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

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
BRIGHTON HEALTH PLAN SOLUTIONS, LLC 401(K) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1994

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)
BRIGHTON HEALTH PLAN SOLUTIONS, LLC

1600 STEWART AVENUE SUITE 700
WESTBURY, NY 11590

2b Employer Identification Number (EIN) 11-3410766

2c Plan Sponsor's telephone number 516-282-8408

2d Business code (see instructions) 621491

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2020	JAMES CUSUMANO
	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: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5 Total number of participants at the beginning of the plan year	**5**	306
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)**	227
a(2) Total number of active participants at the end of the plan year	**6a(2)**	216
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	75
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	291
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	291
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	291
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	45
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2J 2K 2F 2G 3D 2T 3H 2A

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

9a Plan funding arrangement (check all that apply)		**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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
BRIGHTON HEALTH PLAN SOLUTIONS, LLC 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BRIGHTON HEALTH PLAN SOLUTIONS, LLC

D Employer Identification Number (EIN)
11-3410766

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
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK

(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
93-1225432	60214	1268010-01	70	01/01/2019	12/31/2019

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	1531038
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

b	Balance at the end of the previous year			7b	1470862
c	Additions: (1) Contributions deposited during the year	7c(1)	158013		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	17801		
	(4) Transferred from separate account	7c(4)	15474		
	(5) Other (specify below)	7c(5)	142447		
	▶ LOAN REPAYMENTS, FORFEITURES				
	(6) Total additions			7c(6)	333735
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1804597
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	64272		
	(2) Administration charge made by carrier	7e(2)	448		
	(3) Transferred to separate account	7e(3)	208839		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	273559
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1531038

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	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.**	**2019** **This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
BRIGHTON HEALTH PLAN SOLUTIONS, LLC 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BRIGHTON HEALTH PLAN SOLUTIONS, LLC

D Employer Identification Number (EIN)
11-3410766

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

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)

ASSOCIATED PENSION CONSULTANTS, INC

111 EXPRESS STREET
PLAINVIEW, NY 11803

11-3271022

(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?
13	CONTRACT ADMIN	2345	Yes [X] No [ ]	Yes [ ] No [X]	10000	Yes [ ] No [X]

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

GREAT-WEST LIFE & ANNUITY INS CO

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

93-1225432

(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?
64	RECORDKEEPER	3706	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

ADVISED ASSETS GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
28	INVESTMENT MGMT	3378	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ASSOCIATED PENSION CONSULTANTS INC	13	10000

(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.
GREAT-WEST LIFE & ANNUITY INS CO 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111 93-1225432	TPA ALLOWANCE PAYMENT

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
BRIGHTON HEALTH PLAN SOLUTIONS, LLC 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BRIGHTON HEALTH PLAN SOLUTIONS, LLC

D Employer Identification Number (EIN)
11-3410766

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	69827
(2) Participant contributions	1b(2)	4150	29025
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	549144	552463
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	19854420	26051080
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1470862	1531038
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	21878576	28233433
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	3993	906
k	Total liabilities (add all amounts in lines 1g through1j)	1k	3993	906
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	21874583	28232527

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)	910384	
	(B) Participants	2a(1)(B)	1256538	
	(C) Others (including rollovers)	2a(1)(C)	719361	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2886283
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	31474	
	(F) Other	2b(1)(F)	1142859	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1174333
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3972527
c Other income	2c		42734
d Total income. Add all **income** amounts in column (b) and enter total	2d		8075877
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1699969	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1699969
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	9429	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	8535	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		17964
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1717933
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6357944
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: IAN FASSENFELD **(2)** EIN: 11-2764361

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
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	

			Yes	No	Amount
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		3000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

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

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
BRIGHTON HEALTH PLAN SOLUTIONS, LLC 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BRIGHTON HEALTH PLAN SOLUTIONS, LLC

D Employer Identification Number (EIN)
11-3410766

Part I Distributions

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

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

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

EIN(s): 93-1225432

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 contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

