Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
UNITED HOME CARE SERVICES, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1999

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)
UNITED HOME CARE SERVICES, INC.

8400 N.W. 33RD STREET
SUITE 400
MIAMI, FL 33122

2b Employer Identification Number (EIN) 59-1523943

2c Plan Sponsor's telephone number 305-477-0440

2d Business code (see instructions) 621610

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.	02/16/2022	KATHERINE GONZALEZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	599
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)**	526
a(2) Total number of active participants at the end of the plan year	**6a(2)**	426
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	91
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	517
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	517
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	238
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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 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)	[X]	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)	[X]	Trust
(4)	[ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[ ]	0	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[ ]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

A Name of plan
UNITED HOME CARE SERVICES, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
UNITED HOME CARE SERVICES, INC.

D Employer Identification Number (EIN)
59-1523943

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).. . . . . [X] 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

AMERICAN FUNDS
P.O. BOX 2280
NORFOLK, VA 23501-2280

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

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

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

INGHAM & COMPANY

9155 S. DADELAND BLVD, SUITE 1512
MIAMI, FL 33156

65-0170152

(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?
59 60 65	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	16080	Yes [ ] No [X]

(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 [ ]

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
INGHAM & COMPANY	61 63	16080

(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.
AMERICAN FUNDS 33 SOUTH HOPE STREET LOS ANGELES, CA 90071	16079.75

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

A Name of plan
UNITED HOME CARE SERVICES, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
UNITED HOME CARE SERVICES, INC.

D Employer Identification Number (EIN)
59-1523943

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	100197	48410
(2) Participant contributions	1b(2)	8550	9032
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	79358	108755
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	56235	48047
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4391928	5418446
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	4636268	5632690
	Liabilities			
g	Benefit claims payable	1g	38857	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	38857	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4597411	5632690

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)	183274	
	(B) Participants	2a(1)(B)	296391	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		479665
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	12	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	3040	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3052
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	173737	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		173737
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		908318
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1564772
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	521385	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		521385
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	6328	
(3) Investment advisory and management fees	2i(3)	1780	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		8108
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		529493
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1035279
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: ANTHONY BRUNSON, P.A. **(2)** EIN: 65-0321690

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

A Name of plan
UNITED HOME CARE SERVICES, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
UNITED HOME CARE SERVICES, INC.

D Employer Identification Number (EIN)
59-1523943

Part I Distributions

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

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

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

EIN(s): 58-1428634

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

14 Enter the number of 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_____

UNITED HOME CARE SERVICES, INC.
401(K) PLAN

FINANCIAL STATEMENTS

JUNE 30, 2021 AND 2020

UNITED HOME CARE SERVICES, INC.
401(K) PLAN
FINANCIAL STATEMENTS
JUNE 30, 2021 AND 2020

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Board of Directors of
the United Home Care Services, Inc.'s 401(K) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of United Home Care Services, Inc.'s 401(K) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of June 30, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years ended June 30, 2021 and 2020 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Reliance Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended June 30, 2021 and 2020, that the information provided to the plan administrator by the trustee is complete and accurate.

Miramar Office
3350 SW 148th Avenue | Suite 110
Miramar, FL 33027
(954) 874-1721

CLIENT FOCUSED: SOLUTION DRIVEN
info@abcpasolutions.com

Miami Office
801 Brickell Avenue | Suite 800
Miami, FL 33131
(305) 789-6673

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.

Other Matter

The supplemental Schedules of Assets Held for Investment Purposes as of or for the year ended June 30, 2021 and 2020 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and 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.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Miami, Florida
January 7, 2022

CLIENT FOCUSED AB SOLUTION DRIVEN

UNITED HOME CARE SERVICES, INC. 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2021 AND 2020

	2021	2020
ASSETS		
Investments (at fair value):		
Investments in registered investments companies	$ 5,527,201	$ 4,471,288
Total investments	5,527,201	4,471,288
Receivables:		
Employer contributions	48,410	100,197
Participant contributions	9,032	8,550
Notes receivable from participants	48,047	56,235
Total receivables	105,489	164,982
Total Assets	$ 5,632,690	$ 4,636,270
LIABILITIES		
Payables	$ -	$ 38,859
Total Liabilities	$ -	$ 38,859
Net Assets Available for Benefits	$ 5,632,690	$ 4,597,411

The accompanying notes are an integral part of these financial statements.

