Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide 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
BLANCHARD VALLEY MEDICAL ASSC INC 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1977

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BLANCHARD VALLEY MEDICAL ASSC INC

200 WEST PEARL STREET
FINDLAY, OH 45840-1394

2b Employer Identification Number (EIN) 34-1148970

2c Plan Sponsor's telephone number 419-424-0380

2d Business code (see instructions) 621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/14/2026	MICHAEL L. CAIRNS, M.D.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	144
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	103
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	19
c	Other retired or separated participants entitled to future benefits	**6c**	111
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	130
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	130
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	135
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	130
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	2
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 Characteristic Codes in the instructions:

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

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
BLANCHARD VALLEY MEDICAL ASSC INC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BLANCHARD VALLEY MEDICAL ASSC INC

D Employer Identification Number (EIN)
34-1148970

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	92132		01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	5815

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

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

SCROGGINSGREAR, INC.
200 NORTHLAND BLVD
CINCINNATI, OH 45246

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	5815	TPA COMPENSATION	5

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

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

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

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

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

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

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

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

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

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

(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	11868543
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**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 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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
BLANCHARD VALLEY MEDICAL ASSC INC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BLANCHARD VALLEY MEDICAL ASSC INC

D Employer Identification Number (EIN)
34-1148970

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

FIFTH THIRD BANK RETIREMENT SERVICE

31-1051736

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 33 51 52 59	CUSTODIAN	46113	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

MERRILL LYNCH PIERCE FENNER & SMITH

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 33 51 52 56 59 60 63	BROKER	45955	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

NORTHWESTERN MUTUAL

720 E. WISCONSIN AVE
MILWAUKEE, WI 53202-4797

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT ADVISOR	45948	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 59 60 62 63 68	RECORD KEEPER	33709	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

LEGACY FINANCIAL ADVISORS, INC.

20-4972254

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT ADVISOR	23252	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

INFRESH, INC.

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT ADVISOR	15028	Yes [X] No [ ]	Yes [X] No [ ]	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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
BLANCHARD VALLEY MEDICAL ASSC INC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BLANCHARD VALLEY MEDICAL ASSC INC

D Employer Identification Number (EIN)
34-1148970

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2035 LIFETIME

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.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)
01-0233346-000	P	69011

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2060 LIFETIME

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.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)
01-0233346-000	P	37907

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER AGGRESSIVE LS

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.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)
01-0233346-000	P	9018

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER GROWTH LS

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.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)
01-0233346-000	P	521623

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER BALANCED LS

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.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)
01-0233346-000	P	7708834

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER MODERATE LS

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.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)
01-0233346-000	P	21315

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER CONSERV LS

b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY U.S.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)
01-0233346-000	P	216642

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49916

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2020 LIFETIME

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2324

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA US TARGETED VALUE FUND

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10615

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

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49

a Name of MTIA, CCT, PSA, or 103-12 IE: SCIENCE & TECHNOLOGY FUND

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2237

a Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX FUND

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 625887

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE NEW ERA FUND

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 213

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP GROWTH ETF

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12431

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP VALUE INDEX

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 166003

a Name of MTIA, CCT, PSA, or 103-12 IE: JH LIFETIME BLEND 2065 CIT R2

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 911

a Name of MTIA, CCT, PSA, or 103-12 IE:	500 INDEX FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	188138
a Name of MTIA, CCT, PSA, or 103-12 IE:	BLUE CHIP GROWTH FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	25444
a Name of MTIA, CCT, PSA, or 103-12 IE:	CAPITAL WORLD GROWTH & INCOME		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	100
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD SMALL CAP GROW INDEX		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10588
a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN FUNDS EUPAC FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	22098
a Name of MTIA, CCT, PSA, or 103-12 IE:	DFA INTERNATIONAL VALUE		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	27351
a Name of MTIA, CCT, PSA, or 103-12 IE:	EQUITY INCOME FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	470
a Name of MTIA, CCT, PSA, or 103-12 IE:	MUTUAL GLOBAL DISCOVERY		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	100
a Name of MTIA, CCT, PSA, or 103-12 IE:	AF THE INCOME FUND OF AMERICA		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	99
a Name of MTIA, CCT, PSA, or 103-12 IE:	JPMORGAN MIDCAP VALUE FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0

a Name of MTIA, CCT, PSA, or 103-12 IE:	JP MORGAN US EQUITY FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	145
a Name of MTIA, CCT, PSA, or 103-12 IE:	SPROTT GOLD EQUITY FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	81718
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD ENERGY FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	278
a Name of MTIA, CCT, PSA, or 103-12 IE:	TOTAL STOCK MARKET INDEX FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	474108
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD GROWTH INDEX FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD VALUE INDEX FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	271708
a Name of MTIA, CCT, PSA, or 103-12 IE:	JH DISCIPLINED VALUE MID CAP		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	222
a Name of MTIA, CCT, PSA, or 103-12 IE:	INVESCO GLOBAL FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	100
a Name of MTIA, CCT, PSA, or 103-12 IE:	AF CAPITAL INCOME BUILDER		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	99
a Name of MTIA, CCT, PSA, or 103-12 IE:	JH LIFETIME BLEND 2055 CIT R2		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0

