

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</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)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>403(B) THRIFT PLAN OF COMMUNITY HOSPICE, INC.</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>08/12/1999</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>08/12/1999</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>08/12/1999</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>COMMUNITY HOSPICE, INC.</u> <u>3105 DEL ESTE</u> <u>MODESTO, CA 95354-3285</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>94-2638213</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>209-578-6300</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621610</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>94-2638213</u>	2c Plan Sponsor's telephone number <u>209-578-6300</u>	2d Business code (see instructions) <u>621610</u>	
2b Employer Identification Number (EIN) <u>94-2638213</u>					
2c Plan Sponsor's telephone number <u>209-578-6300</u>					
2d Business code (see instructions) <u>621610</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.	08/09/2022	MARK MAULTIN
	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 (2021)
v. 210624

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	250
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)	172
a(2) Total number of active participants at the end of the plan year		6a(2)	167
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	89
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	256
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	1
f Total. Add lines 6d and 6e		6f	257
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	248
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2T			
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>1</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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan 403(B) THRIFT PLAN OF COMMUNITY HOSPICE, INC.	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY HOSPICE, INC.	D Employer Identification Number (EIN) 94-2638213

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier MUTUAL OF AMERICA					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1614399	88668	059659K	257	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	3305

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
SAN FRANCISCO REGIONAL OFFICE 1646 NORTH CALIFORNIA BOULEVARD SUI TE 680 WALNUT CREEK, CA 94596-4172	

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	3305	PORTION OF INCENTIVE COMP. PROGRAM	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	1943911
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	15022376

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

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	2048190
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c Additions: (1) Contributions deposited during the year	7c(1)	160419	
	7c(2)	0	
	7c(3)	20037	
	7c(4)	51740	
	7c(5)	0	

(6) Total additions	7c(6)	232196
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d Total of balance and additions (add lines 7b and 7c(6))	7d	2280386
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account..... (4) Other (specify below)	7e(1)	336051	
	7e(2)	424	
	7e(3)	0	
	7e(4)	0	

(5) Total deductions	7e(5)	336475
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1943911
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) 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
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan 403(B) THRIFT PLAN OF COMMUNITY HOSPICE, INC.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY HOSPICE, INC.	D Employer Identification Number (EIN) 94-2638213	

Part I	Service Provider Information (see instructions)
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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	82 DEVONSHIRE STREET BOSTON, MA 02109

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
VANGUARD	PO BOX 2600 VALLEY FORGE, PA 19482-2600

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DWS	222 SOUTH RIVERSIDE PLAZA CHICAGO, IL 60606-5808

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
INVESCO VI MAIN STREET	PO BOX 5270 DENVER, CO 80217-5270

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

AMERICAN CENTURY INVESTMENTS

PO BOX 419786
KANSAS CITY, MO 64141-6786**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

CALVERT

4550 MONTGOMERY AVENUE SUITE 1000N
BETHESDA, MD 20814**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN FUNDS

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PIMCO

840 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MFS

111 HUNTINGTON AVENUE
BOSTON, MA 02199**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VICTORY FUNDS

4900 TIEDEMAN ROAD, 4TH FLOOR
BROOKLYN, OH 44144**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

NEUBERGER BERMAN

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

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

GOLDMAN SACHS VIT FUNDS

200 WEST STREET
NEW YORK, NY 10282

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

DELAWARE FUNDS

ONE COMMERCE SQUARE,
2005 MARKET STREET
PHILADELPHIA, PA 19103

(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

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

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

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

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE
NEW YORK, NY 10022

(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?
12 15 65	INSURANCE CARRIER	917	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 ☐

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2021 This Form is Open to Public Inspection.	
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021					
A Name of plan 403(B) THRIFT PLAN OF COMMUNITY HOSPICE, INC.				B Three-digit plan number (PN)	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 COMMUNITY HOSPICE, INC.				D Employer Identification Number (EIN) 94-2638213	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT NUMBER GS2					
b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA					
c EIN-PN 13-1614399-000		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14181447		
a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT DCII					
b Name of sponsor of entity listed in (a): MASS MUTUAL					
c EIN-PN 06-0974148-000		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 840929		
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)		

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Schedule D (Form 5500) 2021 v. 201209

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) 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan 403(B) THRIFT PLAN OF COMMUNITY HOSPICE, INC.	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY HOSPICE, INC.	D Employer Identification Number (EIN) 94-2638213	

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)	0	16800
(2) Participant contributions.....	1b(2)	0	31596
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2048190	1943911
(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)	2063	2127
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	12807787	15022376
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	383824	376000
(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	15241864 17392810
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
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	15241864 17392810

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	447926
	(B) Participants	2a(1)(B)	892677
	(C) Others (including rollovers).....	2a(1)(C)	373451
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	1714054
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(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)	64
	(F) Other	2b(1)(F)	29261
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	29325
(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)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(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)		1980966
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		3724345
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1561930	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1561930
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	11469	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		11469
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1573399
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		2150946
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **ATHERTON & ASSOCIATES, LLP**

