

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>PARAGON HEALTH, P.C. PROFIT SHARING 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>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>08/01/1997</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>38-3309299</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>269-341-4554</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>621111</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>08/01/1997</u>		2b Employer Identification Number (EIN) <u>38-3309299</u>		2c Plan Sponsor's telephone number <u>269-341-4554</u>		2d Business code (see instructions) <u>621111</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>08/01/1997</u>											
2b Employer Identification Number (EIN) <u>38-3309299</u>											
2c Plan Sponsor's telephone number <u>269-341-4554</u>											
2d Business code (see instructions) <u>621111</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>PARAGON HEALTH, P.C.</u> <u>2318 GULL ROAD</u> <u>KALAMAZOO, MI 49048</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.	09/22/2022	MARK RUMMEL, MD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	264
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)	184
a(2) Total number of active participants at the end of the plan year		6a(2)	137
b Retired or separated participants receiving benefits.....		6b	13
c Other retired or separated participants entitled to future benefits		6c	95
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	245
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	245
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	245
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	20
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 2G 2J 2K 2R 3D 2T			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 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 PARAGON HEALTH, P.C. PROFIT SHARING 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PARAGON HEALTH, P.C.	D Employer Identification Number (EIN) 38-3309299	

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 GREENLEAF TRUST 38-3416104
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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)

GREENLEAF TRUST

38-3416104

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 37 38 57 64 65	TRUSTEE	64278	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRINK, KEY CHLUDZINSKI, P.C.

38-3061223

(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	AUDITOR	9200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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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
(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 PARAGON HEALTH, P.C. PROFIT SHARING 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 PARAGON HEALTH, P.C.	D Employer Identification Number (EIN) 38-3309299	

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)	854560	1247291
(2) Participant contributions.....	1b(2)		35982
(3) Other	1b(3)	16411	16182
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1995138	1142627
(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)	229875	311515
(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)	42831709	48741314
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	17515784	17761319

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	63443477	69256230
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	63443477	69256230

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1918476	
(B) Participants	2a(1)(B)	1426593	
(C) Others (including rollovers).....	2a(1)(C)	185801	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		3530870
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	138	
(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)	15305	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		15443
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(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)		6495092
c Other income.....	2c		1658511
d Total income. Add all income amounts in column (b) and enter total.....	2d		11699916
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5813685	
(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)		5813685
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	73478	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		73478
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5887163
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		5812753
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: **BRINK, KEY CHLUDZINSKI, P.C.**

(2) EIN: **38-3061112**

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		5982

	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 <u>PARAGON HEALTH, P.C. PROFIT SHARING 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PARAGON HEALTH, P.C.</u>	D Employer Identification Number (EIN) <u>38-3309299</u>

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	<u>0</u>
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): _____ 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
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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 _____

Paragon Health, P.C. Profit Sharing 401(k) Plan

***Financial Statements
and
Supplemental Schedules***

**For the Years Ended
December 31, 2021 and 2020**

Paragon Health, P.C. Profit Sharing 401(k) Plan

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INDEPENDENT AUDITOR'S REPORT

August 29, 2022

To the Plan Administration
Paragon Health, P.C. Profit Sharing 401(k) Plan
2318 Gull Road
Kalamazoo, MI 49048

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

We have performed an audit of the accompanying financial statements of the **Paragon Health, P.C. Profit Sharing 401(k) Plan** (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, 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 Plan's 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 (qualified institution), 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.

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

- the amounts and disclosures in the 2021 financial statements referred to above, 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 2021 financial statements referred to above 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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. 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 Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

Auditor's 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 of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the 2021 financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 the 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 the 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 2021 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.

Supplemental Schedules Required by ERISA

The supplemental Schedule of Delinquent Contributions for the year ended December 31, 2021 and Schedule of Assets (Held at End of Year) as of December 31, 2021 are presented for purposes of additional analysis and are not a required part of the 2021 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 2021 financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the 2021 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2021 financial statements or to the 2021 financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. 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.

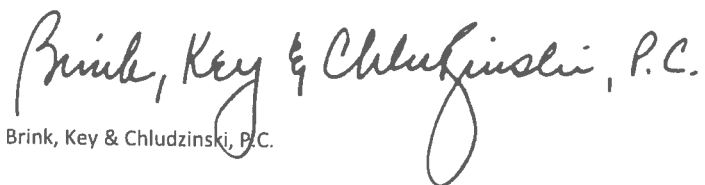
In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations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

Other Matter – Report on the 2020 Financial Statements

We were engaged to audit the statement of net assets available for benefits of the plan as of December 31, 2020, and the related statements of changes in net assets available for benefits for the year then ended. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by the qualified institution. Our audit report, dated July 20, 2021, 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 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 information certified by the qualified institution, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.


Brink, Key & Chludzinski, P.C.

Paragon Health, P.C. Profit Sharing 401(k) Plan

Statements of Net Assets Available for Benefits December 31, 2021 and 2020

	2021	2020
Assets:		
Investments, at Fair Value:		
Money Market Account	\$ 1,142,627	\$ 1,995,138
Mutual Funds	48,741,314	42,831,709
Self-Directed Brokerage Accounts	17,761,319	17,515,784
Total Investments	67,645,260	62,342,631
Receivables:		
Company Contributions	1,247,291	854,560
Notes Receivable from Participants	311,515	229,875
Participant Contributions	35,982	-
Interest and Dividend Income	16,182	16,411
Total Receivables	1,610,970	1,100,846
Net Assets Available for Benefits	<u>\$ 69,256,230</u>	<u>\$ 63,443,477</u>

*See accompanying independent auditor's report
and notes to financial statements*

Paragon Health, P.C. Profit Sharing 401(k) Plan

Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2021 and 2020

	2021	2020
Additions to Plan Assets Attributed to:		
Investment Income:		
Net Appreciation in Fair Value of Investments	\$ 5,782,784	\$ 7,238,651
Interest and Dividend Income	2,370,957	1,440,122
Total Investment Income	8,153,741	8,678,773
Contributions:		
Company	1,918,476	1,754,758
Participant	1,426,593	1,383,288
Rollover	185,801	20,289
Total Contributions	3,530,870	3,158,335
Interest on Notes Receivable from Participants	15,305	13,281
Total Additions	11,699,916	11,850,389
Deductions from Plan Assets Attributed to:		
Benefits Paid to Participants	5,813,685	2,304,070
Administrative Expenses	73,478	74,824
Total Deductions	5,887,163	2,378,894
Net Increase	5,812,753	9,471,495
Net Assets Available for Benefits - Beginning of Year	63,443,477	53,971,982
Net Assets Available for Benefits - End of Year	\$ 69,256,230	\$ 63,443,477