a Name of MTIA, CCT, PSA, or 103-12 IE:	JH LIFETIME BLEND 2045 CIT R2		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	10703
a Name of MTIA, CCT, PSA, or 103-12 IE:	JH MULTIMANAGER 2050 LIFETIME		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	369647
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD MID-CAP VALUE ETF		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	193246
a Name of MTIA, CCT, PSA, or 103-12 IE:	FIDELITY ADVISOR TOTAL BOND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3184
a Name of MTIA, CCT, PSA, or 103-12 IE:	HIGH YIELD FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	T. ROWE PRICE EQUITY INC		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	INVESCO INTERNATIONAL BOND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	50
a Name of MTIA, CCT, PSA, or 103-12 IE:	JH MULTIMANAGER 2045 LIFETIME		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	95952
a Name of MTIA, CCT, PSA, or 103-12 IE:	TOTAL BOND MARKET FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	570203
a Name of MTIA, CCT, PSA, or 103-12 IE:	MONEY MARKET FUND		
b Name of sponsor of entity listed in (a):	JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.		
c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	35310

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK BOND FUND

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 97

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK HIGH YIELD FUND

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

c EIN-PN 01-0233346-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 266

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, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

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b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
BLANCHARD VALLEY MEDICAL ASSC INC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BLANCHARD VALLEY MEDICAL ASSC INC

D Employer Identification Number (EIN)
34-1148970

Part I Asset and Liability Statement

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	754	4899
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	511243	356051
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	34319	35310
(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)	137982	27286
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	10776348	11804511
(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)	26120722	8112851

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	37581368	20340908
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	13592	
1k Total liabilities (add all amounts in lines 1g through1j)	1k	13592	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	37567776	20340908

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)	356051	
(B) Participants	2a(1)(B)	531822	
(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)		887873
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	65765	
(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)	8390	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		74155
(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)	603559	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		603559
(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)		1700555
(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		2148603
d Total income. Add all **income** amounts in column (b) and enter total	2d		5414745
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	22423585	
(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)		22423585
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	218028	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		218028
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		22641613
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-17226868
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) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: VEID & VEID CPA'S **(2)** EIN: 54-2131378

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

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	
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? [X] Yes [ ] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
BLANCHARD VALLEY MEDICAL ASSC INC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BLANCHARD VALLEY MEDICAL ASSC INC

D Employer Identification Number (EIN)
34-1148970

Part I Distributions

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

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

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

EIN(s): 01-0233346 20-3855524

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) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702575A .

BLANCHARD VALLEY MEDICAL ASSOCIATES, INC.

401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

For the year ended December 31, 2025

Veid&Veid
CERTIFIED PUBLIC ACCOUNTANTS

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INDEPENDENT AUDITORS' REPORT

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

Opinion

We have audited the accompanying financial statements of Blanchard Valley Medical Associates, Inc. 401(k) Profit Sharing Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for plan benefits as of December 31, 2025 and 2024, the related statements of changes in net assets available for plan benefits for the years then ended and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits (liquidation) of Blanchard Valley Medical Associates, Inc. 401(k) Profit Sharing Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits (liquidation) for the years then ended, in accordance with the liquidation basis of accounting for the year ended December 31, 2025 and in accordance with the accounting principles generally accepted in the United States of America for the year ended December 31, 2024.

Basis for Opinion

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

Emphasis of Matter

As described in Note 8 to the financial statements, the Directors of Blanchard Valley Medical Associates, Inc. 401(k) Profit Sharing Plan on October 10, 2025, approved termination of the Plan effective December 31, 2025, and management determined liquidation is imminent. As a result, the Plan's basis of accounting was changed from the going concern basis to the liquidation basis used in presenting the 2025 financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with liquidation basis of accounting, and for the design, implementation, and

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maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

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

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

Supplemental Schedules Required for ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of (1) Schedule H, line 4i – Schedule of Assets (Held at End of Year) for the year ended December 31, 2025 and (2) Schedule H, line 4j – Schedule of Reportable Transactions, referred to as "supplemental information" are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

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

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



Veid & Veid
Certified Public Accountants
Cincinnati, Ohio

October 7, 2026

BLANCHARD VALLEY MEDICAL ASSOCIATES, INC. 401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
December 31, 2025 and 2024
LIQUIDATION

