

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
---	---	--

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

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>PROHEALTH CARE 401K PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/22/2018</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>10/22/2018</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>10/22/2018</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PROHEALTH CARE ASSOCIATES, LLP</u> <u>1 DAKOTA DRIVE</u> <u>SUITE 320</u> <u>LAKE SUCCESS, NY 11402</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>11-3355604</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>516-622-6000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621111</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>11-3355604</u>	2c Plan Sponsor's telephone number <u>516-622-6000</u>	2d Business code (see instructions) <u>621111</u>	
2b Employer Identification Number (EIN) <u>11-3355604</u>					
2c Plan Sponsor's telephone number <u>516-622-6000</u>					
2d Business code (see instructions) <u>621111</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.	10/15/2021	LISBETH TEEMSMA
	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

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	1641
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	1535
a(2) Total number of active participants at the end of the plan year		6a(2)	1398
b Retired or separated participants receiving benefits.....		6b	2
c Other retired or separated participants entitled to future benefits		6c	120
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1520
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	1520
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	831
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	10
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3B 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan PROHEALTH CARE 401K PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PROHEALTH CARE ASSOCIATES, LLP	D Employer Identification Number (EIN) 11-3355604	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

(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

(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)

MERCER DC ADVISORS

30-0282430

(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?
16	CONSULTANT	61506	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	38292	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DODGE & COX INCOME - DST ASSET MAN 04-2539562	0.08%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DODGE & COX STOCK - DST ASSET MANA 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2020</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
---	---	--

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

<p>A Name of plan <u>PROHEALTH CARE 401K PLAN</u></p>	<p>B Three-digit plan number (PN) ▶ <u>001</u></p>	
<p>C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PROHEALTH CARE ASSOCIATES, LLP</u></p>	<p>D Employer Identification Number (EIN) <u>11-3355604</u></p>	

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

<p>a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WT EMRG MKT RESEARCH</u></p>		
<p>b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY, N.A.</u></p>		
<p>c EIN-PN <u>04-6913417-192</u></p>	<p>d Entity code <u>C</u></p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>815819</u></p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WF STABLE FUND C</u></p>		
<p>b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u></p>		
<p>c EIN-PN <u>52-2250946-001</u></p>	<p>d Entity code <u>C</u></p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7598644</u></p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>PROHEALTH CARE 401K PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PROHEALTH CARE ASSOCIATES, LLP</u>	D Employer Identification Number (EIN) <u>11-3355604</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1)0	0
(2) Participant contributions.....		1b(2)0	0
(3) Other		1b(3)0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)0	0
(2) U.S. Government securities		1c(2)0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)0	0
(B) All other.....		1c(3)(B)0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)0	0
(B) Common		1c(4)(B)0	0
(5) Partnership/joint venture interests		1c(5)0	0
(6) Real estate (other than employer real property)		1c(6)0	0
(7) Loans (other than to participants).....		1c(7)0	0
(8) Participant loans		1c(8)478926	526781
(9) Value of interest in common/collective trusts		1c(9)5451568	8414463
(10) Value of interest in pooled separate accounts		1c(10)0	0
(11) Value of interest in master trust investment accounts		1c(11)0	0
(12) Value of interest in 103-12 investment entities		1c(12)0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)		1c(13)66590913	79219474
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)0	0
(15) Other.....		1c(15)0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	72521407	88160718

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	72521407	88160718
--	-----------	----------	----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1711052	
(B) Participants	2a(1)(B)	10760887	
(C) Others (including rollovers).....	2a(1)(C)	779232	
(2) Noncash contributions	2a(2)	0	13251171
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	26689	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		26689
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	3836607
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	3836607	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3836607
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	0
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	0
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		283227
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4739687
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		22137381

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

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5051363	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		5051363
f Corrective distributions (see instructions)	2f		99495
g Certain deemed distributions of participant loans (see instructions).....	2g		1677
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other.....	2i(4)	99798	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		99798
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5252333

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		16885048
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		1245737

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: **BAKER TILLY US, LLP**

(2) EIN: **39-0859910**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
4a	X		1030724

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n		X	

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
NEW YORK PROTON CENTER NEW YORK PROTON MANAGEMENT	47-4495295	001

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

<div>A Name of plan PROHEALTH CARE 401K PLAN</div>	<div>B Three-digit plan number (PN) ▶ 001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 PROHEALTH CARE ASSOCIATES, LLP</div>	<div>D Employer Identification Number (EIN) 11-3355604</div>

Part I	Distributions
--------	---------------

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

<div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>	<div>1</div>
<div>2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107</div>	
<div>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div>	
<div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year</div>	<div>3</div>

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.)
---------	--

<div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?</div>	<div>☐ Yes ☐ No ☐ N/A</div>
<div>If the plan is a defined benefit plan, go to line 8.</div>	
<div>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.</div>	
<div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)</div>	<div>6a</div>
<div>b Enter the amount contributed by the employer to the plan for this plan year</div>	<div>6b</div>
<div>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).....</div>	<div>6c</div>
<div>If you completed line 6c, skip lines 8 and 9.</div>	
<div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline?</div>	<div>☐ Yes ☐ No ☐ N/A</div>
<div>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?</div>	<div>☐ Yes ☐ No ☐ N/A</div>

Part III	Amendments
----------	------------

<div>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.....</div>	<div>☐ Increase ☐ Decrease ☐ Both ☐ No</div>
--	--

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.
---------	--

<div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?</div>	<div>☐ Yes ☐ No</div>
<div>11 a Does the ESOP hold any preferred stock?</div>	<div>☐ Yes ☐ No</div>
<div>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.)</div>	<div>☐ Yes ☐ No</div>
<div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market?</div>	<div>☐ Yes ☐ No</div>

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 _____

PROHEALTH CARE 401K PLAN

Lake Success, New York

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

Including Independent Auditors' Report

As of December 31, 2020 and 2019
and for the Year ended December 31, 2020

PROHEALTH CARE 401K PLAN

TABLE OF CONTENTS

As of December 31, 2020 and 2019 and for the Year Ended December 31, 2020

Independent Auditors' Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
Supplemental Information	
Schedule H, Line 4i, Schedule of Assets (Held at End of Year)	14
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions	15

INDEPENDENT AUDITORS' REPORT

Plan Administrator and Participants of the
ProHEALTH Care 401k Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of ProHEALTH Care 401k Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, 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 audits 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, we were not able to obtain sufficient appropriate audit evidence to provide 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 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. The Plan administrator has obtained a certification from the trustee as of December 31, 2020 and 2019 and for the year ended December 31, 2020, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Emphasis of Matter

As discussed in Note 1 to the financial statements, the Plan transferred assets of certain employees to a new plan during the year ended December 31, 2020. Our disclaimer of opinion is not modified with respect to this matter.

Other Matter - Report on Supplemental Information

The supplemental schedules of assets (held at end of year) as of December 31, 2020 and delinquent participant contributions for the year ended December 31, 2020 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are 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 these supplemental schedules referred to above.

Report on Form and Content in Compliance with Department of Labor's Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, 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.

A handwritten signature in black ink that reads "Baker Tilly US, LLP". The signature is written in a cursive, flowing style.

