

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> 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).  <p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	OMB Nos. 1210-0110 1210-0089  <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div>  <div style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</div>
---	---	---

<b>Part I Annual Report Identification Information</b>	
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan <input checked="" type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . .	▶ <input type="checkbox"/>
<b>D</b> Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)

<b>Part II Basic Plan Information</b> —enter all requested information		
<b>1a</b> Name of plan <u>LIVING CARE LIFESTYLES 401(K) PROFIT SHARING PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MILLENNIUM ADVISORS, INC.</u> <u>LIVING CARE LIFESTYLES</u>  <u>146 N CANAL ST STE 220</u> <u>SEATTLE, WA 98103-8652</u>	<b>1c</b> Effective date of plan	<u>01/01/2015</u>
<u>146 N CANAL ST STE 220</u> <u>SEATTLE, WA 98103-8652</u>	<b>2b</b> Employer Identification Number (EIN)	<u>91-1644545</u>
<u>146 N CANAL ST STE 220</u> <u>SEATTLE, WA 98103-8652</u>	<b>2c</b> Plan Sponsor's telephone number	<u>206-441-1770</u>
<u>146 N CANAL ST STE 220</u> <u>SEATTLE, WA 98103-8652</u>	<b>2d</b> Business code (see instructions)	<u>623000</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2021	JILL STEELE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)  
v. 200204

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		<b>3b</b> Administrator's EIN	
		<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name		<b>4b</b> EIN  <b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year		<b>5</b>	523
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).			
<b>a(1)</b> Total number of active participants at the beginning of the plan year.....		<b>6a(1)</b>	408
<b>a(2)</b> Total number of active participants at the end of the plan year .....		<b>6a(2)</b>	421
<b>b</b> Retired or separated participants receiving benefits.....		<b>6b</b>	0
<b>c</b> Other retired or separated participants entitled to future benefits .....		<b>6c</b>	186
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....		<b>6d</b>	607
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....		<b>6e</b>	0
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....		<b>6f</b>	607
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....		<b>6g</b>	441
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....		<b>6h</b>	0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		<b>7</b>	
<b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2J 2K 2S 2T 3D 3H			
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
<b>9a</b> Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor		<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	
<b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)  (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information) (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 \_\_\_\_\_

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
---	--	--

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
A Name of plan LIVING CARE LIFESTYLES 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 MILLENNIUM ADVISORS, INC.	D Employer Identification Number (EIN) 91-1644545

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  
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	932415-000	441	01/01/2020	12/31/2020

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 13058	(b) Total amount of fees paid 0
---	------------------------------------

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
SBHU LIFE AGENCY, INC. 700 RED BROOK BLVD STE 300  
OWING MILLS, MD 21117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13058	0		3

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

<b>(b)</b> Amount of sales and base commissions paid	Fees and other commissions paid		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> 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.

<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	3442584

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

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

**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 ▶ STABLE VALUE OPTION

<b>b</b>	Balance at the end of the previous year .....	<b>7b</b>	8301
----------	---	-----------	------

<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	12376	
	(2) Dividends and credits.....	<b>7c(2)</b>	0	
	(3) Interest credited during the year.....	<b>7c(3)</b>	278	
	(4) Transferred from separate account .....	<b>7c(4)</b>	26138	
	(5) Other (specify below) .....	<b>7c(5)</b>	24	

▶ LOAN PAYMENTS

(6) Total additions .....	<b>7c(6)</b>	38816
---------------------------	--------------	-------

<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	47117
----------	--	-----------	-------

**e Deductions:**

	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	0	
	(2) Administration charge made by carrier.....	<b>7e(2)</b>	347	
	(3) Transferred to separate account .....	<b>7e(3)</b>	0	
	(4) Other (specify below) .....	<b>7e(4)</b>	71	

▶ LOAN FEE, NEW LOAN ISSUE, OVERNIGHT CHECK FEE

(5) Total deductions .....	<b>7e(5)</b>	418
----------------------------	--------------	-----

<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	46699
----------	--	-----------	-------

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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.	<b>10b</b>	