See accompanying independent auditor's report
and notes to financial statements

Paragon Health, P.C. Profit Sharing 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

Note 1 – Description of the Plan

The following description of the Paragon Health, P.C. Profit Sharing 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan established August 1, 1997 and restated effective January 1, 2021. The Plan is sponsored by Paragon Health, P.C. (the “Company”). The Plan covers substantially all employees of the Company who have reached one year of service and are at least 18 years of age. To be eligible to receive the matching contribution and profit-sharing contribution, an employee must have reached one year of service, be at least 18 years of age and be employed by the Company on the last day of the Plan year. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may elect to contribute up to 100% of annual compensation, as defined by the Plan. Participants may designate these deferrals to be pre-tax, Roth, and after-tax contributions. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). The Company may make discretionary matching contributions and profit-sharing contributions determined annually by its board of directors. For the years ended December 31, 2021 and 2020, the Company elected to match up to the first 5% of contributions. For the years ended December 31, 2021 and 2020, the Company also elected to make a discretionary profit sharing contribution of 5.7% of eligible compensation, utilizing the integrated compensation method. Contributions are subject to certain IRS limitations.

Participant Accounts

Each participant’s account is credited with the participant’s contributions, matching contributions and profit-sharing contributions, if any, and Plan earnings. Participant accounts are charged with an allocation of administrative expenses based on account balances for terminated participants or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account. Participants may direct the investment of their account balances into various investment options or may establish a segregated brokerage account in order to direct their investments.

See accompanying independent auditor’s report

Paragon Health, P.C. Profit Sharing 401(k) Plan

Notes to Financial Statements (Continued)

December 31, 2021 and 2020

Note 1 – Description of the Plan (Continued)

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their account is based on continuous service. The Company's contributions begin to vest after two years of service at a rate of 20% per year and are fully vested after six years of service. Participant accounts become fully vested in the event of death, total disability, and normal retirement while still employed.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Participants may have only one note outstanding at any time. The notes are secured by the balance in the participant's account. The note interest rate is set at 2% above the prime rate, as defined. The notes are repaid ratably through payroll deductions over a period of five years or less, unless for the purchase of a principal residence, in which case the note terms may exceed five years.

The Plan implemented certain features of the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act), which allowed the Plan's participants to take a loan up to \$100,000 or 100% of their account through September 23, 2020. Additionally, the Plan adopted the temporary loan repayment deferral provision of the CARES Act, which allowed qualified Plan participants who have Plan loan repayments to defer such repayments until December 31, 2020.

Payment of Benefits

On termination of service due to death, disability, separation, or retirement, a participant (or a participant's beneficiary in the event of death) may elect to receive a lump sum amount equal to the value of the participant's vested interest in his or her account, annual installments, or partial withdrawals, provided the minimum withdrawal is \$1,000. In-service distributions, as defined by the Plan, are allowed from all types of contributions. Hardship withdrawals, as defined by the Plan, are allowed from participants' elective deferrals and rollover accounts only.

In addition to the CARES Act provisions discussed in Notes Receivable from Participants, the Plan implemented certain features of the CARES Act that allowed the Plan's participants to take a COVID-19 related distribution up to \$100,000 from the Plan beginning on or after January 1, 2020 and before December 31, 2020. Additionally, plan participants were able to suspend required minimum distributions and delay the commencement date for required minimum distributions.

See accompanying independent auditor's report

Paragon Health, P.C. Profit Sharing 401(k) Plan

Notes to Financial Statements (Continued)

December 31, 2021 and 2020

Note 1 – Description of the Plan (Continued)

Forfeited Accounts

These accounts may be used to pay administrative expenses or may be allocated to participant accounts proportionately based on participant compensation. For the years ended December 31, 2021 and 2020, approximately \$18,000 and \$41,000 of forfeited accounts were used to pay administrative expenses, respectively. There were no forfeited accounts allocated to participant accounts for the years ended December 31, 2021 and 2020. At December 31, 2021 and 2020, the balance in the forfeited non-vested accounts totaled approximately \$40,000 and \$35,000, respectively.

Note 2 – Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for a discussion of fair value measurements.

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

Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of the Plan, of notes receivable from participants, and of benefit payments are charged directly to the participant's account and are included in administrative expenses. Total administrative expenses paid by the Plan for the years ended December 31, 2021 and 2020 were approximately \$73,000 and \$75,000, respectively. Investment related expenses are included in net appreciation of fair value of investments.

See accompanying independent auditor's report

Paragon Health, P.C. Profit Sharing 401(k) Plan

Notes to Financial Statements (Continued)
December 31, 2021 and 2020

Note 2 – Summary of Accounting Policies (Continued)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed as incurred. No allowance for credit losses has been recorded as of December 31, 2021 and 2020. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced, and a deemed distribution is recorded.

Payments of Benefits

Benefits are recorded when paid.

Subsequent Events

The Plan has evaluated subsequent events through August 29, 2022, the date the financial statements were available to be issued, and determined that no disclosure in these financial statements was necessary.

Note 3 – Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets.

Level 2 – Inputs to the valuation methodology include quoted prices for similar assets in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, other inputs that are observable, or can be corroborated by observable market data.

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

See accompanying independent auditor's report

Paragon Health, P.C. Profit Sharing 401(k) Plan

Notes to Financial Statements (Continued)

December 31, 2021 and 2020

Note 3 – Fair Value Measurements (Continued)

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

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

Money Market Account: Value of the account approximates carrying value.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. The mutual funds held by the Plan are deemed to be actively traded.

Investments Traded in Active Markets (Self-Directed Brokerage Accounts): Investments in common stock, fixed income securities, corporate bonds, government securities, and inflation protected securities, traded in active markets on national and international securities exchanges are valued at closing prices of the last business day of each period presented. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency.