Minneapolis, Minnesota
October 13, 2021

PROHEALTH CARE 401K PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS As of December 31, 2020 and 2019

ASSETS		
	<u>2020</u>	<u>2019</u>
Investments, at fair value	<u>\$ 87,633,937</u>	<u>\$ 72,042,481</u>
Receivables		
Notes receivable from participants	<u>538,718</u>	<u>494,044</u>
Total Receivables	<u>538,718</u>	<u>494,044</u>
TOTAL ASSETS	<u>88,172,655</u>	<u>72,536,525</u>
LIABILITIES		
Excess Contributions Payable	<u>-</u>	<u>93,108</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 88,172,655</u>	<u>\$ 72,443,417</u>

See accompanying notes to financial statements.

PROHEALTH CARE 401K PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS For the Year Ended December 31, 2020

ADDITIONS

Additions to net assets attributed to

Investment income

Net appreciation in fair value of investments

\$ 5,021,230

Interest and dividends

3,838,291

Total Investment Income

8,859,521

Interest on notes receivable from participants

27,379

Contributions

Participant

10,760,887

Company

1,711,052

Rollover

779,232

Total Contributions

13,251,171

Total Additions

22,138,071

DEDUCTIONS

Deductions from net assets attributed to

Benefits paid to participants

5,061,574

Administrative expenses

99,798

Total Deductions

5,161,372

Net Increase Before Plan Transfers

16,976,699

Transfers out of the Plan

(1,247,461)

Net Increase

15,729,238

NET ASSETS AVAILABLE FOR BENEFITS - Beginning of Year

72,443,417

NET ASSETS AVAILABLE FOR BENEFITS - End of Year

\$ 88,172,655

See accompanying notes to financial statements.

PROHEALTH CARE 401K PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2020 and 2019 and for the Year Ended December 31, 2020

NOTE 1 - Description of the Plan

The following description of the ProHEALTH Care 401k Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established by ProHEALTH Care Associates, LLP (the "Company"). The Plan is a multiple employer plan available to all employees of ProHEALTH Care Associates, LLP, ProHEALTH Ambulatory Surgery Center, Inc., Mobile Medical Services, P.C., and unrelated companies ProHEALTH Dental Management, LLC, ProHEALTH Dental, PLLC, ProHEALTH Care Associates of New Jersey, LLP, New York Proton Center, and New York Proton Management (together the "participating employers"), excluding employees subject to collective bargaining agreements, non-resident aliens, and per diem employees.

Effective January 1, 2020, the Plan was amended to allow matching contributions for eligible employees which equal 100% of the participant's pre-tax and Roth deferrals for each pay period that, which combined, do not exceed 1% of the participant's eligible pay for such pay period, plus 50% of the participant's pre-tax and Roth deferrals for each pay period, that, when combined, exceed 1% but do not exceed 6% of the participant's eligible pay for such pay period.

Effective February 7, 2020, the employees of ProHEALTH Dental, PLLC were transferred to a newly formed plan. Effective December 1, 2020, the employees of New York Proton Center and New York Proton Management were transferred to a newly formed plan. Total assets transferred out of the Plan were \$1,247,461 for the year ended December 31, 2020 as a result of these transfers.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). ProHEALTH Care Associates, LLP, is the administrator and sponsor of the Plan and has appointed Fidelity Management Trust Company (the "trustee") as the trustee of the Plan. The Plan's Investment Committee is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Governance Committee.

PROHEALTH CARE 401K PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2020 and 2019 and for the Year Ended December 31, 2020

NOTE 1 - Description of the Plan (cont.)

CARES Act

On March 27, 2020, the Coronavirus Aid Relief and Economic Security Act (CARES Act) was signed in law. This aid package was designed to help the economy from the effects of the Coronavirus pandemic, several of the provisions of the CARES Act affected employee benefit plans. The provisions of the CARES Act were optional. During 2020, the Plan has opted into the following provisions of the CARES Act:

- > Hardship distributions - Qualified plan participants were permitted to take a Coronavirus-related distribution of up to \$100,000 from the Plan without a 10 percent early withdrawal penalty. Eligible distributions were permitted to be taken up till December 30, 2020. Distributions may be repaid within three years or a participant may elect these distributions to be included in taxable income on a pro rata basis over three years.
- > Participant loans - Qualified plan participants with loans outstanding were permitted to defer payment on the loans that were due during 2020 to after January 1, 2021.

Contributions

Each year, participants may contribute up to 100% of pretax annual compensation (salary reduction contributions), as defined in the Plan document, up to the maximum limits of the Internal Revenue Code ("Code"). Participants may designate all or a portion of their deferral contributions as after-tax contributions into a Roth account. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover).

The Company may make a discretionary matching contribution. To be eligible for the discretionary matching contribution, participants must be employed at the end of the Plan year. There were no discretionary contributions for the year ended December 31, 2020. Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

Participant Accounts

Each participant's account is credited with the participant's salary reduction contributions, rollover contributions and an allocation of the Company's contributions and Plan earnings (net of administrative expenses). Allocations are based on the participant's earnings, account balance, or specific transactions, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investments Classification

All investments are participant directed. The Plan is intended to comply with ERISA section 404(c). Participants have the right to individually select the percentage of their accounts to be invested among different classifications of investments made available to them through a registered investment company.

PROHEALTH CARE 401K PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2020 and 2019 and for the Year Ended December 31, 2020

NOTE 1 - Description of the Plan (cont.)

Vesting

Participants are immediately vested in their salary reduction and rollover contributions plus earnings thereon. Participants who leave the Plan because of death, retirement, or disability retirement, as defined in the Plan document, are considered 100% vested. Employer matching contributions shall vest in accordance with the provisions of the Plan as follows:

<u>Vesting Years of Service</u>	<u>Percentage Vested</u>
Less than 2	0%
2 years or more	100%

Discretionary matching contributions and earnings thereon vest in accordance with provisions of the Plan as follows:

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

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. These loans are secured by the balance in the participants' account and bear interest at rates that range from 3.25 percent to 6.50 percent as of both December 31, 2020 and 2019, which are commensurate with local prevailing rates at inception of loan as determined by the Plan administrator. Principal and interest are paid ratably through payroll deductions. Terms range from 0 to 5 years or greater for the purchase of a primary residence.

Payment of Benefits

Benefits may be paid to the participant or beneficiary upon death, disability, retirement or termination of employment, as defined in the Plan agreement. The Plan provides for retirement at age 65. The total vested portion of a participant's account balance is distributed in the form of a lump-sum payment. Participants experiencing financial hardship may withdraw a portion of this account balance as defined in the Plan.

Forfeited Accounts

As of December 31, 2020 and 2019, there were \$11,618 and \$5,384 in forfeited nonvested accounts, respectively. Forfeitures can be used to reduce future employer contributions or to pay certain administrative expenses. No forfeitures were used to reduce employer contributions or to pay administrative expenses for the year ended December 31, 2020.

PROHEALTH CARE 401K PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2020 and 2019 and for the Year Ended December 31, 2020

NOTE 2 - Summary of Significant Accounting Policies

Basis of Accounting

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and trustee. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the gains and losses on investments bought and sold as well as held during the year.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2020 or 2019. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2019 excess contributions to the applicable participants during 2020. There were no excess contributions payable as of December 31, 2020.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

PROHEALTH CARE 401K PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2020 and 2019 and for the Year Ended December 31, 2020

NOTE 2 - Summary of Significant Accounting Policies (cont.)

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The Plan has evaluated subsequent events for recognition or disclosure through October 13, 2021, the date the financial statements were available to be issued.

