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

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
- [X] 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
- [X] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

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

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
403(B) THRIFT PLAN OF COMMUNITY CARE ALLIANCE

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 02/01/1980

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)
COMMUNITY CARE ALLIANCE

PO BOX 1700
WOONSOCKET, RI 02895-0856

2b Employer Identification Number (EIN) 05-0312278

2c Plan Sponsor's telephone number 401-235-7000

2d Business code (see instructions) 813000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2022	RITA GANDHI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	476
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)**	345
a(2) Total number of active participants at the end of the plan year	**6a(2)**	456
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	144
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	600
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**	**6f**	601
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	545
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2F 2G 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

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

A Name of plan
403(B) THRIFT PLAN OF COMMUNITY CARE ALLIANCE

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
COMMUNITY CARE ALLIANCE

D Employer Identification Number (EIN)
05-0312278

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

1 Coverage Information:

(a) Name of insurance carrier
MUTUAL OF AMERICA

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-1614399	88668	001016I	601	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	3963

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

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

PROVIDENCE REGIONAL OFFICE
500 EXCHANGE STREET SUITE 9-200
PROVIDENCE, RI 02903-2630

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
0	3963	PORTION OF INCENTIVE COMP. PROGRAM	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	1534538
5	Current value of plan's interest under this contract in separate accounts at year end	5	18003703

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ N/A

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year			7b	1482593
c	Additions: (1) Contributions deposited during the year	7c(1)	23829		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	15197		
	(4) Transferred from separate account	7c(4)	74443		
	(5) Other (specify below) ▶	7c(5)	0		
	(6) Total additions			7c(6)	113469
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1596062
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	61140		
	(2) Administration charge made by carrier	7e(2)	384		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below) ▶	7e(4)	0		
	(5) Total deductions			7e(5)	61524
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1534538

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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	**B** Three-digit plan number (PN) ▶	
403(B) THRIFT PLAN OF COMMUNITY CARE ALLIANCE		003
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
COMMUNITY CARE ALLIANCE	05-0312278	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FIDELITY INVESTMENTS	82 DEVONSHIRE STREET BOSTON, MA 02109

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

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

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

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

AMERICAN CENTURY INVESTMENTS

PO BOX 419786
KANSAS CITY, MO 64141-6786

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

CALVERT

4550 MONTGOMERY AVENUE SUITE 1000N
BETHESDA, MD 20814

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

AMERICAN FUNDS

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071

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

PIMCO

840 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

MFS

111 HUNTINGTON AVENUE
BOSTON, MA 02199

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

VICTORY FUNDS

4900 TIEDEMAN ROAD, 4TH FLOOR
BROOKLYN, OH 44144

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

NEUBERGER BERMAN

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

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

GOLDMAN SACHS VIT FUNDS

200 WEST STREET
NEW YORK, NY 10282

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

DELAWARE FUNDS

ONE COMMERCE SQUARE,
2005 MARKET STREET
PHILADELPHIA, PA 19103

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

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

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

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

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

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 37	INSURANCE CARRIER	2834	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

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

A Name of plan
403(B) THRIFT PLAN OF COMMUNITY CARE ALLIANCE

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
COMMUNITY CARE ALLIANCE

D Employer Identification Number (EIN)
05-0312278

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

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT NUMBER GS2

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1614399-000	P	18003703

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

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

A Name of plan
403(B) THRIFT PLAN OF COMMUNITY CARE ALLIANCE

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
COMMUNITY CARE ALLIANCE

D Employer Identification Number (EIN)
05-0312278

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	7627	6056
(2) Participant contributions	1b(2)	41433	24960
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	0	0
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	16683071	18844628
(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)	573182	657945
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1579039	1632673
(15) Other	1c(15)	475704	563165

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	19360056	21729427
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	19360056	21729427

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)	169962	
	(B) Participants	2a(1)(B)	854254	
	(C) Others (including rollovers)	2a(1)(C)	253467	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1277683
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	0	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(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)	22060	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		22060
	(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)		2504003
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		3803746
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1429899	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1429899
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	4476	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		4476
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1434375
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2369371
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) [X] 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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: KAHN, LITWIN, RENZA & CO., LTD. **(2)** EIN: 05-0409384

