield Bond Fund Service Shares	High Yield Bond
Federated Hermes Kaufmann Fund Class A Shares	Mid Cap
Franklin Growth Series Class A	Large Growth
Fidelity Puritan Fund	Income and Growth
Franklin Strategic Income Fund Class A	Multisector Bond
Fidelity Advisor Freedom 2035 Fund Class A	Target Date
Invesco Discovery Mid Cap Growth Fund A	Mid-Cap Growth
Goldman Sachs Mid Cap Value Fund Class A	Mid Cap
Nationwide Mutual Funds - Nationwide Money Market Fund	Money Market
Goldman Sachs Small Cap Value Fund Class A	Small Blend
Goldman Sachs Growth Opportunities Fund Class A	Mid-Cap Growth
Carillon Eagle Mid Cap Growth Fund Class A	Mid-Cap Growth
Invesco Dividend income Fund Class A	Large Cap Value
Harbor International Fund Investor Class	Foreign Large Blend
Janus Henderson Global Research Fund Class T	World Large-Stock Growth
Lazard US Small-Mid Cap Equity Portfolio Open Shares	Small Blend
MFS Value Fund Class A	Large Cap Value
Neuberger Berman Genesis Fund Trust Class	Small Growth
Nationwide Bond Fund Institutional Service Class	Intermediate Core Bond
Neuberger Berman Genesis Fund Investor Class	Small Growth
Nationwide Mellon Dynamic U.S. Core Fund Class A	Large Blend
Neuberger Berman Guardian Fund Class Trust	Large Growth
Nationwide Mellon Dynamic U.S. Core Fund Class R6	Large Blend
Nationwide Mid Cap Market Index Fund Class A	Mid-Cap Blend
Neuberger Berman Large Cap Value Fund Trust Class	Large Value

NOTE D—FAIR VALUE MEASUREMENTS (CONTINUED)

FUND NAME	FUND STRATEGY
Nationwide S&P 500 Index Fund Service Class	Large Blend
Nationwide Fund Class A	Large Blend
DWS CROCI Equity Dividend Fund Class A	Large Value
PIMCO Total Return Fund Class A	Intermediate Core-Plus Bond
Invesco Global Opportunities Fund Class A	World Small/Mid Stock
Invesco Global Fund Class A	World Large Stock Growth
Pioneer High Yield Fund Class A	High Yield Bond
PIMCO Real Return Fund Class A	Inflation-Protected Bond
Aberdeen U.S. Small Cap Equity Fund Class A	Small Growth
ClearBridge Aggressive Growth Fund Class A	Large Blend
Nationwide NVIT Multi Manager Small Company I	Small Blend
ClearBridge Small Cap Growth Fund Class A	Small Cap
ClearBridge Large Cap Growth Fund Class A	Large Growth
Wells Fargo VT Opportunity Fund Class 2	Large Growth
American Century International Growth Fund Investor Class	Foreign Large Growth
American Century Ultra Fund Investor Class	Large Growth
Templeton Foreign Fund Class A	Foreign Large Value
American Century Growth Fund Investor Class	Large Growth
Thornburg International Equity Fund Class I	Foreign Large Blend
Franklin Mutual Shares Fund Class A	Large Value Fund
T. Rowe Price Growth Stock Fund R Class	Large Growth
Invesco Equity and Income Fund Class A	Large Value Fund
Invesco Growth and Income Fund Class A	Growth & Income

NOTE E—INVESTMENT CONTRACT WITH INSURANCE COMPANY

In 1998, the Plan entered into a group annuity contract and a group separate account contract with Nationwide Life Insurance Company. The contract included a benefit-responsive investment contract with Nationwide Life Insurance Company ("Nationwide"). Nationwide maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Nationwide Life Insurance Company, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example divestures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the plan to transact at contract value with the participants.