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 believes its 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 different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

	Assets at Fair Value as of December 31, 2021			
	Level 1	Level 2	Level 3	Total
Money Market Account	\$ 1,142,627	\$ -	\$ -	\$ 1,142,627
Mutual Funds	48,741,314	-	-	48,741,314
Self-Directed Brokerage Accounts	14,198,429	3,562,890	-	17,761,319
Total Investments at Fair Value	<u>\$ 64,082,370</u>	<u>\$ 3,562,890</u>	<u>\$ -</u>	<u>\$ 67,645,260</u>

See accompanying independent auditor's report

Paragon Health, P.C. Profit Sharing 401(k) Plan

Notes to Financial Statements (Continued)

December 31, 2021 and 2020

Note 3 – Fair Value Measurements (Continued)

	Assets at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Money Market Account	\$ 1,995,138	\$ -	\$ -	\$ 1,995,138
Mutual Funds	42,831,709	-	-	42,831,709
Self-Directed Brokerage Accounts	15,763,057	1,752,727	-	17,515,784
Total Investments at Fair Value	<u>\$ 60,589,904</u>	<u>\$ 1,752,727</u>	<u>\$ -</u>	<u>\$ 62,342,631</u>

Note 4 – Information Certified by Greenleaf Trust

The Plan Administrator has elected the method of annual reporting compliance permitted by Section 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting Disclosure under ERISA. Accordingly, Greenleaf Trust, the trustee, has certified that the following data included in the accompanying financial statements and supplemental schedule are complete and accurate:

December 31,	2021	2020
Money Market Account	\$ 1,142,627	\$ 1,995,138
Mutual Funds	\$ 48,741,314	\$ 42,831,709
Self-Directed Brokerage Accounts	\$ 17,761,319	\$ 17,515,784
Notes Receivable from Participants	\$ 311,515	\$ 229,875
Interest and Dividend Income Receivable	\$ 16,182	\$ 16,411
Year Ended December 31,	2021	2020
Net Appreciation in Fair Value of Investments	\$ 5,782,784	\$ 7,238,651
Interest and Dividend Income	\$ 2,370,957	\$ 1,440,122
Interest on Notes Receivable from Participants	\$ 15,305	\$ 13,281

See accompanying independent auditor's report

Paragon Health, P.C. Profit Sharing 401(k) Plan

Notes to Financial Statements (Continued)

December 31, 2021 and 2020

Note 5 – Related Party and Party-In-Interest Transactions

For the years ended December 31, 2021 and 2020, the Plan made a direct payment to Greenleaf Trust of approximately \$64,300 and \$62,900, respectively. Greenleaf Trust is the trustee, as defined by the Plan; therefore, these transactions qualify as party-in-interest transactions. For the years ended December 31, 2021 and 2020, the Plan made a direct payment to Brink, Key and Chludzinski, P.C. (BKC) of \$9,200 and \$11,900, respectively. BKC is the auditor of the Plan; therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for additional investment management services are included in net appreciation in fair value of the investment. The Plan Sponsor pays directly any other fees related to the Plan's operations. Notes receivable from participants also qualify as party-in-interest transactions.

Note 6 – 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 would become 100% vested in the Company contributions.

Note 7 – Income Tax Status

The IRS has determined and informed Greenleaf Trust, the trustee of the Plan, by a letter dated June 30, 2020, that the Non-Standardized Pre-Approved Profit Sharing/Money Purchase/CODA Plan (the prototype plan upon which the Plan is based) is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter, the Plan Administrator believes the Plan is designed, and is currently being operated, in compliance with the applicable requirement of the IRS and, therefore, believes the Plan is qualified and tax-exempt.

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

See accompanying independent auditor's report

Paragon Health, P.C. Profit Sharing 401(k) Plan

Notes to Financial Statements (Continued)

December 31, 2021 and 2020

Note 8 – Risks and Uncertainties

On March 11, 2020 the World Health Organization declared a global pandemic due to the rising spread of the coronavirus known as COVID-19. The full impact of the COVID-19 outbreak continues to evolve as of the date of this report. This pandemic has adversely affected global economic activity and contributed to volatility in financial markets. Since the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, and related impact on the Plan's liquidity cannot be determined at this time.

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

See accompanying independent auditor's report

Supplemental Schedules

Paragon Health, P.C. Profit Sharing 401(k) Plan

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions
December 31, 2021

EIN: 38-3309299

Plan Number: 001

	Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions		Total Fully Corrected
	Check Here if Late Participant Loan Repayments are Included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP
				Under VFCP and PTE 2002-51
2020			\$	1,750
2021			\$	5,982

See accompanying independent auditor's report

Paragon Health, P.C. Profit Sharing 401(k) Plan

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

December 31, 2021

EIN: 38-3309299

Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Money Market Account -				
	Northern Institutional Treasury Portfolio Fund	Money Market Account	** \$	1,142,627
Mutual Funds:				
	T Rowe Price Retirement 2030 Fund	Mutual Fund, 666,112 shares	**	11,144,048
	T Rowe Price Retirement 2040 Fund	Mutual Fund, 390,032 shares	**	7,036,179
	Vanguard 500 Index Admiral Shares Fund	Mutual Fund, 12,599 shares	**	5,541,227
	Vanguard Total Bond Market Admiral Shares Fund	Mutual Fund, 240,543 shares	**	2,691,675
	Vanguard Small Cap Index Admiral Shares Fund	Mutual Fund, 18,378 shares	**	1,991,618
	William Blair Large Cap Fund	Mutual Fund, 75,896 shares	**	1,985,452
	Blackrock Equity Dividend Fund	Mutual Fund, 82,408 shares	**	1,784,964
	T Rowe Price Mid Cap Growth Fund	Mutual Fund, 15,066 shares	**	1,768,932
	Hartford International Opportunity Fund	Mutual Fund, 81,705 shares	**	1,646,355
	T Rowe Price Retirement 2020 Fund	Mutual Fund, 107,503 shares	**	1,596,423
	Wasatch Core Growth Institutional Fund	Mutual Fund, 15,481 shares	**	1,481,852
	T Rowe Price Mid Cap Value Fund	Mutual Fund, 44,035 shares	**	1,480,011
	Vanguard Short-term Investment Grade Fund	Mutual Fund, 132,238 shares	**	1,424,208
	Vanguard Total International Stock Index Admiral Fund	Mutual Fund, 40,528 shares	**	1,386,057
	Vanguard Mid Cap Index Admiral Shares Fund	Mutual Fund, 4,348 shares	**	1,371,628
	T Rowe Price Retirement 2045 Fund	Mutual Fund, 52,645 shares	**	974,977
	T Rowe Price Retirement 2050 Fund	Mutual Fund, 52,496 shares	**	970,130
	T Rowe Price Spectrum Conservative Allocation Fund	Mutual Fund, 23,994 shares	**	512,036
	T Rowe Price Retirement 2060 Fund	Mutual Fund, 24,061 shares	**	453,317
	T Rowe Price Retirement 2015 Fund	Mutual Fund, 25,646 shares	**	362,115
	Vanguard Intermediate Term Treasury Admiral Fund	Mutual Fund, 30,554 shares	**	345,564
	Delaware Small Cap Value Fund	Mutual Fund, 4,018 shares	**	327,736
	Matthews Pacific Tiger Fund	Mutual Fund, 5,481 shares	**	150,720
	Delaware Emerging Markets Fund	Mutual Fund, 5,382 shares	**	131,278
	Vanguard Inflation Protected Securities Admiral Fund	Mutual Fund, 2,739 shares	**	77,899
	Credit Suisse Commodity Return Strategy Fund	Mutual Fund, 2,376 shares	**	59,814
	Pimco Total Return Fund	Mutual Fund, 2,572 shares	**	26,413
	T Rowe Price Retirement Balanced Fund	Mutual Fund, 1,440 shares	**	18,686
	Total Mutual Funds			48,741,314
Self-Directed Brokerage Accounts				** 17,761,319
Total Investments				67,645,260
Other -				
*	Participant Loans	23 participant loans with maturities of 30 years or less and interest ranging from 5.25% to 6.75%	***	311,515
Total				\$ 67,956,775