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

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

A Name of plan
403(B) THRIFT PLAN OF COMMUNITY CARE ALLIANCE

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
COMMUNITY CARE ALLIANCE

D Employer Identification Number (EIN)
05-0312278

Part I Distributions

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

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

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

EIN(s): 13-3590259

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

403(b) THRIFT PLAN OF COMMUNITY CARE ALLIANCE

Financial Statements
and Supplemental Schedule

December 31, 2021 and 2020

(With Independent Auditors' Reports Thereon)

Kahn, Litwin, Renza & Co., Ltd.
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Certified Public Accountants and Business Consultants

403(b) THRIFT PLAN OF COMMUNITY CARE ALLIANCE

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

December 31, 2021 and 2020

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Note A: Schedules not included with this supplemental data have been omitted because they are not applicable.

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
403(b) Thrift Plan of Community Care Alliance:

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

We have performed an audit of the financial statements of the 403(b) Thrift Plan of Community Care Alliance (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) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the Statement of Net Assets Available for Plan Benefits as of December 31, 2021, and the related Statement of Changes in Net Assets Available for Plan Benefits for the year then ended, and the related notes to the 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 banks or similar institutions or insurance carriers that are regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the banks or similar institutions or insurance carriers in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 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 the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about 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.

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2021, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, is 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 schedule, other than the information in the supplemental schedule 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 schedule related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Kahn, Litwin, Renya & Co, Ltd.

September 26, 2022

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
403(b) Thrift Plan of Community Care Alliance:

We were engaged to audit the accompanying Statement of Net Assets Available for Plan Benefits of the 403(b) Thrift Plan of Community Care Alliance (the Plan) as of December 31, 2020, and the related notes to the financial statement.

Management's Responsibility for the Financial Statement

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

Auditors' Responsibility

Our responsibility is to express an opinion on the 2020 financial statement based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph; however, we were not able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Mutual of America Life Insurance Company, Ameriprise Trust Company and RiverSource Life Insurance Company, and Nationwide Life Insurance Company; the custodians of the Plan, except for comparing the information with the related information included in the financial statement.

We have been informed by the Plan Administrator that the custodians hold the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained certifications from the custodians as of December 31, 2020, that the information provided to the Plan Administrator by the custodians is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the 2020 financial statement. Accordingly, we do not express an opinion on the 2020 financial statement.

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

The form and content of the information included in the 2020 financial statement, other than that derived from the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Kahn, Litwin, Renza & Co., Ltd.

September 26, 2022

403(b) THRIFT PLAN OF COMMUNITY CARE ALLIANCE
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
December 31, 2021 and 2020

	2021	2020
Assets		
Investments, at fair value:		
Variable annuity contracts	$ 563,165	$ 475,704
Mutual funds	657,945	573,182
Insurance companies' separate accounts	18,844,628	16,683,071
	20,065,738	**17,731,957**
Insurance companies' general accounts, at contract value	**1,632,673**	**1,579,039**
Receivables:		
Participant contributions	24,960	41,433
Employer contributions	6,056	7,627
	31,016	**49,060**
Net Assets Available for Plan Benefits	**$ 21,729,427**	**$ 19,360,056**

See accompanying notes to the financial statements and independent auditors' reports.

403(b) THRIFT PLAN OF COMMUNITY CARE ALLIANCE
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
Year Ended December 31, 2021

Additions to net assets attributed to:	
Investment income:	
Interest and dividends	$ 22,060
Net appreciation in fair value of investments	2,504,003
	2,526,063
Contributions:	
Participant	854,254
Employer	169,962
Rollovers	253,467
	1,277,683
Total additions	**3,803,746**
Deductions from net assets attributed to:	
Benefit payments to participants	1,429,899
Administrative expenses	4,476
Total deductions	**1,434,375**
Net increase	**2,369,371**
Net Assets Available for Plan Benefits:	
Beginning of year	**19,360,056**
End of year	**$ 21,729,427**

See accompanying notes to the financial statements and independent auditors' report.