**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. ▶

<b>SCHEDULE C (Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110
		<b>2020</b>
		<b>This Form is Open to Public Inspection.</b>
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
<b>A</b> Name of plan LIVING CARE LIFESTYLES 401(K) PROFIT SHARING PLAN	<b>B</b> Three-digit plan number (PN) ▶	002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 MILLENNIUM ADVISORS, INC.	<b>D</b> Employer Identification Number (EIN) 91-1644545	

<b>Part I</b>	<b>Service Provider Information (see instructions)</b>
---------------	--

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TRANSAMERICA FINANCIAL LIFE INSURAN
36-6071399

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

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

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



---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

**(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)

EVERGREEN RETIREMENT PLAN CONSULTIN

PO BOX 890  
MUKILTEO, WA 98275

45-3480687

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64	TPA	5850	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

TRANSAMERICA FINANCIAL LIFE INSURAN

36-6071399

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	29452	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2020</b>  <b>This Form is Open to Public Inspection.</b>
---	--	--

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

<b>A</b> Name of plan <u>LIVING CARE LIFESTYLES 401(K) PROFIT SHARING PLAN</u>	<b>B</b> Three-digit plan number (PN) <u>002</u>	
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MILLENNIUM ADVISORS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>91-1644545</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
---------------	--

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET RUSSELL LARGE CAP GROW</u>			
<b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>			
<b>c</b> EIN-PN <u>91-1644545-173</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2576</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET RUSSELL LARGE CAP VALU</u>			
<b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>			
<b>c</b> EIN-PN <u>91-1644545-171</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET RUSSELL SMALL CAP GROW</u>			
<b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>			
<b>c</b> EIN-PN <u>91-1644545-172</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>846</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET RUSSELL SMALL CAP INDE</u>			
<b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>			
<b>c</b> EIN-PN <u>91-1644545-437</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>31</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET RUSSELL SMALL CAP VALU</u>			
<b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>			
<b>c</b> EIN-PN <u>91-1644545-355</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>29</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET SP MID CAP INDEX RET</u>			
<b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>			
<b>c</b> EIN-PN <u>91-1644545-438</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>128</u>	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET U.S. BOND INDEX RET AC</u>			
<b>b</b> Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>			
<b>c</b> EIN-PN <u>91-1644545-416</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2</u>	

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD INTERNATIONAL VALUE RET		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 91-1644545-128	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1526
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY CONSERVATI		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 91-1644545-501	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY GROWTH RET		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 91-1644545-502	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3022
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY MODERATE G		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 91-1644545-504	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2814
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD REAL ESTATE INDEX RET A		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 91-1644545-130	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1753
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TOTAL STOCK MARKET INDE		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 91-1644545-166	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7528
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLOBAL BOND RET ACCT		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 91-1644545-350	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 77
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2025		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 91-1644545-018	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 351991
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2030		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 91-1644545-163	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 393552
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2035		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 91-1644545-019	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 317712



<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2040		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 91-1644545-164	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 342267
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2045		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 91-1644545-295	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 506014
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2050		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 91-1644545-165	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 199245
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2055		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 91-1644545-505	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 193930
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2060		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 91-1644545-607	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 117402
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL RETIREMENT		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 91-1644545-417	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 696600
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS HIGH YIELD BO		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 91-1644545-102	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1540
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO GOVERNMENT SECURITIES R		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 91-1644545-507	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO PRECIOUS METALS RET ACC		
<b>b</b> Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
<b>c</b> EIN-PN 91-1644545-272	<b>d</b> Entity code P	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1105
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2020</b>  <b>This Form is Open to Public Inspection</b>
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
<b>A</b> Name of plan <u>LIVING CARE LIFESTYLES 401(K) PROFIT SHARING PLAN</u>	<b>B</b> Three-digit plan number (PN) <span style="float:right;">►</span>	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>MILLENNIUM ADVISORS, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>91-1644545</u>	

