

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>ELEVATE CARE, INC. 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/2000</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/2000</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>ELEVATE CARE, INC.</u> <u>5454 W. FARGO</u> <u>SKOKIE, IL 60077</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>36-3223168</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>184-767-4545</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541600</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>36-3223168</u>	2c Plan Sponsor's telephone number <u>184-767-4545</u>	2d Business code (see instructions) <u>541600</u>	
2b Employer Identification Number (EIN) <u>36-3223168</u>					
2c Plan Sponsor's telephone number <u>184-767-4545</u>					
2d Business code (see instructions) <u>541600</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.	09/20/2022	JEFF GOLDSTEIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/20/2022	JEFF GOLDSTEIN
	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	1567
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)	1151
a(2) Total number of active participants at the end of the plan year		6a(2)	920
b Retired or separated participants receiving benefits.....		6b	47
c Other retired or separated participants entitled to future benefits		6c	335
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1302
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	1
f Total. Add lines 6d and 6e		6f	1303
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	516
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	13
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2H 2J 2K 2T 3D 3H			
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) ☐ 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 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 ELEVATE CARE, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 ELEVATE CARE, INC.	D Employer Identification Number (EIN) 36-3223168	

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

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

THE WEISS GROUP, INC.

400 SKOKIE BLVD
SUITE 415
NORTHBROOK, IL 60062

(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 64 37	NONE	73834	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LPL FINANCIAL

4707 EXECUTIVE DRIVE
SAN DIEGO, CA 92121

(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?
27 33	NONE	40435	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OSTROW REISIN BERK & ABRAMS, LTD.

455 NORTH CITYFRONT PLAZA DRIVE
SUITE 1500
CHICAGO, IL 60611

(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?
10	NONE	23000	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)

MID ATLANTIC CAPITAL CORP

1251 WATERFRONT PLACE, SUITE 525
PITTSBURGH, PA 15222-4236

(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?
19	NONE		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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 ELEVATE CARE, INC. 401(K) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 ELEVATE CARE, INC.	D Employer Identification Number (EIN) 36-3223168	

Part I	Asset and Liability Statement
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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)	684	3326
(2) Participant contributions.....	1b(2)	14893	17809
(3) Other	1b(3)		140
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	946861	21466
(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)	317201	270257
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7502789	8453647
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	8782428 8766645
Liabilities			
g	Benefit claims payable	1g	394
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	41000 26609
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	41000 27003
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	8741428 8739642

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
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	23903
	(B) Participants	2a(1)(B)	641432
	(C) Others (including rollovers).....	2a(1)(C)	373164
(2)	Noncash contributions.....	2a(2)	0
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	1038499
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	633
	(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)	10489
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	11122
(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)	37760
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	37760
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	53450
	(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)	53450
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		518570
c Other income.....	2c		945
d Total income. Add all income amounts in column (b) and enter total.....	2d		1660346
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1452778	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1452778
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		72085
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	23000	
(2) Contract administrator fees.....	2i(2)	73834	
(3) Investment advisory and management fees.....	2i(3)	40435	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		137269
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1662132
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-1786
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: OSTROW REISIN BERK & ABRAMS, LTD

(2) EIN: 36-2938874

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
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 ELEVATE CARE, INC. 401(K) PLAN	B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 ELEVATE CARE, INC.	D Employer Identification Number (EIN) 36-3223168

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

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 27-3169253		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.				
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
	b Enter the amount contributed by the employer to the plan for this plan year	6b		
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.				
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

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

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

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

10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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 _____

**ELEVATE CARE, INC.
401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) PLAN**

FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

DECEMBER 31, 2021 AND 2020

**ELEVATE CARE, INC. 401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) PLAN**

DECEMBER 31, 2021 AND 2020

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Independent Auditors' Report

Plan Administrator and Board of Trustees
Elevate Care, Inc. 401(k) Plan

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

We have performed an audit of the financial statements of Elevate Care, Inc. 401(k) Plan f/k/a Health & Home Management and Elevate Care 401(k) 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) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and 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 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 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section—

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of Elevate Care, Inc. 401(k) Plan f/k/a Health & Home Management and Elevate Care 401(k) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, 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 Elevate Care, Inc. 401(k) Plan f/k/a Health & Home Management and Elevate Care 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are 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.

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Elevate Care, Inc. 401(k) Plan f/k/a Health & Home Management and Elevate Care 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Elevate Care, Inc. 401(k) Plan f/k/a Health & Home Management and Elevate Care 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2021 and delinquent participant contributions for the year ended December 31, 2021, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor'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. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, have been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditors' Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of Elevate Care, Inc. 401(k) Plan f/k/a Health & Home Management and Elevate Care 401(k) Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor'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 a qualified institution. In our report dated September 20, 2021, we indicated that (a) 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, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Ostrow Reisin Berk & Abrams, Ltd.

September 15, 2022

**ELEVATE CARE, INC. 401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,	2021	2020
Assets:		
Investments	\$ 8,475,113	\$ 8,449,650
Receivables:		
Employer contributions	3,326	684
Participant contributions	17,809	14,893
Notes receivable from participants	270,257	317,201
Other receivables	140	
Total receivables	291,532	332,778
Total assets	8,766,645	8,782,428
Liabilities:		
Accounts payable	27,003	41,000
Liability to participants for excess contributions received	72,567	46,146
Total liabilities	99,570	87,146
Net assets available for benefits	\$ 8,667,075	\$ 8,695,282

See notes to financial statements.