1. Description of the Plan

The following description of the 403(b) Thrift Plan of Community Care Alliance (the Plan) is intended to provide only general information regarding the Plan. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions. The Plan was formerly the 403(b) Thrift Plan of Family Resources Community Action.

General

Through October 31, 2018, the Plan was a participant directed defined contribution 403(b) plan covering the employees of Community Care Alliance (the Plan Sponsor and Employer). Effective November 1, 2018, the Plan was amended to accept Newport County Community Mental Health Care, Inc. (NCCMHC) as an affiliated employer. Community Care Alliance is the Plan Administrator of the 403(b) Thrift Plan of Community Care Alliance and the Newport County Community Mental Health Care, Inc. 403(b) Thrift Plan. Effective July 1, 2014, the former employer, NRI Community Services, Inc. merged with Family Resources Community Action, Inc. to form Community Care Alliance at which time the Plan changed its name to the 403(b) Thrift Plan of Community Care Alliance, amending and restating basic plan provisions under the new adoption agreement. All employees are eligible to participate in the salary reduction contribution feature of the Plan on their first day of employment, except for those employees that normally work less than 20 hours per week. Participants who have completed six months of service (1,000 hours) are eligible for the employer matching contribution. Employees who normally work less than 20 hours per week are eligible for salary reduction and employer matching contributions after one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan Sponsor is also the administrator of the Plan. As administrator, the Plan Sponsor has exclusive authority and responsibility for all matters in connection with the operation and administration of the Plan. Nationwide Life Insurance Company (Nationwide), Mutual of America Life Insurance Company (Mutual of America), Ameriprise Trust Company and RiverSource Life Insurance Company (Ameriprise and RiverSource), MFS Heritage Trust Co. (MFS), and Massachusetts Mutual Life Insurance Company (MassMutual) (collectively, the Custodians) were appointed to be the custodians of the Plan and they act at the direction of the Plan's Administrator.

Contributions

Participants may elect to contribute pretax and after-tax annual compensation (minimum 1% of compensation), not to exceed annual limitations as provided by the Internal Revenue Code (IRC). Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Participants with 15 years of service are permitted to make special Code Section 403(b) catch-up contributions. Participants may contribute amounts representing distributions from other qualified plans (rollover contributions).

Employees that are 18 years of age with at least six months of employment are eligible for matching contributions. The Employer electively matches the sum of 100% of contributions a participant defers into the Plan up to 1% of eligible compensation and 25% of contributions a participant defers into the Plan that exceed 1% but are up to 5% of eligible compensation. The Employer may also make non-elective contributions at the discretion of the Board of Directors. No non-elective contributions were made for the year ended December 31, 2021.

As of January 1, 2021, the Plan was amended and restated for employees of NCCMHC, as follows: there is no minimum age requirement for employer matching contributions, there is a minimum service requirement of one year in which the employee completes 1,000 hours of service, and the employer match is a discretionary percentage with NCCMHC having the sole right to determine it for each plan year.

As of June 1, 2021, the Plan was amended and restated for employees of NCCMHC, whereby the Plan has an automatic enrollment under which eligible employees will contribute pre-tax contributions as follows: 1% for the first plan year, 2% for the second plan year, and 3% for the third plan year. Participants have the option to opt out of the automatic deferral plan.

Participants direct the investment of contributions into various investment options offered by the Plan. All new contributions are directed to Mutual of America.

Participant Accounts

Each participant's account is credited with the participant's contribution, the Plan Sponsor's contribution, and their allocation of Plan earnings and any expenses incurred. Allocations are based on compensation or individual participant account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in participant contributions, plus actual earnings thereon.

As of January 1, 2021, the Plan was amended and restated for employees of NCCMHC, whereby participants become vested in the NCCMHC matching contributions as 50% after 2 years and 100% after 3 years of employment.