NOTE 3 - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under authoritative guidance are described as follows:

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

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- > quoted prices for similar assets or liabilities in active markets;
- > quoted prices for identical or similar assets or liabilities in inactive markets;
- > inputs other than quoted prices that are observable for the asset or liability;
- > inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

PROHEALTH CARE 401K PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2020 and 2019 and for the Year Ended December 31, 2020

NOTE 3 - Fair Value Measurements (cont.)

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

Common collective trusts: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the funds less their liabilities. The practical expedient is not used when it is determined to be probable that the funds will sell the investments for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trusts, the investment advisor reserves the right to temporarily delay the withdrawal from the trusts in order to ensure that securities liquidations will be carried out in an orderly business manner.

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

	Assets at Fair Value as of December 31, 2020			
	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 79,219,474	\$ 79,219,474	\$ -	\$ -
Total assets in the fair value hierarchy	79,219,474	<u>\$ 79,219,474</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value (a)	<u>8,414,463</u>			
Investments at fair value	<u>\$ 87,633,937</u>			
	Assets at Fair Value as of December 31, 2019			
	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 66,590,913	\$ 66,590,913	\$ -	\$ -
Total assets in the fair value hierarchy	66,590,913	<u>\$ 66,590,913</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value (a)	<u>5,451,568</u>			
Investments at fair value	<u>\$ 72,042,481</u>			

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

For the year ended December 31, 2020, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

PROHEALTH CARE 401K PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2020 and 2019 and for the Year Ended December 31, 2020

NOTE 3 - Fair Value Measurements (cont.)

Investments Measured Using NAV per Share Practical Expedient

The following tables summarize investments for which fair value is measured using NAV per share as a practical expedient as of December 31, 2020 and 2019. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	December 31, 2020			
	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Common collective trusts	\$ 8,414,463	\$ -	Immediate	Various

	December 31, 2019			
	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Common collective trust	\$ 5,451,568	\$ -	Immediate	12 months

NOTE 4 - Administration of Plan Assets

The Plan's assets are administered under a contract with the trustee of the Plan. The trustee invests funds received from contributions, investment sales, interest, and dividend income and makes distribution payments to participants.

NOTE 5 - Related Party and Party-In-Interest Transactions

Fees incurred by the Plan for the investment manager services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. Additionally, the Plan issues loans to participants, which are secured by the participant's account balances. These transaction qualify as party-in-interest transactions.

Certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

NOTE 6 - Plan Termination

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

PROHEALTH CARE 401K PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2020 and 2019 and for the Year Ended December 31, 2020

NOTE 7 - Tax Status

The Plan uses a volume submitter plan document sponsored by Fidelity Management & Research Company. The volume submitter sponsor received an opinion letter from the Internal Revenue Service (IRS) dated March 31, 2014, which states the volume submitter document satisfies the applicable provisions of the Code. The Plan Administrator and the Plan's tax counsel believe the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Code and, therefore, believe the Plan is qualified, and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8 - Risks and Uncertainties

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

As of December 31, 2020 and 2019, the Plan had investments of \$18,950,197 and \$29,387,601 that were concentrated in one and three funds, respectively.

NOTE 9 - Information Certified by Trustee

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2020 and 2019. Accordingly, the trustee, has certified to the completeness and accuracy of all investments and notes receivable from participants reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2020 and 2019 and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2020, and the related investment activity and interest income on notes receivable from participants reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2020.

PROHEALTH CARE 401K PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2020 and 2019 and for the Year Ended December 31, 2020

NOTE 10 - Delinquent Participant Contributions

For the year ended December 31, 2020, the Company did not remit certain participant contributions to the Plan on a timely basis as defined by the Department of Labor's Rules and Regulations for Reporting and Delinquent Participant Contributions Disclosure under ERISA. Untimely remittances identified on the Schedule of Delinquent Participant Contributions totaled \$1,030,724. The Company plans to compensate participants for lost earnings resulting from the delay in contributions in 2021.

NOTE 11 - Reconciliation of Financial Statements to Schedule H Form 5500

The following is a reconciliation of net assets available for benefits and net increase in net assets available for benefits per the financial statements to net assets and net income per the Form 5500 as of December 31, 2020 and 2019, and for the year ended December 31, 2020:

	<u>2020</u>	<u>2019</u>
Net assets available for benefits per the financial statements	\$ 88,172,655	\$ 72,443,417
Deemed distribution of participant loans	(11,937)	(15,118)
Excess contributions payable	<u>-</u>	<u>93,108</u>
Net assets available for benefits per Form 5500	<u>\$ 88,160,718</u>	<u>\$ 72,521,407</u>
Increase in net assets before plan transfers per the financial statements	\$ 16,976,699	
Deemed distribution activity	1,457	
Change in excess contributions payable	<u>(93,108)</u>	
Net income per the Form 5500	<u>\$ 16,885,048</u>	
Transfers out of the Plan per the financial statements	\$ (1,247,461)	
Deemed distribution activity	<u>1,724</u>	
Transfers of assets from the Plan per the Form 5500	<u>\$ (1,245,737)</u>	

SUPPLEMENTAL INFORMATION

PROHEALTH CARE 401K PLAN

SCHEDULE H, LINE 4I, SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Plan 001

EIN 11-3355604

As of December 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Mutual Funds:				
	Vanguard Institutional Index Fund	Mutual Fund	N/R	\$ 18,950,197
	Wells Fargo Target 2030 Fund	Mutual Fund	N/R	8,000,825
	Dodge & Cox Stock Fund	Mutual Fund	N/R	6,761,821
	Wells Fargo Target 2035 Fund	Mutual Fund	N/R	6,642,900
	Wells Fargo Target 2025 Fund	Mutual Fund	N/R	5,289,068
	Wells Fargo Target 2045 Fund	Mutual Fund	N/R	4,207,855
	Wells Fargo Target 2040 Fund	Mutual Fund	N/R	3,963,347
	Vanguard Small-Cap Index Fund	Mutual Fund	N/R	3,306,669
	Vanguard Mid-Cap Index Fund	Mutual Fund	N/R	3,212,935
	American Funds EuroPacific Growth Fund	Mutual Fund	N/R	2,963,849
	Dodge & Cox Income Fund	Mutual Fund	NR	2,683,679
	Wells Fargo Target 2050 Fund	Mutual Fund	N/R	2,385,014
	Wells Fargo Target 2020 Fund	Mutual Fund	N/R	1,829,458
	DFA U.S. Small Cap Portfolio	Mutual Fund	N/R	1,483,709
	Vanguard Total Bond Market Index Fund	Mutual Fund	N/R	1,305,179
	Vanguard Total International Stock Index Fund	Mutual Fund	N/R	1,066,385
	The Hartford MidCap Fund	Mutual Fund	N/R	1,058,039
	Wells Fargo Target 2055 Fund	Mutual Fund	N/R	919,967
	Vanguard Inflation-Protected Securities Fund	Mutual Fund	N/R	788,944
	Wells Fargo Target 2015 Fund	Mutual Fund	N/R	773,743
	Wells Fargo Target 2010 Fund	Mutual Fund	N/R	772,036
	Wells Fargo Target Today Fund	Mutual Fund	N/R	514,484
	Wells Fargo Target 2060 Fund	Mutual Fund	N/R	317,728
	PIMCO All Asset Fund	Mutual Fund	N/R	21,643
Common Collective Trust:				
	Wells Fargo Stable Value Fund C	Common Collective Trust	N/R	7,598,644
	WT Emerging Markets Research	Common Collective Trust	N/R	815,819
		Maturities varying from 0 to 6 years and interest rates ranging from 3.25% to 6.50%	-0-	526,781
* Participant Loans				
				<u>\$ 88,160,718</u>

* A party-in-interest as defined by ERISA.
N/R Cost omitted for participant directed investments.