	2025			2024		
	General	Self-Directed	Total	General	Self-Directed	Total
ASSETS						
Cash	$ 4,899	$ -	$ 4,899	$ 754	$ -	$ 754
Investments, at fair value						
Money market	35,310	-	35,310	34,319	-	34,319
Brokerage accounts	-	8,112,851	8,112,851	-	26,120,722	26,120,722
Investments, at contract value						
Contract pooled separate accounts	11,804,511	-	11,804,511	10,776,348	-	10,776,348
Total investments	11,839,821	8,112,851	19,952,672	10,810,667	26,120,722	36,931,389
Receivables						
Employer contributions	191,638	164,413	356,051	245,733	265,510	511,243
Notes receivable from participants	27,286	-	27,286	105,012	32,970	137,982
Total receivables	218,924	164,413	383,337	350,745	298,480	649,225
TOTAL ASSETS	12,063,644	8,277,264	20,340,908	11,162,166	26,419,202	37,581,368
LIABILITIES						
Estimated payments to participants	12,063,644	8,277,264	12,063,644	-	-	-
Advance of future year employee contributions	-	-	-	13,592	-	13,592
TOTAL LIABILITIES	12,063,644	8,277,264	20,340,908	13,592	-	13,592
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ -	$ -	$ -	$ 11,148,574	$ 26,419,202	$ 37,567,776

See accompanying notes and independent auditors' report

BLANCHARD VALLEY MEDICAL ASSOCIATES, INC. 401(k) PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
December 31, 2025 and 2024

	LIQUIDATION					
	2025			2024		
	General	Self-Directed	Total	General	Self-Directed	Total
ADDITIONS						
Additions to net assets attributed to:						
Investment income:						
Interest	$ -	65,765	$ 65,765	$ 1	$ 67,488	$ 67,489
Interest participant loans	5,588	2,802	8,390	8,128	$ 3,230	11,358
Dividends		603,559	603,559		$ 963,872	963,872
Net appreciation (depreciation) in fair value of pooled separate acount investments	1,700,555	-	1,700,555	1,265,704	-	1,265,704
Net appreciation (depreciation) in fair value of brokerage accounts	-	2,148,603	2,148,603	-	1,921,715	1,921,715
Total investment income	1,706,143	2,820,729	4,526,872	1,273,833	2,956,305	4,230,138
Contributions						
Employer	191,638	164,413	356,051	245,733	265,510	511,243
Employee	334,192	197,630	531,822	365,527	223,000	588,527
Rollovers within the Plan	(16,258)	16,258	-	(336)	336	-
Rollovers	-	-	-	-	-	-
Total contributions	509,572	378,301	887,873	610,924	488,846	1,099,770
Total additions	2,215,715	3,199,030	5,414,745	1,884,757	3,445,151	5,329,908

See accompanying notes and independent auditors' report

BLANCHARD VALLEY MEDICAL ASSOCIATES, INC. 401(k) PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
December 31, 2025 and 2024

	LIQUIDATION					
	2025			2024		
	General	Self-Directed	Total	General	Self-Directed	Total
DEDUCTIONS						
Deductions from net assets attributed to:						
Benefits paid to participants	**1,243,608**	**21,179,977**	**22,423,585**	2,941,435	652,646	3,594,081
Estimated payments to participants at liquidation	**12,063,644**	**8,277,264**	**20,340,908**	-	-	-
Administrative expenses	**57,037**	**160,991**	**218,028**	58,871	179,266	238,137
Total deductions	**13,364,289**	**29,618,232**	**42,982,521**	3,000,306	831,912	3,832,218
NET INCREASE (DECREASE)	**(11,148,574)**	**(26,419,202)**	**(37,567,776)**	(1,115,549)	2,613,239	1,497,690
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT BEGINNING OF YEAR	**11,148,574**	**26,419,202**	**37,567,776**	12,264,123	23,805,963	36,070,086
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT END OF YEAR	**$ -**	**$ -**	**$ -**	$ 11,148,574	$ 26,419,202	$ 37,567,776

See accompanying notes and independent auditors' report

NOTE 1 - PLAN DESCRIPTION

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

GENERAL

Prior to the Plan termination on December 31, 2025, the Plan operated as a 401(k) defined contribution plan covering all employees of Blanchard Valley Medical Associates, Inc. (the "Company") who have completed one year of service (at least 1,000 hours unless a long-term part-time employee discussed below) and have attained 21 years of age. Each employee who has met the eligibility requirement will automatically become a participant on the first entry date which occurs after satisfying the requirements. The Plan entry dates are January 1 and July 1 of each year. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective January 1, 2024 the Plan was amended to provide required coverage of long-term part-time (LTPT) employees provided they worked at least 500 hours in 3 consecutive years and attained the plan's age requirement by the last day of the determination period. In addition, the excludable employees changed to exclude only leased employees and contract (1099) employees.