**ELEVATE CARE, INC. 401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) 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	\$ 572,020
Interest and dividend income	38,393
Other income	945
Total investment income	611,358
Interest on participant loans	10,489
Contributions:	
Participants	568,865
Employer	23,903
Rollover	373,164
Total contributions	965,932
Total additions	1,587,779
Deductions from net assets attributed to:	
Benefits paid to participants	1,478,717
Administrative expenses	137,269
Total deductions	1,615,986
Net decrease	(28,207)
Net assets available for benefits:	
Beginning of year	8,695,282
End of year	\$ 8,667,075

See notes to financial statements.

**ELEVATE CARE, INC. 401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS

1. Description of the Plan

The following description of Elevate Care, Inc. 401(k) Plan f/k/a Health & Home Management and Elevate Care 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

General:

Effective October 1, 2021, the Plan name changed from Health & Home Management and Elevate Care 401(k) Plan to Elevate Care, Inc. 401(k) Plan.

The Plan is a defined-contribution plan that was adopted on January 1, 2000, covering all full-time employees of Elevate Care Riverwoods, LLC, Elevate Care Irving Park, LLC, Elevate Care Northbrook, LLC, Elevate Care Niles, LLC, Elevate Care Chicago North, LLC, Elevate Care Waukegan, Elevate Care, Inc., Elevate Care North Branch, LLC, Elevate Care Country Club Hills, LLC, Fargo Consulting Group, LLC and Fargo Consulting Group II, LLC (collectively, the Company) who have attained the age of 21 or older and have completed at least one hour of service.

Effective March 27, 2020, Glen Health & Home Management Inc. split into Fargo Consulting Group, LLC and Fargo Consulting Group II, LLC. Participants were automatically transferred and continued to participate in the Plan. Effective December 31, 2021, Fargo Consulting Group, LLC and Fargo Consulting Group II, LLC are no longer in the Plan. The participants for these entities are no longer employees of the Company and are no longer eligible to participate in the Plan.

Effective September 1, 2020, Elevate Care North Branch, LLC became a participating employer in the Plan. Employees were eligible to participate in the Plan immediately.

Effective October 1, 2021, Elevate Care Country Club Hills, LLC became a participating employer in the Plan. Employees were eligible to participate in the Plan immediately.

Employees may enter the Plan each year on January 1 and July 1. Plan participants may modify their deferral elections on January 1 and July 1.

**ELEVATE CARE, INC. 401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

1. Description of the Plan (continued)

Contributions:

Each year, participants may contribute up to 100% of eligible compensation. Participants who have attained the age of 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. Contributions are limited in accordance with Internal Revenue Service (IRS) regulations. The Plan permits discretionary matching contributions by the Company. For the year ended December 31, 2021, the Company contributed 25% of each participant's first 4% of eligible compensation (a total of 1%). All participants are eligible for matching contributions.

In addition, the Company may make annual discretionary profit-sharing contributions. Employees must have completed one year of service and be employed on the last day of the year to be eligible for such discretionary contributions.

Participant accounts:

Each participant directs their individual investments including their share of allocated Company contributions into various investment options offered by the Plan. Each participant's account is credited with contributions, appreciation (depreciation) in fair value of investments and interest and dividend income. Allocations are based on participant earnings or account balances as defined by the Plan. Certain investments of the Plan as of December 31, 2020 are nonparticipant-directed. See Note 5.

Vesting:

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in employer contributions, plus actual earnings thereon, is based on years of credited service. A participant is 20% vested after two years of credited service and an additional 20% vested after each additional year of credited service.

**ELEVATE CARE, INC. 401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

1. Description of the Plan (continued)

Participant loans:

Loans are available to Plan participants at Prime (3.25% as of December 31, 2021 and 2020) plus 1.00% at the time of issuance. Interest rates on outstanding loans ranged from 4.25% to 6.50% at December 31, 2021 and 2020. The minimum loan is \$1,000 and the maximum amount is equal to the lesser of \$50,000 reduced by the highest outstanding loan balance in the participant's account during the prior twelve-month period or 50% of their vested account balance. Principal and interest is paid ratably through payroll deductions. All loans must be repaid over a five-year period, unless the loan is for the purchase of a principal residence, for which the term of the loan may be as long as 30 years. Loan defaults are treated as distributions. The loans are secured by the balance in the participant's account.

Payment of benefits:

Upon retirement, death or disability, a participant becomes 100% vested in his or her account. Upon termination of service, a participant is entitled to receive only the vested percentage of his or her account balance. If a participant's vested balance does not exceed \$5,000, then the vested balance may only be distributed in a single lump-sum payment. Any balance that exceeds \$5,000 may be received as a single lump-sum payment or as partial withdrawals. Payments may be received as a cash distribution or rolled directly into an eligible retirement plan as an eligible rollover distribution.

The Plan also allows in-service withdrawals from a participant's vested account balance for hardship withdrawals or upon attaining the age of 65.