(2) EIN: **94-1254756**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b 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?		X	
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?		X	
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan 403(B) THRIFT PLAN OF COMMUNITY HOSPICE, INC.	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY HOSPICE, INC.	D Employer Identification Number (EIN) 94-2638213

Part I	Distributions
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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): 13-3590259		
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	0

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.)
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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
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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.
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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

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

Schedule R (Form 5500) 2021
v. 201209

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 _____

COMMUNITY HOSPICE 403(B) PLAN

FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2021



ATHERTON
& ASSOCIATES, LLP

Tax • Assurance • Consulting

CONTENTS

	<u>PAGE</u>
INDEPENDENT AUDITOR'S REPORT	1 - 3
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6 - 11
SUPPLEMENTAL SCHEDULE - FORM 5500 PURPOSES	
Schedule H, Line 4i - Schedule of Assets Held at End of Year	12 - 15

INDEPENDENT AUDITOR'S REPORT

August 1, 2022

To the Trustees
Community Hospice 403(b) Plan
Modesto, California

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements

We were engaged to perform an audit of the financial statements of Community Hospice 403(b) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from qualified institutions, Massachusetts Mutual Life Insurance Company and Mutual of America Life Insurance Company, as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion on the 2021 Financial Statements

We do not express an opinion on the accompanying 2021 financial statements of the Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion on the 2021 Financial Statements section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Scott Kerr | Loren Kuntz | Rebecca Terpstra | Craig Schaurer | Marissa Williams | Jackie Howell | Natalya Mann

Basis for Disclaimer of Opinion on the 2021 Financial Statements

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

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

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matters described in the Basis for Disclaimer of Opinion on the 2021 Financial Statements section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of the Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit.

Other Matters**2021 Supplemental Schedule Required by ERISA**

The supplemental schedule of Schedule H, Line 4i - Schedule of Assets Held at End of Year as of December 31, 2021, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the Basis for

Disclaimer of Opinion on the 2021 Financial Statements section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule.

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by qualified institutions. Further, the Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

In our report dated July 23, 2021, we indicated that because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements.

Atherton & Associates, LLP

COMMUNITY HOSPICE 403(b) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
Investments, at fair value		
Pooled separate accounts	\$ 15,022,376	\$ 12,807,787
General account, fixed income fund	<u>376,000</u>	<u>383,824</u>
Total investments at fair value	15,398,376	13,191,611
Cash equivalent, interest accumulation account	<u>1,943,911</u>	<u>2,048,190</u>
Receivables		
Employee contributions	31,596	-
Employer contributions	16,800	-
Notes from participants	<u>2,127</u>	<u>2,063</u>
Total receivables	<u>50,523</u>	<u>2,063</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 17,392,810</u></u>	<u><u>\$ 15,241,864</u></u>

COMMUNITY HOSPICE 403(b) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2021

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income:

Net appreciation in fair value of investments	\$ 1,980,966
Interest income	<u>29,261</u>
Total investment income	<u>2,010,227</u>

Interest income on notes receivable from participants	<u>64</u>
---	-----------

Contributions:

Employee	892,677
Employer	447,926
Rollovers	<u>373,451</u>
Total contributions	<u>1,714,054</u>
Total additions	<u>3,724,345</u>

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	1,561,930
Administrative expenses	<u>11,469</u>
Total deductions	<u>1,573,399</u>
Net increase in net assets	2,150,946

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>15,241,864</u>
End of year	<u><u>\$ 17,392,810</u></u>

NOTES TO FINANCIAL STATEMENTS

COMMUNITY HOSPICE 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

Note 1 Description of the Plan

The following description of the Community Hospice 403(b) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General The Plan is a participant directed defined contribution plan covering all employees of Community Hospice Inc., Community Hospice Foundation, and CHI Management, Inc., (the Sponsors). Effective January 1, 2009, IRS regulations required the Plan Sponsor to adopt a written Plan document. Per the Plan document, an employee is eligible to contribute salary deferrals immediately. Prior to August 1, 2013, an employee was eligible to participate in employer contributions on the quarterly entry date that coincides with or immediately follows the date the employee completes six months of service. The Plan was restated on August 1, 2013. Employees not eligible for employer contributions prior to August 1, 2013 are eligible to participate in employer contributions on the first day of the payroll period that coincides with or immediately follows the date the employee completes six months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The financial statements are prepared in accordance with accounting principles generally accepted in the United States of America.

Contributions Eligible employees of the Sponsors may elect to contribute up to the applicable limits allowed under the Internal Revenue Code. 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). Participants direct the investment of their contributions into various investment options offered by the Plan. The Sponsors may elect to make matching contributions and additional discretionary contributions that are not to exceed limits as defined by Internal Revenue Code.