* A party-in-interest as defined by ERISA.

** The cost of participant-directed investments is not required to be disclosed.

*** Basis of participant loans approximate current value.

See accompanying independent auditor's report

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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****Part I Annual Report Identification Information**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

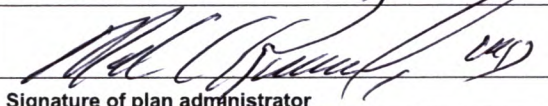
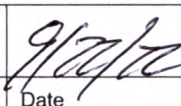
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ 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 Paragon Health, P.C. Profit Sharing 401(k) Plan	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 08/01/1997
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) Paragon Health, P.C. 2318 Gull Road Kalamazoo MI 49048	2b Employer Identification Number (EIN) 38-3309299 2c Plan Sponsor's telephone number (269) 341-4554 2d Business code (see instructions) 621111

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			Mark Rummel, MD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

01/01/2021-12/31/2021

Consolidation: Paragon Health

Schedule - 3.1

List Of Assets

			<i>Prior Period</i>	<i>Current</i>	<i>Current</i>	<i>Unrealized</i>
			<i>Ending Market Value</i>	<i>Market Unit</i>	<i>Market Value</i>	<i>Gain/(Loss)</i>
			<i>(Aggregate Market Value)</i>	<i>Price</i>		
Cash			0.00		0.00	
Short Term						
Northern Institutional Treasury Portfolio			1,142,627.15	1.00	1,142,627.15	0.00
1142627.15 Par Value						
24820139						
Northern Institutional Treasury Portfolio			74,283.42	1.00	74,283.42	0.00
74283.42 Par Value						
24820639						
Northern Institutional Treasury Portfolio			28,744.02	1.00	28,744.02	0.00
28744.02 Par Value						
24821339						
Northern Institutional Treasury Portfolio			140,135.17	1.00	140,135.17	0.00
140135.17 Par Value						
24821439						
Northern Institutional Treasury Portfolio			3,315.68	1.00	3,315.68	0.00
3315.68 Par Value						
24821539						
Total Short Term			1,389,105.44		1,389,105.44	0.00
Investments						
U S Government						
United States Treas Nts	2.000%	05/31/2024	53,062.50	1.027656	51,382.80	-1,679.70
50000 Par Value						
24821439						
United States Treas Nts	1.625%	08/15/2029	50,571.88	1.01543	50,771.50	199.62
50000 Par Value						
24821439						

01/01/2021-12/31/2021

Consolidation: Paragon Health

Schedule - 3.1

List Of Assets

			<i>Prior Period</i>		<i>Current</i>	<i>Current</i>	<i>Unrealized</i>
			<i>Ending Market Value</i>		<i>Market Unit</i>	<i>Market Value</i>	<i>Gain/(Loss)</i>
			<i>(Aggregate Market Value)</i>		<i>Price</i>		
United States Treas Nts	2.125%	05/15/2025	107,152.35		1.035469	103,546.90	-3,605.45
100000 Par Value							
24821439							
United States Treas Nts	1.625%	05/15/2026	106,476.60		1.017305	101,730.50	-4,746.10
100000 Par Value							
24821439							
United States Treasury Note	2.375%	05/15/2027	65,666.42		1.056133	63,367.98	-2,298.44
60000 Par Value							
24821439							
Total U S Government			382,929.75			370,799.68	-12,130.07
Corporate Debt & Equity							
Abbvie Inc	2.600%	11/21/2024	26,517.00		1.037885	25,947.12	-569.88
25000 Par Value							
24821439							
Adobe Systems Inc			21,505.16		567.06	24,383.58	2,878.42
43 Shares							
24821439							
Adobe Systems Inc			1,943.50		567.06	2,268.24	324.74
4 Shares							
24821539							
Alphabet Inc. Cl C			54,308.28		2,893.59	89,701.29	35,393.01
31 Shares							
24821439							
Alphabet Inc. Cl C			5,796.06		2,893.59	8,680.77	2,884.71
3 Shares							
24821539							