PROHEALTH CARE 401K PLAN

SCHEDULE H, LINE 4A - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Plan 001

EIN 11-3355604

For the Year Ended December 31, 2020

Participant Contributions Transferred Late to the Plan			Check here if Participant Loan Repayments are Included	Totals That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
				Contributions Not Corrected	Contributions Corrected Outside the VFCP	Contributions Pending Correction in VFCP	
Amount Withheld	Date Withheld	Date Remitted					
\$ 578,424	2/7/2020	2/13/2020	☒	\$ 578,424	\$ -	\$ -	\$ -
452,300	4/3/2020	4/14/2020	☒	452,300	-	-	-

PROHEALTH CARE 401K PLAN

Lake Success, New York

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

Including Independent Auditors' Report

As of December 31, 2020 and 2019
and for the Year ended December 31, 2020

PROHEALTH CARE 401K PLAN

TABLE OF CONTENTS

As of December 31, 2020 and 2019 and for the Year Ended December 31, 2020

Independent Auditors' Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
Supplemental Information	
Schedule H, Line 4i, Schedule of Assets (Held at End of Year)	14
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions	15

INDEPENDENT AUDITORS' REPORT

Plan Administrator and Participants of the
ProHEALTH Care 401k Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of ProHEALTH Care 401k Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, 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 audits 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, we were not able to obtain sufficient appropriate audit evidence to provide 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 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. The Plan administrator has obtained a certification from the trustee as of December 31, 2020 and 2019 and for the year ended December 31, 2020, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Emphasis of Matter

As discussed in Note 1 to the financial statements, the Plan transferred assets of certain employees to a new plan during the year ended December 31, 2020. Our disclaimer of opinion is not modified with respect to this matter.

Other Matter - Report on Supplemental Information

The supplemental schedules of assets (held at end of year) as of December 31, 2020 and delinquent participant contributions for the year ended December 31, 2020 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are 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 these supplemental schedules referred to above.

Report on Form and Content in Compliance with Department of Labor's Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, 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.

A handwritten signature in black ink that reads "Baker Tilly US, LLP". The signature is written in a cursive, flowing style.

Minneapolis, Minnesota
October 13, 2021

PROHEALTH CARE 401K PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS As of December 31, 2020 and 2019

ASSETS		
	<u>2020</u>	<u>2019</u>
Investments, at fair value	<u>\$ 87,633,937</u>	<u>\$ 72,042,481</u>
Receivables		
Notes receivable from participants	<u>538,718</u>	<u>494,044</u>
Total Receivables	<u>538,718</u>	<u>494,044</u>
TOTAL ASSETS	<u>88,172,655</u>	<u>72,536,525</u>
LIABILITIES		
Excess Contributions Payable	<u>-</u>	<u>93,108</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 88,172,655</u>	<u>\$ 72,443,417</u>

See accompanying notes to financial statements.

PROHEALTH CARE 401K PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS For the Year Ended December 31, 2020

ADDITIONS

Additions to net assets attributed to

Investment income

Net appreciation in fair value of investments

\$ 5,021,230

Interest and dividends

3,838,291

Total Investment Income

8,859,521

Interest on notes receivable from participants

27,379

Contributions

Participant

10,760,887

Company

1,711,052

Rollover

779,232

Total Contributions

13,251,171

Total Additions

22,138,071

DEDUCTIONS

Deductions from net assets attributed to

Benefits paid to participants

5,061,574

Administrative expenses

99,798

Total Deductions

5,161,372

Net Increase Before Plan Transfers

16,976,699

Transfers out of the Plan

(1,247,461)

Net Increase

15,729,238

NET ASSETS AVAILABLE FOR BENEFITS - Beginning of Year

72,443,417

NET ASSETS AVAILABLE FOR BENEFITS - End of Year

\$ 88,172,655

PROHEALTH CARE 401K PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2020 and 2019 and for the Year Ended December 31, 2020

NOTE 1 - Description of the Plan

The following description of the ProHEALTH Care 401k Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established by ProHEALTH Care Associates, LLP (the "Company"). The Plan is a multiple employer plan available to all employees of ProHEALTH Care Associates, LLP, ProHEALTH Ambulatory Surgery Center, Inc., Mobile Medical Services, P.C., and unrelated companies ProHEALTH Dental Management, LLC, ProHEALTH Dental, PLLC, ProHEALTH Care Associates of New Jersey, LLP, New York Proton Center, and New York Proton Management (together the "participating employers"), excluding employees subject to collective bargaining agreements, non-resident aliens, and per diem employees.

Effective January 1, 2020, the Plan was amended to allow matching contributions for eligible employees which equal 100% of the participant's pre-tax and Roth deferrals for each pay period that, which combined, do not exceed 1% of the participant's eligible pay for such pay period, plus 50% of the participant's pre-tax and Roth deferrals for each pay period, that, when combined, exceed 1% but do not exceed 6% of the participant's eligible pay for such pay period.

Effective February 7, 2020, the employees of ProHEALTH Dental, PLLC were transferred to a newly formed plan. Effective December 1, 2020, the employees of New York Proton Center and New York Proton Management were transferred to a newly formed plan. Total assets transferred out of the Plan were \$1,247,461 for the year ended December 31, 2020 as a result of these transfers.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). ProHEALTH Care Associates, LLP, is the administrator and sponsor of the Plan and has appointed Fidelity Management Trust Company (the "trustee") as the trustee of the Plan. The Plan's Investment Committee is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Governance Committee.

PROHEALTH CARE 401K PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2020 and 2019 and for the Year Ended December 31, 2020

NOTE 1 - Description of the Plan (cont.)

CARES Act

On March 27, 2020, the Coronavirus Aid Relief and Economic Security Act (CARES Act) was signed in law. This aid package was designed to help the economy from the effects of the Coronavirus pandemic, several of the provisions of the CARES Act affected employee benefit plans. The provisions of the CARES Act were optional. During 2020, the Plan has opted into the following provisions of the CARES Act:

- > Hardship distributions - Qualified plan participants were permitted to take a Coronavirus-related distribution of up to \$100,000 from the Plan without a 10 percent early withdrawal penalty. Eligible distributions were permitted to be taken up till December 30, 2020. Distributions may be repaid within three years or a participant may elect these distributions to be included in taxable income on a pro rata basis over three years.
- > Participant loans - Qualified plan participants with loans outstanding were permitted to defer payment on the loans that were due during 2020 to after January 1, 2021.

Contributions

Each year, participants may contribute up to 100% of pretax annual compensation (salary reduction contributions), as defined in the Plan document, up to the maximum limits of the Internal Revenue Code ("Code"). Participants may designate all or a portion of their deferral contributions as after-tax contributions into a Roth account. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover).