Forfeitures:

If a participant terminates employment and is less than 100% vested in the employer account, then the participant will forfeit the nonvested portion of the employer account. Forfeitures are retained in the Plan and will first be used to pay administrative expenses. Any remaining amounts will be used to reduce future employer contributions payable under the Plan. Forfeitures of \$11,239 were used to pay expenses during the year ended December 31, 2021.

**ELEVATE CARE, INC. 401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

2. Summary of significant accounting policies

Basis of accounting:

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America.

Investment valuation and income recognition:

The Plan's investments are stated 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. See Note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest is recognized on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Notes receivable from participants:

As described in Note 1, the Plan allows participants to borrow against their vested account balances and the loans are secured by the participants' account balances. Participant loans are reported at their unpaid principal balance plus any accrued but unpaid interest. The Plan is required to review the collectibility of the outstanding loan balances and record an allowance for loans considered to be uncollectible. As of December 31, 2021 and 2020, an allowance for uncollectible loans was not necessary.

Contributions:

Participants' contributions are recognized by the Plan when withheld from the participants' paychecks by the Company.

Administrative expenses:

All administrative costs, charges and expenses are paid by the Plan to the extent not paid by the Company.

**ELEVATE CARE, INC. 401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

2. Summary of significant accounting policies (continued)

Expense offset arrangements:

Fees incurred by the Plan for the investment management services are included in net appreciation (depreciation) in fair value of investments, as they are paid through revenue sharing, rather than a direct payment.

Payment of benefits:

Benefits are recorded when paid.

Use of estimates:

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits as of the end of the Plan year and the reported amounts of changes in net assets available for benefits during the period. Accordingly, actual results could differ from those estimates.

Subsequent events:

The Plan Administrator has reviewed and evaluated subsequent events through September 15, 2022, the date the financial statements were available to be issued.

Effective January 1, 2022, the Plan allows Roth 401(k) “after-tax” contributions.

3. Risks and uncertainties

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

**ELEVATE CARE, INC. 401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

4. Investments (prepared and certified by Mid Atlantic Trust Company (the Trustee))

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the following information related to participant-directed investments included in these financial statements and supplemental schedule of assets (held at end of year) was obtained from data that has been prepared and certified to as complete and accurate by the Trustee as of December 31, 2021 and 2020.

December 31,	2021	2020
Mutual funds	\$ 3,910,889	\$ 3,656,030
Common collective trust fund	4,542,758	3,846,760
Interest-bearing cash	21,466	24,893
Total	\$ 8,475,113	\$ 7,527,683

The Trustee certified to the completeness and accuracy of interest and dividend income of \$38,393, interest on participant loans of \$10,489, and net appreciation in fair value of investments of \$572,020 for the year ended December 31, 2021.

Notes receivable from participants of \$270,257 and \$317,201 are also certified by the Trustee at December 31, 2021 and 2020, respectively.

The Trustee did not certify to the completeness and accuracy of the nonparticipant-directed investments as of December 31, 2020.

**ELEVATE CARE, INC. 401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

5. Investments – other nonparticipant-directed investments not held at Mid Atlantic Trust Company

Some of the investments were nonparticipant-directed and arose from profit-sharing contributions to a predecessor plan.

At December 31, 2021 and 2020, these investments were comprised of the following:

December 31,	2021	2020
Total investments, beginning of year	\$ 921,967	\$ 918,071
Interest		4,739
Transfers to participant-directed investments	(921,967)	(843)
Total investments, end of year	\$ -	\$ 921,967

Change in nonparticipant-directed investments is comprised of the following:

Year ended December 31, 2021	
Transfers to participant-directed investments	\$ (921,967)

**ELEVATE CARE, INC. 401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

6. Fair value measurements

There are three levels of inputs used to measure fair value. The definition of each input is described below:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
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Level 2	Inputs to the valuation methodology include: • 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.
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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.
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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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

**ELEVATE CARE, INC. 401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

6. Fair value measurements (continued)

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

Mutual funds:	Valued at the market value of shares held by the Plan at year-end.
Interest-bearing cash:	Valued at cost which approximates fair value.
Common collective trust fund:	Valued at the net asset value (NAV) of units held by the Plan. The Fund invests in fully benefit-responsive investment contracts that are held at contract value. NAV is determined to be contract value, the value at which participants ordinarily transact. This practical expedient would not be used if it is determined to be probable that the Fund will sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan Administrator believes that the Plan's valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

**ELEVATE CARE, INC. 401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

6. Fair value measurements (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

Investments at fair value as of December 31, 2021:

December 31, 2021	Level 1	Total
Mutual funds	\$ 3,910,889	\$ 3,910,889
Interest-bearing cash*		21,466
Common collective trust fund measured at NAV**		4,542,758
Total investments at fair value	\$ 3,910,889	\$ 8,475,113

Investments at fair value as of December 31, 2020:

December 31, 2020	Level 1	Total
Mutual funds	\$ 3,656,030	\$ 3,656,030
Interest-bearing cash*		946,860
Common collective trust fund measured at NAV**		3,846,760
Total investments at fair value	\$ 3,656,030	\$ 8,449,650

*Valued at cost which approximates fair value.

**Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

**ELEVATE CARE, INC. 401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

7. Party-in-interest transactions

Some of the Plan's investments are shares of interest-bearing cash accounts managed by the Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

8. Plan termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in all of their account balances.

9. Tax status

The Plan, a mass-submitter prototype plan, obtained its latest determination letter on June 30, 2020, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (the Code). The Plan Administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Code.

10. Reconciliation of the financial statements to the Form 5500

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

December 31,	2021	2020
Net assets available for benefits per the financial statements	\$ 8,667,075	\$ 8,695,282
Liability to participants for excess contributions received on the financial statements	72,567	46,146
Net assets available for benefits per the Form 5500	\$ 8,739,642	\$ 8,741,428

**ELEVATE CARE, INC. 401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

10. Reconciliation of the financial statements to the Form 5500 (continued)

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

<u>Year ended December 31, 2021</u>	
Benefits paid to participants per the financial statements	\$ 1,478,717
Prior year excess contributions refunded in 2021	46,146
Benefits paid to participants per the Form 5500	<u>\$ 1,524,863</u>

The following is a reconciliation of contributions per the financial statements to the Form 5500:

<u>Year ended December 31, 2021</u>	
Contributions per the financial statements	\$ 965,932
Liability to participants for excess contributions received	72,567
Contributions per the Form 5500	<u>\$ 1,038,499</u>

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

<u>Year ended December 31, 2021</u>	
Decrease in net assets available for benefits per the financial statements	\$ (28,207)
Liability to participants for excess contributions received	72,567
Prior year excess contributions paid in 2021	(46,146)
Decrease in net assets available for benefits per the Form 5500	<u>\$ (1,786)</u>

**ELEVATE CARE, INC. 401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) PLAN**

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021

Employer Identification Number 36-3223168

Plan Number 002

Schedule H, Part IV, Line 4i – Schedule of assets (held at end of year)

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current value
Participant-directed 401(k) investments:				
Mutual funds:				
American Funds	American Funds	American Funds 2010 Target Date Retirement Fund	**	\$ 16
American Funds	American Funds	American Funds 2015 Target Date Retirement Fund	**	17
American Funds	American Funds	American Funds 2020 Target Date Retirement Fund	**	3,248
American Funds	American Funds	American Funds 2025 Target Date Retirement Fund	**	4,900
American Funds	American Funds	American Funds 2030 Target Date Retirement Fund	**	84,853
American Funds	American Funds	American Funds 2035 Target Date Retirement Fund	**	44,299
American Funds	American Funds	American Funds 2040 Target Date Retirement Fund	**	4,315
American Funds	American Funds	American Funds 2045 Target Date Retirement Fund	**	4,426
American Funds	American Funds	American Funds 2050 Target Date Retirement Fund	**	3,289
American Funds	American Funds	American Funds 2055 Target Date Retirement Fund	**	36,197
American Funds	American Funds	American Funds 2060 Target Date Retirement Fund	**	33,461
American Funds	American Funds	American Funds American Balanced Fund	**	911,081
American Funds	American Funds	American Funds Capital World Growth and Income Fund	**	393,684
American Funds	American Funds	American Funds New World Fund	**	96,273
American Funds	American Funds	American Funds Small-Cap World Fund	**	71,262
Dodge & Cox	Dodge & Cox	Dodge & Cox Income Fund	**	210,112
T. Rowe Price	T. Rowe Price	T. Rowe Price Blue Chip Growth Fund	**	699,990
T. Rowe Price	T. Rowe Price	T. Rowe Price Value Fund	**	201,498
Vanguard	Vanguard	Vanguard 500 Index Fund	**	249,495
Vanguard	Vanguard	Vanguard Mid-Cap Index Fund	**	240,309
Vanguard	Vanguard	Vanguard International Value Fund	**	1,834
Vanguard	Vanguard	Vanguard Small-Cap Value Index Fund	**	98,588
Vanguard	Vanguard	Vanguard Small-Cap Growth Index Fund	**	252,022
Vanguard	Vanguard	Vanguard Total International Bond Index Fund	**	28,009
William Blair Funds	William Blair	William Blair International Leaders Fund	**	237,711
Total mutual funds				3,910,889

**ELEVATE CARE, INC. 401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) PLAN**

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2021

Employer Identification Number 36-3223168

Plan Number 002

Schedule H, Part IV, Line 4i – Schedule of assets (held at end of year)

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current value
Participant-directed 401(k) investments: (continued)				
Common collective trust fund:				
	Reliance Trust	Reliance Trust Stable Value Fund	**	\$ 4,542,758
*	Mid Atlantic Trust	Mid Atlantic Master Cash Account	**	21,466
Total investments				8,475,113
*	Notes receivable from participants	Interest rates range from 4.25% to 6.50%		270,257
Total assets held at end of year				\$ 8,745,370

*Represents a party-in-interest.