BRIGHTON HEALTH PLAN SOLUTIONS, LLC
401(k) RETIREMENT PLAN

Financial Statements

for Years Ended

December 31, 2019 and December 31, 2018

BRIGHTON HEALTH PLAN SOLUTIONS, LLC

401(k) RETIREMENT PLAN

Financial Statements for Years Ended December 31, 2019 and December 31, 2018

CONTENTS **Page**

Independent Auditors' Report	2-3
Statement of Net Assets Available for Plan Benefits	4
Statement of Changes in Net Assets Available for Plan Benefits	5
Notes to Financial Statements	6-10
Supplemental Schedule	
Assets Held for Investment Purposes	11

IAN FASSENFELD
CERTIFIED PUBLIC ACCOUNTANT
11 Sunrise Plaza
Valley Stream, New York 11580

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Brighton Health Plan Solutions, LLC.

Report on the Financial Statements

I have been engaged to audit the accompanying statements of Brighton Health Plan Solutions, LLC 401(K) Retirement Plan which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018 and the related statements of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

My responsibility is to express an opinion on those financial statements based on conducting the audit is accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, I was not able to obtain sufficient audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520 103-8 of Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform and we did not perform, any auditing procedures with respect to the information reflected and certified by Great Western life & Annuity Insurance Co. the trustee of the Plan, except for comparing such information with the related information with the related information included in the financial statements. I have been told by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2019 and 2018 and for the year ended December 31, 2019, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, I have not been able to obtain appropriate audit evidence to provide a basis for an audit opinion. Accordingly, I do not express an opinion on these financial statements.

IAN FASSENFELD
CERTIFIED PUBLIC ACCOUNTANT
11 Sunrise Plaza
Valley Stream, New York 11580

INDEPENDENT AUDITOR'S REPORT

Other Matters

The supplemental schedule (Schedule H of Form 5500) as of December 31, 2019 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion I do not express an opinion on that supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules other than that derived from the information certified by custodian have been audited by me in accordance with auditing standards generally accepted in the United States of America and, in my opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under Employee Retirement Security Act of 1974.

Ian Fassenfeld

Valley Stream, New York
October 6, 2020

BRIGHTON HEALTH PLAN SOLUTIONS, LLC
401(K) RETIREMENT PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
December 31, 2019 and December 31, 2018

	2019	2018
Assets		
Mutual Fund and Other Investments, at Fair Value	$ 27,582,118	$ 21,325,282
Receivables		
Contribution Receivable	98,852	4,150
Participants Notes Receivable	552,463	549,144
Total Assets	$ 28,233,433	$ 21,878,576
Liabilities		
Prepaid Contributions	906	3,993
Net Assets Available for Plan Benefits	$ 28,232,527	$ 21,874,583

The accompanying notes are an integral part of these financial statements

BRIGHTON HEALTH PLAN SOLUTIONS, LLC
401(K) RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
For Years Ended December 31, 2019 and December 31, 2018

		2019	2018
Additions			
	Net appreciation(depreciation) in fair value of investments	$ 3,972,527	$ (2,605,029)
	Interest/Dividend income	1,174,333	1,426,925
		5,146,860	(1,178,104)
Contributions			
	Plan participants	1,256,538	1,147,605
	Employer	910,384	887,014
	Rollovers	719,361	79,756
	Total additions	8,033,143	936,271
Deductions			
	Benefit withdrawals	1,699,969	3,540,887
	Other	(24,770)	(29,850)
	Total deductions	1,675,199	3,511,037
	Net increase (decrease)	6,357,944	(2,574,766)
	Beginning of year	21,874,583	24,449,349
	End of year	$ 28,232,527	$ 21,874,583

The accompanying notes are an integral part of these financial statements

NOTE 1- SUMMARY OF SIGNIFICATIONT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Brighton Health Plan Solutions, LLC 401(K) Retirement Plan are prepared under the accrual basis of accounting.