The Company may make a discretionary matching contribution. To be eligible for the discretionary matching contribution, participants must be employed at the end of the Plan year. There were no discretionary contributions for the year ended December 31, 2020. Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

Participant Accounts

Each participant's account is credited with the participant's salary reduction contributions, rollover contributions and an allocation of the Company's contributions and Plan earnings (net of administrative expenses). Allocations are based on the participant's earnings, account balance, or specific transactions, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investments Classification

All investments are participant directed. The Plan is intended to comply with ERISA section 404(c). Participants have the right to individually select the percentage of their accounts to be invested among different classifications of investments made available to them through a registered investment company.

PROHEALTH CARE 401K PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2020 and 2019 and for the Year Ended December 31, 2020

NOTE 1 - Description of the Plan (cont.)

Vesting

Participants are immediately vested in their salary reduction and rollover contributions plus earnings thereon. Participants who leave the Plan because of death, retirement, or disability retirement, as defined in the Plan document, are considered 100% vested. Employer matching contributions shall vest in accordance with the provisions of the Plan as follows:

<u>Vesting Years of Service</u>	<u>Percentage Vested</u>
Less than 2	0%
2 years or more	100%

Discretionary matching contributions and earnings thereon vest in accordance with provisions of the Plan as follows:

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

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. These loans are secured by the balance in the participants' account and bear interest at rates that range from 3.25 percent to 6.50 percent as of both December 31, 2020 and 2019, which are commensurate with local prevailing rates at inception of loan as determined by the Plan administrator. Principal and interest are paid ratably through payroll deductions. Terms range from 0 to 5 years or greater for the purchase of a primary residence.

Payment of Benefits

Benefits may be paid to the participant or beneficiary upon death, disability, retirement or termination of employment, as defined in the Plan agreement. The Plan provides for retirement at age 65. The total vested portion of a participant's account balance is distributed in the form of a lump-sum payment. Participants experiencing financial hardship may withdraw a portion of this account balance as defined in the Plan.

Forfeited Accounts

As of December 31, 2020 and 2019, there were \$11,618 and \$5,384 in forfeited nonvested accounts, respectively. Forfeitures can be used to reduce future employer contributions or to pay certain administrative expenses. No forfeitures were used to reduce employer contributions or to pay administrative expenses for the year ended December 31, 2020.

PROHEALTH CARE 401K PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2020 and 2019 and for the Year Ended December 31, 2020

NOTE 2 - Summary of Significant Accounting Policies

Basis of Accounting

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and trustee. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the gains and losses on investments bought and sold as well as held during the year.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2020 or 2019. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2019 excess contributions to the applicable participants during 2020. There were no excess contributions payable as of December 31, 2020.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

PROHEALTH CARE 401K PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2020 and 2019 and for the Year Ended December 31, 2020

NOTE 2 - Summary of Significant Accounting Policies (cont.)

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The Plan has evaluated subsequent events for recognition or disclosure through October 13, 2021, the date the financial statements were available to be issued.

NOTE 3 - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under authoritative guidance are described as follows:

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

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- > quoted prices for similar assets or liabilities in active markets;
- > quoted prices for identical or similar assets or liabilities in inactive markets;
- > inputs other than quoted prices that are observable for the asset or liability;
- > inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

PROHEALTH CARE 401K PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2020 and 2019 and for the Year Ended December 31, 2020

NOTE 3 - Fair Value Measurements (cont.)

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

Common collective trusts: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the funds less their liabilities. The practical expedient is not used when it is determined to be probable that the funds will sell the investments for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trusts, the investment advisor reserves the right to temporarily delay the withdrawal from the trusts in order to ensure that securities liquidations will be carried out in an orderly business manner.

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

Assets at Fair Value as of December 31, 2020				
	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 79,219,474	\$ 79,219,474	\$ -	\$ -
Total assets in the fair value hierarchy	79,219,474	<u>\$ 79,219,474</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value (a)	<u>8,414,463</u>			
Investments at fair value	<u>\$ 87,633,937</u>			
Assets at Fair Value as of December 31, 2019				
	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 66,590,913	\$ 66,590,913	\$ -	\$ -
Total assets in the fair value hierarchy	66,590,913	<u>\$ 66,590,913</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value (a)	<u>5,451,568</u>			
Investments at fair value	<u>\$ 72,042,481</u>			

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

For the year ended December 31, 2020, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

PROHEALTH CARE 401K PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2020 and 2019 and for the Year Ended December 31, 2020

NOTE 3 - Fair Value Measurements (cont.)

Investments Measured Using NAV per Share Practical Expedient

The following tables summarize investments for which fair value is measured using NAV per share as a practical expedient as of December 31, 2020 and 2019. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	December 31, 2020			
	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Common collective trusts	\$ 8,414,463	\$ -	Immediate	Various

	December 31, 2019			
	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Common collective trust	\$ 5,451,568	\$ -	Immediate	12 months

NOTE 4 - Administration of Plan Assets

The Plan's assets are administered under a contract with the trustee of the Plan. The trustee invests funds received from contributions, investment sales, interest, and dividend income and makes distribution payments to participants.

NOTE 5 - Related Party and Party-In-Interest Transactions

Fees incurred by the Plan for the investment manager services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. Additionally, the Plan issues loans to participants, which are secured by the participant's account balances. These transaction qualify as party-in-interest transactions.

Certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

NOTE 6 - Plan Termination

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

PROHEALTH CARE 401K PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2020 and 2019 and for the Year Ended December 31, 2020

NOTE 7 - Tax Status

The Plan uses a volume submitter plan document sponsored by Fidelity Management & Research Company. The volume submitter sponsor received an opinion letter from the Internal Revenue Service (IRS) dated March 31, 2014, which states the volume submitter document satisfies the applicable provisions of the Code. The Plan Administrator and the Plan's tax counsel believe the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Code and, therefore, believe the Plan is qualified, and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8 - Risks and Uncertainties

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

As of December 31, 2020 and 2019, the Plan had investments of \$18,950,197 and \$29,387,601 that were concentrated in one and three funds, respectively.

NOTE 9 - Information Certified by Trustee

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2020 and 2019. Accordingly, the trustee, has certified to the completeness and accuracy of all investments and notes receivable from participants reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2020 and 2019 and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2020, and the related investment activity and interest income on notes receivable from participants reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2020.

PROHEALTH CARE 401K PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2020 and 2019 and for the Year Ended December 31, 2020

NOTE 10 - Delinquent Participant Contributions

For the year ended December 31, 2020, the Company did not remit certain participant contributions to the Plan on a timely basis as defined by the Department of Labor's Rules and Regulations for Reporting and Delinquent Participant Contributions Disclosure under ERISA. Untimely remittances identified on the Schedule of Delinquent Participant Contributions totaled \$1,030,724. The Company plans to compensate participants for lost earnings resulting from the delay in contributions in 2021.