Plan Loans
Participants may borrow from their account from three of the custodians up to a maximum of $50,000, or 50% of their vested account balance, whichever is less. The custodians allow each participant to have three outstanding loans at any given time. Loans to participants are treated as Plan loans and are not directed investments in the Plan. The participant must have 100% of the loan amount invested in the insurance company's general account investment option as collateral. The maximum loan term is 5 years, or up to 10 years for the purchase of a primary residence, and will bear a reasonable rate of interest that may not exceed the legal limit. Principal and interest are paid ratably through payroll deductions which are remitted to the insurance company directly. Plan participants had loans outstanding with the custodians of approximately $205,400 and $163,500 as of December 31, 2021 and 2020, respectively. The loans bear interest at a rate of 4.00% as of December 31, 2021 and 2020, which is commensurate with the local prevailing rate as determined periodically by the Custodians. The loans mature at various dates through 2031.

Payment of Benefits
Upon retirement, death, disability or termination of service, a participant (or participant's beneficiary in the event of death) receives a lump-sum amount equal to the value of the participant's vested interest in his or her account, installments, or may choose to receive annuity distributions. If a participant has reached age 59½, distributions may be made, at the participant's election, without requiring the participant to terminate employment.

If a participant's vested account balance is greater than $1,000 but not greater than $5,000, and if the participant does not make a distribution election, the participant's account balance will be rolled over into the Automatic Rollover Individual Retirement Account provider, Mutual of America. If a participant's vested account balance is less than $1,000, the participant will receive an immediate cash-out of his or her vested account balance.

Forfeitures
NCCMHC participants in the Plan who leave the employment of NCCMHC before completing three years of service forfeit the non-vested portion of their accounts.

There were no forfeitures in 2021. Forfeitures are used to reduce employer contributions.

Early Withdrawals
Participants, by written request to the Plan Administrator, may request a financial hardship withdrawal from their accounts, subject to the limitations imposed by the IRC. Participants who have attained normal retirement age, as defined by the Plan, may elect to withdraw all or a portion of their accounts.

Investment Options
Participants may direct their contributions in percentage increments into a series of insurance company separate accounts, variable annuities, mutual funds, or interest accumulation accounts as may be available at the time of contribution. Interest accumulation accounts provide a stated rate of return as the invested funds are held in the respective Custodian's general account. Participants may change their investment options at any time.

Plan Termination
The Plan Sponsor expects to continue the 403(b) Thrift Plan of Community Care Alliance indefinitely. However, the Plan Sponsor reserves the right to amend this plan or contributions thereto, at any time and in any manner that it deems advisable, provided that no amendment shall have the effect of diverting plan assets for purposes other than for the exclusive benefit of the plan participants and any plan termination would be subject to the provisions of ERISA. If the plan is terminated, the participants would be entitled to receive all amounts credited to their accounts.

2. Summary of Significant Accounting Policies

Basis of Accounting
The Plan's financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Valuation of Investments and Income Recognition
Investments are reported at fair value, except for investments in the insurance companies' general accounts, which are in an interest accumulation account under the contracts described in Note 4, and are stated at contract 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 (Note 3). Contract value represents investments at cost plus accrued interest income less amounts withdrawn to pay benefits and fees. The Plan Administrator determines the Plan's valuation policies utilizing information provided by the Custodians and insurance company.

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 or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the period.

Contributions
Participant and Employer matching contributions are recorded weekly when the Plan Sponsor remits the contributions for investment into the Plan.

Payment of Benefits
Benefits are recognized when paid to participants or their designated beneficiaries.

Administrative Expenses
Expenses incurred in the administration of the Plan are paid by the Plan Sponsor unless the Plan Sponsor directs that such expenses shall be paid by the Plan. Expenses that are paid by the Organization are excluded from these financial statements. Plan loan set-up and maintenance fees are paid directly by the participants through a reduction in their account and are included in administrative expenses. Investment management and recordkeeping fees, if applicable, are paid by the Plan through revenue sharing as a reduction of investment income (net appreciation or depreciation) from the related investment fund.

Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts of assets, liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported changes in net assets. Accordingly, actual results may differ from those estimates.

Risks and Uncertainties
The Plan provides for various investment options with various investment objectives. Investment securities are exposed to various risks such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Plan Benefits.

Financial Instruments with a Concentration of Credit Risk
The Plan's investments are held by five custodians. The Plan's exposure to credit risk is associated with the outside entities' non-performance of their fiduciary responsibilities relating to these amounts as specified in the agreements. Benefits provided by the Plan are not insured or guaranteed by the Pension Benefit Guaranty Corporation.

Subsequent Events
Management has evaluated subsequent events through September 26, 2022, which is the date these financial statements were available to be issued**.**

3. Fair Value Measurements

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

Level 1 inputs are unadjusted quoted prices in active markets for identical assets the Plan has the ability to access.

Level 2 inputs are other than quoted prices in active markets that are observable either directly or indirectly for the asset. Such inputs are derived principally from or corroborated by observable market data for similar assets by correlation or other means, over substantially the full contractual term of the asset, if applicable.

Level 3 inputs are unobservable and significant to the fair value measurement. Such inputs generally rely on the Plan's own assumptions about the assumptions that market participants would use in pricing the asset.

The asset'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.

The following is a description of the valuation methodologies used for assets measured at fair value on a recurring basis:

Variable Annuities: Variable annuities include investments provided through Ameriprise. The accounts are invested in mutual funds that are reinvested under the Investment Company Act of 1940. These funds are required to publish their daily net asset value (NAV) and to transact at that price.

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. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Insurance Companies' Separate Accounts: Valued using the NAV provided by the administrator of the fund based on the fair value of the underlying investments. Participant transactions (purchases and sales) may occur daily.

The Plan's investments at December 31, 2021 are reported at fair value as follows:

	Level 1	Total
Variable annuities	$ 563,165	$ 563,165
Mutual funds	657,945	657,945
Total assets in the fair value hierarchy	1,221,110	1,221,110
Investments measured at net asset value (a)		18,844,628
Total investments at fair value		$20,065,738

The Plan's investments at December 31, 2020 as restated are reported at fair value as follows:

	Level 1	Total
Variable annuities	$ 475,704	$ 475,704
Mutual funds	573,182	573,182
Total assets in the fair value hierarchy	1,048,886	1,048,886
Investments measured at net asset value (a)		16,683,071
Total investments at fair value		$17,731,957

(a) In accordance with Subtopic 820-10 (Note 2), the insurance companies' separate accounts investments are measured at fair value using the net asset per share value (or its equivalent) practical expedient and have not been categorized in the fair value hierarchy table. The fair value amount presented in this table is intended to permit reconciliation of the fair value hierarchy to the amount presented on the Statements of Net Assets Available for Plan Benefits.

As of December 31, 2021 and 2020, the Plan held investments in insurance companies' separate accounts for which NAV was employed to estimate fair value with a daily redemption frequency and no redemption notice period.

4. Investment Contracts with Insurance Companies

The Plan has entered into investment contracts with Ameriprise, Mutual of America, MassMutual and Nationwide. Amounts held in connection with these contracts may be held in Ameriprise's, Mutual of America's, MassMutual's and Nationwide's general accounts or separate accounts. Contributions allocated to interest accumulation accounts are invested in the general accounts of, and are guaranteed by Ameriprise, Mutual of America, MassMutual and Nationwide. All other contributions allocated to any other investment are maintained separately from the general assets of Mutual of America, MassMutual and Nationwide.

The value of these separate account contracts included in the financial statements, as reported to the Plan by Ameriprise, Mutual of America, MassMutual and Nationwide, are equal to the sum of the contributions made under the contracts, plus earnings, less participant withdrawals and administrative expenses, and approximate fair value.

At December 31, 2021, the contract values of funds allocated to the general accounts with Ameriprise, Mutual of America, MassMutual and Nationwide were $26,301, $1,534,538, $64,524 and $7,310, respectively. At December 31, 2020, the contract values of funds allocated to the general accounts with Ameriprise, Mutual of America, MassMutual and Nationwide insurance carriers were $25,518, $1,482,592, $63,619 and $7,310, respectively.