Investment Valuation

The Plan's investments are in a variety of mutual funds. All investments held by the Plan represent Employer-directed accounts. Investments are stated at fair value. Fair value is determined by the closing prices of investments held by the investment managers.

Use of Estimates

The preparation of financial statements in conformity with 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. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

NOTE 2 - DESCRIPTION OF PLAN

The following summary of significant provisions of the Plan is provided for general information only. Participants should refer to the Plan document and summary plan description for more complete information.

General

Brighton Health Plan Solutions, LLC 401(K) Retirement Plan became effective on January 1, 2009. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan is in accordance with IRS code sections 401(a)(11), 401(k), 402(g), 401(m) and Internal Revenue Service Revenue Rulings 81-100, and 2017-1 and 417.

Eligibility

All employees over the age of 21, are to be eligible to enter the Salary Deferral and Match portion of the first day of the month following their date of hire. Employees are able to enter Profit Sharing portion of the Plan on the first day of the month following the completing six months of service.

Contributions

Employees can contribute up to $19,000 of their compensation to the 401(K) Plan and an additional $6,000 in catch-up contributions if over the age of 50 by the end of the Plan year.

401(K) contributions made by the Company on behalf of its' Participants is limited to 50% of the matched employee contributions that are not in excess of 4% of the participants compensation. The total amount of any matching contributions allocated to Participant in any Plan year is not to be in excess of 2.00% of the compensation. The discretionary profit sharing contribution, if any, is allocated to all eligible employees.

On February 20, 2019 a formal record of action was taken by the governing body of Brighton Health Plans Solutions, LLC that effective February 14, 2019 Hardship withdrawals from the vested portion of all permissible accounts would be allowed. A Summary of Material Modifications was sent to all Participants indicating that Roth Contributions may be withdrawn on account of financial hardship in the same as regular Effective Deferrals Contributions.

NOTE 2 – DESCRIPITION OF PLAN (Continued)

Vesting

Participants are vested in their (employer) contributions plus actual earnings thereon as follows:

Years of Service	Percentage
Less Than 1	0%
1	20%
2	40%
3	60%
4	80%
5 and thereafter	100%

Non-Vested portions of participants' account balances who terminate employment revert to the Company and are offset against Plan contributions.

Participant Accounts

Each participant's account is credited with the Company's contributions, the Plan's investment earnings or losses, and their salary-reduction contribution. The amount of benefits to which participants are entitled is the accumulated vested balance of each participant's account.

On November 15, 2013 an amendment to the Plan, resolved that all members could receive an in service distribution of amounts attributable to rollover contributions or voluntary after tax contributions at any time, without restriction.

Termination

Brighton Health Plan Solutions, LLC 401(K) Retirement Plan has the right, subject to the provisions of ERISA to terminate the Plan. In the event of Plan termination, participants become fully vested in their accounts.

NOTE 3 - INVESTMENTS

The Plan trustees direct contributions into mutual funds as shown on the statements of net assets available for plan benefits at December 31, 2019 the Plan participants' mutual funds consist of equity and debt securities and U.S. Government obligations. The fair value of investments consist of the following:

BRIGHTON HEALTH PLAN SOLUTIONS, LLC
401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2019 and December 31, 2018