NOTE 11 - Reconciliation of Financial Statements to Schedule H Form 5500

The following is a reconciliation of net assets available for benefits and net increase in net assets available for benefits per the financial statements to net assets and net income per the Form 5500 as of December 31, 2020 and 2019, and for the year ended December 31, 2020:

	<u>2020</u>	<u>2019</u>
Net assets available for benefits per the financial statements	\$ 88,172,655	\$ 72,443,417
Deemed distribution of participant loans	(11,937)	(15,118)
Excess contributions payable	<u>-</u>	<u>93,108</u>
Net assets available for benefits per Form 5500	<u>\$ 88,160,718</u>	<u>\$ 72,521,407</u>
Increase in net assets before plan transfers per the financial statements	\$ 16,976,699	
Deemed distribution activity	1,457	
Change in excess contributions payable	<u>(93,108)</u>	
Net income per the Form 5500	<u>\$ 16,885,048</u>	
Transfers out of the Plan per the financial statements	\$ (1,247,461)	
Deemed distribution activity	<u>1,724</u>	
Transfers of assets from the Plan per the Form 5500	<u>\$ (1,245,737)</u>	

SUPPLEMENTAL INFORMATION

PROHEALTH CARE 401K PLAN

SCHEDULE H, LINE 4I, SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Plan 001

EIN 11-3355604

As of December 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Mutual Funds:				
	Vanguard Institutional Index Fund	Mutual Fund	N/R	\$ 18,950,197
	Wells Fargo Target 2030 Fund	Mutual Fund	N/R	8,000,825
	Dodge & Cox Stock Fund	Mutual Fund	N/R	6,761,821
	Wells Fargo Target 2035 Fund	Mutual Fund	N/R	6,642,900
	Wells Fargo Target 2025 Fund	Mutual Fund	N/R	5,289,068
	Wells Fargo Target 2045 Fund	Mutual Fund	N/R	4,207,855
	Wells Fargo Target 2040 Fund	Mutual Fund	N/R	3,963,347
	Vanguard Small-Cap Index Fund	Mutual Fund	N/R	3,306,669
	Vanguard Mid-Cap Index Fund	Mutual Fund	N/R	3,212,935
	American Funds EuroPacific Growth Fund	Mutual Fund	N/R	2,963,849
	Dodge & Cox Income Fund	Mutual Fund	NR	2,683,679
	Wells Fargo Target 2050 Fund	Mutual Fund	N/R	2,385,014
	Wells Fargo Target 2020 Fund	Mutual Fund	N/R	1,829,458
	DFA U.S. Small Cap Portfolio	Mutual Fund	N/R	1,483,709
	Vanguard Total Bond Market Index Fund	Mutual Fund	N/R	1,305,179
	Vanguard Total International Stock Index Fund	Mutual Fund	N/R	1,066,385
	The Hartford MidCap Fund	Mutual Fund	N/R	1,058,039
	Wells Fargo Target 2055 Fund	Mutual Fund	N/R	919,967
	Vanguard Inflation-Protected Securities Fund	Mutual Fund	N/R	788,944
	Wells Fargo Target 2015 Fund	Mutual Fund	N/R	773,743
	Wells Fargo Target 2010 Fund	Mutual Fund	N/R	772,036
	Wells Fargo Target Today Fund	Mutual Fund	N/R	514,484
	Wells Fargo Target 2060 Fund	Mutual Fund	N/R	317,728
	PIMCO All Asset Fund	Mutual Fund	N/R	21,643
Common Collective Trust:				
	Wells Fargo Stable Value Fund C	Common Collective Trust	N/R	7,598,644
	WT Emerging Markets Research	Common Collective Trust	N/R	815,819
		Maturities varying from 0 to 6 years and interest rates ranging from 3.25% to 6.50%	-0-	526,781
* Participant Loans				
				<u>\$ 88,160,718</u>

* A party-in-interest as defined by ERISA.
N/R Cost omitted for participant directed investments.

PROHEALTH CARE 401K PLAN

SCHEDULE H, LINE 4A - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Plan 001

EIN 11-3355604

For the Year Ended December 31, 2020

Participant Contributions Transferred Late to the Plan			Check here if Participant Loan Repayments are Included	Totals That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
				Contributions Not Corrected	Contributions Corrected Outside the VFCP	Contributions Pending Correction in VFCP	
Amount Withheld	Date Withheld	Date Remitted					
\$ 578,424	2/7/2020	2/13/2020	☒	\$ 578,424	\$ -	\$ -	\$ -
452,300	4/3/2020	4/14/2020	☒	452,300	-	-	-

PROHEALTH CARE 401K PLAN

Lake Success, New York

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

Including Independent Auditors' Report

As of December 31, 2020 and 2019
and for the Year ended December 31, 2020

PROHEALTH CARE 401K PLAN

TABLE OF CONTENTS

As of December 31, 2020 and 2019 and for the Year Ended December 31, 2020

Independent Auditors' Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
Supplemental Information	
Schedule H, Line 4i, Schedule of Assets (Held at End of Year)	14
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions	15

INDEPENDENT AUDITORS' REPORT

Plan Administrator and Participants of the
ProHEALTH Care 401k Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of ProHEALTH Care 401k Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, 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 audits 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, we were not able to obtain sufficient appropriate audit evidence to provide 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 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. The Plan administrator has obtained a certification from the trustee as of December 31, 2020 and 2019 and for the year ended December 31, 2020, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Emphasis of Matter

As discussed in Note 1 to the financial statements, the Plan transferred assets of certain employees to a new plan during the year ended December 31, 2020. Our disclaimer of opinion is not modified with respect to this matter.

Other Matter - Report on Supplemental Information

The supplemental schedules of assets (held at end of year) as of December 31, 2020 and delinquent participant contributions for the year ended December 31, 2020 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are 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 these supplemental schedules referred to above.

Report on Form and Content in Compliance with Department of Labor's Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, 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.

A handwritten signature in black ink that reads "Baker Tilly US, LLP". The signature is written in a cursive, flowing style.

Minneapolis, Minnesota
October 13, 2021

PROHEALTH CARE 401K PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS As of December 31, 2020 and 2019

ASSETS			
		<u>2020</u>	<u>2019</u>
Investments, at fair value		<u>\$ 87,633,937</u>	<u>\$ 72,042,481</u>
Receivables			
Notes receivable from participants		<u>538,718</u>	<u>494,044</u>
Total Receivables		<u>538,718</u>	<u>494,044</u>
TOTAL ASSETS		<u>88,172,655</u>	<u>72,536,525</u>
LIABILITIES			
Excess Contributions Payable		<u>-</u>	<u>93,108</u>
NET ASSETS AVAILABLE FOR BENEFITS		<u>\$ 88,172,655</u>	<u>\$ 72,443,417</u>

See accompanying notes to financial statements.

PROHEALTH CARE 401K PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS For the Year Ended December 31, 2020

ADDITIONS

Additions to net assets attributed to

Investment income

Net appreciation in fair value of investments

\$ 5,021,230

Interest and dividends

3,838,291

Total Investment Income

8,859,521

Interest on notes receivable from participants

27,379

Contributions

Participant

10,760,887

Company

1,711,052

Rollover

779,232

Total Contributions

13,251,171

Total Additions

22,138,071

DEDUCTIONS

Deductions from net assets attributed to

Benefits paid to participants

5,061,574

Administrative expenses

99,798

Total Deductions

5,161,372

Net Increase Before Plan Transfers

16,976,699

Transfers out of the Plan

(1,247,461)

Net Increase

15,729,238

NET ASSETS AVAILABLE FOR BENEFITS - Beginning of Year

72,443,417

NET ASSETS AVAILABLE FOR BENEFITS - End of Year

\$ 88,172,655

See accompanying notes to financial statements.

PROHEALTH CARE 401K PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2020 and 2019 and for the Year Ended December 31, 2020

NOTE 1 - Description of the Plan

The following description of the ProHEALTH Care 401k Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established by ProHEALTH Care Associates, LLP (the "Company"). The Plan is a multiple employer plan available to all employees of ProHEALTH Care Associates, LLP, ProHEALTH Ambulatory Surgery Center, Inc., Mobile Medical Services, P.C., and unrelated companies ProHEALTH Dental Management, LLC, ProHEALTH Dental, PLLC, ProHEALTH Care Associates of New Jersey, LLP, New York Proton Center, and New York Proton Management (together the "participating employers"), excluding employees subject to collective bargaining agreements, non-resident aliens, and per diem employees.