**Cost information is not required for participant-directed investments.

**ELEVATE CARE, INC. 401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) PLAN**

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

YEAR ENDED DECEMBER 31, 2021

Employer Identification Number 36-3223168

Plan Number 002

Schedule H, Part IV, Line 4a – Schedule of delinquent participant contributions

Participant contributions transferred late to Plan		Total that constitutes nonexempt prohibited transactions		Total fully corrected under VFCP and PTE 2002-51
Check here if late participant loan repayments are included		Contributions not corrected	Contributions corrected outside VFCP	
	☒			
Period ended February 3, 2020	\$ 5,010		\$ 5,010	
Period ended February 10, 2020	2,284		2,284	
Period ended March 9, 2020	2,472		2,472	
Period ended March 25, 2020	2,606		2,606	
Period ended March 27, 2020	7,117		7,117	
Period ended March 31, 2020	6,371		6,371	
Period ended April 13, 2020	9,801		9,801	
Period ended April 15, 2020	3,237		3,237	
Period ended April 27, 2020	13,396		13,396	
Period ended May 7, 2020	3,404		3,404	
Period ended May 14, 2020	2,286		2,286	
Period ended May 20, 2020	32,567		32,567	
Period ended May 27, 2020	921		921	
Period ended May 28, 2020	4,167		4,167	
Period ended December 23, 2020	3,116		3,116	
Total	\$ 98,755		\$ 98,755	

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 Elevate Care, Inc. 401(k) Plan	<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;">002</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/2000</td> </tr> </table>	1b Three-digit plan number (PN) ▶	002	1c Effective date of plan 01/01/2000	
1b Three-digit plan number (PN) ▶	002				
1c Effective date of plan 01/01/2000					
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) Elevate Care, Inc. 5454 W. Fargo Skokie IL 60077	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 36-3223168</td> </tr> <tr> <td>2c Plan Sponsor's telephone number (184) 767-4545</td> </tr> <tr> <td>2d Business code (see instructions) 541600</td> </tr> </table>	2b Employer Identification Number (EIN) 36-3223168	2c Plan Sponsor's telephone number (184) 767-4545	2d Business code (see instructions) 541600	
2b Employer Identification Number (EIN) 36-3223168					
2c Plan Sponsor's telephone number (184) 767-4545					
2d Business code (see instructions) 541600					

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	<i>Jeff Goldstein</i>	9/20/2022	Jeff Goldstein
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Jeff Goldstein</i>	9/20/2022	Jeff Goldstein
	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 1,567
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..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		 6a(1) 1,151 6a(2) 920 6b 47 6c 335 6d 1,302 6e 1 6f 1,303 6g 516 6h 13
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2H 2J 2K 2T 3D 3H 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) ☐ 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 _____

**ELEVATE CARE, INC.
401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) PLAN**

FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

DECEMBER 31, 2021 AND 2020

**ELEVATE CARE, INC. 401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) PLAN**

DECEMBER 31, 2021 AND 2020

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Independent Auditors' Report

Plan Administrator and Board of Trustees
Elevate Care, Inc. 401(k) Plan

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

We have performed an audit of the financial statements of Elevate Care, Inc. 401(k) Plan f/k/a Health & Home Management and Elevate Care 401(k) 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) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and 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 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 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section—

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of Elevate Care, Inc. 401(k) Plan f/k/a Health & Home Management and Elevate Care 401(k) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, 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 Elevate Care, Inc. 401(k) Plan f/k/a Health & Home Management and Elevate Care 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are 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.

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Elevate Care, Inc. 401(k) Plan f/k/a Health & Home Management and Elevate Care 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Elevate Care, Inc. 401(k) Plan f/k/a Health & Home Management and Elevate Care 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2021 and delinquent participant contributions for the year ended December 31, 2021, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor'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. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, have been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditors' Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of Elevate Care, Inc. 401(k) Plan f/k/a Health & Home Management and Elevate Care 401(k) Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor'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 a qualified institution. In our report dated September 20, 2021, we indicated that (a) 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, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Ostrow Reisin Berk & Abrams, Ltd.

September 15, 2022

**ELEVATE CARE, INC. 401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,	2021	2020
Assets:		
Investments	\$ 8,475,113	\$ 8,449,650
Receivables:		
Employer contributions	3,326	684
Participant contributions	17,809	14,893
Notes receivable from participants	270,257	317,201
Other receivables	140	
Total receivables	291,532	332,778
Total assets	8,766,645	8,782,428
Liabilities:		
Accounts payable	27,003	41,000
Liability to participants for excess contributions received	72,567	46,146
Total liabilities	99,570	87,146
Net assets available for benefits	\$ 8,667,075	\$ 8,695,282

See notes to financial statements.

**ELEVATE CARE, INC. 401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) 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	\$ 572,020
Interest and dividend income	38,393
Other income	945
Total investment income	611,358
Interest on participant loans	10,489
Contributions:	
Participants	568,865
Employer	23,903
Rollover	373,164
Total contributions	965,932
Total additions	1,587,779
Deductions from net assets attributed to:	
Benefits paid to participants	1,478,717
Administrative expenses	137,269
Total deductions	1,615,986
Net decrease	(28,207)
Net assets available for benefits:	
Beginning of year	8,695,282
End of year	\$ 8,667,075

See notes to financial statements.

**ELEVATE CARE, INC. 401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS

1. Description of the Plan

The following description of Elevate Care, Inc. 401(k) Plan f/k/a Health & Home Management and Elevate Care 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

General:

Effective October 1, 2021, the Plan name changed from Health & Home Management and Elevate Care 401(k) Plan to Elevate Care, Inc. 401(k) Plan.