Part I	Asset and Liability Statement		
<b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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
<b>a</b> Total noninterest-bearing cash.....		<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....		<b>1b(1)</b>	3302613058
<b>(2)</b> Participant contributions.....		<b>1b(2)</b>	
<b>(3)</b> Other .....		<b>1b(3)</b>	
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....		<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....		<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....		<b>1c(3)(A)</b>	
<b>(B)</b> All other.....		<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....		<b>1c(4)(A)</b>	
<b>(B)</b> Common .....		<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....		<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....		<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants).....		<b>1c(7)</b>	
<b>(8)</b> Participant loans .....		<b>1c(8)</b>	4974570209
<b>(9)</b> Value of interest in common/collective trusts .....		<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....		<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....		<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....		<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....		<b>1c(13)</b>	22061333489284
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....		<b>1c(14)</b>	
<b>(15)</b> Other.....		<b>1c(15)</b>	

		(a) Beginning of Year	(b) End of Year
<b>1d</b> Employer-related investments:			
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	2288904	3572551

**Liabilities**

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

**Net Assets**

<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	2288904	3572551
---	-----------	---------	---------

**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
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	381854	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	634829	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	44891	
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		1061574
<b>b Earnings on investments:</b>			
(1) Interest:			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	3047	
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		3047
(2) Dividends: <b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents .....	<b>2b(3)</b>		
(4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		0
(5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		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)		
(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)		463329
c Other income .....	2c		
d Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		1527950

**Expenses****e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	209001	
(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)		209001
f Corrective distributions (see instructions) .....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees .....	2i(1)		
(2) Contract administrator fees .....	2i(2)	35302	
(3) Investment advisory and management fees .....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4) .....	2i(5)		35302
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		244303

**Net Income and Reconciliation**

k Net income (loss). Subtract line 2j from line 2d .....	2k		1283647
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan .....	2l(2)		

**Part III Accountant's Opinion**

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

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

(1) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☒ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: CLARK RAYMOND & COMPANY PLLC

(2) EIN: 91-1521868

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
<b>b</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.) .....			
<b>4b</b>		X	
<b>c</b> 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.) .....			
<b>4c</b>		X	
<b>d</b> 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.) .....			
<b>4d</b>		X	
<b>e</b> Was this plan covered by a fidelity bond? .....	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>4f</b>		X	
<b>g</b> 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? .....			
<b>4g</b>		X	
<b>h</b> 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? .....			
<b>4h</b>		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....	X		
<b>4i</b>	X		
<b>j</b> 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.) .....			
<b>4j</b>		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....			
<b>4k</b>		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....			
<b>4l</b>		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....			
<b>4m</b>		X	
<b>n</b> 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. ....			
<b>4n</b>			

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

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

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

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

<div>SCHEDULE R (Form 5500)  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan LIVING CARE LIFESTYLES 401(K) PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 MILLENNIUM ADVISORS, INC.		D Employer Identification Number (EIN) 91-1644545
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): 36-6071439		
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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2020 v. 200204		

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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



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

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

**14a**

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

**14b**

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

**14c**

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

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

**15a**

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

**15b**

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

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

**16a**

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

**16b**

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

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

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

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

**a** Enter the percentage of plan assets held as:

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

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

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

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

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation \_\_\_\_\_

# **LIVING CARE LIFESTYLES 401(K) PROFIT SHARING PLAN**

## **FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION**

December 31, 2020

## TABLE OF CONTENTS

<b>INDEPENDENT AUDITORS' REPORT</b>	1 – 2
<b>FINANCIAL STATEMENTS:</b>	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 – 10
<b>SUPPLEMENTARY INFORMATION:</b>	
Schedule H, Line 4i: Schedule of Assets (Held at End of Year)	11



## INDEPENDENT AUDITORS' REPORT

To the Trustees  
Living Care Lifestyles 401(K) Profit Sharing Plan  
Seattle, Washington

### ***Report on the Financial Statements***

We were engaged to audit the accompanying financial statements of Living Care Lifestyles 401(K) Profit Sharing Plan ("the Plan"), which comprise the statement of net assets available for benefits as of December 31, 2020, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, 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.

### ***Auditors' Responsibility***

Our responsibility is to express an opinion on these financial statements based on conducting the audit in 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, we were not able to obtain sufficient appropriate audit evidence to provide for a basis for an audit opinion.

### ***Basis for Disclaimer of Opinion***

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") 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 summarized in Note 4, which was certified by Transamerica Financial Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2020, that the information provided to the Plan administrator is complete and accurate.