Effective January 1, 2020, the Plan was amended to allow matching contributions for eligible employees which equal 100% of the participant's pre-tax and Roth deferrals for each pay period that, which combined, do not exceed 1% of the participant's eligible pay for such pay period, plus 50% of the participant's pre-tax and Roth deferrals for each pay period, that, when combined, exceed 1% but do not exceed 6% of the participant's eligible pay for such pay period.

Effective February 7, 2020, the employees of ProHEALTH Dental, PLLC were transferred to a newly formed plan. Effective December 1, 2020, the employees of New York Proton Center and New York Proton Management were transferred to a newly formed plan. Total assets transferred out of the Plan were \$1,247,461 for the year ended December 31, 2020 as a result of these transfers.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). ProHEALTH Care Associates, LLP, is the administrator and sponsor of the Plan and has appointed Fidelity Management Trust Company (the "trustee") as the trustee of the Plan. The Plan's Investment Committee is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Governance Committee.

PROHEALTH CARE 401K PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2020 and 2019 and for the Year Ended December 31, 2020

NOTE 1 - Description of the Plan (cont.)

CARES Act

On March 27, 2020, the Coronavirus Aid Relief and Economic Security Act (CARES Act) was signed in law. This aid package was designed to help the economy from the effects of the Coronavirus pandemic, several of the provisions of the CARES Act affected employee benefit plans. The provisions of the CARES Act were optional. During 2020, the Plan has opted into the following provisions of the CARES Act:

- > Hardship distributions - Qualified plan participants were permitted to take a Coronavirus-related distribution of up to \$100,000 from the Plan without a 10 percent early withdrawal penalty. Eligible distributions were permitted to be taken up till December 30, 2020. Distributions may be repaid within three years or a participant may elect these distributions to be included in taxable income on a pro rata basis over three years.
- > Participant loans - Qualified plan participants with loans outstanding were permitted to defer payment on the loans that were due during 2020 to after January 1, 2021.

Contributions

Each year, participants may contribute up to 100% of pretax annual compensation (salary reduction contributions), as defined in the Plan document, up to the maximum limits of the Internal Revenue Code ("Code"). Participants may designate all or a portion of their deferral contributions as after-tax contributions into a Roth account. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover).

The Company may make a discretionary matching contribution. To be eligible for the discretionary matching contribution, participants must be employed at the end of the Plan year. There were no discretionary contributions for the year ended December 31, 2020. Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

Participant Accounts

Each participant's account is credited with the participant's salary reduction contributions, rollover contributions and an allocation of the Company's contributions and Plan earnings (net of administrative expenses). Allocations are based on the participant's earnings, account balance, or specific transactions, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investments Classification

All investments are participant directed. The Plan is intended to comply with ERISA section 404(c). Participants have the right to individually select the percentage of their accounts to be invested among different classifications of investments made available to them through a registered investment company.

PROHEALTH CARE 401K PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2020 and 2019 and for the Year Ended December 31, 2020

NOTE 1 - Description of the Plan (cont.)

Vesting

Participants are immediately vested in their salary reduction and rollover contributions plus earnings thereon. Participants who leave the Plan because of death, retirement, or disability retirement, as defined in the Plan document, are considered 100% vested. Employer matching contributions shall vest in accordance with the provisions of the Plan as follows:

<u>Vesting Years of Service</u>	<u>Percentage Vested</u>
Less than 2	0%
2 years or more	100%

Discretionary matching contributions and earnings thereon vest in accordance with provisions of the Plan as follows:

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

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. These loans are secured by the balance in the participants' account and bear interest at rates that range from 3.25 percent to 6.50 percent as of both December 31, 2020 and 2019, which are commensurate with local prevailing rates at inception of loan as determined by the Plan administrator. Principal and interest are paid ratably through payroll deductions. Terms range from 0 to 5 years or greater for the purchase of a primary residence.

Payment of Benefits

Benefits may be paid to the participant or beneficiary upon death, disability, retirement or termination of employment, as defined in the Plan agreement. The Plan provides for retirement at age 65. The total vested portion of a participant's account balance is distributed in the form of a lump-sum payment. Participants experiencing financial hardship may withdraw a portion of this account balance as defined in the Plan.

Forfeited Accounts

As of December 31, 2020 and 2019, there were \$11,618 and \$5,384 in forfeited nonvested accounts, respectively. Forfeitures can be used to reduce future employer contributions or to pay certain administrative expenses. No forfeitures were used to reduce employer contributions or to pay administrative expenses for the year ended December 31, 2020.

PROHEALTH CARE 401K PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2020 and 2019 and for the Year Ended December 31, 2020

NOTE 2 - Summary of Significant Accounting Policies

Basis of Accounting

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and trustee. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the gains and losses on investments bought and sold as well as held during the year.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2020 or 2019. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2019 excess contributions to the applicable participants during 2020. There were no excess contributions payable as of December 31, 2020.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

PROHEALTH CARE 401K PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2020 and 2019 and for the Year Ended December 31, 2020

NOTE 2 - Summary of Significant Accounting Policies (cont.)

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The Plan has evaluated subsequent events for recognition or disclosure through October 13, 2021, the date the financial statements were available to be issued.

NOTE 3 - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under authoritative guidance are described as follows:

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

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- > quoted prices for similar assets or liabilities in active markets;
- > quoted prices for identical or similar assets or liabilities in inactive markets;
- > inputs other than quoted prices that are observable for the asset or liability;
- > inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

PROHEALTH CARE 401K PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2020 and 2019 and for the Year Ended December 31, 2020

NOTE 3 - Fair Value Measurements (cont.)

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

Common collective trusts: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the funds less their liabilities. The practical expedient is not used when it is determined to be probable that the funds will sell the investments for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trusts, the investment advisor reserves the right to temporarily delay the withdrawal from the trusts in order to ensure that securities liquidations will be carried out in an orderly business manner.

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

Assets at Fair Value as of December 31, 2020				
	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 79,219,474	\$ 79,219,474	\$ -	\$ -
Total assets in the fair value hierarchy	79,219,474	<u>\$ 79,219,474</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value (a)	<u>8,414,463</u>			
Investments at fair value	<u>\$ 87,633,937</u>			
Assets at Fair Value as of December 31, 2019				
	Total	Level 1	Level 2	Level 3
Mutual funds	\$ 66,590,913	\$ 66,590,913	\$ -	\$ -
Total assets in the fair value hierarchy	66,590,913	<u>\$ 66,590,913</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value (a)	<u>5,451,568</u>			
Investments at fair value	<u>\$ 72,042,481</u>			

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

For the year ended December 31, 2020, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

PROHEALTH CARE 401K PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2020 and 2019 and for the Year Ended December 31, 2020

NOTE 3 - Fair Value Measurements (cont.)