The crediting interest rate for Ameriprise was 1.00% for the years ended December 31, 2021 and 2020.

The crediting interest rate for Mutual of America was approximately 1.00% for the years ended December 31, 2021 and 2020.

The crediting interest rate for MassMutual was 4.00% for each of the years ended December 31, 2021 and 2020.

The crediting interest rate for Nationwide was 2.91% for the years ended December 31, 2021 and 2020.

The guarantee of values provided for investments made with Ameriprise, Mutual of America, MassMutual and Nationwide under the Plan's investment contracts are based on the financial strength and claims paying ability of each respective insurance carrier.

5. Income Tax Status

Final regulations under Section 403(b) were published by the Internal Revenue Service (IRS) on July 26, 2007. Under the regulations, a 403(b) plan sponsor by December 31, 2009 must have adopted a written plan intended to satisfy the requirements of Section 403(b) and the regulations effective as of January 1, 2009. The IRS is in the process of establishing pre-approved and individually designed plan programs under which a plan sponsor can obtain assurance that the written form of its plan satisfies Section 403(b). Transition relief will be provided to 403(b) plan sponsors who have made appropriate efforts to comply with the written plan requirement in the final regulations. The Plan Sponsor adopted a written plan in 2009, which it believes satisfies the written plan requirement. The Plan Sponsor also believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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 for any uncertain position that more likely than not would be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2021, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

6. Summary of Financial Data Certified by the Custodians

The following is a summary of financial information and data certified by the Custodians, Mutual of America, Ameriprise and RiverSource (Note 1), and Nationwide as of December 31, 2021 and 2020:

Statements of Net Assets Available for Plan Benefits as of December 31, 2021 and 2020, except for contributions receivable;

Investment income in fair value of investments on the Statement of Changes in Net Assets Available for Plan Benefits for the year ended December 31, 2021; and

Investment information provided on the supplemental schedule, Schedule of Assets (Held at End of Year) at December 31, 2021, except for the MassMutual general account of $64,524 and the MFS mutual funds of $657,945 and the Nationwide separate accounts of $828,046.

7. Difference from Form 5500

Differences between the Annual Return/Report of Employee Benefit Plan, Form 5500, and these financial statements are a result of different classifications between line items. Total Plan assets are in agreement.

8. Related Party Transactions and Party-in-Interest Transactions

Plan investments are held and managed by the Custodians of the Plan. Therefore, these transactions qualify as party-in-interest transactions. The Plan made direct payment to Mutual of America for administrative services of $2,710 for the year ended December 31, 2021.

403(b) THRIFT PLAN OF COMMUNITY CARE ALLIANCE
ATTACHMENT TO SCHEDULE H, PART 4, ITEM 4i -
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2021