CONTRIBUTIONS

The Company's contribution is determined at the discretion of the directors of the Company. During 2025, the Company made no matching contribution, but did make a safe harbor non-elective contribution of $186,216 and a profit-sharing contribution of $169,835, which were allocated among participants eligible to share in the contribution for the plan year. During 2024, the Company made no matching contribution, but did make a safe harbor non-elective contribution of $219,400 and a profit-sharing contribution of $291,843, which were allocated among participants eligible to share in the contribution for the plan year. The maximum annual addition (allocation of employer contribution, forfeitures and employee contributions) to the participant's account is limited to the lesser of 100% of the individual's salary, or $70,000 plus $7,500 catch up if over age 50.

Participants may contribute through payroll deduction in either a pre-tax deferral or Roth deferral (after-tax) by a specific percentage or dollar amount of the participant's compensation. Employees can contribute up to $23,500 and $23,000 to the Plan annually for the years ending in 2025 and 2024, respectively. Employees over the age of 50 are allowed an additional $7,500 to be deferred based on Internal Revenue regulations. These amounts are treated as tax deferred compensation (if pre-tax deferral elected) and are exempt from federal taxation until they are withdrawn from the Plan.

NOTE 1 - PLAN DESCRIPTION (Continued)

PARTICIPANT ACCOUNTS

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

SELF-DIRECTED ACCOUNTS

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

PARTICIPANT LOANS

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

VESTING

Since the December 31, 2025 termination, all Participants' contributions, rollover contributions, Company's matching contributions, profit-sharing contributions and earnings are fully vested.

FORFEITURES

Any portion of a participant's account which is not vested at the time of termination from the Plan is forfeited immediately at the date of termination. The participant's balance will be reinstated if the participant returns to service within five years from the original termination date. Forfeitures are allocated to participants as part of the Company's annual employer's profit-sharing contributions. The forfeited non-vested account totaled $4,899 and $754 at December 31, 2025 and 2024, respectively. The Company utilized forfeitures of $4,899 and $754 to reduce the employer's profit-sharing contributions in 2025 and 2024, respectively. Forfeitures were $4,899 and $754 in 2025 and 2024, respectively.

(See accompanying financial statements and independent auditors' report)

NOTE 1 - PLAN DESCRIPTION (Continued)

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

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

BASIS OF ACCOUNTING
The financial statements are prepared on the liquidation basis of accounting for 2025 and the accrual method of accounting for 2024.

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

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

SELF-DIRECTED ACCOUNTS
As previously stated, the Plan allows for self-directed accounts. The Plan reports investment income of interest and dividends exclusive of changes in fair value net of appreciation (unrealized and realized gains/(losses)) of investments.

(See accompanying financial statements and independent auditors' report)

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (Continued)

INVESTMENT VALUATION AND INCOME RECOGNITION

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

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

Stable value funds, guaranteed investment contracts and other synthetic guaranteed investment contracts are valued based on contract value. Contract value is the relevant measurement attributable for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts. As of December 31, 2025 and 2024, the Plan had no stable value funds, guaranteed investment contracts or other synthetic guaranteed investment contracts.

As of December 31, 2025 and 2024 the contract value of the pooled separate accounts and money market funds was the same as fair market value and reported on the net asset value (NAV) basis, based on management's expectation that the unit pricing represents what is expected for each pooled separate account to be transacted at.

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

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

ADMINISTRATIVE EXPENSES

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

(See accompanying financial statements and independent auditors' report)

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (Continued)

BENEFIT PAYMENTS
Benefits are recorded when paid.

PLAN TERMINATION
On October 10, 2025, the Directors of the Blanchard Valley Medical Associates, Inc. 401(k) Profit Sharing Plan terminated the Plan effective December 31, 2025 as a standard termination and liquidation was deemed to be imminent. Therefore, the plan changed is basis of accounting from the ongoing plan basis used in presenting the 2024 financial statements to the liquidation basis used in presenting the 2025 financial statements in accordance with FASB ASC 205-30. As of December 31, 2025, all assets of the plan have not yet been fully liquidated. Due to the Plan termination, participants are 100% vested in their accounts on December 31, 2025.