***Disclaimer of Opinion***

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

***Other Matter – Supplementary Information***

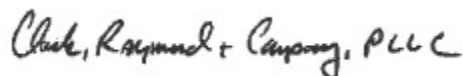
The supplementary Schedule of Assets (Held at End of Year) as of December 31, 2020, is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplementary information referred to above.

***Other Matter – 2019 Financial Statements***

The financial statements of the Plan as of December 31, 2019, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Transamerica Financial Life Insurance Company, the custodian of the Plan. Their report, dated December 23, 2020, indicated that because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and, accordingly, they did not express an opinion on the financial statements, and the form and content of the information included in the financial statements other than that derived from the information certified by the custodian, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

The form and content of the information included in the 2020 financial statements and supplementary information, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Clark, Raymond & Company, PLLC  
Redmond, Washington  
October 12, 2021

**LIVING CARE LIFESTYLES 401(K) PROFIT SHARING PLAN**

## Statements of Net Assets Available for Benefits

December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Assets:		
Investments, at fair value:		
Pooled separate accounts	\$ 3,489,284	\$ 2,206,133
Receivables:		
Employer matching contributions	13,058	33,026
Notes receivable from participants	<u>70,209</u>	<u>49,745</u>
Total Receivables	<u>83,267</u>	<u>82,771</u>
Total Assets	<u>3,572,551</u>	<u>2,288,904</u>
 Net Assets Available for Benefits	 <u>\$ 3,572,551</u>	 <u>\$ 2,288,904</u>

See accompanying notes to the financial statements.

# **LIVING CARE LIFESTYLES 401(K) PROFIT SHARING PLAN**

## **Statement of Changes in Net Assets Available for Benefits**

For the Year Ended December 31, 2020

### Additions to net assets attributed to:

#### Investment income:

Net appreciation in fair value of investments	\$	463,329
---	----	---------

Interest income on notes receivable from participants		3,047
---	--	-------

#### Contributions:

Participant salary deferrals		634,829
------------------------------	--	---------

Employer matching		381,854
-------------------	--	---------

Rollovers from other qualified plans		44,891
--------------------------------------	--	--------

Total Contributions		<u>1,061,574</u>
---------------------	--	------------------

Total Additions		<u>1,527,950</u>
-----------------	--	------------------

### Deductions from net assets attributed to:

Benefits paid to participants		209,001
-------------------------------	--	---------

Administrative expenses		<u>35,302</u>
-------------------------	--	---------------

Total Deductions		<u>244,303</u>
------------------	--	----------------

Net Increase		1,283,647
--------------	--	-----------

### Net Assets Available for Benefits:

Beginning of year		<u>2,288,904</u>
-------------------	--	------------------

End of year	\$	<u><u>3,572,551</u></u>
-------------	----	-------------------------

See accompanying notes to the financial statements.

## LIVING CARE LIFESTYLES 401(K) PROFIT SHARING PLAN

### Notes to Financial Statements

December 31, 2020

#### **Note 1 - Description of Plan**

The following description of the Living Care Lifestyles 401(K) Profit Sharing Plan ("the Plan") provides only general information. Participants should refer to the Plan document for a more comprehensive description of the Plan's provisions.

##### General

The Plan is a defined contribution retirement plan covering substantially all employees of Millennium Advisors, Inc. dba Living Care Lifestyles ("the Company") and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

##### Eligibility

The Plan eligibility requirements require participants to have reached age 21 and to have completed 1,000 hours of service in a 12 month eligibility computation period (one year of service) in order to participate in the Plan.

##### Contributions

Participants may contribute up to of 100% of eligible compensation (as defined in the Plan document), subject to the maximum dollar amounts allowed by law. Contributions from participants can be either pre-tax deferrals or Roth contributions. Employees who become eligible to participate in the Plan and do not affirmatively decline participation or have a specified amount contributed to the Plan are automatically enrolled to defer 3% to their pre-tax compensation into the Plan, with an auto escalation of 1% per year up to a maximum of 7%. Participants who have attained age 50 before the end of the Plan year are eligible to make catch up contributions. Participants may also contribute amounts representing distributions from other qualified plans ("rollovers from other qualified plans").