	2019	2018
Ishares S&P 500 Index 1	3,776,841	3,020,036
MFS Growth Fund A	3,080,130	
American Funds 2035 Target Date Retire R4	2,630,531	1,941,465
Clearbridge Small Cap Growth	1,669,006	-
Pioneer Bond faund A	1,645,485	1,465,942
Invesco Diversified Dividend A	1,537,256	1,283,975
AB Discovery Growth A	1,453,493	1,065,561
Oakmark International Service	1,286,686	996,705
Key Guaranteed Portfolio Fund	1,232,581	1,215,798
Blackrock High Yield Bond Inv A	1,187,217	31,503
American Funds 2045 Target Date Retire R4	940,819	670,750
Americcan Funds 2025 Target Date Retire R3	855,068	636,174
Clearbridge Mid Cap Class A	773,116	598,422
American Funds 2015 Target Date Retire R4	663,753	628,406
American Funds 2040 Target Date Retire R4	589,918	520,906
Templeton World Fund A	552,838	480,213
American Funds 2050 Target Date Retire R4	463,014	291,187
American Funds 2055 Target Date Retire R4	447,126	326,109
American Funds 2030 Target Date Retire R4	420,024	113,607
Goldman Sachs Small Value Fund A	394,344	309,967
Franklin Small Cap Value Fund A	300,078	236,264
First GWL & A Key Guaranteed Poftfolio Fd (holding)	298,457	255,064
Ishares MSCI EAFE International Index A	254,070	122,098
Clearbridge Appreciaion A	237,869	151,679
Blackrock Inflation Protected Bond Inv A	123,594	68,158
Victory Sycamore Estblished Value A	120,329	107,771
Western Asset Core Bond A	98,193	-
Columbia Mid Cap Index A	82,955	47,314
Columbia Small Cap Index A	80,625	31,954
Blackrock High Yield Bond Inv A	73,369	-
Blackrock Emerging Markets Instl	64,786	-
American Funds 2020 Target Date Retire R4	64,180	42,377
Invesco Oppenheimer Int'l Growth A	62,502	50,674
Fidelity Advisors Government Income M	56,218	11,071
Templeton Global Balanced A	39,598	34,814
American Funds 2010 Target Date R4	26,048	22,966
MFS Massachusetts Inv. Growth Fund	-	2,264,635
Clearbridge Small Cap Growth A	-	1,286,590
American Funds American Balanced	-	940,452
Calamos Evolving World Growth A	-	27,693
Allianz Global Small Cap A	-	26,982
	$ 27,582,118	$ 21,325,282
Average Yield of Key Guaranteed Portfolio Fund	1.20%	1.10%

NOTE 3 – INVESTMENTS (Continued)

Fair Value Measurements

The framework for measuring fair value provides a fair value with hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. All investments represented are considered Level One, with the exception The Key Guaranteed Portfolio Fund which is considered Level Two. Level One represents assets which have an active, liquid market readily available prices. Level Two represents assets that do not have an active, liquid market but there are similar types of assets that have a relevant market.

The fair value of investments that represent 5% or more of net assets are as follows:

	2019	2018
Ishares of S&P 500 Index 1	$ 3,776,841	$ 3,020,036
MFS Growth Fund A	3,080,130	2,264,635
American Funds 2035 Target Date Retire R4	2,630,531	1,941,465
Clearbridge Small Cap Growth A	1,669,006	1,286,590
Pionner Bond Fund A	1,645,485	1,465,942
Invesco Diversified Dividend A	1,537,256	1,283,975
AB Discovery Growth A	1,453,493	1,065,561
Key Guaranteed Portfolio Fund	-	1,215,798

NOTE 4 – PARTICIPANT NOTE RECEIVABLE

Under the terms of the Plan, participants may borrow up to 50% (to a maximum of $50,000) from their account balance. The loans are secured by the balance on the participants' accounts and bear interest, which is comparable to the rate a bank would charge on a similar loan. The loan must be repaid within 5 years, unless the loan is being used to purchase the participant's principal residence, which must be repaid within 30 years.

NOTE 5 – ADMINISTRATIVE EXPENSES

All administrative expenses for the Plan are paid by the Company.

NOTE 6 – TAX STATUS

The Plan has received a determination letter from Internal Revenue Service dated December 27, 2002, stating that the Plan is qualified under Section 401(a) of the Code and therefore the related trust is exempt from taxation. Once qualified the Plan is required in conformity with the Code to maintain its qualification. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and therefore, believes that Plan is qualified and the related trust exempt.

NOTE 7 – OTHER MATTERS

All employer's 2018 Profit Sharing contribution were satisfied.

As an amendment to the Plan, a formal record of action was signed on March 23, 2018 that stipulated a name change from MagnaCare Administrative, LLC 401(k) Retirement Plan to Brighton Health Plan Solutions, LLC 401(k). Retirement Plan, effective January 1, 2018.