NOTE 3 - FAIR VALUE MEASUREMENTS

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

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

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

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

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

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

(See accompanying financial statements and independent auditors' report)

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

The following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

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

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

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

The Plan had no level 3 investments in 2025 or 2024. The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2025 and 2024:

Fair Market Value Hierarchy

2025	Level 1	Level 2	Level 3	Total
General Money Market	$35,310			$35,310
Self-Directed Brokerage:				
Money market cash	$272,766			$272,766
Corporate bonds		$11,357		$11,357
Bond mutual funds	$46,816			$46,816
Common stock	$2,098,872			$2,098,872
Equity mutual funds	$4,593,011			$4,593,011
Exchange traded funds	$1,090,029	-	-	$1,090,029
Total assets in the fair value hierarchy	$8,136,804	$11,357	-	$8,148,161
Investments measured at net asset value – contract pooled separate accounts				$11,804,511
Investments				$19,952,672

(See accompanying financial statements and independent auditors' report)

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

Fair Market Value Hierarchy

2024	Level 1	Level 2	Level 3	Total
General Money Market	$34,319			$34,319
Self-Directed Brokerage:				
Money market cash	$1,269,446			$1,269,446
U.S. Treasury bills		$631,598		$631,598
Corporate bonds		$1,071,856		$1,071,856
Bond mutual funds	$3,265,171			$3,265,171
Common stock	$4,829,782			$4,829,782
Equity mutual funds	$11,704,056			$11,704,056
Exchange traded funds	$3,348,813	-	-	$3,348,813
Total assets in the fair value hierarchy	$24,451,587	$1,703,454	-	$26,155,041
Investments measured at net asset value – contract pooled separate accounts				$10,776,348
Investments				$36,931,389

NOTE 4 - INVESTMENT CONCENTRATIONS AND CREDIT RISK

The general pooled segregated accounts are participant directed. The Plan has a high concentration in the John Hancock Lifestyle Balanced investment account. At December 31, 2025 and 2024, the Plan had $7,710,357 and $7,427,055 invested in the John Hancock Lifestyle Balanced investment account. This represented 37.90% and 19.77% of total net assets in 2025 and 2024, respectively.

The Plan has contracted with John Hancock Life Insurance (USA) for its general pooled segregated account offerings. The Plan Sponsor has determined that as of 2025 and the date of this report there are no contract restrictions due to liquidation or other transfer provisions that would result in market value adjustments and surrender charges that would limit the ability to transact the contract at less than contract value. In addition, the Plan Sponsor has considered the ability of Manulife Financial Corporation and John Hancock Life Insurance (USA) to fulfill its contracts based on its financial strength ratings from A.M. Best which was A+. Therefore, the Plan Sponsor has concluded that the contract value of its pooled segregated accounts is fair value and represents a fully benefit-responsive value.

(See accompanying financial statements and independent auditors' report)

NOTE 5 - INCOME TAX STATUS

The Plan is a prototype plan offered by ScrogginsGrear Consultants and CPAs. ScrogginsGrear Consultants and CPAs obtained its latest opinion letter on June 30, 2020, in which the Internal Revenue Service has determined and informed the Company that its' volume submitter plan is designed in accordance with the Internal Revenue Code (Code) sections 401(a). The letter specifically addresses the Plan amendments related to the qualification requirements in the 2017 cumulative list of Notice 2017-37, 2017-29 Internal Revenue Bulletin (IRB) 89.

The prototype plan was amended in accordance with pension-related provisions of the Further Consolidated Appropriations Act of 2019 (FCAA), the Setting Every Community Up for Retirement Enhancement Act of 2019 (SECURE) as well as the Coronavirus Aid, Relief and Economic Security Act (CARES) which was signed into law on March 27, 2020.

Although the Plan has been amended since the determination by the Internal Revenue Service, the prototype sponsor believes it continues to be designed in compliance with the Internal Revenue Code (Code) sections 401(a). Therefore, no provision for income taxes has been included in the Plan's financial statement.

NOTE 6 - RELATED PARTY TRANSACTIONS

John Hancock Life Insurance Company (U.S.A.) the custodian of the general plan assets of the Plan also has a related party John Hancock Asset Management that manages the investment assets of the pooled segregated accounts. Therefore, transactions with John Hancock Life Insurance Company (U.S.A.) qualify as party-in-interest transactions. Fees paid to John Hancock Life Insurance Company were $57,037 and $58,871 for the years ended 2025 and 2024, respectively.

NOTE 7 - RISKS AND UNCERTAINTIES

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

(See accompanying financial statements and independent auditors' report)

NOTE 8- PLAN TERMINATION AND LIQUIDATION BASIS OF ACCOUNTING

On October 10, 2025, the Directors of the Blanchard Valley Medical Associates, Inc. 401(k) Profit Sharing Plan terminated the Plan effective December 31, 2025 as a standard termination and liquidation was deemed to be imminent. Therefore, the plan changed its basis of accounting from the ongoing plan basis to the liquidation basis used in presenting the 2025 financial statements, in accordance with FASB ASC 205-30. As of December 31, 2025, all assets of the plan have not yet been fully liquidated.