In 2020, the Company made safe harbor matching contributions to the Plan equal to 100% of participant contributions up to 5% of participant wages. In addition, discretionary matching contributions and profit sharing contributions may be made at the Company's discretion. All contributions by the Company in 2020 were safe harbor matching contributions.

##### Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contributions and (b) Plan earnings and losses and is charged with an allocation of administrative expenses. Allocations are based on participant eligible compensation, participant contributions, or account balances, as defined.

Participants direct the investment of their account balances (including their contributions and Company contributions) into various investment options offered by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

##### Vesting

Participants are 100% vested in their contributions to the Plan, qualified non-elective and safe harbor match contributions, and related earnings at all times.



## LIVING CARE LIFESTYLES 401(K) PROFIT SHARING PLAN

### Notes to Financial Statements

December 31, 2020

Discretionary matching and profit sharing contributions from the Company and related net earnings become vested to the participant based on the following schedule of years of service:

<u>Completed Years of Service</u>	<u>Percentage Vested</u>
Less than 2	0%
2	20
3	40
4	60
5	80
6	100

Additionally, a participant is fully vested upon reaching normal retirement age, death, or permanent disability.

#### Forfeited Accounts

Forfeited account balances are used to offset Plan expenses or may be used to reduce the Employer's matching contribution. There were no forfeitures during 2020. There was approximately \$422 and \$422 of forfeitures available for use as of December 31, 2020 and 2019, respectively.

#### Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loans are secured by the balance of the participant's account and bear fixed, commercially reasonable rates of interest, as determined by the Plan administrator. The maximum loan term is five years unless the loan term qualifies as a home loan, in which case the Plan administrator may permit a longer repayment term. As of December 31, 2020, the rate of interest on all outstanding loans ranged from 5.25% to 6.75%.

#### Benefit Payments

On termination of service due to death, disability, retirement, or other reasons, a participant or the participant's beneficiary, upon their consent, will receive a lump sum amount equal to the value of the participant's vested interest in his or her account, a partial distribution, or a direct rollover into an individual retirement plan, provided their vested account balance is in excess of \$5,000. For participants whose vested account balance is less than \$5,000, a participant will receive the value of the vested interest in his or her account as a lump sum distribution.

Distributions are generally only allowed after termination of employment with the Company; however, distributions can be made during a participant's employment upon attainment of age 59½ or under certain hardship provisions as defined within the Plan document.

#### 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 the investment securities will occur in the near

## **LIVING CARE LIFESTYLES 401(K) PROFIT SHARING PLAN**

### **Notes to Financial Statements**

December 31, 2020

term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

#### **Note 2 - Summary of Significant Accounting Policies**

##### Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

##### Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

##### Contributions

Contributions from participants are recorded in the period in which they are withheld from the participant's compensation. Matching contributions from the Company are recorded in the period in which the related participant contributions are recorded. Profit sharing contributions from the Company are also recorded in the period in which the related participant compensation is earned.

##### Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest is recorded on the accrual basis. Delinquent notes receivable from participants are recorded as distributions based upon the terms of the Plan document.

##### Investment Valuation and Income Recognition

Investments are stated at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income is recorded on the accrual basis. Net appreciation of investments represents the change in fair value of assets from one period to the next and includes realized gains and losses on investments.

##### Administrative Expenses

Administrative expenses related to operating and maintaining the Plan and certain investment and transaction fees are paid by the Plan. Additionally, the Company pays certain expenses of the Plan, including fees for the annual audit of the Plan. Expenses paid by the Company are excluded from these financial statements.

##### Payment of Benefits

Benefits are recorded when paid.

##### CARES ACT

In March 2020, the Coronavirus Aid, Relief and Economic Security Act ("CARES Act") was signed into law. The CARES Act contains certain provisions that were adopted which will have a temporary effect on the Plan, including allowing eligible participants to receive hardship distributions, suspension of loan repayments, and delay of minimum required distributions.

## LIVING CARE LIFESTYLES 401(K) PROFIT SHARING PLAN

### Notes to Financial Statements

December 31, 2020

#### Subsequent Events

The Plan has evaluated subsequent events through October 12, 2021, the date the audited financial statements were available to be issued.