Investments Measured Using NAV per Share Practical Expedient

The following tables summarize investments for which fair value is measured using NAV per share as a practical expedient as of December 31, 2020 and 2019. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	December 31, 2020			
	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Common collective trusts	\$ 8,414,463	\$ -	Immediate	Various

	December 31, 2019			
	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Common collective trust	\$ 5,451,568	\$ -	Immediate	12 months

NOTE 4 - Administration of Plan Assets

The Plan's assets are administered under a contract with the trustee of the Plan. The trustee invests funds received from contributions, investment sales, interest, and dividend income and makes distribution payments to participants.

NOTE 5 - Related Party and Party-In-Interest Transactions

Fees incurred by the Plan for the investment manager services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. Additionally, the Plan issues loans to participants, which are secured by the participant's account balances. These transaction qualify as party-in-interest transactions.

Certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

NOTE 6 - Plan Termination

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

PROHEALTH CARE 401K PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2020 and 2019 and for the Year Ended December 31, 2020

NOTE 7 - Tax Status

The Plan uses a volume submitter plan document sponsored by Fidelity Management & Research Company. The volume submitter sponsor received an opinion letter from the Internal Revenue Service (IRS) dated March 31, 2014, which states the volume submitter document satisfies the applicable provisions of the Code. The Plan Administrator and the Plan's tax counsel believe the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Code and, therefore, believe the Plan is qualified, and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8 - Risks and Uncertainties

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

As of December 31, 2020 and 2019, the Plan had investments of \$18,950,197 and \$29,387,601 that were concentrated in one and three funds, respectively.

NOTE 9 - Information Certified by Trustee

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2020 and 2019. Accordingly, the trustee, has certified to the completeness and accuracy of all investments and notes receivable from participants reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2020 and 2019 and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2020, and the related investment activity and interest income on notes receivable from participants reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2020.

PROHEALTH CARE 401K PLAN

NOTES TO FINANCIAL STATEMENTS

As of December 31, 2020 and 2019 and for the Year Ended December 31, 2020

NOTE 10 - Delinquent Participant Contributions

For the year ended December 31, 2020, the Company did not remit certain participant contributions to the Plan on a timely basis as defined by the Department of Labor's Rules and Regulations for Reporting and Delinquent Participant Contributions Disclosure under ERISA. Untimely remittances identified on the Schedule of Delinquent Participant Contributions totaled \$1,030,724. The Company plans to compensate participants for lost earnings resulting from the delay in contributions in 2021.

NOTE 11 - Reconciliation of Financial Statements to Schedule H Form 5500

The following is a reconciliation of net assets available for benefits and net increase in net assets available for benefits per the financial statements to net assets and net income per the Form 5500 as of December 31, 2020 and 2019, and for the year ended December 31, 2020:

	<u>2020</u>	<u>2019</u>
Net assets available for benefits per the financial statements	\$ 88,172,655	\$ 72,443,417
Deemed distribution of participant loans	(11,937)	(15,118)
Excess contributions payable	<u>-</u>	<u>93,108</u>
Net assets available for benefits per Form 5500	<u>\$ 88,160,718</u>	<u>\$ 72,521,407</u>
Increase in net assets before plan transfers per the financial statements	\$ 16,976,699	
Deemed distribution activity	1,457	
Change in excess contributions payable	<u>(93,108)</u>	
Net income per the Form 5500	<u>\$ 16,885,048</u>	
Transfers out of the Plan per the financial statements	\$ (1,247,461)	
Deemed distribution activity	<u>1,724</u>	
Transfers of assets from the Plan per the Form 5500	<u>\$ (1,245,737)</u>	

SUPPLEMENTAL INFORMATION

PROHEALTH CARE 401K PLAN

SCHEDULE H, LINE 4I, SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Plan 001

EIN 11-3355604

As of December 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Mutual Funds:				
	Vanguard Institutional Index Fund	Mutual Fund	N/R	\$ 18,950,197
	Wells Fargo Target 2030 Fund	Mutual Fund	N/R	8,000,825
	Dodge & Cox Stock Fund	Mutual Fund	N/R	6,761,821
	Wells Fargo Target 2035 Fund	Mutual Fund	N/R	6,642,900
	Wells Fargo Target 2025 Fund	Mutual Fund	N/R	5,289,068
	Wells Fargo Target 2045 Fund	Mutual Fund	N/R	4,207,855
	Wells Fargo Target 2040 Fund	Mutual Fund	N/R	3,963,347
	Vanguard Small-Cap Index Fund	Mutual Fund	N/R	3,306,669
	Vanguard Mid-Cap Index Fund	Mutual Fund	N/R	3,212,935
	American Funds EuroPacific Growth Fund	Mutual Fund	N/R	2,963,849
	Dodge & Cox Income Fund	Mutual Fund	NR	2,683,679
	Wells Fargo Target 2050 Fund	Mutual Fund	N/R	2,385,014
	Wells Fargo Target 2020 Fund	Mutual Fund	N/R	1,829,458
	DFA U.S. Small Cap Portfolio	Mutual Fund	N/R	1,483,709
	Vanguard Total Bond Market Index Fund	Mutual Fund	N/R	1,305,179
	Vanguard Total International Stock Index Fund	Mutual Fund	N/R	1,066,385
	The Hartford MidCap Fund	Mutual Fund	N/R	1,058,039
	Wells Fargo Target 2055 Fund	Mutual Fund	N/R	919,967
	Vanguard Inflation-Protected Securities Fund	Mutual Fund	N/R	788,944
	Wells Fargo Target 2015 Fund	Mutual Fund	N/R	773,743
	Wells Fargo Target 2010 Fund	Mutual Fund	N/R	772,036
	Wells Fargo Target Today Fund	Mutual Fund	N/R	514,484
	Wells Fargo Target 2060 Fund	Mutual Fund	N/R	317,728
	PIMCO All Asset Fund	Mutual Fund	N/R	21,643
Common Collective Trust:				
	Wells Fargo Stable Value Fund C	Common Collective Trust	N/R	7,598,644
	WT Emerging Markets Research	Common Collective Trust	N/R	815,819
		Maturities varying from 0 to 6 years and interest rates ranging from 3.25% to 6.50%	-0-	526,781
* Participant Loans				
				<u>\$ 88,160,718</u>

* A party-in-interest as defined by ERISA.
N/R Cost omitted for participant directed investments.

PROHEALTH CARE 401K PLAN

SCHEDULE H, LINE 4A - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Plan 001

EIN 11-3355604

For the Year Ended December 31, 2020

Participant Contributions Transferred Late to the Plan			Check here if Participant Loan Repayments are Included	Totals That Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
				Contributions Not Corrected	Contributions Corrected Outside the VFCP	Contributions Pending Correction in VFCP	
Amount Withheld	Date Withheld	Date Remitted					
\$ 578,424	2/7/2020	2/13/2020	☒	\$ 578,424	\$ -	\$ -	\$ -
452,300	4/3/2020	4/14/2020	☒	452,300	-	-	-

PLAN NAME: ProHEALTH Care 401k Plan
PLAN SPONSOR NAME: ProHEALTH Care Associates, LLP
EIN: 11-3355604 PN: 001
ATTACHMENT TO FORM 5500
MULTIPLE-EMPLOYER PLAN INFORMATION
12/31/2020

EMPLOYER NAME	EIN	ESTIMATE OF CONTRIBUTION %
NEW YORK PROTON CENTER	47-4495295	4.7%
ProHEALTH Care Associates, LLP	11-3355604	61.5%
ProHealth Corp	11-3371244	32.8%
NY PROTON MANAGEMENT LLC	27-1506475	1.0%
Totals		100%