Participant Accounts Each active participant's account is credited with the participant's contribution and allocation of (a) the Sponsors' contribution, (b) plan earnings, and charged with an allocation of administrative expenses and (c) any forfeitures. 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 fund accounts up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at 5.25%. Loan terms, unless for the purchase of a principal residence, are not to exceed five years. Principal and interest are paid ratably through payroll deductions. Delinquent loans are treated as distributions based upon the terms of the plan document. The notes receivable are held with Massachusetts Mutual Life Insurance Company and were \$2,127 and \$2,063 at December 31, 2021 and 2020, respectively.

Group Annuity Loans Mutual of America Life Insurance Company accounts for notes receivable from participants as group annuity loans. For a group annuity loan, the amount borrowed plus a loan reserve (20% of the loan amount) is secured against the interest accumulation account held with Mutual of America Life Insurance Company. The funds are not deducted from the participant's account balance, instead loan proceeds come from Mutual of America Life Insurance Company's general assets. Principal repayments are applied to reduce the amount secured by assets held in the interest accumulation account, and a portion of the interest paid by the participant is retained by Mutual of America Life Insurance Company as compensation. The interest rate is variable and subject to change at the beginning of each quarter. As of December 31, 2021 and 2020, Mutual of America Life Insurance Company has loaned \$156,555 and \$193,974, respectively, to participants. These amounts are reflected in the cash equivalent, interest accumulation account on the statements of net assets available for benefits. The loans bear interest at 4.00%.

COMMUNITY HOSPICE 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

Note 1 Description of the Plan (Continued)

Payment of Benefits On termination of service, death, disability, or retirement, a participant may elect to receive a lump-sum amount equal to the value of his or her account or rollover to another qualified plan. A participant may elect an in-service withdrawal or hardship distribution prior to his or her separation from service in accordance with the hardship distribution policy.

Investment Options Upon enrollment in the Plan, a participant may direct contributions into numerous investment choices offered by Mutual of America Life Insurance Company. Participants may change their investment options through written request through the Sponsors or via the internet.

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

Vesting Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. A participant is 100% vested after three years of credited service. A participant is also 100% vested at date of death, disability, or attaining the Plan's normal retirement age.

Forfeitures The Plan allocates participant forfeitures, if any, to reduce employer matching contributions or pay for Plan expenses for the Plan year in which the forfeiture occurs. At December 31, 2021 and 2020, the Plan had \$16,942 and \$16,599 of forfeitures, respectively. Additionally, \$9,651 and \$28,011 of forfeitures were used to offset employer contributions for the years ended December 31, 2021 and 2020, respectively.

Note 2 Summary of Accounting Policies

Basis of Accounting The financial statements are prepared on the accrual basis of accounting.

Investment Valuations and Income Recognition Investments in Mutual of America Life Insurance Company and Massachusetts Mutual Life Insurance Company were made in accordance with a group annuity contract, which represents participation units in the insurance company's pooled separate accounts.

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 Sponsors determine the Plan's valuation policies utilizing information provided by the investment advisers, custodians, or trustees.

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 Plan's gains and losses on investments purchased and sold as well as held during the year.

COMMUNITY HOSPICE 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

Note 2 Summary of Accounting Policies (Continued)

Notes Receivable from Participants Notes receivable from participants are measured at their unpaid principal balance plus any accrued interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when incurred. No allowance for credit losses has been recorded as of December 31, 2021 or 2020.

Payment of Benefits The Plan records benefits when paid. Total vested benefits due to terminated participants but not paid was \$6,186,926 as of December 31, 2021.

Accounting for Uncertainty in Income Taxes Accounting principles generally accepted in the United States of America require Plan 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. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Use of Estimates The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Accordingly, actual results could differ from those estimates.

Subsequent Events In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through August 1, 2022, the date the financial statements were available to be issued.

Note 3 Information Prepared and Certified by the Trustees

The following is a summary of the Plan's asset information as of December 31, 2021 and 2020, and for the year ended December 31, 2021, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by the trustees and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustees that information provided to the Plan Administrator by the trustees related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedule related to the following assets at December 31:

	<u>2021</u>	<u>2020</u>
Pooled separate accounts	\$15,022,376	\$12,807,787
General account, fixed income fund	376,000	383,824
Cash equivalent, interest accumulation account	1,943,911	2,048,190
Notes receivable from participants	2,127	2,063

COMMUNITY HOSPICE 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

Note 3 Information Prepared and Certified by the Trustees (Continued)

The trustees also certified to the completeness and accuracy of \$1,980,966 of net appreciation in fair value and \$29,261 of interest income on investments, and \$64 of interest income associated with notes receivable from participants for the year ended December 31, 2021.

Note 4 Transactions with Parties-In-Interest

Mutual of America Life Insurance Company and Massachusetts Mutual Life Insurance Company, the Plan's trustees, and Atherton & Associates, LLP, the Plan's auditor, qualify as parties-in-interest according to Section 3(14) of ERISA.

Note 5 Income Tax Status

The Plan and the related trust are designed in accordance with the applicable sections of the Internal Revenue Code. Although the Plan is not required to receive a tax determination letter, the Plan Administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

Note 6 Plan Termination

Although it has not expressed any intent to do so, the Sponsors have 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% vested in their accounts.