01/01/2021-12/31/2021

Consolidation: Paragon Health

Schedule - 3.1

List Of Assets

			<i>Prior Period</i>	<i>Current</i>	<i>Current</i>	<i>Unrealized</i>
			<i>Ending Market Value</i>	<i>Market Unit</i>	<i>Market Value</i>	<i>Gain/(Loss)</i>
			<i>(Aggregate Market Value)</i>	<i>Price</i>		
Amazon.com Inc			65,440.69	3,334.34	66,686.80	1,246.11
20 Shares						
24821439						
Amazon.com Inc			10,083.13	3,334.34	10,003.02	-80.11
3 Shares						
24821539						
American Tower Corporation			36,218.92	292.50	42,997.50	6,778.58
147 Shares						
24821439						
American Tower Corporation			7,624.03	292.50	9,360.00	1,735.97
32 Shares						
24821539						
Amgen Inc	1.900%	02/21/2025	26,277.52	1.019062	25,476.55	-800.97
25000 Par Value						
24821439						
Apple Inc	2.850%	05/11/2024	26,956.21	1.04171	26,042.74	-913.47
25000 Par Value						
24821439						
Apple Inc			31,845.60	177.57	42,616.80	10,771.20
240 Shares						
24821439						
Apple Inc			2,560.82	177.57	3,373.83	813.01
19 Shares						
24821539						
ASG Managed Futures Strategy Fund N			25,099.20	10.06	24,410.00	-689.20
2426.441 Shares						
24820639						

01/01/2021-12/31/2021

Consolidation: Paragon Health

Schedule - 3.1

List Of Assets

	<i>Prior Period</i> <i>Ending Market Value</i> <i>(Aggregate Market Value)</i>	<i>Current</i> <i>Market Unit</i> <i>Price</i>	<i>Current</i> <i>Market Value</i>	<i>Unrealized</i> <i>Gain/(Loss)</i>
ASG Managed Futures Strategy Fund N 5866.348 Shares 24821339	61,965.39	10.06	59,015.46	-2,949.93
ASG Managed Futures Strategy Fund N 9559.897 Shares 24821439	100,684.85	10.06	96,172.56	-4,512.29
Berkshire Hathaway Cl B 299 Shares 24821439	69,329.13	299.00	89,401.00	20,071.87
Berkshire Hathaway Cl B 26 Shares 24821539	6,047.90	299.00	7,774.00	1,726.10
Blackrock Equity Divid Fd K 82408.331 Shares 24820139	1,694,135.38	21.66	1,784,964.45	90,829.07
Booking Holdings Inc 15 Shares 24821439	33,409.05	2,399.23	35,988.45	2,579.40
Booking Holdings Inc 2 Shares 24821539	4,532.90	2,399.23	4,798.46	265.56
Canadian Pacific Railway LTD - ADR 395 Shares 24821439	27,388.51	71.94	28,416.30	1,027.79
Canadian Pacific Railway LTD - ADR 57 Shares 24821539	4,049.35	71.94	4,100.58	51.23

01/01/2021-12/31/2021

Consolidation: Paragon Health

Schedule - 3.1

List Of Assets

			<i>Prior Period</i>	<i>Current</i>	<i>Current</i>	<i>Unrealized</i>
			<i>Ending Market Value</i>	<i>Market Unit</i>	<i>Market Value</i>	<i>Gain/(Loss)</i>
			<i>(Aggregate Market Value)</i>	<i>Price</i>		
Colgate-Palmolive Co			12,892.24	85.34	14,507.80	1,615.56
170 Shares						
24821439						
Colgate-Palmolive Co			2,210.46	85.34	2,389.52	179.06
28 Shares						
24821539						
Credit Suisse Commodity Return Strategy Fd			51,596.42	25.17	59,813.96	8,217.54
2376.399 Shares						
24820139						
D R Horton Inc	2.500%	10/15/2024	26,685.32	1.029169	25,729.21	-956.11
25000 Par Value						
24821439						
Danaher Corporation			9,107.74	329.01	13,489.41	4,381.67
41 Shares						
24821439						
Danaher Corporation			1,960.72	329.01	2,632.08	671.36
8 Shares						
24821539						
Delaware Emerging Markets R6			129,916.69	24.39	122,749.11	-7,167.58
5032.764 Shares						
24820639						
Delaware Emerging Markets R6			64,642.17	24.39	61,349.22	-3,292.95
2515.343 Shares						
24821339						
Delaware Emerging Markets R6			85,494.04	24.39	81,085.16	-4,408.88
3324.525 Shares						
24821439						

01/01/2021-12/31/2021

Consolidation: Paragon Health

Schedule - 3.1

List Of Assets

			<i>Prior Period</i>	<i>Current</i>	<i>Current</i>	<i>Unrealized</i>
			<i>Ending Market Value</i>	<i>Market Unit</i>	<i>Market Value</i>	<i>Gain/(Loss)</i>
			<i>(Aggregate Market Value)</i>	<i>Price</i>		
Delaware Emerging Markets R6			45,018.64	24.39	40,408.38	-4,610.26
1656.76 Shares						
24821539						
Delaware Emerging Markets R6			139,175.33	24.39	131,278.10	-7,897.23
5382.456 Shares						
24820139						
Delaware Small Cap Value R6			269,835.01	81.56	327,736.38	57,901.37
4018.347 Shares						
24820139						
Dollar General Corp			32,596.50	235.83	36,553.65	3,957.15
155 Shares						
24821439						
Dollar General Corp			3,133.12	235.83	3,773.28	640.16
16 Shares						
24821539						
DTE Energy Co	1.050%	06/01/2025	25,280.68	0.980193	24,504.81	-775.87
25000 Par Value						
24821439						
Goldman Sachs Group Inc	3.500%	11/16/2026	28,066.08	1.066208	26,655.21	-1,410.87
25000 Par Value						
24821439						
Hartford Dividend and Growth Fund F			93,743.28	33.80	114,473.23	20,729.95
3386.782 Shares						
24820639						
Hartford Dividend and Growth Fund F			40,941.92	33.80	49,733.83	8,791.91
1471.415 Shares						
24821339						

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	<i>Prior Period</i> <i>Ending Market Value</i> <i>(Aggregate Market Value)</i>	<i>Current</i> <i>Market Unit</i> <i>Price</i>	<i>Current</i> <i>Market Value</i>	<i>Unrealized</i> <i>Gain/(Loss)</i>
Hartford International Opportunity R6 81704.977 Shares 24820139	1,686,455.88	20.15	1,646,355.29	-40,100.59
Honeywell International Inc 56 Shares 24821439	11,911.20	208.51	11,676.56	-234.64
Honeywell International Inc 16 Shares 24821539	3,207.20	208.51	3,336.16	128.96
IQ Merger Arbitrage ETF 803 Shares 24820639	26,774.61	32.25	25,896.75	-877.86
IQ Merger Arbitrage ETF 1171 Shares 24821339	38,504.77	32.25	37,764.75	-740.02
IQ Merger Arbitrage ETF 1951 Shares 24821439	64,547.15	32.25	62,919.75	-1,627.40
iShares Core MSCI EAFE ETF 2014 Shares 24820639	139,353.00	74.64	150,324.96	10,971.96
iShares Core MSCI EAFE ETF 934 Shares 24821339	65,156.68	74.64	69,713.76	4,557.08
iShares Core MSCI EAFE ETF 1386 Shares 24821439	95,758.74	74.64	103,451.04	7,692.30