BRIGHTON HEALTH PLAN SOLUTIONS, LLC
FORM 5500 SCHEDULE H PART IV ITEM 41
NOTES TO FINANCIAL STATEMENTS
December 31, 2019

IDENTITY OF ISSUE,BORROWER

LESSOR OR SIMILAR PART	DESCRIPTION OF INVESTMENT	COST	CURRENT VALUE	Level
Ishares S&P 500 Index 1	Mutual Funds	2,735,671	3,776,841	1
MFS Growth Fund A	Mutual Funds	2,385,446	3,080,130	1
American Funds 2035 Target Date Retire R4	Mutual Funds	2,515,955	2,630,531	1
Clearbridge Small Cap Growth	Mutual Funds	1,414,201	1,669,006	1
Pioneer Bond Fund A	Mutual Funds	1,629,511	1,645,485	1
Invesco Diversified Dividend A	Mutual Funds	1,463,987	1,537,256	1
AB Discovery Growth	Mutual Funds	1,320,204	1,453,493	1
Oakmark International Services	Mutual Funds	1,317,378	1,286,686	1
Key Guaranteed Portfolio Fund	Fixed Annuities	1,157,269	1,232,581	2
Blacjkrock High Yield BondInv A	Mutual Funds	1,133,599	1,187,217	1
American Funds 2045 Target Date Retire R4	Mutual Funds	900,968	940,819	1
American Funds 2025 Target Date Reire R3	Mutual Funds	824,377	855,068	1
Clearbridge Mid Cap Growth Class A	Mutual Funds	707,592	773,116	1
American Funds 2015 Target Date Retire R4	Mutual Funds	647,655	663,753	1
American Funds 2040 Target Date Retire R4	Mutual Funds	559,366	589,918	1
Templeton World Fund A	Mutual Funds	682,652	552,838	1
American Funds 2050 Target Date Retire R4	Mutual Funds	436,656	463,014	1
American Funds 2055 target Date Retire R4	Mutual Funds	424,471	447,126	1
American Funds 2030 Target Date Retire R4	Mutual Funds	402,926	420,024	1
Goldman Sachs Small Value Fund A	Mutual Funds	400,632	394,344	1
Franklin Small Cap Value Fund A	Mutual Funds	329,313	300,078	1
Ishares MSCI EAFE International Index A	Mutual Funds	244,548	254,070	1
Clearbridge Appreciation A	Mutual Funds	212,947	237,869	1
Blackrock Inflation Protected Bond Inv A	Mutual Funds	123,268	123,594	1
Victory Sycamore Established Value A	Mutual Funds	116,633	120,329	1
Western Asset Core Bond A	Mutual Funds	98,027	98,193	1
Columbia Mid Cap index A	Mutual Funds	82,498	82,955	1
Columbia Small Cap Index A	Mutual Funds	80,260	80,625	1
Blackrock High Yield Bond Inv A	Mutual Funds	73,110	73,369	1
Blackrock Emerging Markets Instl	Mutual Funds	63,550	64,786	1
American Funds 2020 Target date Retire R4	Mutual Funds	62,454	64,180	1
Invesco Oppenheimer Int'l Growth A	Mutual Funds	54,576	62,502	1
Fidelity Advisors Government Income M	Mutual Funds	55,593	56,218	1
Templeton Global Balanced	Mutual Funds	42,563	39,598	1
American Funds 2010 Target Date R4	Mutual Funds	25,335	26,049	1
		24,725,192	27,283,661	
		Interest Rate		
Participant Loans	Various	4.750-7.000	552,522	552,463

Level 1- Valuations ae based upon quoted prices in a active market for identical assets or liabilities.
Level 2- Valuations are based upon observable inputs (assumptions obtained from independent sources) for the asset or liability, either diectly or indirectly.