#### **Note 3 - Fair Value Measurements**

Fair value is defined as an exit price, representing the amount that would be used to sell an asset or paid to transfer a liability in an orderly transaction between market participants. As such, fair value is a market-based measurement determined based on assumptions that market participants would use in pricing an asset or liability.

There are three levels that prioritize the inputs used in measuring fair values as follows:

- Level 1: Observable market inputs such as quoted prices (unadjusted) in active markets for identical assets or liabilities.
- Level 2: Observable market inputs, other than quoted prices in active markets, that are observable either directly or indirectly.
- Level 3: Unobservable inputs where there is little or no market data, which require the reporting entity to develop its own assumptions.

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.

The following is a description of the valuation methodology used for the Plan's assets measured at fair value. There have been no changes in the methodology used at December 31, 2020 and 2019.

*Pooled Separate Accounts:* Investments in pooled separate accounts are stated at fair value based on quoted prices, but in a market not considered active. The fair value is determined based on the value of the underlying investments (mutual funds whose fair value is generally determined based on Level 1 inputs in the fair value hierarchy), adjusted for such things as fund dividends and administrative charges. This value is referred to as the unit value. These investments are classified within Level 2 of the fair value hierarchy. There are generally no restrictions on redemption or the ability to sell the investments and redemption notice periods are almost immediate. There are no unfunded commitments related to investments.

## LIVING CARE LIFESTYLES 401(K) PROFIT SHARING PLAN

### Notes to Financial Statements

December 31, 2020

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019:

	Fair Value Measurement at December 31, 2020, Using:			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	\$ -	\$ 3,489,284	\$ -	\$ 3,489,284

	Fair Value Measurement at December 31, 2019, Using:			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	\$ -	\$ 2,206,133	\$ -	\$ 2,206,133

#### Note 4 - Information Certified by the Custodian

Pursuant to 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, Transamerica Financial Life Insurance Company ("Transamerica"), the custodian of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of all investment information reflected on the accompanying statements of net assets available for benefits as of December 31, 2020 and 2019, the statement of changes in net assets available for benefits for the year ended December 31, 2020, and the supplementary Schedule of Assets (Held at End of Year) as of December 31, 2020.

#### Note 5 - Tax Status

The Plan has adopted a volume submitter prototype sponsored by its third party administrator. The prototype received a favorable determination letter from the Internal Revenue Service dated March 31, 2014. The Company has not received a determination letter as to the qualified status of the Plan's adoption agreement. However, the Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

#### Note 6 - Party-In-Interest Transactions

Certain Plan investments as of December 31, 2020 and 2019, are shares of pooled separate accounts managed and/or sponsored by Transamerica. Transamerica is the custodian as defined by the Plan and, therefore, these transactions qualify as party in interest transactions.

## **LIVING CARE LIFESTYLES 401(K) PROFIT SHARING PLAN**

Notes to Financial Statements

December 31, 2020

### **Note 7 – Plan Termination**

The Company expects to continue the Plan indefinitely, but reserves the right to terminate or amend the Plan at any time. However, no such amendment or termination shall deprive any participant of any vested interest in the Plan. Upon termination, the obligation of the Company to make contributions to the Plan shall cease and all amounts credited to the participant's accounts shall be fully vested. The Company may then direct management of the Plan to either distribute the funds to the participants or continue the trust, with distributions to be made pursuant to the Plan.

## SUPPLEMENTARY INFORMATION

# LIVING CARE LIFESTYLES 401(K) PROFIT SHARING PLAN

Schedule H, Line 4i: Schedule of Assets (Held at End of Year)