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	<i>Prior Period</i> <i>Ending Market Value</i> <i>(Aggregate Market Value)</i>	<i>Current</i> <i>Market Unit</i> <i>Price</i>	<i>Current</i> <i>Market Value</i>	<i>Unrealized</i> <i>Gain/(Loss)</i>
iShares Core MSCI EAFE ETF 621 Shares 24821539	43,876.51	74.64	46,351.44	2,474.93
iShares Core S&P 500 Index 2280 Shares 24820639	857,469.85	476.99	1,087,537.20	230,067.35
iShares Core S&P 500 Index 927 Shares 24821339	349,015.02	476.99	442,169.73	93,154.71
iShares Core S&P 500 Index 575 Shares 24821439	215,849.25	476.99	274,269.25	58,420.00
iShares Core S&P 500 Index 613 Shares 24821539	246,050.69	476.99	292,394.87	46,344.18
iShares Core S&P Midcap 400 Index 524 Shares 24820639	120,848.30	283.08	148,333.92	27,485.62
iShares Core S&P Midcap 400 Index 234 Shares 24821339	54,565.62	283.08	66,240.72	11,675.10
iShares Core S&P Midcap 400 Index 125 Shares 24821439	28,728.75	283.08	35,385.00	6,656.25
iShares Core S&P Midcap 400 Index 154 Shares 24821539	40,448.27	283.08	43,594.32	3,146.05

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			<i>Prior Period</i>	<i>Current</i>	<i>Current</i>	<i>Unrealized</i>
			<i>Ending Market Value</i>	<i>Market Unit</i>	<i>Market Value</i>	<i>Gain/(Loss)</i>
			<i>(Aggregate Market Value)</i>	<i>Price</i>		
iShares Core S&P Smallcap 600 Index			76,516.04	114.51	95,043.30	18,527.26
830 Shares						
24820639						
iShares Core S&P Smallcap 600 Index			35,608.76	114.51	43,513.80	7,905.04
380 Shares						
24821339						
iShares Core S&P Smallcap 600 Index			18,380.00	114.51	22,902.00	4,522.00
200 Shares						
24821439						
iShares Core S&P Smallcap 600 Index			28,040.19	114.51	29,314.56	1,274.37
256 Shares						
24821539						
JPMorgan Chase & Co 3.6250	3.625%	05/13/2024	27,641.63	1.058315	26,457.89	-1,183.74
25000 Par Value						
24821439						
Matthews Pacific Tiger Fund Cl I			184,449.22	27.50	150,719.69	-33,729.53
5480.716 Shares						
24820139						
Matthews Pacific Tiger Fund Cl I			151,338.87	27.50	123,574.17	-27,764.70
4493.606 Shares						
24820639						
Matthews Pacific Tiger Fund Cl I			73,712.33	27.50	60,318.94	-13,393.39
2193.416 Shares						
24821339						
Matthews Pacific Tiger Fund Cl I			98,545.17	27.50	80,664.02	-17,881.15
2933.237 Shares						
24821439						

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			<i>Prior Period</i>	<i>Current</i>	<i>Current</i>	<i>Unrealized</i>
			<i>Ending Market Value</i>	<i>Market Unit</i>	<i>Market Value</i>	<i>Gain/(Loss)</i>
			<i>(Aggregate Market Value)</i>	<i>Price</i>		
Matthews Pacific Tiger Fund Cl I			52,871.35	27.50	41,393.41	-11,477.94
1505.215 Shares						
24821539						
Mcdonalds Corp Med Term Nt	1.450%	09/01/2025	25,925.15	1.009369	25,234.23	-690.92
25000 Par Value						
24821439						
Meta Platforms, Inc.			40,974.00	336.35	50,452.50	9,478.50
150 Shares						
24821439						
Meta Platforms, Inc.			3,809.09	336.35	4,708.90	899.81
14 Shares						
24821539						
MFS Emerging Markets Debt Fund R6			14,261.37	14.41	13,403.35	-858.02
930.142 Shares						
24820639						
MFS Emerging Markets Debt Fund R6			5,292.96	14.41	4,974.92	-318.04
345.241 Shares						
24821339						
MFS Emerging Markets Debt Fund R6			34,463.45	14.41	32,289.88	-2,173.57
2240.797 Shares						
24821439						
Microsoft Corporation			33,363.00	336.32	50,448.00	17,085.00
150 Shares						
24821439						
Microsoft Corporation			3,607.95	336.32	5,044.80	1,436.85
15 Shares						
24821539						

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				<i>Prior Period</i>	<i>Current</i>	<i>Current</i>	<i>Unrealized</i>
				<i>Ending Market Value</i>	<i>Market Unit</i>	<i>Market Value</i>	<i>Gain/(Loss)</i>
				<i>(Aggregate Market Value)</i>	<i>Price</i>		
Mondelez International Inc CI A				33,620.25	66.31	38,128.25	4,508.00
575 Shares							
24821439							
Mondelez International Inc CI A				4,246.66	66.31	4,973.25	726.59
75 Shares							
24821539							
Nestle SA ADR				17,692.17	139.8672	20,980.08	3,287.91
150 Shares							
24821439							
Nestle SA ADR				2,053.80	139.8672	2,517.61	463.81
18 Shares							
24821539							
Netflix Inc				12,570.26	602.44	13,856.12	1,285.86
23 Shares							
24821439							
Netflix Inc				2,777.41	602.44	3,012.20	234.79
5 Shares							
24821539							
Nike Inc CI B				10,610.25	166.67	12,500.25	1,890.00
75 Shares							
24821439							
Nike Inc CI B				2,094.89	166.67	2,500.05	405.16
15 Shares							
24821539							
Packaging Corp America	3	3.400%	12/15/2027	28,167.34	1.077713	26,942.82	-1,224.52
25000 Par Value							
24821439							