Note 7 Risks and Uncertainties

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

On March 11, 2020, the World Health Organization characterized coronavirus (COVID-19) as a pandemic, and on March 13, 2020, the President of the United States declared a national emergency relating to the disease. As a result of COVID-19, there has been heightened market risk and volatility associated with the pandemic, and this could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits. Because of the uncertainty of the market during this time, Plan management is unable to estimate the total impact the pandemic will have.

COMMUNITY HOSPICE 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

Note 8 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices in active markets for identical assets or liabilities that the Plan can access at the measurement date.

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 that are unobservable inputs for the asset or liability.

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 observable inputs and minimize the use of unobservable inputs.

There have been no changes in the methodologies used at December 31, 2021 and 2020. Following is a description of the valuation methodologies used for assets measured at fair value.

Pooled separate accounts: Primarily valued daily at net asset value per share, which is equal to the total value of all the securities in each fund's portfolio less any liabilities.

General account, fixed income fund: Primarily valued daily at the liquidation value based on actuarial formulas as defined under the terms of the contract.

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

	December 31, 2021			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts	\$14,181,447	\$ 840,929	\$ -	\$15,022,376
General account, fixed income fund	<u>-</u>	<u>376,000</u>	<u>-</u>	<u>376,000</u>
Total assets at fair value in hierarchy	<u>\$14,181,447</u>	<u>\$1,216,929</u>	<u>\$ -</u>	<u>\$15,598,376</u>

COMMUNITY HOSPICE 403(b) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

Note 8 Fair Value Measurements (Continued)

	December 31, 2020			<u>Total</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	
Pooled separate accounts	\$12,031,057	\$ 776,730	\$ -	\$12,807,787
General account, fixed income fund	<u>-</u>	<u>383,824</u>	<u>-</u>	<u>383,824</u>
Total assets at fair value in hierarchy	<u>\$12,031,057</u>	<u>\$1,160,554</u>	<u>\$ -</u>	<u>\$13,191,611</u>

Note 9 Subsequent Event

During the year ended December 31, 2021, Massachusetts Mutual Life Insurance Company was acquired by Empower Retirement. The plan assets transferred from Massachusetts Mutual Life Insurance Company to Empower Retirement on February 18, 2022.

**SUPPLEMENTAL SCHEDULE -
FORM 5500 PURPOSES**

COMMUNITY HOSPICE 403(b) PLAN

EIN 94-2638213

PLAN NUMBER 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2021

(a)	(b) Identity of Issuer, 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
*	Massachusetts Mutual Life Insurance Company - American Century Heritage	Pooled separate account	N/A	\$ 7,063
*	Massachusetts Mutual Life Insurance Company - American Funds Capital World Growth & Income	Pooled separate account	N/A	86,799
*	Massachusetts Mutual Life Insurance Company - American Funds EuroPacific	Pooled separate account	N/A	38,516
*	Massachusetts Mutual Life Insurance Company - American Funds Fundamental Investment	Pooled separate account	N/A	210,192
*	Massachusetts Mutual Life Insurance Company - American Funds Income	Pooled separate account	N/A	8,209
*	Massachusetts Mutual Life Insurance Company - Blackrock Equity Dividend	Pooled separate account	N/A	55,781
*	Massachusetts Mutual Life Insurance Company - Blackrock Mid Cap Value Opportunities	Pooled separate account	N/A	43,415
*	Massachusetts Mutual Life Insurance Company - Clearbridge Mid Cap Core	Pooled separate account	N/A	11,873
*	Massachusetts Mutual Life Insurance Company - Columbia Mid Cap Value	Pooled separate account	N/A	6,416
*	Massachusetts Mutual Life Insurance Company - Franklin Growth	Pooled separate account	N/A	30,086
*	Massachusetts Mutual Life Insurance Company - Franklin Income	Pooled separate account	N/A	8,501
*	Massachusetts Mutual Life Insurance Company - Goldman Sachs Small Cap Value	Pooled separate account	N/A	4,276
*	Massachusetts Mutual Life Insurance Company - Hartford Healthcare HLS	Pooled separate account	N/A	705
*	Massachusetts Mutual Life Insurance Company - Hartford Small Cap Growth HLS	Pooled separate account	N/A	48,173
*	Massachusetts Mutual Life Insurance Company - Hartford Small Company HLS	Pooled separate account	N/A	11,175
*	Massachusetts Mutual Life Insurance Company - Invesco VK Equity and Income	Pooled separate account	N/A	3,993
*	Massachusetts Mutual Life Insurance Company - Invesco Real Estate	Pooled separate account	N/A	1,967
*	Massachusetts Mutual Life Insurance Company - Invesco VK Small Cap Growth	Pooled separate account	N/A	55
*	Massachusetts Mutual Life Insurance Company - Janus Forty	Pooled separate account	N/A	19,505
*	Massachusetts Mutual Life Insurance Company - MFS Government Securities	Pooled separate account	N/A	43,983
*	Massachusetts Mutual Life Insurance Company - MFS Growth	Pooled separate account	N/A	60,361
*	Massachusetts Mutual Life Insurance Company - MFS Utilities	Pooled separate account	N/A	3,122
*	Massachusetts Mutual Life Insurance Company - Oppenheimer Gold & Spec Minerals	Pooled separate account	N/A	1,837
*	Massachusetts Mutual Life Insurance Company - Oppenheimer International Bond	Pooled separate account	N/A	39,468
*	Massachusetts Mutual Life Insurance Company - Oppenheimer International GWR	Pooled separate account	N/A	1,296