The following reconciliation of the financial statements due to the liquidation basis of accounting to the Form 5500 is as follows:

	12/31/2025	12/31/2024
Net assets available for benefits per the financial statements	$0	$37,567,776
Accrued liabilities net of receivables due to liquidation of the Plan	$20,340,908	-
Net assets available for benefits per the Form 5500	$20,340,908	$37,567,776

At October 7, 2026, the date on which the financial statements were available to be issued, the Plan had completely disbursed all of the participant funds.

NOTE 9- DATE OF MANAGEMENT'S REVIEW

Management has evaluated subsequent events through October 7, 2026, the date on which the financial statements were available for issue. As stated in Note 8, all of the Plan's assets have been fully liquidated.

BLANCHARD VALLEY MEDICAL ASSOCIATES, INC.
401(k) PROFIT SHARING PLAN
(EIN 34-1148970) PLAN 001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Form 5500, Schedule H, Line 4i)
December 31, 2025

a)	b)	c) Description	d) Cost	e) Current Value
*	John Hancock Life Insurance (USA)	Cash Uninvested	4,899	4,899
*	John Hancock Life Insurance (USA)	Money Market Fund	35,310	35,310
			40,209	40,209
		Pooled Separate Accounts		
*	John Hancock Life Insurance (USA)	Blue Chip Growth Fund	16,424	25,657
*	John Hancock Life Insurance (USA)	EuroPacific Growth Fund	17,053	22,310
*	John Hancock Life Insurance (USA)	DFA Emerging Markets Value	34,446	49,916
*	John Hancock Life Insurance (USA)	DFA International Value	18,475	27,582
*	John Hancock Life Insurance (USA)	DFA US Targeted Value	8,527	10,721
*	John Hancock Life Insurance (USA)	Vanguard Energy Fund	200	278
*	John Hancock Life Insurance (USA)	Fidelity Advisor Total Bond	2,951	3,184
*	John Hancock Life Insurance (USA)	Index 500	138,536	188,581
*	John Hancock Life Insurance (USA)	International Equity Index Fund	400,052	625,887
*	John Hancock Life Insurance (USA)	Lifestyle Aggressive	7,304	9,018
*	John Hancock Life Insurance (USA)	Lifestyle Balanced	7,937,210	7,710,357
*	John Hancock Life Insurance (USA)	Lifestyle Conservative	245,961	216,642
*	John Hancock Life Insurance (USA)	Lifestyle Growth	448,445	521,792
*	John Hancock Life Insurance (USA)	Lifestyle Moderate	23,029	21,314
*	John Hancock Life Insurance (USA)	Mid Cap Growth ETF	9,947	12,555
*	John Hancock Life Insurance (USA)	JH Multimanager 2020 Lifetime	1,795	2,324
*	John Hancock Life Insurance (USA)	JH Multimanager 2035 Lifetime	53,825	69,011
*	John Hancock Life Insurance (USA)	JH Blend 2045 Lifetime	9,216	10,703
*	John Hancock Life Insurance (USA)	JH Multimanager 2045 Lifetime	72,614	95,951
*	John Hancock Life Insurance (USA)	JH Multimanager 2050 Lifetime	239,225	369,647
*	John Hancock Life Insurance (USA)	JH Multimanager 2060 Lifetime	24,516	37,907
*	John Hancock Life Insurance (USA)	JH Blend 2065 Lifetime	766	911
*	John Hancock Life Insurance (USA)	Small Mid-Cap Growth Index	8,526	10,694
*	John Hancock Life Insurance (USA)	Small Cap Value Index	114,337	166,003
*	John Hancock Life Insurance (USA)	Mid-Cap Value Index	134,416	193,352
*	John Hancock Life Insurance (USA)	Mutual Global Discovery	96	100
*	John Hancock Life Insurance (USA)	T. Rowe Price New ERA Fund	175	213
*	John Hancock Life Insurance (USA)	Sprott Gold Equity Fund	31,860	81,718
*	John Hancock Life Insurance (USA)	Total Bond Market Fund	655,906	570,203
*	John Hancock Life Insurance (USA)	Total Stock Market Index Fund	267,495	474,108

Pooled Separate Accounts (Continued)

BLANCHARD VALLEY MEDICAL ASSOCIATES, INC.
401(k) PROFIT SHARING PLAN
(EIN 34-1148970) PLAN 001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Form 5500, Schedule H, Line 4i)
December 31, 2025