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				<i>Prior Period</i>	<i>Current</i>	<i>Current</i>	<i>Unrealized</i>
				<i>Ending Market Value</i>	<i>Market Unit</i>	<i>Market Value</i>	<i>Gain/(Loss)</i>
				<i>(Aggregate Market Value)</i>	<i>Price</i>		
Paypal Holdings Inc				35,130.00	188.58	28,287.00	-6,843.00
150 Shares							
24821439							
Paypal Holdings Inc				6,102.98	188.58	5,091.66	-1,011.32
27 Shares							
24821539							
Paypal Holdings Inc	2	2.400%	10/01/2024	26,715.77	1.035179	25,879.48	-836.29
25000 Par Value							
24821439							
Pear Tree Polaris Foreign Value Fund R6				105,847.74	12.10	111,595.32	5,747.58
9222.754 Shares							
24820639							
Pear Tree Polaris Foreign Value Fund R6				51,304.31	12.10	53,594.17	2,289.86
4429.27 Shares							
24821339							
Pear Tree Polaris Foreign Value Fund R6				82,460.48	12.10	87,131.95	4,671.47
7200.988 Shares							
24821439							
Pear Tree Polaris Foreign Value Fund R6				34,251.69	12.10	35,349.81	1,098.12
2921.472 Shares							
24821539							
Pepsico Inc				2,079.15	173.71	2,605.65	526.50
15 Shares							
24821539							
Pimco Total Return Fund				27,061.01	10.27	26,412.82	-648.19
2571.842 Shares							
24820139							

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		<i>Ending Market Value</i>	<i>Market Unit</i>	<i>Market Value</i>	<i>Gain/(Loss)</i>
		<i>(Aggregate Market Value)</i>	<i>Price</i>		
Roper Technologies Inc.		10,346.16	491.86	11,804.64	1,458.48
24 Shares					
24821439					
Roper Technologies Inc.		3,239.52	491.86	3,934.88	695.36
8 Shares					
24821539					
S&P Global Inc		28,599.51	471.93	41,057.91	12,458.40
87 Shares					
24821439					
S&P Global Inc		2,646.88	471.93	3,775.44	1,128.56
8 Shares					
24821539					
Salesforce.com Inc.		20,650.02	254.13	22,871.70	2,221.68
90 Shares					
24821439					
Salesforce.com Inc.		3,930.76	254.13	4,066.08	135.32
16 Shares					
24821539					
Starbucks Corp	2.700% 06/15/2022	25,796.12	1.006399	25,159.98	-636.14
25000 Par Value					
24821439					
Starbucks Corp		12,088.74	116.97	13,217.61	1,128.87
113 Shares					
24821439					
Starbucks Corp		3,055.86	116.97	3,509.10	453.24
30 Shares					
24821539					

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Sterling Capital Equity Income Fund CI I 3970.572 Shares 24820639	92,253.46	28.67	113,836.30	21,582.84
Sterling Capital Equity Income Fund CI I 1644.61 Shares 24821339	38,325.11	28.67	47,150.97	8,825.86
Stryker Corporation 80 Shares 24821439	19,603.20	267.42	21,393.60	1,790.40
Stryker Corporation 9 Shares 24821539	2,141.15	267.42	2,406.78	265.63
T Rowe Price Institutional Floating Rate Fund 2786.178 Shares 24820639	27,138.46	9.75	27,165.24	26.78
T Rowe Price Institutional Floating Rate Fund 1029.373 Shares 24821339	10,026.47	9.75	10,036.39	9.92
T Rowe Price Institutional Floating Rate Fund 7927.081 Shares 24821439	77,382.40	9.75	77,289.04	-93.36
T Rowe Price Mid Cap Growth 15066.276 Shares 24820139	1,709,216.98	117.41	1,768,931.47	59,714.49
T. Rowe Price Mid-Cap Value Fund I Class 44034.841 Shares 24820139	1,321,987.85	33.61	1,480,011.01	158,023.16

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T. Rowe Price Retirement Balanced I Fund 1439.583 Shares 24820139	18,489.27	12.98	18,685.79	196.52
T. Rowe Price Retirement I 2015 Fund 25645.516 Shares 24820139	345,310.52	14.12	362,114.69	16,804.17
T. Rowe Price Retirement I 2020 Fund 107503.228 Shares 24820139	1,526,764.96	14.85	1,596,422.94	69,657.98
T. Rowe Price Retirement I 2030 Fund 666111.638 Shares 24820139	10,482,751.70	16.73	11,144,047.70	661,296.00
T. Rowe Price Retirement I 2040 Fund 390032.09 Shares 24820139	6,332,037.77	18.04	7,036,178.90	704,141.13
T. Rowe Price Retirement I 2045 Fund 52644.572 Shares 24820139	883,962.81	18.52	974,977.47	91,014.66
T. Rowe Price Retirement I 2050 Fund 52496.22 Shares 24820139	869,639.23	18.48	970,130.15	100,490.92
T. Rowe Price Retirement I 2060 Fund 24061.415 Shares 24820139	428,285.06	18.84	453,317.06	25,032.00
T. Rowe Spectrum Conserv Alloc Fund - I Class 23994.206 Shares 24820139	515,008.52	21.34	512,036.36	-2,972.16

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TJX Companies, Inc 400 Shares 24821439	27,316.00	75.92	30,368.00	3,052.00
TJX Companies, Inc 57 Shares 24821539	3,751.02	75.92	4,327.44	576.42
Touchstone Sands Capital Select Gr Instl 5376.118 Shares 24820639	109,096.91	19.16	103,006.42	-6,090.49
Touchstone Sands Capital Select Gr Instl 2388.203 Shares 24821339	48,148.75	19.16	45,757.97	-2,390.78
Vanguard 500 Index Admiral Share 12598.566 Shares 24820139	4,400,779.85	439.83	5,541,227.28	1,140,447.43
Vanguard Inflat Protected Sec Fd Admiral 2739.059 Shares 24820139	78,159.38	28.44	77,898.84	-260.54
Vanguard Intermediate Term Treasury Admiral 30553.865 Shares 24820139	356,918.25	11.31	345,564.21	-11,354.04
Vanguard Intermediate Term Treasury Admiral 9398.337 Shares 24820639	109,043.15	11.31	106,295.19	-2,747.96
Vanguard Intermediate Term Treasury Admiral 4430.104 Shares 24821339	51,396.96	11.31	50,104.48	-1,292.48