COMMUNITY HOSPICE 403(b) PLAN

EIN 94-2638213

PLAN NUMBER 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR (CONTINUED)

DECEMBER 31, 2021

(a)	(b) Identity of Issuer, 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
*	Massachusetts Mutual Life Insurance Company - PIMCO Total Return	Pooled separate account	N/A	\$ 52,580
*	Massachusetts Mutual Life Insurance Company - T. Rowe Price Retirement 2040	Pooled separate account	N/A	9,858
*	Massachusetts Mutual Life Insurance Company - The Hartford Capital Appreciation	Pooled separate account	N/A	15,886
*	Massachusetts Mutual Life Insurance Company - The Hartford Growth Allocation	Pooled separate account	N/A	2,832
*	Massachusetts Mutual Life Insurance Company - The Hartford Total Return Bond	Pooled separate account	N/A	178
*	Massachusetts Mutual Life Insurance Company - Thornburg International Value	Pooled separate account	N/A	12,828
*	Mutual of America Life Insurance Company - Mutual of America Aggressive Allocation	Pooled separate account	N/A	19,627
*	Mutual of America Life Insurance Company - Mutual of America Conservative Allocation	Pooled separate account	N/A	73,691
*	Mutual of America Life Insurance Company - Mutual of America Moderate Allocation	Pooled separate account	N/A	765,103
*	Mutual of America Life Insurance Company - Mutual of America Bond	Pooled separate account	N/A	152,605
*	Mutual of America Life Insurance Company - T. Rowe Price Blue Chip Growth Portfolio	Pooled separate account	N/A	120,529
*	Mutual of America Life Insurance Company - Mutual of America Composite	Pooled separate account	N/A	37,841
*	Mutual of America Life Insurance Company - Calvert VP SRI Balanced Portfolio	Pooled separate account	N/A	131,331
*	Mutual of America Life Insurance Company - Delaware VIP Small Cal Value Series	Pooled separate account	N/A	65,912
*	Mutual of America Life Insurance Company - Mutual of America Equity Index	Pooled separate account	N/A	517,953
*	Mutual of America Life Insurance Company - Fidelity VIP Mid Cap Portfolio	Pooled separate account	N/A	19,327
*	Mutual of America Life Insurance Company - Fidelity VIP Asset Manager Portfolio	Pooled separate account	N/A	75,085
*	Mutual of America Life Insurance Company - Fidelity VIP Contrafund Portfolio	Pooled separate account	N/A	398,156
*	Mutual of America Life Insurance Company - Fidelity VIP Equity-Income Portfolio	Pooled separate account	N/A	59,761
*	Mutual of America Life Insurance Company - Goldman Sachs VIT US Equity Insights	Pooled separate account	N/A	5,557
*	Mutual of America Life Insurance Company - Goldman Sachs VIT Small Cap Equity Insights	Pooled separate account	N/A	24,574
*	Mutual of America Life Insurance Company - America Funds Insurance Series New World	Pooled separate account	N/A	5,038
*	Mutual of America Life Insurance Company - Mutual of America Money Market	Pooled separate account	N/A	834
*	Mutual of America Life Insurance Company - Mutual of America Mid-Term Bond	Pooled separate account	N/A	1,495
*	Mutual of America Life Insurance Company - Mutual of America Mid-Cap Equity Index	Pooled separate account	N/A	146,809
*	Mutual of America Life Insurance Company - MFS VIT III Mid Cap Value Portfolio	Pooled separate account	N/A	412

COMMUNITY HOSPICE 403(b) PLAN

EIN 94-2638213

PLAN NUMBER 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR (CONTINUED)