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Brighton Health Plan Solutions, LLC 401(k) Retirement Plan

01-JAN-19 to 31-DEC-19

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
3NYKGPF	118,292.79	0.000000	228	(111,750.17)	0.000000	5	(111,750.17)	SERIES
4NYKGPF	0.56	0.000000	1	0.00	0.000000	0	0.00	SERIES
5NYKGPF	42,586.33	0.000000	4	(8,534.67)	0.000000	3	(8,534.67)	SERIES
1RDATX	875.16	78.349151	10	0.00	0.000000	0	0.00	SERIES
1RDBTX	62,396.35	5,332.500939	576	(91,890.27)	(7,721.624895)	66	(89,209.27)	SERIES
1RDCTX	25,680.55	2,016.245841	463	(8,781.80)	(687.694098)	62	(8,734.56)	SERIES
1RDDTX	150,207.62	10,974.477990	1651	(18,668.50)	(1,376.609696)	191	(18,466.03)	SERIES
1RDETX	283,151.60	19,509.441335	685	(5,727.29)	(394.300717)	13	(5,720.14)	SERIES
1RDFTX	833,157.94	55,289.446862	2153	(499,184.78)	(33,596.358752)	353	(504,501.08)	SERIES
1RDGTX	217,272.27	14,388.437010	1102	(233,558.41)	(16,185.549773)	98	(235,794.55)	SERIES
1RDHTX	213,229.72	13,311.001521	1711	(72,699.78)	(4,722.950397)	133	(74,247.05)	SERIES
1RDITX	179,523.35	11,661.422151	1325	(72,812.48)	(4,564.773129)	93	(69,612.07)	SERIES
1RDJTX	170,177.71	8,812.798735	2330	(114,507.39)	(6,040.338738)	119	(114,488.18)	SERIES
1RGSAX	174.99	4.991862	22	(28,900.40)	(810.900422)	45	(35,745.51)	SERIES
1MADCX	63,550.48	2,497.543271	433	0.00	0.000000	0	0.00	SERIES
1MDIIX	150,316.28	11,440.822103	2232	(46,322.26)	(3,447.870098)	1283	(45,624.56)	SERIES
1CNWGX	310.47	24.107935	46	(29,043.42)	(2,237.801126)	247	(29,808.11)	SERIES
1OARIX	200,008.28	8,778.981437	4376	(138,326.65)	(5,999.070304)	1719	(146,601.71)	SERIES
1OIGAX	16,880.84	421.799467	864	(18,547.68)	(469.259340)	565	(18,663.58)	SERIES
1TAGBX	5,473.99	1,933.746316	384	(1,569.78)	(559.094385)	41	(1,637.15)	SERIES
1NMSAX	53,039.38	2,335.254653	2572	(10,647.86)	(460.511168)	855	(11,144.39)	SERIES
1FRVLX	58,541.08	1,252.069880	2109	(38,462.52)	(838.744413)	447	(42,443.86)	SERIES
1GSSMX	39,103.37	795.153097	768	(8,305.11)	(173.884451)	93	(8,892.60)	SERIES
1SASMX	179,548.35	5,209.677211	2218	(6,829.65)	(220.432941)	281	(6,661.21)	SERIES
1CHCLX	186,929.40	17,754.829590	4212	(36,388.00)	(3,369.328301)	1609	(34,170.60)	SERIES
1SBMAX	105,263.07	3,150.509223	3492	(67,374.47)	(2,053.945765)	876	(66,961.45)	SERIES
1NTIAX	59,023.22	3,812.327094	2168	(32,954.45)	(2,141.509790)	1431	(34,245.15)	SERIES
1VETAX	65,933.23	1,701.526575	3638	(74,481.52)	(1,957.927539)	1014	(74,635.84)	SERIES
1BSPIX	398,859.74	1,150.904183	5911	(486,909.55)	(1,434.279428)	2554	(407,825.77)	SERIES
1LCEAX	166,645.96	8,327.267423	5971	(155,199.74)	(7,767.942711)	951	(153,205.50)	SERIES
1SHAPX	57,951.51	2,288.125695	2119	(5,582.00)	(216.712365)	362	(5,150.20)	SERIES
1MIGFX	347,334.17	10,883.939177	6845	(216,188.79)	(6,845.577142)	1217	(170,396.08)	SERIES
1TEMWX	75,460.58	5,613.863407	3395	(54,315.04)	(4,093.219004)	1222	(65,497.32)	SERIES
1RLBEX	184,498.15	6,743.152813	4529	(76,771.62)	(2,843.682322)	1389	(77,031.26)	SERIES
1BHYAX	45,973.91	6,029.493326	2916	(7,670.95)	(1,005.298310)	785	(7,636.81)	SERIES
1BPRAX	69,953.21	6,753.599266	2495	(19,452.85)	(1,861.189142)	847	(19,245.84)	SERIES
1FVITX	91,609.60	8,843.895112	2664	(48,309.42)	(4,582.889333)	1352	(47,091.69)	SERIES
1PIOBX	307,912.74	31,599.182910	8350	(213,365.63)	(21,837.404808)	1676	(211,249.13)	SERIES
1WABAX	98,027.29	7,547.477225	503	0.00	0.000000	0	0.00	SERIES
1NYKGPF	155,552.28	0.000000	5452	(153,274.88)	0.000000	1186	(153,274.88)	SERIES