The Plan is a defined-contribution plan that was adopted on January 1, 2000, covering all full-time employees of Elevate Care Riverwoods, LLC, Elevate Care Irving Park, LLC, Elevate Care Northbrook, LLC, Elevate Care Niles, LLC, Elevate Care Chicago North, LLC, Elevate Care Waukegan, Elevate Care, Inc., Elevate Care North Branch, LLC, Elevate Care Country Club Hills, LLC, Fargo Consulting Group, LLC and Fargo Consulting Group II, LLC (collectively, the Company) who have attained the age of 21 or older and have completed at least one hour of service.

Effective March 27, 2020, Glen Health & Home Management Inc. split into Fargo Consulting Group, LLC and Fargo Consulting Group II, LLC. Participants were automatically transferred and continued to participate in the Plan. Effective December 31, 2021, Fargo Consulting Group, LLC and Fargo Consulting Group II, LLC are no longer in the Plan. The participants for these entities are no longer employees of the Company and are no longer eligible to participate in the Plan.

Effective September 1, 2020, Elevate Care North Branch, LLC became a participating employer in the Plan. Employees were eligible to participate in the Plan immediately.

Effective October 1, 2021, Elevate Care Country Club Hills, LLC became a participating employer in the Plan. Employees were eligible to participate in the Plan immediately.

Employees may enter the Plan each year on January 1 and July 1. Plan participants may modify their deferral elections on January 1 and July 1.

**ELEVATE CARE, INC. 401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

1. Description of the Plan (continued)

Contributions:

Each year, participants may contribute up to 100% of eligible compensation. Participants who have attained the age of 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. Contributions are limited in accordance with Internal Revenue Service (IRS) regulations. The Plan permits discretionary matching contributions by the Company. For the year ended December 31, 2021, the Company contributed 25% of each participant's first 4% of eligible compensation (a total of 1%). All participants are eligible for matching contributions.

In addition, the Company may make annual discretionary profit-sharing contributions. Employees must have completed one year of service and be employed on the last day of the year to be eligible for such discretionary contributions.

Participant accounts:

Each participant directs their individual investments including their share of allocated Company contributions into various investment options offered by the Plan. Each participant's account is credited with contributions, appreciation (depreciation) in fair value of investments and interest and dividend income. Allocations are based on participant earnings or account balances as defined by the Plan. Certain investments of the Plan as of December 31, 2020 are nonparticipant-directed. See Note 5.

Vesting:

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in employer contributions, plus actual earnings thereon, is based on years of credited service. A participant is 20% vested after two years of credited service and an additional 20% vested after each additional year of credited service.

**ELEVATE CARE, INC. 401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

1. Description of the Plan (continued)

Participant loans:

Loans are available to Plan participants at Prime (3.25% as of December 31, 2021 and 2020) plus 1.00% at the time of issuance. Interest rates on outstanding loans ranged from 4.25% to 6.50% at December 31, 2021 and 2020. The minimum loan is \$1,000 and the maximum amount is equal to the lesser of \$50,000 reduced by the highest outstanding loan balance in the participant's account during the prior twelve-month period or 50% of their vested account balance. Principal and interest is paid ratably through payroll deductions. All loans must be repaid over a five-year period, unless the loan is for the purchase of a principal residence, for which the term of the loan may be as long as 30 years. Loan defaults are treated as distributions. The loans are secured by the balance in the participant's account.

Payment of benefits:

Upon retirement, death or disability, a participant becomes 100% vested in his or her account. Upon termination of service, a participant is entitled to receive only the vested percentage of his or her account balance. If a participant's vested balance does not exceed \$5,000, then the vested balance may only be distributed in a single lump-sum payment. Any balance that exceeds \$5,000 may be received as a single lump-sum payment or as partial withdrawals. Payments may be received as a cash distribution or rolled directly into an eligible retirement plan as an eligible rollover distribution.

The Plan also allows in-service withdrawals from a participant's vested account balance for hardship withdrawals or upon attaining the age of 65.

Forfeitures:

If a participant terminates employment and is less than 100% vested in the employer account, then the participant will forfeit the nonvested portion of the employer account. Forfeitures are retained in the Plan and will first be used to pay administrative expenses. Any remaining amounts will be used to reduce future employer contributions payable under the Plan. Forfeitures of \$11,239 were used to pay expenses during the year ended December 31, 2021.

**ELEVATE CARE, INC. 401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

2. Summary of significant accounting policies

Basis of accounting:

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America.

Investment valuation and income recognition:

The Plan's investments are stated 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. See Note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest is recognized on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Notes receivable from participants:

As described in Note 1, the Plan allows participants to borrow against their vested account balances and the loans are secured by the participants' account balances. Participant loans are reported at their unpaid principal balance plus any accrued but unpaid interest. The Plan is required to review the collectibility of the outstanding loan balances and record an allowance for loans considered to be uncollectible. As of December 31, 2021 and 2020, an allowance for uncollectible loans was not necessary.

Contributions:

Participants' contributions are recognized by the Plan when withheld from the participants' paychecks by the Company.

Administrative expenses:

All administrative costs, charges and expenses are paid by the Plan to the extent not paid by the Company.