DECEMBER 31, 2021

(a)	(b) Identity of Issuer, 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 of America Life Insurance Company - Mutual of America Mid Cap Value	Pooled separate account	N/A	\$ 12,706
*	Mutual of America Life Insurance Company - Neuberger Berman AMT Sustainable Equity	Pooled separate account	N/A	1,369
*	Mutual of America Life Insurance Company - Mutual of America International	Pooled separate account	N/A	23,167
*	Mutual of America Life Insurance Company - Oppenheimer Main Street	Pooled separate account	N/A	48,013
*	Mutual of America Life Insurance Company - Mutual of America Retirement Income	Pooled separate account	N/A	1,393
*	Mutual of America Life Insurance Company - Mutual of America 2015 Retirement	Pooled separate account	N/A	606,669
*	Mutual of America Life Insurance Company - Mutual of America 2020 Retirement	Pooled separate account	N/A	1,527,980
*	Mutual of America Life Insurance Company - Mutual of America 2025 Retirement	Pooled separate account	N/A	1,060,473
*	Mutual of America Life Insurance Company - Mutual of America 2030 Retirement	Pooled separate account	N/A	2,067,706
*	Mutual of America Life Insurance Company - Mutual of America 2035 Retirement	Pooled separate account	N/A	1,139,069
*	Mutual of America Life Insurance Company - Mutual of America 2040 Retirement	Pooled separate account	N/A	1,230,353
*	Mutual of America Life Insurance Company - Mutual of America 2045 Retirement	Pooled separate account	N/A	2,018,003
*	Mutual of America Life Insurance Company - Mutual of America 2050 Retirement	Pooled separate account	N/A	823,830
*	Mutual of America Life Insurance Company - Mutual of America 2055 Retirement	Pooled separate account	N/A	175,990
*	Mutual of America Life Insurance Company - Mutual of America 2065 Retirement	Pooled separate account	N/A	46,373
*	Mutual of America Life Insurance Company - Vanguard VIF REIT Index Portfolio	Pooled separate account	N/A	45,233
*	Mutual of America Life Insurance Company - PIMCO VIT Real Return Portfolio	Pooled separate account	N/A	113,958
*	Mutual of America Life Insurance Company - Victory RS Small Cap Growth Equity VIP Series	Pooled separate account	N/A	19,620
*	Mutual of America Life Insurance Company - Mutual of America All America	Pooled separate account	N/A	4,084
*	Mutual of America Life Insurance Company - Deutsche Variable Series I Capital Growth VIP	Pooled separate account	N/A	45,531
*	Mutual of America Life Insurance Company - Mutual of America Small Cap Growth	Pooled separate account	N/A	67,818
*	Mutual of America Life Insurance Company - Mutual of America Small Cap Value	Pooled separate account	N/A	21,196
*	Mutual of America Life Insurance Company - Mutual of America Small Cap Equity Index	Pooled separate account	N/A	49,685
*	Mutual of America Life Insurance Company - American Century VP Capital Appreciation	Pooled separate account	N/A	19,038
*	Mutual of America Life Insurance Company - Vanguard VIF Diversified Value Portfolio	Pooled separate account	N/A	255,442

COMMUNITY HOSPICE 403(b) PLAN
EIN 94-2638213

PLAN NUMBER 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR (CONTINUED)

DECEMBER 31, 2021

(a)	(b) Identity of Issuer, Borrower, Lessor or <u>Similar Party</u>	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par <u>or Maturity Value</u>	(d) <u>Cost</u>	(e) Current <u>Value</u>
*	Mutual of America Life Insurance Company - Vanguard VIF International Portfolio	Pooled separate account	N/A	\$ 91,120
*	Mutual of America Life Insurance Company - Vanguard VIF Total Bond Market Index Portfolio	Pooled separate account	N/A	43,988
*	Massachusetts Mutual Life Insurance Company - General Account	General account, fixed income fund	N/A	376,000
*	Mutual of America Life Insurance Company - Mutual of America Interest Accumulation Account	Cash equivalent, interest accumulation account	N/A	1,943,911
*	Massachusetts Mutual Life Insurance Company - Notes receivable from participants	Notes receivable - Interest rates at 5.25%		2,127
				<u>\$ 17,344,414</u>

* Represents a party-in-interest.

The above information has been certified by Massachusetts Mutual Life Insurance Company and Mutual of America Life Insurance Company.