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Brighton Health Plan Solutions, LLC 401(k) Retirement Plan

01-JAN-19 to 31-DEC-19

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE

LEGEND

INVESTMENT OPTION:

3NYKGPF	Key Guaranteed Portfolio Fund
5NYKGPF	Plan Expese Account
1RDBTX	American Funds 2015 Trgt Date Retire R4
1RDDTX	American Funds 2025 Trgt Date Retire R4
1RDFTX	American Funds 2035 Trgt Date Retire R4
1RDHTX	American Funds 2045 Trgt Date Retire R4
1RDJTX	American Funds 2055 Trgt Date Retire R4
1MADCX	BlackRock Emerging Mkts Instl
1CNWGX	Calamos Evolving World Growth A
1OIGAX	Invesco Oppenheimer Int'l Growth A
1NMSAX	Columbia Small Cap Index A
1GSSMX	Goldman Sachs Small Value Fund - A
1CHCLX	AB Discovery Growth A
1NTIAX	Columbia Mid Cap Index A
1BSPIX	iShares S&P 500 Index I
1SHAPX	ClearBridge Appreciation A
1TEMWX	Templeton World Fund - A
1BHYAX	BlackRock High Yield Bond Inv A
1FVITX	Fidelity Advisor Government Income M
1WABAX	Western Asset Core Bond A
4NYKGPF	Key Guaranteed Portfolio Fund
1RDATX	American Funds 2010 Trgt Date Retire R4
1RDCTX	American Funds 2020 Trgt Date Retire R4
1RDETX	American Funds 2030 Trgt Date Retire R4
1RDGTX	American Funds 2040 Trgt Date Retire R4
1RDITX	American Funds 2050 Trgt Date Retire R4
1RGSAX	AllianzGI Global Small-Cap A
1MDIIX	iShares MSCI EAFE International Index A
1OARIX	Oakmark International Service
1TAGBX	Templeton Global Balanced A
1FRVLX	Franklin Small Cap Value Fund A
1SASMX	ClearBridge Small Cap Growth A
1SBMAX	ClearBridge Mid Cap Class A
1VETAX	Victory Sycamore Established Value A
1LCEAX	Invesco Diversified Dividend A
1MIGFX	MFS Massachusetts Inv Growth Fund A
1RLBEX	American Funds American Balanced R4
1BPRAX	BlackRock Inflation Protected Bond Inv A
1PIOBX	Pioneer Bond A
1NYKGPF	Key Guaranteed Portfolio Fund

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Brighton Health Plan Solutions, LLC 401(k) Retirement Plan
01-JAN-19 to 31-DEC-19