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Vanguard Mid Cap Index Admiral Shares 4348.024 Shares 24820139	1,123,526.49	315.46	1,371,627.65	248,101.16
Vanguard S/T Inflation Protected Sec Admiral 1079.004 Shares 24820639	27,650.97	25.74	27,773.56	122.59
Vanguard S/T Inflation Protected Sec Admiral 391.067 Shares 24821339	10,021.52	25.74	10,066.06	44.54
Vanguard S/T Inflation Protected Sec Admiral 2647.186 Shares 24821439	67,821.59	25.74	68,138.57	316.98
Vanguard Short Term Corp Bond Index Admiral 4192.364 Shares 24820639	94,801.24	22.13	92,777.02	-2,024.22
Vanguard Short Term Corp Bond Index Admiral 1136.617 Shares 24821339	25,702.17	22.13	25,153.33	-548.84
Vanguard Short-Term Investment Grade Fund Adm 132238.397 Shares 24820139	1,457,043.67	10.77	1,424,207.54	-32,836.13
Vanguard Small Cap Index Admiral Shares 18377.947 Shares 24820139	1,761,886.81	108.37	1,991,618.12	229,731.31
Vanguard Total Bond Market Admiral Shares 240542.891 Shares 24820139	2,777,836.68	11.19	2,691,674.95	-86,161.73

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			<i>Ending Market Value</i>	<i>Market Unit</i>	<i>Market Value</i>	<i>Gain/(Loss)</i>
			<i>(Aggregate Market Value)</i>	<i>Price</i>		
Vanguard Total Intl Stock Index Admiral			1,334,951.37	34.20	1,386,057.05	51,105.68
40527.984 Shares						
24820139						
Visa Inc - Class A			57,307.26	216.71	56,778.02	-529.24
262 Shares						
24821439						
Visa Inc - Class A			8,638.54	216.71	9,101.82	463.28
42 Shares						
24821539						
Wasatch Core Growth Institutional			1,437,705.32	95.72	1,481,851.85	44,146.53
15481.11 Shares						
24820139						
Waste Management Inc	2.400%	05/15/2023	26,107.66	1.018775	25,469.38	-638.28
25000 Par Value						
24821439						
WCM Focused International Growth Fund			114,746.17	27.68	127,551.85	12,805.68
4608.087 Shares						
24820639						
WCM Focused International Growth Fund			48,141.56	27.68	53,268.17	5,126.61
1924.428 Shares						
24821339						
WCM Focused International Growth Fund			84,558.00	27.68	94,110.01	9,552.01
3399.928 Shares						
24821439						
WCM Focused International Growth Fund			32,400.99	27.68	34,810.92	2,409.93
1257.62 Shares						
24821539						

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			<i>Ending Market Value</i>	<i>Market Unit</i>	<i>Market Value</i>	<i>Gain/(Loss)</i>
			<i>(Aggregate Market Value)</i>	<i>Price</i>		
Wells Fargo Co Mtn Be	3.300%	09/09/2024	26,951.50	1.05172	26,293.01	-658.49
25000 Par Value						
24821439						
William Blair Large Cap Gr-R6			1,655,353.82	26.16	1,985,452.20	330,098.38
75896.491 Shares						
24820139						
William Blair Large Cap Gr-R6			99,163.14	26.16	120,982.57	21,819.43
4624.716 Shares						
24820639						
William Blair Large Cap Gr-R6			37,934.28	26.16	46,251.82	8,317.54
1768.036 Shares						
24821339						
Total Corporate Debt & Equity			51,193,662.63		55,762,068.66	4,568,406.03
Other Assets						
Other Assets						
Fidelity A/C 279-106950 - Paragon Health P/S			1,542.12	1,542.90	1,542.90	0.78
1 Units						
24820239						
Fidelity A/C 669-059013 - C A Mohny			1,263,513.13	1,323,979.51	1,323,979.51	60,466.38
1 Units						
24820239						
Fidelity A/C 669-059056/152988 - B M Dewan			1,697,963.62	1,928,187.35	1,928,187.35	230,223.73
1 Units						
24820239						
Fidelity A/C 669-059064 - S P Dalal			0.00	.00	0.00	0.00
1 Units						
24820239						

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Fidelity A/C 669-143235 - A Aqeel	2,325,228.56	2,446,779.34	2,446,779.34	121,550.78
1 Units				
24820239				
Fidelity A/C 669-143243 - A A Qureshi	1,640,836.46	2,032,951.06	2,032,951.06	392,114.60
1 Units				
24820239				
Fidelity A/C 669-153643 - S Sabater-Geib	17,606.29	40,929.90	40,929.90	23,323.61
1 Units				
24820239				
Loan Balance Plan 24820139	229,875.46	311,515.34	311,515.34	81,639.88
1 Units				
24820139				
TD Ameritrade A/C 715057783 - E Shapiro	1,105,175.41	1,340,219.58	1,340,219.58	235,044.17
1 Units				
24820239				
TD Ameritrade A/C 715065822 - J Carroll Roth	298,505.15	.00	0.00	-298,505.15
1 Units				
24820239				
TD Ameritrade A/C 715065827 - J Carroll	198,512.24	.00	0.00	-198,512.24
1 Units				
24820239				
TD Ameritrade A/C 715-082025 P Sidhu	0.00	313,587.03	313,587.03	313,587.03
1 Units				
24820239				
TD Ameritrade A/C 715-082518 P Sidhu Roth	756,097.55	695,109.55	695,109.55	-60,988.00
1 Units				
24820239				

01/01/2021-12/31/2021

Consolidation: Paragon Health

Schedule - 3.1

List Of Assets

	<i>Prior Period</i>	<i>Current</i>	<i>Current</i>	<i>Unrealized</i>
	<i>Ending Market Value</i>	<i>Market Unit</i>	<i>Market Value</i>	<i>Gain/(Loss)</i>
	<i>(Aggregate Market Value)</i>	<i>Price</i>		
Total Other Assets	9,534,855.99		10,434,801.56	899,945.57
TOTAL INVESTMENTS MARKET VALUE	62,500,553.81		67,956,775.34	5,456,221.53
TOTAL ACCRUED INCOME	16,181.79		16,181.79	
NET ASSETS	62,516,735.60		67,972,957.13	5,456,221.53