COMMUNITY HOSPICE 403(b) PLAN

EIN 94-2638213

PLAN NUMBER 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2021

(a)	(b) Identity of Issuer, 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
*	Massachusetts Mutual Life Insurance Co. - American Century Heritage	Pooled separate account	N/A	\$ 7,063
*	Massachusetts Mutual Life Insurance Co. - American Funds Capital World Growth & Income	Pooled separate account	N/A	86,799
*	Massachusetts Mutual Life Insurance Co. - American Funds EuroPacific	Pooled separate account	N/A	38,516
*	Massachusetts Mutual Life Insurance Co. - American Funds Fundamental Investment	Pooled separate account	N/A	210,192
*	Massachusetts Mutual Life Insurance Co. - American Funds Income	Pooled separate account	N/A	8,209
*	Massachusetts Mutual Life Insurance Co. - Blackrock Equity Dividend	Pooled separate account	N/A	55,781
*	Massachusetts Mutual Life Insurance Co. - Blackrock Mid Cap Value Opportunities	Pooled separate account	N/A	43,415
*	Massachusetts Mutual Life Insurance Co. - Clearbridge Mid Cap Core	Pooled separate account	N/A	11,873
*	Massachusetts Mutual Life Insurance Co. - Columbia Mid Cap Value	Pooled separate account	N/A	6,416
*	Massachusetts Mutual Life Insurance Co. - Franklin Growth	Pooled separate account	N/A	30,086
*	Massachusetts Mutual Life Insurance Co. - Franklin Income	Pooled separate account	N/A	8,501
*	Massachusetts Mutual Life Insurance Co. - Goldman Sachs Small Cap Value	Pooled separate account	N/A	4,276
*	Massachusetts Mutual Life Insurance Co. - Hartford Healthcare HLS	Pooled separate account	N/A	705
*	Massachusetts Mutual Life Insurance Co. - Hartford Small Cap Growth HLS	Pooled separate account	N/A	48,173
*	Massachusetts Mutual Life Insurance Co. - Hartford Small Company HLS	Pooled separate account	N/A	11,175
*	Massachusetts Mutual Life Insurance Co. - Invesco VK Equity and Income	Pooled separate account	N/A	3,993
*	Massachusetts Mutual Life Insurance Co. - Invesco Real Estate	Pooled separate account	N/A	1,967
*	Massachusetts Mutual Life Insurance Co. - Invesco VK Small Cap Growth	Pooled separate account	N/A	55
*	Massachusetts Mutual Life Insurance Co. - Janus Forty	Pooled separate account	N/A	19,505
*	Massachusetts Mutual Life Insurance Co. - MFS Government Securities	Pooled separate account	N/A	43,983
*	Massachusetts Mutual Life Insurance Co. - MFS Growth	Pooled separate account	N/A	60,361
*	Massachusetts Mutual Life Insurance Co. - MFS Utilities	Pooled separate account	N/A	3,122
*	Massachusetts Mutual Life Insurance Co. - Oppenheimer Gold & Spec Minerals	Pooled separate account	N/A	1,837
*	Massachusetts Mutual Life Insurance Co. - Oppenheimer International Bond	Pooled separate account	N/A	39,468
*	Massachusetts Mutual Life Insurance Co. - Oppenheimer International GWR	Pooled separate account	N/A	1,296

COMMUNITY HOSPICE 403(b) PLAN

EIN 94-2638213

PLAN NUMBER 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR (CONTINUED)

DECEMBER 31, 2021

(a)	(b) Identity of Issuer, 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
*	Massachusetts Mutual Life Insurance Co. - PIMCO Total Return	Pooled separate account	N/A	\$ 52,580
*	Massachusetts Mutual Life Insurance Co. - T. Rowe Price Retirement 2040	Pooled separate account	N/A	9,858
*	Massachusetts Mutual Life Insurance Co. - The Hartford Capital Appreciation	Pooled separate account	N/A	15,886
*	Massachusetts Mutual Life Insurance Co. - The Hartford Growth Allocation	Pooled separate account	N/A	2,832
*	Massachusetts Mutual Life Insurance Co. - The Hartford Total Return Bond	Pooled separate account	N/A	178
*	Massachusetts Mutual Life Insurance Co. - Thornburg International Value	Pooled separate account	N/A	12,828
*	Mutual of America Life Insurance Co. - Mutual of America Aggressive Allocation	Pooled separate account	N/A	19,627
*	Mutual of America Life Insurance Co. - Mutual of America Conservative Allocation	Pooled separate account	N/A	73,691
*	Mutual of America Life Insurance Co. - Mutual of America Moderate Allocation	Pooled separate account	N/A	765,103
*	Mutual of America Life Insurance Co. - Mutual of America Bond	Pooled separate account	N/A	152,605
*	Mutual of America Life Insurance Co. - T. Rowe Price Blue Chip Growth Portfolio	Pooled separate account	N/A	120,529
*	Mutual of America Life Insurance Co. - Mutual of America Composite	Pooled separate account	N/A	37,841
*	Mutual of America Life Insurance Co. - Calvert VP SRI Balanced Portfolio	Pooled separate account	N/A	131,331
*	Mutual of America Life Insurance Co. - Delaware VIP Small Cal Value Series	Pooled separate account	N/A	65,912
*	Mutual of America Life Insurance Co. - Mutual of America Equity Index	Pooled separate account	N/A	517,953
*	Mutual of America Life Insurance Co. - Fidelity VIP Mid Cap Portfolio	Pooled separate account	N/A	19,327
*	Mutual of America Life Insurance Co. - Fidelity VIP Asset Manager Portfolio	Pooled separate account	N/A	75,085
*	Mutual of America Life Insurance Co. - Fidelity VIP Contrafund Portfolio	Pooled separate account	N/A	398,156
*	Mutual of America Life Insurance Co. - Fidelity VIP Equity-Income Portfolio	Pooled separate account	N/A	59,761
*	Mutual of America Life Insurance Co. - Goldman Sachs VIT US Equity Insights	Pooled separate account	N/A	5,557
*	Mutual of America Life Insurance Co. - Goldman Sachs VIT Small Cap Equity Insights	Pooled separate account	N/A	24,574
*	Mutual of America Life Insurance Co. - America Funds Insurance Series New World	Pooled separate account	N/A	5,038