Plan number 002, EIN 91-1644545

December 31, 2020

(a)	(b)	(c)	(d)	(e)
Party-in-Interest	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*	TA BlackRock Lifepath Index Ret Acct	Pooled separate accounts	**	\$ 696,600
*	TA BlackRock Lifepath Index 2045 Ret Acct	Pooled separate accounts	**	506,014
*	TA BlackRock Lifepath Index 2030 Ret Acct	Pooled separate accounts	**	393,552
*	TA BlackRock Lifepath Index 2025 Ret Acct	Pooled separate accounts	**	351,991
*	TA BlackRock Lifepath Index 2040 Ret Acct	Pooled separate accounts	**	342,267
*	TA BlackRock Lifepath Index 2035 Ret Acct	Pooled separate accounts	**	317,712
*	TA BlackRock Lifepath Index 2050 Ret Acct	Pooled separate accounts	**	199,245
*	TA BlackRock Lifepath Index 2055 Ret Acct	Pooled separate accounts	**	193,930
*	TA BlackRock Lifepath Index 2060 Ret Acct	Pooled separate accounts	**	117,402
*	Morgan Stanley Growth Ret Acct	Pooled separate accounts	**	106,598
*	JPMorgan U.S. Large Cap Core Plus Ret Acct	Pooled separate accounts	**	76,466
*	Transamerica Stable Value Core Account	Pooled separate accounts	**	46,277
*	Janus Triton Ret Acct	Pooled separate accounts	**	44,056
*	Ivy Mid Cap Growth Ret Acct	Pooled separate accounts	**	29,307
*	Invesco Diversified Dividend Ret Acct	Pooled separate accounts	**	20,268
*	State Street Int'l Index Ret Acct	Pooled separate accounts	**	15,205
*	Vanguard Total Stock Market Index Ret Acct	Pooled separate accounts	**	7,528
*	SSgA Emerging Markets Index Ret Acct	Pooled separate accounts	**	4,147
*	Vanguard LifeStrategy Ret Acct	Pooled separate accounts	**	3,822
*	State Street Russell Lg Cap	Pooled separate accounts	**	2,576
*	Vanguard Life Strategy Moderate Growth Ret Acct	Pooled separate accounts	**	2,455
*	Janus Global Research Ret Acct	Pooled separate accounts	**	2,066
*	TA Vanguard Real Estate Index Ret Acct	Pooled separate accounts	**	1,753
*	Transamerica Partners High Yield Bond Ret Acct	Pooled separate accounts	**	1,539
*	Vanguard International Value Ret Acct	Pooled separate accounts	**	1,526
*	PIMCO Total Return Ret Acct	Pooled separate accounts	**	1,396
*	Wells Fargo Advantage Precious Metals Ret Acct	Pooled separate accounts	**	1,105
*	SSgA Russell Small Cap Growth Index Ret Acct	Pooled separate accounts	**	846
*	Invesco American Value Ret Acct	Pooled separate accounts	**	672
*	DFA Int'l-Protected Sec Portfolio Ret Acct	Pooled separate accounts	**	575
*	State Street S&P Mid Cap Indx Ret Acct	Pooled separate accounts	**	128
*	Templeton Global Bond Ret Acct	Pooled separate accounts	**	77
*	Ivy Asset Strategy Ret Acct	Pooled separate accounts	**	49
*	Vanguard LifeStrat Conser Growth Ret Acct	Pooled separate accounts	**	39
*	Wells Fargo Advantage Government Securities	Pooled separate accounts	**	32
*	Val Index Ret Acct	Pooled separate accounts	**	31
*	State Str Russell Small Cap Value Ret Acct	Pooled separate accounts	**	29
*	SSgA U.S. Bond Index Ret Acct	Pooled separate accounts	**	2

*	Notes Receivable from Participants	Interest at rates ranging from 5.25% to 6.75%, maturing at various dates through June 2035.	-0-	70,209
---	------------------------------------	---	-----	--------

\* Party-in-interest

\*\* Historical cost information is not required because all investments are participant-directed.

# LIVING CARE LIFESTYLES 401(K) PROFIT SHARING PLAN

Schedule H, Line 4i: Schedule of Assets (Held at End of Year)