a)	b)	c) Description	d) Cost	e) Current Value
*	John Hancock Life Insurance (USA)	Capital World Growth & Income	96	100
*	John Hancock Life Insurance (USA)	American Funds Capital Income	96	99
*	John Hancock Life Insurance (USA)	American Funds Income Fund	96	99
*	John Hancock Life Insurance (USA)	Invesco Global Fund	96	100
*	John Hancock Life Insurance (USA)	Invesco International Bond	48	50
*	John Hancock Life Insurance (USA)	Small Cap Value Fund	48	49
*	John Hancock Life Insurance (USA)	John Hancock Bond Fund	96	97
*	John Hancock Life Insurance (USA)	JH Disciplined Value Mid Cap	216	222
*	John Hancock Life Insurance (USA)	JP Morgan US Equity Fund	144	145
*	John Hancock Life Insurance (USA)	Vanguard Value Index	194,297	271,920
*	John Hancock Life Insurance (USA)	VS Equity Income	394	470
*	John Hancock Life Insurance (USA)	VS Science & Technology	1,421	2,255
*	John Hancock Life Insurance (USA)	VS US High Yield	284	266
		Total Pooled Separate Accounts	11,120,660	11,804,511
	Various	***Self-directed brokerage accounts***	7,210,684	8,112,851
	Participants' loans	Interest rate 4.25% to 9.50%	-	27,286
		Total Participants' Loans	-	27,286
	TOTAL ASSETS HELD FOR INVESTMENT PURPOSES		$ 18,371,553	$ 19,984,857

* Parties-in-interest

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

BLANCHARD VALLEY MEDICAL ASSOCIATES, INC. 401(k) PROFIT SHARING PLAN
(EIN 34-1148970) PLAN 001
SCHEDULE OF REPORTABLE TRANSCATIONS
(Form 5500, Schedule H, Line 4j)
December 31, 2025

	Purchase Price	Sale/ Maturity Proceeds	Expense Incurred With Transaction	Cost of Assets	Current Value of Assets on Transaction Date	Net Gain (Loss)
Category (iii) - A Series of Transactions in a Security Issue Aggregating 5% of Plan Assets						
John Hancock Multimanager Life Style Balanced	$ 402,922	$ -	$ -	$ 402,922	$ 402,922	$ -
John Hancock Multimanager Life Style Balanced		$ 1,168,845	$ -	$ 1,229,101	$ 1,168,845	$ (60,256)

BLANCHARD VALLEY MEDICAL ASSOCIATES, INC.
401(k) PROFIT SHARING PLAN
(EIN 34-1148970) PLAN 001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Form 5500, Schedule H, Line 4i)
December 31, 2025

a)	b)	c) Description	d) Cost	e) Current Value
*	John Hancock Life Insurance (USA)	Cash Uninvested	4,899	4,899
*	John Hancock Life Insurance (USA)	Money Market Fund	35,310	35,310
			40,209	40,209
		Pooled Separate Accounts		
*	John Hancock Life Insurance (USA)	Blue Chip Growth Fund	16,424	25,657
*	John Hancock Life Insurance (USA)	EuroPacific Growth Fund	17,053	22,310
*	John Hancock Life Insurance (USA)	DFA Emerging Markets Value	34,446	49,916
*	John Hancock Life Insurance (USA)	DFA International Value	18,475	27,582
*	John Hancock Life Insurance (USA)	DFA US Targeted Value	8,527	10,721
*	John Hancock Life Insurance (USA)	Vanguard Energy Fund	200	278
*	John Hancock Life Insurance (USA)	Fidelity Advisor Total Bond	2,951	3,184
*	John Hancock Life Insurance (USA)	Index 500	138,536	188,581
*	John Hancock Life Insurance (USA)	International Equity Index Fund	400,052	625,887
*	John Hancock Life Insurance (USA)	Lifestyle Aggressive	7,304	9,018
*	John Hancock Life Insurance (USA)	Lifestyle Balanced	7,937,210	7,710,357
*	John Hancock Life Insurance (USA)	Lifestyle Conservative	245,961	216,642
*	John Hancock Life Insurance (USA)	Lifestyle Growth	448,445	521,792
*	John Hancock Life Insurance (USA)	Lifestyle Moderate	23,029	21,314
*	John Hancock Life Insurance (USA)	Mid Cap Growth ETF	9,947	12,555
*	John Hancock Life Insurance (USA)	JH Multimanager 2020 Lifetime	1,795	2,324
*	John Hancock Life Insurance (USA)	JH Multimanager 2035 Lifetime	53,825	69,011
*	John Hancock Life Insurance (USA)	JH Blend 2045 Lifetime	9,216	10,703
*	John Hancock Life Insurance (USA)	JH Multimanager 2045 Lifetime	72,614	95,951
*	John Hancock Life Insurance (USA)	JH Multimanager 2050 Lifetime	239,225	369,647
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*	John Hancock Life Insurance (USA)	JH Blend 2065 Lifetime	766	911
*	John Hancock Life Insurance (USA)	Small Mid-Cap Growth Index	8,526	10,694
*	John Hancock Life Insurance (USA)	Small Cap Value Index	114,337	166,003
*	John Hancock Life Insurance (USA)	Mid-Cap Value Index	134,416	193,352
*	John Hancock Life Insurance (USA)	Mutual Global Discovery	96	100
*	John Hancock Life Insurance (USA)	T. Rowe Price New ERA Fund	175	213
*	John Hancock Life Insurance (USA)	Sprott Gold Equity Fund	31,860	81,718
*	John Hancock Life Insurance (USA)	Total Bond Market Fund	655,906	570,203
*	John Hancock Life Insurance (USA)	Total Stock Market Index Fund	267,495	474,108