UNITED HOME CARE SERVICES, INC. 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDING JUNE 30, 2021 AND 2020

	2021	2020
ADDITIONS		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$ 908,318	$ 79,414
Interest and dividends	173,749	202,627
Participant interest income on notes receivable	3,040	4,002
Total investment income	1,085,107	286,043
Contributions:		
Employer	183,274	198,585
Participant	296,391	321,531
Rollover contributions	-	2,164
Total contributions	479,665	522,280
Total Additions	1,564,772	808,323
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants	521,385	837,809
Administrative expenses	8,108	9,836
Total Deductions	529,493	847,645
Net increase (decrease) in net assets	1,035,279	(39,322)
Net assets available for benefits:		
Beginning of year	4,597,411	4,636,733
End of year	$ 5,632,690	$ 4,597,411

The accompanying notes are an integral part of these financial statements.

Note 1 - Description of the Plan

The following description of United Home Care Services, Inc.'s 401(K) 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 created under the provisions of Section 401 of the Internal Revenue Code (IRC), which includes a qualified deferred arrangement as described in Section 401 of the IRC. As such, the Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan, which was adopted effective July 1, 1999, is classified as a defined contribution plan. The employees of United Home Care Services, Inc. (the "Company"), are eligible to participate in the Plan after they have completed one year of service with at least 1,000 hours of service during the Plan year. The primary purpose of the Plan is to provide employees of the Company with financial benefits upon retirement.

Administration

The Plan is administered under a trust agreement between the Reliance Trust Company (the "Trustee") and the Company. The Trustee is responsible for investment of plan assets and carries out its fiduciary responsibilities through appointment of an administrative committee and various investment managers.

Contributions

Participants may elect to make contributions to the Plan. Deferrals in any taxable year may not exceed IRS limits. Participants' deductions are made through a salary reduction agreement.

The employer safe harbor matching contribution formula is based on the following: 100% of the first 3% of participant deferrals, then 50% of the next 2% of participant deferrals. The deposit and allocation of the contribution will take place quarterly.

Discretionary profit-sharing contributions may be made by the Company, as well. The participant must be employed as of the last day of the Plan year and have worked at least 1,000 hours during the Plan year in order to receive the contribution.

Note 1 - Description of the Plan (cont'd)

Participant accounts

Under the Plan, a separate account is maintained for each participant. Each participant's account is credited with the participant's contributions, discretionary profit-sharing contributions, safe harbor matching contributions, and allocations of Plan earnings, and charged with an allocation of administrative expenses, if any. Participant contributions and employer contributions are allocated, at the participant's election, to investment funds held at Reliance Trust Company (the "Trustee"). Plan earnings are allocated based on the actual earnings of the respective participant's investments. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Notes receivable from participants

Participants may borrow from their accounts a minimum of $1,000 up to a maximum of the lesser of $50,000, or 50% of the vested interest of their account balances. The loans are collateralized by the balance in the participant's account. Participants may have only one loan outstanding at a time. The administrator will determine a reasonable rate of interest by reviewing the interest rates charged for similar types of loans by other lenders. Loan repayments will be made not less frequently than quarterly. The term of the loan may not exceed five years. However, if the loan is for the purchase of a principal residence, the administrator may permit a longer repayment term. Principal and interest are paid ratably through semi-monthly payroll deductions.

Investment options

Upon enrollment in the Plan, a participant may direct its allocated contributions to be invested in one or more of the investment options available to the Plan.

Vesting

Participants are immediately vested in their own contributions, safe harbor matching and rollover accounts, plus actual earnings thereon. Vesting in the employer-contributed portion, if any, of their accounts is based on years of continuous service, as follows:

Years of Service	Profit Sharing Contributions Percentage Vested	Discretionary Matching Contributions Percentage Vested
1	0%	0%
2	25%	25%
3	50%	50%
4	75%	75%
5	100%	100%

Note 1 - Description of the Plan (cont'd)

Payment of benefits

Distributions are made upon death, retirement, permanent disability, or request for withdrawal for extreme financial hardship, as defined in the Internal Revenue Code ("IRC"). Distributions are based on the participant's vested interest value in their account and are made in a single lump-sum payment.