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1RDATX			25,334.50	26,048.08
1RDBTX			647,654.58	663,753.15
1RDCTX			62,454.13	64,179.88
1RDDTX			824,376.81	855,067.64
1RDETX			402,925.60	420,024.11
1RDFTX			2,515,955.10	2,630,531.18
1RDGTX			559,366.24	589,918.14
1RDHTX			900,968.39	940,819.24
1RDITX			436,656.17	463,014.21
1RDJTX			424,470.50	447,126.06
1MADCX			63,550.48	64,786.28
1MDIIX			244,548.19	254,070.22
1OARIX			1,317,378.18	1,286,686.28
1OIGAX			54,575.58	62,502.17
1TAGBX			42,563.13	39,598.22
1NMSAX			80,259.76	80,624.88
1FRVLX			329,313.20	300,078.10
1GSSMX			400,631.99	394,344.24
1SASMX			1,414,201.15	1,669,006.10
1CHCLX			1,320,203.97	1,453,493.27
1SBMAX			707,591.65	773,115.65
1NTIAX			82,498.26	82,954.91
1VETAX			116,632.79	120,328.65
1BSPIX			2,735,671.35	3,776,840.70
1LCEAX			1,463,986.83	1,537,255.71
1SHAPX			212,947.10	237,869.27
1MIGFX			2,385,446.19	3,080,130.25
1TEMWX			682,652.29	552,838.10
1RLBEX			1,133,599.07	1,187,216.99
1BHYAX			73,110.40	73,369.14
1BPRAX			123,268.22	123,593.74
1FVITX			55,593.37	56,218.21
1PIOBX			1,629,511.22	1,645,484.76
1WABAX			98,027.29	98,192.70
1NYKGPF		1.200	1,157,268.55	1,232,581.06
			24,725,192.23	**27,283,661.29**
PARTICIPANT LOANS	VARIOUS	4.750-7.000	552,521.84	552,463.28
FORFEITURES			288,327.01	298,456.56

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Brighton Health Plan Solutions, LLC 401(k) Retirement Plan

01-JAN-19 to 31-DEC-19

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1RDATX	American Funds 2010 Trgt Date Retire R4	1RDBTX	American Funds 2015 Trgt Date Retire R4
1RDCTX	American Funds 2020 Trgt Date Retire R4	1RDDTX	American Funds 2025 Trgt Date Retire R4
1RDETX	American Funds 2030 Trgt Date Retire R4	1RDFTX	American Funds 2035 Trgt Date Retire R4
1RDGTX	American Funds 2040 Trgt Date Retire R4	1RDHTX	American Funds 2045 Trgt Date Retire R4
1RDITX	American Funds 2050 Trgt Date Retire R4	1RDJTX	American Funds 2055 Trgt Date Retire R4
1MADCX	BlackRock Emerging Mkts Instl	1MDIIX	iShares MSCI EAFE International Index A
1OARIX	Oakmark International Service	1OIGAX	Invesco Oppenheimer Int'l Growth A
1TAGBX	Templeton Global Balanced A	1NMSAX	Columbia Small Cap Index A
1FRVLX	Franklin Small Cap Value Fund A	1GSSMX	Goldman Sachs Small Value Fund - A
1SASMX	ClearBridge Small Cap Growth A	1CHCLX	AB Discovery Growth A
1SBMAX	ClearBridge Mid Cap Class A	1NTIAX	Columbia Mid Cap Index A
1VETAX	Victory Sycamore Established Value A	1BSPIX	iShares S&P 500 Index I
1LCEAX	Invesco Diversified Dividend A	1SHAPX	ClearBridge Appreciation A
1MIGFX	MFS Massachusetts Inv Growth Fund A	1TEMWX	Templeton World Fund - A
1RLBEX	American Funds American Balanced R4	1BHYAX	BlackRock High Yield Bond Inv A
1BPRAX	BlackRock Inflation Protected Bond Inv A	1FVITX	Fidelity Advisor Government Income M
1PIOBX	Pioneer Bond A	1WABAX	Western Asset Core Bond A
1NYKGPF	Key Guaranteed Portfolio Fund		

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year