Pooled Separate Accounts (Continued)

BLANCHARD VALLEY MEDICAL ASSOCIATES, INC.
401(k) PROFIT SHARING PLAN
(EIN 34-1148970) PLAN 001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Form 5500, Schedule H, Line 4i)
December 31, 2025

a)	b)	c) Description	d) Cost	e) Current Value
*	John Hancock Life Insurance (USA)	Capital World Growth & Income	96	100
*	John Hancock Life Insurance (USA)	American Funds Capital Income	96	99
*	John Hancock Life Insurance (USA)	American Funds Income Fund	96	99
*	John Hancock Life Insurance (USA)	Invesco Global Fund	96	100
*	John Hancock Life Insurance (USA)	Invesco International Bond	48	50
*	John Hancock Life Insurance (USA)	Small Cap Value Fund	48	49
*	John Hancock Life Insurance (USA)	John Hancock Bond Fund	96	97
*	John Hancock Life Insurance (USA)	JH Disciplined Value Mid Cap	216	222
*	John Hancock Life Insurance (USA)	JP Morgan US Equity Fund	144	145
*	John Hancock Life Insurance (USA)	Vanguard Value Index	194,297	271,920
*	John Hancock Life Insurance (USA)	VS Equity Income	394	470
*	John Hancock Life Insurance (USA)	VS Science & Technology	1,421	2,255
*	John Hancock Life Insurance (USA)	VS US High Yield	284	266
		Total Pooled Separate Accounts	11,120,660	11,804,511
	Various	***Self-directed brokerage accounts***	7,210,684	8,112,851
	Participants' loans	Interest rate 4.25% to 9.50%	-	27,286
		Total Participants' Loans	-	27,286
	TOTAL ASSETS HELD FOR INVESTMENT PURPOSES		$ 18,371,553	$ 19,984,857

* Parties-in-interest

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

BLANCHARD VALLEY MEDICAL ASSOCIATES, INC. 401(k) PROFIT SHARING PLAN
(EIN 34-1148970) PLAN 001
SCHEDULE OF REPORTABLE TRANSCATIONS
(Form 5500, Schedule H, Line 4j)
December 31, 2025

	Purchase Price	Sale/ Maturity Proceeds	Expense Incurred With Transaction	Cost of Assets	Current Value of Assets on Transaction Date	Net Gain (Loss)
Category (iii) - A Series of Transactions in a Security Issue Aggregating 5% of Plan Assets						
John Hancock Multimanager Life Style Balanced	$ 402,922	$ -	$ -	$ 402,922	$ 402,922	$ -
John Hancock Multimanager Life Style Balanced		$ 1,168,845	$ -	$ 1,229,101	$ 1,168,845	$ (60,256)

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶ ☐

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan
Blanchard Valley Medical Assc Inc 401(k)
Profit Sharing Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1977

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
Blanchard Valley Medical Assc Inc

200 West Pearl Street

Findlay OH 45840-1394

2b Employer Identification Number (EIN) 34-1148970

2c Plan Sponsor's telephone number (419)424-0380

2d Business code (see instructions) 621111

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

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

SIGN HERE	Michael Cairns MD	9/15/2026	Michael L. Cairns, M.D.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address ☒ Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		
5	Total number of participants at the beginning of the plan year	**5**	144
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1)**, **6a(2)**, **6b**, **6c**, and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	103
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	19
c	Other retired or separated participants entitled to future benefits	**6c**	111
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	130
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	130
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	135
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	130
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
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 Characteristic Codes in the instructions:

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

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	☒ Insurance	(1)	☒ Insurance
(2)	☐ Code section 412(e)(3) insurance contracts	(2)	☐ Code section 412(e)(3) insurance contracts
(3)	☒ Trust	(3)	☒ Trust
(4)	☐ General assets of the sponsor	(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		**b General Schedules**	
(1)	☒ **R** (Retirement Plan Information)	(1)	☒ **H** (Financial Information)
(2)	☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2)	☐ **I** (Financial Information – Small Plan)
		(3)	☒ **A** (Insurance Information) – Number Attached 1
(3)	☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(4)	☒ **C** (Service Provider Information)
		(5)	☒ **D** (DFE/Participating Plan Information)
(4)	☐ **DCG** (Individual Plan Information) – Number Attached	(6)	☐ **G** (Financial Transaction Schedules)
(5)	☐ **MEP** (Multiple-Employer Retirement Plan Information)		

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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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_____