Forfeitures

Forfeitures arising from participants with less than fully vested interests in the Plan will be applied to reduce future contributions or pay reasonable plan expenses.

Note 2 - Summary of Significant Accounting Policies

Basis of accounting

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

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America and with the Department of Labor's Rules and regulations for Reporting and Disclosure under ERISA requires the Plan administrator to make estimates and assumptions that could affect certain reported amounts and disclosures. Accordingly, actual results may 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. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document.

Investment valuation and income recognition

The Plan's investments are stated at fair value and are invested in interest-bearing money market funds and registered investment company fund vehicles. Investment funds are valued at quoted market prices, which represent the net asset value of funds held by the Plan at year end. Account balances are allocated to each participant by the Plan's third-party administrator.

Note 2 - Summary of Significant Accounting Policies (cont'd)

Investment valuation and income recognition (cont'd)

Purchases and sales of marketable securities are recorded on a trade-date basis. Interest and dividend income is recorded as earned on the accrual basis. Interest is automatically reinvested in additional fund units.

In accordance with the Plan's policy of stating marketable securities at market value, the net appreciation (depreciation) in fair value of investments each year for the Plan is reflected in the Plan's statement of changes in net assets available for benefits.

Administrative fees and other costs

Administrative fees amounting to approximately $8,100 and $10,000 were charged by the Plan administrator directly to the Plan during 2021 and 2020, respectively. Certain other expenses of the Plan were paid by the Company. Other investment related fees and commissions are netted against net appreciation in fair value of investments.

Payment of benefits

Benefit payment to participants are recorded when paid.

Income taxes

The Plan is exempt from federal income taxes pursuant to Section 501(a) of the Internal Revenue Code.

Date of management's review

The Plan has evaluated the subsequent events through January 7, 2022 which is the date the financial statements were available to be issued.

Note 3 - Investments

The following presents investments that represent 5% or more of the Plan's net assets as of June 30:

Description of Investments	2021	2020
American Funds Capital World Bond Fund – A	$ 415,934	$ 378,934
American Funds EuroPacific Growth Fund – A	795,059	589,992
American Funds New Economy Fund – A	1,307,423	1,048,973
American Funds Washington Mutual Investors Fund – A	924,365	668,055
American Funds Small Cap World Fund - A	312,640	222,012
Prudential Total Return Bond Q	248,652	219,813
Vanguard Short Term Bond Index Admin	696,467	624,708
Wells Fargo Advantage Core Bond	247,051	225,653
Subtotal	4,947,591	3,978,140
Other investments	579,610	493,148
Total Investments	$ 5,527,201	$ 4,471,288

For the years ended June 30, 2021 and 2020, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

Description	2021	2020
Net appreciation in fair value of investments	$ 908,318	$ 79,414
Interest and dividends	173,749	202,627
	$ 1,082,067	$ 282,041

Note 4 - Fair Value Measurements

The Plan's assets and liabilities reported at fair value are valued using a hierarchy that prioritizes the inputs to valuation techniques used to measure fair values. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements - The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

Level 2 Fair Value Measurements - Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in inactive markets, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 Fair Value Measurements - The participant loans are not actively traded, and significant other observable inputs are not available. Thus, the fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance.

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits as follows:

June 30, 2021

		Fair Value Measurements Using:	
		Prices in Active Markets for Identical Assets	
Description	**Fair Value**	**(Level 1)**	**(Level 3)**
Mutual Funds	$ 5,527,201	$ 5,527,201	$ -
Outstanding receivables	105,489	-	105,489
Total	$ 5,632,690	$ 5,527,201	$ 105,489

June 30, 2020

		Fair Value Measurements Using:	
		Prices in Active Markets for Identical Assets	
Description	**Fair Value**	**(Level 1)**	**(Level 3)**
Mutual Funds	$ 4,471,288	$ 4,471,288	$ -
Outstanding receivables	164,982	-	164,982
Total	$ 4,636,270	$ 4,471,288	$ 164,982

Note 5 - Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated July 16, 2010, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

The Plan administrator believes the Plan is no longer subject to income tax examinations for the years prior to 2018.

Note 6 - Information Prepared and Certified by Custodian

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Plan Trustee, Reliance Trust Company has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments, as shown in the statements of net assets available for benefits as of June 30, 2021 and 2020.