**ELEVATE CARE, INC. 401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

2. Summary of significant accounting policies (continued)

Expense offset arrangements:

Fees incurred by the Plan for the investment management services are included in net appreciation (depreciation) in fair value of investments, as they are paid through revenue sharing, rather than a direct payment.

Payment of benefits:

Benefits are recorded when paid.

Use of estimates:

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits as of the end of the Plan year and the reported amounts of changes in net assets available for benefits during the period. Accordingly, actual results could differ from those estimates.

Subsequent events:

The Plan Administrator has reviewed and evaluated subsequent events through September 15, 2022, the date the financial statements were available to be issued.

Effective January 1, 2022, the Plan allows Roth 401(k) “after-tax” contributions.

3. Risks and uncertainties

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

**ELEVATE CARE, INC. 401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

4. Investments (prepared and certified by Mid Atlantic Trust Company (the Trustee))

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the following information related to participant-directed investments included in these financial statements and supplemental schedule of assets (held at end of year) was obtained from data that has been prepared and certified to as complete and accurate by the Trustee as of December 31, 2021 and 2020.

December 31,	2021	2020
Mutual funds	\$ 3,910,889	\$ 3,656,030
Common collective trust fund	4,542,758	3,846,760
Interest-bearing cash	21,466	24,893
Total	\$ 8,475,113	\$ 7,527,683

The Trustee certified to the completeness and accuracy of interest and dividend income of \$38,393, interest on participant loans of \$10,489, and net appreciation in fair value of investments of \$572,020 for the year ended December 31, 2021.

Notes receivable from participants of \$270,257 and \$317,201 are also certified by the Trustee at December 31, 2021 and 2020, respectively.

The Trustee did not certify to the completeness and accuracy of the nonparticipant-directed investments as of December 31, 2020.

**ELEVATE CARE, INC. 401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

5. Investments – other nonparticipant-directed investments not held at Mid Atlantic Trust Company

Some of the investments were nonparticipant-directed and arose from profit-sharing contributions to a predecessor plan.

At December 31, 2021 and 2020, these investments were comprised of the following:

December 31,	2021	2020
Total investments, beginning of year	\$ 921,967	\$ 918,071
Interest		4,739
Transfers to participant-directed investments	(921,967)	(843)
Total investments, end of year	\$ -	\$ 921,967

Change in nonparticipant-directed investments is comprised of the following:

Year ended December 31, 2021	
Transfers to participant-directed investments	\$ (921,967)

**ELEVATE CARE, INC. 401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

6. Fair value measurements

There are three levels of inputs used to measure fair value. The definition of each input is described below:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
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Level 2	Inputs to the valuation methodology include: • 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.
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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.
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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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

**ELEVATE CARE, INC. 401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

6. Fair value measurements (continued)

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

Mutual funds:	Valued at the market value of shares held by the Plan at year-end.
Interest-bearing cash:	Valued at cost which approximates fair value.
Common collective trust fund:	Valued at the net asset value (NAV) of units held by the Plan. The Fund invests in fully benefit-responsive investment contracts that are held at contract value. NAV is determined to be contract value, the value at which participants ordinarily transact. This practical expedient would not be used if it is determined to be probable that the Fund will sell the investment for an amount different from the reported NAV. Participant transactions (purchases and sales) may occur daily.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan Administrator believes that the Plan's valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

**ELEVATE CARE, INC. 401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

6. Fair value measurements (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

Investments at fair value as of December 31, 2021:

December 31, 2021	Level 1	Total
Mutual funds	\$ 3,910,889	\$ 3,910,889
Interest-bearing cash*		21,466
Common collective trust fund measured at NAV**		4,542,758
Total investments at fair value	\$ 3,910,889	\$ 8,475,113

Investments at fair value as of December 31, 2020:

December 31, 2020	Level 1	Total
Mutual funds	\$ 3,656,030	\$ 3,656,030
Interest-bearing cash*		946,860
Common collective trust fund measured at NAV**		3,846,760
Total investments at fair value	\$ 3,656,030	\$ 8,449,650

*Valued at cost which approximates fair value.

**Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

**ELEVATE CARE, INC. 401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

7. Party-in-interest transactions

Some of the Plan's investments are shares of interest-bearing cash accounts managed by the Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

8. Plan termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in all of their account balances.

9. Tax status

The Plan, a mass-submitter prototype plan, obtained its latest determination letter on June 30, 2020, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (the Code). The Plan Administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Code.

10. Reconciliation of the financial statements to the Form 5500

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

December 31,	2021	2020
Net assets available for benefits per the financial statements	\$ 8,667,075	\$ 8,695,282
Liability to participants for excess contributions received on the financial statements	72,567	46,146
Net assets available for benefits per the Form 5500	\$ 8,739,642	\$ 8,741,428

**ELEVATE CARE, INC. 401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

10. Reconciliation of the financial statements to the Form 5500 (continued)

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

<u>Year ended December 31, 2021</u>	
Benefits paid to participants per the financial statements	\$ 1,478,717
Prior year excess contributions refunded in 2021	46,146
Benefits paid to participants per the Form 5500	<u>\$ 1,524,863</u>

The following is a reconciliation of contributions per the financial statements to the Form 5500:

<u>Year ended December 31, 2021</u>	
Contributions per the financial statements	\$ 965,932
Liability to participants for excess contributions received	72,567
Contributions per the Form 5500	<u>\$ 1,038,499</u>

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

<u>Year ended December 31, 2021</u>	
Decrease in net assets available for benefits per the financial statements	\$ (28,207)
Liability to participants for excess contributions received	72,567
Prior year excess contributions paid in 2021	(46,146)
Decrease in net assets available for benefits per the Form 5500	<u>\$ (1,786)</u>

**ELEVATE CARE, INC. 401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) PLAN**

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021

Employer Identification Number 36-3223168

Plan Number 002

Schedule H, Part IV, Line 4i – Schedule of assets (held at end of year)

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current value
Participant-directed 401(k) investments:				
Mutual funds:				
American Funds	American Funds	American Funds 2010 Target Date Retirement Fund	**	\$ 16
American Funds	American Funds	American Funds 2015 Target Date Retirement Fund	**	17
American Funds	American Funds	American Funds 2020 Target Date Retirement Fund	**	3,248
American Funds	American Funds	American Funds 2025 Target Date Retirement Fund	**	4,900
American Funds	American Funds	American Funds 2030 Target Date Retirement Fund	**	84,853
American Funds	American Funds	American Funds 2035 Target Date Retirement Fund	**	44,299
American Funds	American Funds	American Funds 2040 Target Date Retirement Fund	**	4,315
American Funds	American Funds	American Funds 2045 Target Date Retirement Fund	**	4,426
American Funds	American Funds	American Funds 2050 Target Date Retirement Fund	**	3,289
American Funds	American Funds	American Funds 2055 Target Date Retirement Fund	**	36,197
American Funds	American Funds	American Funds 2060 Target Date Retirement Fund	**	33,461
American Funds	American Funds	American Funds American Balanced Fund	**	911,081
American Funds	American Funds	American Funds Capital World Growth and Income Fund	**	393,684
American Funds	American Funds	American Funds New World Fund	**	96,273
American Funds	American Funds	American Funds Small-Cap World Fund	**	71,262
Dodge & Cox	Dodge & Cox	Dodge & Cox Income Fund	**	210,112
T. Rowe Price	T. Rowe Price	T. Rowe Price Blue Chip Growth Fund	**	699,990
T. Rowe Price	T. Rowe Price	T. Rowe Price Value Fund	**	201,498
Vanguard	Vanguard	Vanguard 500 Index Fund	**	249,495
Vanguard	Vanguard	Vanguard Mid-Cap Index Fund	**	240,309
Vanguard	Vanguard	Vanguard International Value Fund	**	1,834
Vanguard	Vanguard	Vanguard Small-Cap Value Index Fund	**	98,588
Vanguard	Vanguard	Vanguard Small-Cap Growth Index Fund	**	252,022
Vanguard	Vanguard	Vanguard Total International Bond Index Fund	**	28,009
William Blair Funds	William Blair	William Blair International Leaders Fund	**	237,711
Total mutual funds				3,910,889

**ELEVATE CARE, INC. 401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) PLAN**

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2021

Employer Identification Number 36-3223168

Plan Number 002

Schedule H, Part IV, Line 4i – Schedule of assets (held at end of year)

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment	(d) Cost	(e) Current value
Participant-directed 401(k) investments: (continued)				
Common collective trust fund:				
	Reliance Trust	Reliance Trust Stable Value Fund	**	\$ 4,542,758
*	Mid Atlantic Trust	Mid Atlantic Master Cash Account	**	21,466
		Total investments		8,475,113
*	Notes receivable from participants	Interest rates range from 4.25% to 6.50%		270,257
	Total assets held at end of year			\$ 8,745,370

*Represents a party-in-interest.

**Cost information is not required for participant-directed investments.

**ELEVATE CARE, INC. 401(k) PLAN
F/K/A HEALTH & HOME MANAGEMENT
AND ELEVATE CARE 401(k) PLAN**

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

YEAR ENDED DECEMBER 31, 2021

Employer Identification Number 36-3223168

Plan Number 002

Schedule H, Part IV, Line 4a – Schedule of delinquent participant contributions

Participant contributions transferred late to Plan		Total that constitutes nonexempt prohibited transactions		Total fully corrected under VFCP and PTE 2002-51
Check here if late participant loan repayments are included		Contributions not corrected	Contributions corrected outside VFCP	
	☒			
Period ended February 3, 2020	\$ 5,010		\$ 5,010	
Period ended February 10, 2020	2,284		2,284	
Period ended March 9, 2020	2,472		2,472	
Period ended March 25, 2020	2,606		2,606	
Period ended March 27, 2020	7,117		7,117	
Period ended March 31, 2020	6,371		6,371	
Period ended April 13, 2020	9,801		9,801	
Period ended April 15, 2020	3,237		3,237	
Period ended April 27, 2020	13,396		13,396	
Period ended May 7, 2020	3,404		3,404	
Period ended May 14, 2020	2,286		2,286	
Period ended May 20, 2020	32,567		32,567	
Period ended May 27, 2020	921		921	
Period ended May 28, 2020	4,167		4,167	
Period ended December 23, 2020	3,116		3,116	
Total	\$ 98,755		\$ 98,755	