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

NOTE F—INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The December 31, 2022 and 2021 statements of net assets available for benefits, the investment activities included on the statement of changes in net assets available for benefits for the year ended December 31, 2022, and the accompanying notes to the financial statements were prepared from information certified as being complete and accurate by Nationwide Life Insurance Company, the trustee, in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

The information certified includes the following:

	2022	2021
Investment contract (separate accounts) with insurance company	$ 11,072,749	$ 15,604,383
Guaranteed contract	1,525,935	1,784,148
Notes receivable from participants	104,143	214,247
Total	$ 12,702,827	$ 17,602,778

NOTE G—TRANSACTIONS WITH PARTIES-IN-INTEREST

The plan sponsor, PrimeCare of Southeastern Ohio, Inc., provides the Plan with accounting and administrative services for which no fees are charged. In addition, certain plan investments are managed by Nationwide Life Insurance Company. Nationwide Life Insurance Company is the custodian as defined by the Plan, and, therefore, these transactions qualify as party-in-interest transactions. Pentegra Retirement Services is the Third Party-Administrator for the Plan, which qualifies them as a party-in-interest. Fees incurred by the Plan for the investment management services are included in net appreciation (depreciation) in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. The Plan Sponsor made a direct payment, during 2022, to third party administrators and custodians of $7,493 which was not covered by revenue sharing. The Plan Sponsor pays directly any other fees related to the Plan's operations.

NOTE H—PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

NOTE I—TAX STATUS

The IRS has determined and informed the Plan Sponsor by a letter dated October 5, 2001, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

The Plan's Form 5500, Annual Report/Report of Employee Benefit Plan, for the years ended 2019 through 2022 are subject to examination by the IRS, generally for three years after they were filed.

NOTE J—EMPLOYER DISCRETIONARY CONTRIBUTION

The Company has the option to contribute additional amounts into the Plan for the benefit of its participants. For the 2022 Plan year, the Company has elected to make a total discretionary contribution of $174,960 of which was entirely a Safe Harbor Contribution. The Safe Harbor contribution allows the Plan to maximize contributions for the highly compensated participants. The Safe Harbor contribution is deemed to be 100% vested for all participants upon payment into the Plan.

NOTE K—SUBSEQUENT EVENTS

The Organization evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through October 13, 2023, which is the date the financial statements were available to be issued.

In March 2020, the World Health Organization declared the outbreak of a novel coronavirus (COVID-19) as a pandemic, which continues to spread throughout the United States of America. The Organization has adjusted certain aspects of their operations to protect their employees and customers while still meeting customers' needs.

The duration of any business disruption and related financial impact, including payroll, cannot be reasonably estimated at this time but may materially affect the Organization's operations. The extent to which the coronavirus pandemic may impact the Organization's operations will depend on the future developments, which are highly uncertain and cannot be predicted at this time, including new information that may emerge concerning the severity of the coronavirus and steps taken to contain the coronavirus or treat its impact, among others. Accordingly, this may affect future contributions to the Plan.

PRIMECARE OF SOUTHEASTERN OHIO, INC.
401(k) PROFIT SHARING PLAN AND TRUST
SUPPLEMENTAL SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2022