* Mutual of America Life Insurance Co. - Mutual of America Money Market	Pooled separate account	N/A	834
* Mutual of America Life Insurance Co. - Mutual of America Mid-Term Bond	Pooled separate account	N/A	1,495
* Mutual of America Life Insurance Co. - Mutual of America Mid-Cap Equity Index	Pooled separate account	N/A	146,809
* Mutual of America Life Insurance Co. - MFS VIT III Mid Cap Value Portfolio	Pooled separate account	N/A	412

COMMUNITY HOSPICE 403(b) PLAN

EIN 94-2638213

PLAN NUMBER 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR (CONTINUED)

DECEMBER 31, 2021

(a)	(b) Identity of Issuer, 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 of America Life Insurance Co. - Mutual of America Mid Cap Value	Pooled separate account	N/A	\$ 12,706
*	Mutual of America Life Insurance Co. - Neuberger Berman AMT Sustainable Equity	Pooled separate account	N/A	1,369
*	Mutual of America Life Insurance Co. - Mutual of America International	Pooled separate account	N/A	23,167
*	Mutual of America Life Insurance Co. - Oppenheimer Main Street	Pooled separate account	N/A	48,013
*	Mutual of America Life Insurance Co. - Mutual of America Retirement Income	Pooled separate account	N/A	1,393
*	Mutual of America Life Insurance Co. - Mutual of America 2015 Retirement	Pooled separate account	N/A	606,669
*	Mutual of America Life Insurance Co. - Mutual of America 2020 Retirement	Pooled separate account	N/A	1,527,980
*	Mutual of America Life Insurance Co. - Mutual of America 2025 Retirement	Pooled separate account	N/A	1,060,473
*	Mutual of America Life Insurance Co. - Mutual of America 2030 Retirement	Pooled separate account	N/A	2,067,706
*	Mutual of America Life Insurance Co. - Mutual of America 2035 Retirement	Pooled separate account	N/A	1,139,069
*	Mutual of America Life Insurance Co. - Mutual of America 2040 Retirement	Pooled separate account	N/A	1,230,353
*	Mutual of America Life Insurance Co. - Mutual of America 2045 Retirement	Pooled separate account	N/A	2,018,003
*	Mutual of America Life Insurance Co. - Mutual of America 2050 Retirement	Pooled separate account	N/A	823,830
*	Mutual of America Life Insurance Co. - Mutual of America 2055 Retirement	Pooled separate account	N/A	175,990
*	Mutual of America Life Insurance Co. - Mutual of America 2065 Retirement	Pooled separate account	N/A	46,373
*	Mutual of America Life Insurance Co. - Vanguard VIF REIT Index Portfolio	Pooled separate account	N/A	45,233
*	Mutual of America Life Insurance Co. - PIMCO VIT Real Return Portfolio	Pooled separate account	N/A	113,958
*	Mutual of America Life Insurance Co. - Victory RS Small Cap Growth Equity VIP Series	Pooled separate account	N/A	19,620
*	Mutual of America Life Insurance Co. - Mutual of America All America	Pooled separate account	N/A	4,084

* Mutual of America Life Insurance Co. - Deutsche Variable Series I Capital Growth VIP	Pooled separate account	N/A	45,531
* Mutual of America Life Insurance Co. - Mutual of America Small Cap Growth	Pooled separate account	N/A	67,818
* Mutual of America Life Insurance Co. - Mutual of America Small Cap Value	Pooled separate account	N/A	21,196
* Mutual of America Life Insurance Co. - Mutual of America Small Cap Equity Index	Pooled separate account	N/A	49,685
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* Mutual of America Life Insurance Co. - Vanguard VIF Diversified Value Portfolio	Pooled separate account	N/A	255,442

COMMUNITY HOSPICE 403(b) PLAN

EIN 94-2638213

PLAN NUMBER 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR (CONTINUED)

DECEMBER 31, 2021

(a)	(b) Identity of Issuer, Borrower, Lessor or <u>Similar Party</u>	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) <u>Cost</u>	(e)
				<u>Current Value</u>
* Mutual of America Life Insurance Co. - Vanguard VIF International Portfolio		Pooled separate account	N/A	\$ 91,120
* Mutual of America Life Insurance Co. - Vanguard VIF Total Bond Market Index Portfolio		Pooled separate account	N/A	43,988
* Massachusetts Mutual Life Insurance Co. - General Account		General account, fixed income fund	N/A	376,000
* Mutual of America Life Insurance Co. - Mutual of America Interest Accumulation Account		Cash equivalent, interest accumulation account	N/A	1,943,911
* Massachusetts Mutual Life Insurance Co. - Notes receivable from participants		Notes receivable - Interest rates at 5.25%		2,127
				<u>\$ 17,344,414</u>

* Represents a party-in-interest.

The above information has been certified by Massachusetts Mutual Life Insurance Company and Mutual of America Life Insurance Company.