- Investment income, as shown in the statement of changes in net assets available for benefits for the year ended June 30, 2021 and 2020.

- The schedule of assets held for investment purposes as of June 30, 2021, as shown in the supplemental schedule.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

Note 7 - Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Company may determine.

Note 8 - Reconciliation of financial statements to Schedule H of form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

	2021	2020
Net assets available for benefits per the financial statements	$ 5,632,690	$ 4,597,411
Net assets available for benefits per Schedule H to the Form 5500	5,632,690	4,597,411
Difference	$ -	$ -

The following is a reconciliation of benefits paid to participants per the financial statements to Schedule H of Form 5500:

	2021	2020
Benefits paid to participants per the financial statements	$ 529,493	$ 847,645
Benefits paid to participants per Schedule H of Form 5500	529,493	847,645
Difference	$ -	$ -

Note 9 - Investment Risk

The Plan's investments are not insured and are subject to the normal credit and market risks. Financial information relating to those investments is included in these financial statements based on information provided by the Trustee.

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

UNITED HOME CARE SERVICES, INC.
401(K) PLAN

SUPPLEMENTAL SCHEDULES

FOR THE YEAR ENDED JUNE 30, 2021 AND 2020

UNITED HOME CARE SERVICES, INC. 401(K) PLAN
EIN No. 59-1523943; PLAN No. 002
SCHEDULE OF ASSETS HELD AT END OF YEAR
FORM 5500 - SCHEDULE H, LINE 4(i)
JUNE 30, 2021

(a)	(b)	(c)	(e)	
	Identity of Issue	**Description of Investment**	**Current Value**	
*	Reliance Trust Company	American Funds Capital World Bond Fund - A	$ 415,934	✓
*	Reliance Trust Company	American Funds EuroPacific Growth Fund - A	795,059	✓
	Reliance Trust Company	American Funds New World Fund-A	204,274	
*	Reliance Trust Company	American Funds New Economy Fund - A	1,307,423	✓
*	Reliance Trust Company	American Funds Washington Mutual Investors Fund - A	924,365	✓
*	Reliance Trust Company	American Funds Small Cap World Fund - A	312,640	✓
	Reliance Trust Company	American Funds - Am Balacd A	225,882	
*	Reliance Trust Company	Fidelity Government Money Market	103,980	
	Reliance Trust Company	Fidelity 500 Index Fund Premium	31,737	
	Reliance Trust Company	Fidelity Int'l Index Fund Premium CL	7,059	
	Reliance Trust Company	Prudential Total Return Bond Q	248,652	
	Reliance Trust Company	Vanguard Short-term Bond Index Admin	696,467	✓
	Reliance Trust Company	Fidelity US Bond Index Instl Prem	6,678	
	Reliance Trust Company	Wells Fargo Advantage Core Bond	247,051	
	Total Investments		$ 5,527,201	

* Represents party-in-interest
✓ Represents 5% or more of net assets available for benefits

UNITED HOME CARE SERVICES, INC. 401(K) PLAN
EIN No. 59-1523943; PLAN No. 002
SCHEDULE OF ASSETS HELD AT END OF YEAR
FORM 5500 - SCHEDULE H, LINE 4(i)
JUNE 30, 2020

(a)	(b) Identity of Issue	(c) Description of Investment	(e) Current Value	
*	Reliance Trust Company	American Funds Capital World Bond Fund - A	$ 378,934	✓
*	Reliance Trust Company	American Funds EuroPacific Growth Fund - A	589,992	✓
*	Reliance Trust Company	American Funds Investment Co.	-	
	Reliance Trust Company	Vanguard Short Term Bond Index Admin	624,708	✓
	Reliance Trust Company	American Funds New World Fund-A	155,106	
*	Reliance Trust Company	American Funds New Economy Fund - A	1,048,973	✓
*	Reliance Trust Company	American Funds Washington Mutual Investors Fund - A	668,055	✓
*	Reliance Trust Company	American Funds Small Cap World Fund - A	222,012	✓
	Reliance Trust Company	American Funds - Am Balacd A	199,032	
*	Reliance Trust Company	Fidelity US Bond Index Instl Prem	1,575	
	Reliance Trust Company	Cash Transfer for Trades	38,860	
*	Reliance Trust Company	Fidelity Cash Reserve Fund	79,358	
*	Reliance Trust Company	American Funds Intermediate Bond Fund - A	-	
*	Reliance Trust Company	PIMCO Total Return Fund Institutional	-	
	Reliance Trust Company	Fidelity 500 Index Fund Premium	13,877	
	Reliance Trust Company	Fidelity Int'l Index Fund Premium CL	5,340	
	Reliance Trust Company	Prudential Total Return Bond Q	219,813	✓
	Reliance Trust Company	Wells Fargo Advantage Core Bond	225,653	✓
	Total Investments		$ 4,471,288	