Plan number 002, EIN 91-1644545

December 31, 2020

(a)	(b)	(c)	(d)	(e)
Party-in-Interest	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*	TA BlackRock Lifepath Index Ret Acct	Pooled separate accounts	**	\$ 696,600
*	TA BlackRock Lifepath Index 2045 Ret Acct	Pooled separate accounts	**	506,014
*	TA BlackRock Lifepath Index 2030 Ret Acct	Pooled separate accounts	**	393,552
*	TA BlackRock Lifepath Index 2025 Ret Acct	Pooled separate accounts	**	351,991
*	TA BlackRock Lifepath Index 2040 Ret Acct	Pooled separate accounts	**	342,267
*	TA BlackRock Lifepath Index 2035 Ret Acct	Pooled separate accounts	**	317,712
*	TA BlackRock Lifepath Index 2050 Ret Acct	Pooled separate accounts	**	199,245
*	TA BlackRock Lifepath Index 2055 Ret Acct	Pooled separate accounts	**	193,930
*	TA BlackRock Lifepath Index 2060 Ret Acct	Pooled separate accounts	**	117,402
*	Morgan Stanley Growth Ret Acct	Pooled separate accounts	**	106,598
*	JPMorgan U.S. Large Cap Core Plus Ret Acct	Pooled separate accounts	**	76,466
*	Transamerica Stable Value Core Account	Pooled separate accounts	**	46,277
*	Janus Triton Ret Acct	Pooled separate accounts	**	44,056
*	Ivy Mid Cap Growth Ret Acct	Pooled separate accounts	**	29,307
*	Invesco Diversified Dividend Ret Acct	Pooled separate accounts	**	20,268
*	State Street Int'l Index Ret Acct	Pooled separate accounts	**	15,205
*	Vanguard Total Stock Market Index Ret Acct	Pooled separate accounts	**	7,528
*	SSgA Emerging Markets Index Ret Acct	Pooled separate accounts	**	4,147
*	Vanguard LifeStrategy Ret Acct	Pooled separate accounts	**	3,822
*	State Street Russell Lg Cap	Pooled separate accounts	**	2,576
*	Vanguard Life Strategy Moderate Growth Ret Acct	Pooled separate accounts	**	2,455
*	Janus Global Research Ret Acct	Pooled separate accounts	**	2,066
*	TA Vanguard Real Estate Index Ret Acct	Pooled separate accounts	**	1,753
*	Transamerica Partners High Yield Bond Ret Acct	Pooled separate accounts	**	1,539
*	Vanguard International Value Ret Acct	Pooled separate accounts	**	1,526
*	PIMCO Total Return Ret Acct	Pooled separate accounts	**	1,396
*	Wells Fargo Advantage Precious Metals Ret Acct	Pooled separate accounts	**	1,105
*	SSgA Russell Small Cap Growth Index Ret Acct	Pooled separate accounts	**	846
*	Invesco American Value Ret Acct	Pooled separate accounts	**	672
*	DFA Int'l-Protected Sec Portfolio Ret Acct	Pooled separate accounts	**	575
*	State Street S&P Mid Cap Indx Ret Acct	Pooled separate accounts	**	128
*	Templeton Global Bond Ret Acct	Pooled separate accounts	**	77
*	Ivy Asset Strategy Ret Acct	Pooled separate accounts	**	49
*	Vanguard LifeStrat Conser Growth Ret Acct	Pooled separate accounts	**	39
*	Wells Fargo Advantage Government Securities	Pooled separate accounts	**	32
*	Val Index Ret Acct	Pooled separate accounts	**	31
*	State Str Russell Small Cap Value Ret Acct	Pooled separate accounts	**	29
*	SSgA U.S. Bond Index Ret Acct	Pooled separate accounts	**	2

	Interest at rates ranging from 5.25% to 6.75%, maturing at various dates through June 2035.	-0-	70,209
--	---	-----	--------

\* Party-in-interest

\*\* Historical cost information is not required because all investments are participant-directed.



# Multiple-Employer Plan Participating Employer Information

Plan Name: Living Care Lifestyles 401(k) Profit Sharing Plan
Contract number: 932415
Employer Identification Number: 91-1644545
Plan Identification Number: 002
Plan Year End: December 31, 2020

(a) Name of Participating Employer	(b) Employer Identification Number	(c) Percent of Total Contributions
Laurel Court of Quail Park LLC	26-1367000	2.20%
Living Care Granbury LP	20-8881497	5.92%
Millennium Advisors	91-1644545	20.77%
Quail Park of West Seattle, LLC	46-4862655	7.45%
Quail Park Retirement Village LLC	91-2025283	7.26%
SNR CA Quail Park of Lynnwood	81-4464484	23.14%
LC Tenant LLC	81-4312486	16.64%
Morrison Rach Employee Tenant, LLC	82-3144561	10.09%
Oro Valley Employee Tenant, LLC	82-3149182	6.53%