Schedule H, line 4i - Schedule of Assets (Held at End of Year)
EIN 31-1413469, Plan #001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	PARTICIPANT LOANS	4.25% - 6.50% INTEREST	$ **	$ 104,143
*	Nationwide Fixed Select Option	Guaranteed Investment Contract	**	1,525,935
*	POOLED SEPARATE ACCOUNTS ISSUED BY NATIONWIDE			
	American Century Inflation Adjusted Bond Fund A Class	Pooled Separate Account	**	172,524
	American Century Disciplined Core Value A	Pooled Separate Account	**	2,512
	American Funds EuroPacific Growth Fund Class R-3	Pooled Separate Account	**	801
	American Funds The New Economy Fund Class R-3	Pooled Separate Account	**	6,238
	Invesco Small Cap Equity Fund Class A	Pooled Separate Account	**	5,267
	American Funds New World R3	Pooled Separate Account	**	3,447
	American Funds The Bond Fund of America Class R-3	Pooled Separate Account	**	13,531
	American Funds The Income Fund of America Class R-3	Pooled Separate Account	**	7,357
	American Century Real Estate A	Pooled Separate Account	**	10,493
	American Funds Fundamental Investors Class R-3	Pooled Separate Account	**	10,929
	American Funds The Growth Fund of America Class R-3	Pooled Separate Account	**	8,545
	American Funds American High Income R3	Pooled Separate Account	**	3,655
	American Funds American Balanced Fund	Pooled Separate Account	**	1,040,609
	American Funds New Perspecitve Fund Class R-3	Pooled Separate Account	**	4,456
	American Funds Capital Income Builder Class R-3	Pooled Separate Account	**	7,226
	American Funds Capital World Growth and Income Fund Class R-3	Pooled Separate Account	**	2,105
	American Funds Washington Mutual Investors Fund Class R-3	Pooled Separate Account	**	729
	Baron Asset Fund Retail Class	Pooled Separate Account	**	523,026
	JPMorgan Core Bond Fund	Pooled Separate Account	**	12,542
	American Century Disciplined Core Value Fund Investor Class	Pooled Separate Account	**	142,162
	JPMorgan Mid Cap Growth Fund Class A	Pooled Separate Account	**	369
	BlackRock Health Sciences Opportunities Portfolio Investor A Shares	Pooled Separate Account	**	2,203
	Baron Small Cap Fund Retail Class	Pooled Separate Account	**	4,583
	Aberdeen U.S. Sustainable Leaders Fund Institutional Service Class	Pooled Separate Account	**	55,834
	Aberdeen Emerging Markets Fund Class A	Pooled Separate Account	**	12,842
	Nationwide Loomis Short Term Bond A	Pooled Separate Account	**	5,121
	BNY Mellon Appreciation Fund, Inc. - Investor Shares	Pooled Separate Account	**	120,325
	Nationwide Investor Destinations Aggressive Fund Service Class	Pooled Separate Account	**	308,770
	Nationwide Investor Destinations Conservative Fund Service Class	Pooled Separate Account	**	33,607
	BNY Mellon International Core Equity Fund Class A	Pooled Separate Account	**	1,651
	Nationwide Investor Destinations Moderately Aggressive Fund Service Class	Pooled Separate Account	**	733,999
	Nationwide Investor Destinations Moderately Conservative Fund Service Class	Pooled Separate Account	**	98,966
	Nationwide Investor Destinations Moderate Fund Class Service	Pooled Separate Account	**	215,988
	BNY Mellon Balanced Opportunity Fund - Class Z	Pooled Separate Account	**	15,655
	BNY Mellon Sustainable U.S. Equity Fund Class Z	Pooled Separate Account	**	86,004
	Janus Henderson Research Fund Class T	Pooled Separate Account	**	70,265
	Janus Henderson Forty Fund Class T	Pooled Separate Account	**	1,230,022
	Nationwide Inflation-Protected Securities Fund Institutional Service Class	Pooled Separate Account	**	617,506
	BNY Mellon Small/Mid Cap Growth Fund Class A	Pooled Separate Account	**	40
	Manning & Napier Pro-Blend Extended Term Series Class S	Pooled Separate Account	**	25,804
	BNY Mellon Core Plus Fund Class A	Pooled Separate Account	**	1,703
	Manning & Napier Pro-Blend Moderate Term Series Class S	Pooled Separate Account	**	14,123
	Manning & Napier Pro-Blend Conservative Term Series Class S	Pooled Separate Account	**	2,575
	Manning & Napier Pro-Blend Maximum Term Series	Pooled Separate Account	**	3,436
	Fidelity Advisor Balanced Fund Class A	Pooled Separate Account	**	3,065
	Fidelity Advisor Equity Income Fund Class M	Pooled Separate Account	**	155,741
	Fidelity Advisor Growth Opportunities Fund Class M	Pooled Separate Account	**	215,195
	Fidelity Advisor Freedom 2025 Fund Class A	Pooled Separate Account	**	27,459
	Federated Hermes Corporate Bond Fund Class F Shares	Pooled Separate Account	**	25,319
	Fidelity Advisor Freedom 2020 Fund Class A	Pooled Separate Account	**	11,621
	Fidelity Advisor Equity Growth Fund Class A	Pooled Separate Account	**	31,473
	Fidelity Advisor Freedom 2030 Fund Class A	Pooled Separate Account	**	49,750
	Fidelity Advisor Freedom 2040 Fund Class A	Pooled Separate Account	**	153,941
	Fidelity Advisor Investment Grade Bond Fund Class A	Pooled Separate Account	**	10,634
	Federated Hermes Opportunistic High Yield Bond Fund Service Shares	Pooled Separate Account	**	7,410
	Federated Hermes Kaufmann Fund Class A Shares	Pooled Separate Account	**	4,839
	Franklin Growth Series Class A	Pooled Separate Account	**	27,746
	Fidelity Puritan Fund	Pooled Separate Account	**	520,599
	Franklin Strategic Income Fund Class A	Pooled Separate Account	**	3,386