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UNITED HOME CARE SERVICES, INC. 401(K) PLAN

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

JUNE 30, 2021

Section I – Current Year - Financial Statement Findings

2021-01 Maintenance of Complete Personnel Records

Criteria

Management should maintain pertinent personnel records, including 401(K) enrollment/ change forms for a reasonable period. According to United Home Care Services, Inc.'s retention policy, personnel records will be retained for seven years after termination.

Condition

We could not review a notable number of 401(K) enrollment/ change forms from our test sample that was selected for audit testing as they could not be located.

Cause of Condition

Management has not consistently retained enrollment/change forms for all the 401(K) participants.

Potential Effect of Condition

Failure to maintain complete personnel records may result in incorrect participant deferral/ contribution amounts being recorded and deducted.

Recommendation

We recommend that management maintain complete personnel employee records for a reasonable period, consistent with their operating policies.

Client Response

Going forward, we will review and revised the policies and procedure for enrollment and client retention records that relate to the 401K. This past fiscal year the Human Resources department encountered a high turnover that caused many of the document files being misplaced or not filed in the employee files.

On July 1, 2021, we engaged Ingham to take full fiduciary responsibility for the plan. The services that will be included in this will be: Determining the employee eligibility, provide disclosures to employees and other participants, provide statements to employee and participants, fix errors from the plan that are related to compliance, signing, and filing the 5500 forms as required and approve and process loans and distributions.

This new process will help management determine when they are changes on the 401K deduction by running a report and for us to make the necessary changes in the payroll system in order to be in compliance.

Section I – Current Year - Financial Statement Findings (Continued)

2021-02 Evaluation of Complementary User Entity Controls ("CUECs") as Part of the Review of the System and Organization Controls (SOC) Report

Criteria

The control objectives stated in the description of SOC reports of the Plan and United Home Care Services, Inc. ("Plan Sponsor's") service organizations can only be achieved if CUECs are designed, enforced, and operating effectively. CUECs are integral to the design and operating effectiveness of the control environment, and the appropriate implementation of CUECs by the Plan and Plan Sponsor helps in the achievement of control objectives for service organizations.

Condition

The Plan Sponsor does not review the SOC reports prepared by the Plan's service organizations.

Cause of Condition

The Plan Sponsor does not have procedures in place to identify, track and implement applicable CUECs for the Plan.

Potential Effect of Condition

If internal control is not effective at the Plan and/or the Plan Sponsor, the service organizations' controls may not compensate for such weaknesses. Further, If CUECs do not operate effectively at a user entity like the Plan Sponsor, control failures could still occur related to the use of a particular service organization, resulting in an overall weak control environment for the Plan.

Recommendation

Management should implement a system and process to review SOC reports from all relevant service organizations for any CUECs annually. As part of this process, they must ensure that any applicable CUECs are identified, tracked, and implemented consistently and timely, and that the system controls designed are operating effectively.

Client Response

As per the recommendation we will implement a process to review any SOC Reports that are related to service organizations. This process was never implemented in UHCS, and this process will be key and very important due to the fact that technology is evolving and we as the part of an organization need to abide to the controls of the service organization and make sure that UHCS operate effectively with the same controls.

Section II – Prior Year - Financial Statement Findings

There were no findings in prior year.

UNITED HOME CARE SERVICES, INC.
401(K) PLAN

SUPPLEMENTAL SCHEDULES

FOR THE YEAR ENDED JUNE 30, 2021 AND 2020

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EIN No. 59-1523943; PLAN No. 002
SCHEDULE OF ASSETS HELD AT END OF YEAR
FORM 5500 - SCHEDULE H, LINE 4(i)
JUNE 30, 2021

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