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

PRIMECARE OF SOUTHEASTERN OHIO, INC.
401(k) PROFIT SHARING PLAN AND TRUST
SUPPLEMENTAL SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2022

Schedule H, line 4i - Schedule of Assets (Held at End of Year)
EIN 31-1413469, Plan #001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Fidelity Advisor Freedom 2035 Fund Class A	Pooled Separate Account	**	77,771
	Invesco Discovery Mid Cap Growth Fund A	Pooled Separate Account	**	1,158
	Goldman Sachs Mid Cap Value Fund Class A	Pooled Separate Account	**	5,072
	Nationwide Mutual Funds - Nationwide Money Market Fund	Pooled Separate Account	**	13,848
	Goldman Sachs Small Cap Value Fund Class A	Pooled Separate Account	**	57
	Goldman Sachs Growth Opportunities Fund Class A	Pooled Separate Account	**	64,225
	Carillon Eagle Mid Cap Growth Fund Class A	Pooled Separate Account	**	430,587
	Invesco Dividend Income Fund Class A	Pooled Separate Account	**	132
	Harbor International Fund Investor Class	Pooled Separate Account	**	7,432
	Janus Henderson Global Research Fund Class T	Pooled Separate Account	**	71,497
	Lazard US Small-Mid Cap Equity Portfolio Open Shares	Pooled Separate Account	**	17,193
	MFS Value Fund Class A	Pooled Separate Account	**	8,937
	Neuberger Berman Genesis Fund Trust Class	Pooled Separate Account	**	101,644
	Nationwide Bond Fund Institutional Service Class	Pooled Separate Account	**	19,707
	Neuberger Berman Genesis Fund Investor Class	Pooled Separate Account	**	520,972
	Nationwide Mellon Dynamic U.S. Core Fund Class A	Pooled Separate Account	**	241
	Neuberger Berman Guardian Fund Class Trust	Pooled Separate Account	**	4,642
	Nationwide Mellon Dynamic U.S. Core Fund Class R6	Pooled Separate Account	**	23,215
	Nationwide Mid Cap Market Index Fund Class A	Pooled Separate Account	**	41,284
	Neuberger Berman Large Cap Value Fund Trust Class	Pooled Separate Account	**	11,980
	Nationwide S&P 500 Index Fund Service Class	Pooled Separate Account	**	297,466
	Nationwide Fund Class A	Pooled Separate Account	**	10,893
	PIMCO Total Return Fund Class A	Pooled Separate Account	**	176,122
	Invesco Global Opportunities Fund Class A	Pooled Separate Account	**	3,797
	Invesco Global Fund Class A	Pooled Separate Account	**	342,838
	Pioneer High Yield Fund Class A	Pooled Separate Account	**	14,626
	DWS CROCI Equity Dividend Fund Class A	Pooled Separate Account	**	7,686
	PIMCO Real Return Fund Class A	Pooled Separate Account	**	452,782
	Aberdeen U.S. Small Cap Equity Fund Class A	Pooled Separate Account	**	17,396
	ClearBridge Aggressive Growth Fund Class A	Pooled Separate Account	**	44
	Nationwide NVIT Multi Manager Small Company I	Pooled Separate Account	**	10,703
	ClearBridge Small Cap Growth Fund Class A	Pooled Separate Account	**	5,095
	ClearBridge Large Cap Growth Fund Class A	Pooled Separate Account	**	589,029
	Wells Fargo VT Opportunity Fund Class 2	Pooled Separate Account	**	72,376
	American Century International Growth Fund Investor Class	Pooled Separate Account	**	364,628
	American Century Ultra Fund Investor Class	Pooled Separate Account	**	11,266
	Templeton Foreign Fund Class A	Pooled Separate Account	**	2,127
	American Century Growth Fund Investor Class	Pooled Separate Account	**	40,143
	Thornburg International Equity Fund Class I	Pooled Separate Account	**	12,393
	Franklin Mutual Shares Fund Class A	Pooled Separate Account	**	5,132
	T. Rowe Price Growth Stock Fund R Class	Pooled Separate Account	**	325,334
	Invesco Equity and Income Fund Class A	Pooled Separate Account	**	1,273
	Invesco Growth and Income Fund Class A	Pooled Separate Account	**	283
	Total Pooled Separate Accounts			11,072,749
	Total Investments		$ -	$ 12,702,827

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