Schedule I

Employer Identification Number: 05-0312278
Plan Number: 003

(a)	(b) Identity of issue, borrower, lessor or similar party	Shares	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Variable Annuities:				
*	Ameriprise	**	Columbia VP Disciplined Core Fund	**	$ 127,334
*	Ameriprise	**	Columbia VP Dividend Opportunity Fund	**	57,725
*	Ameriprise	**	Columbia VP Government Money Market Fund	**	16,544
*	Ameriprise	**	Columbia VP Large Cap Growth Fund	**	24,035
*	Ameriprise	**	Columbia VP Overseas Core Fund	**	56,222
*	Ameriprise	**	Put VT Sustan Lead IA	**	119,753
*	Ameriprise	**	VP - Moderate Portfolio Class	**	93,200
*	Ameriprise	**	VP - US Flexible Growth Fund	**	68,352
	Total Variable Annuities			**	563,165
	Mutual Funds:				
*	MFS Investment Management	**	Aggressive Growth Allocation Fund A	**	100,633
*	MFS Investment Management	**	Growth Allocation Fund A	**	422,681
*	MFS Investment Management	**	Moderate Allocation Fund A	**	134,631
	Total Mutual Funds			**	657,945
	Insurance Companies' Separate Accounts:				
*	Mutual of America	**	2015 Retirement Fund	**	12,571
*	Mutual of America	**	2020 Retirement Fund	**	2,692,336
*	Mutual of America	**	2025 Retirement Fund	**	1,422,947
*	Mutual of America	**	2030 Retirement Fund	**	966,784
*	Mutual of America	**	2035 Retirement Fund	**	1,424,297
*	Mutual of America	**	2040 Retirement Fund	**	925,958
*	Mutual of America	**	2045 Retirement Fund	**	1,700,663
*	Mutual of America	**	2050 Retirement Fund	**	685,886
*	Mutual of America	**	2055 Retirement Fund	**	130,247
*	Mutual of America	**	2060 Retirement Fund	**	122,016
*	Mutual of America	**	2065 Retirement Fund	**	704
*	Mutual of America	**	Aggressive Allocation Fund	**	213,501
*	Mutual of America	**	All America Fund	**	59,528
*	Mutual of America	**	American Century VP Capital Appreciation Fund	**	244,164
*	Mutual of America	**	American Funds IS New World Fund	**	162
*	Mutual of America	**	Bond Fund	**	629,766
*	Mutual of America	**	Calvert VP SRI Balanced Portfolio	**	336,265
*	Mutual of America	**	Composite Fund	**	3,997
*	Mutual of America	**	Conservative Allocation Fund	**	1,196,402
*	Mutual of America	**	DWS Capital Growth VIP Fund	**	78,503
*	Mutual of America	**	Equity Index Fund	**	478,909
*	Mutual of America	**	Fidelity VIP Asset Manager Portfolio	**	81,187
*	Mutual of America	**	Fidelity VIP Contrafund Portfolio	**	399,031
*	Mutual of America	**	Fidelity VIP Equity-Income Portfolio	**	52,803
*	Mutual of America	**	Fidelity VIP Mid Cap Portfolio	**	240,302
*	Mutual of America	**	Goldman Sachs VIT Small Cap Equity Insights	**	74
*	Mutual of America	**	Goldman Sachs VIT US Equity Insights	**	144
*	Mutual of America	**	International Fund	**	40,653
*	Mutual of America	**	Invesco VI Main Street	**	2,711
*	Mutual of America	**	Mid Cap Value Fund	**	33,167
*	Mutual of America	**	Mid-Cap Equity Index Fund	**	284,877
*	Mutual of America	**	MFS Mid-Cap Value Portfolio	**	1,518
*	Mutual of America	**	Mid-Term Bond Fund	**	86,695
*	Mutual of America	**	Moderate Allocation Fund	**	1,910,649
*	Mutual of America	**	Money Market Fund	**	6,318
*	Mutual of America	**	Neuberger Berman AMT Sustainable Equity	**	670
*	Mutual of America	**	Pimco VIT Real Return Portfolio	**	7,832
*	Mutual of America	**	Retirement Income Fund	**	93,505
*	Mutual of America	**	Small Cap Equity Index Fund	**	8,356
*	Mutual of America	**	Small Cap Growth Fund	**	147,948
*	Mutual of America	**	Small Cap Value Fund	**	42,164
*	Mutual of America	**	T. Rowe Price Blue Chip Growth Portfolio	**	260,475
*	Mutual of America	**	Vanguard Total Bond Market I Portfolio	**	29,464
*	Mutual of America	**	Vanguard VIF Diversified Value Portfolio	**	157,740
*	Mutual of America	**	Vanguard VIF International Portfolio	**	715,634
*	Mutual of America	**	Vanguard VIF REIT Index Portfolio	**	85,984
*	Mutual of America	**	Victory RS Small Cap Growth Equity VIP	**	1,015
*	Mutual of America	**	VIP Small Cap Value Series	**	60
*	Nationwide Variable Insurance Trust	**	All SPR DISC I	**	11,408
*	Nationwide Variable Insurance Trust	**	American Century VP Inflation Protection II Fund	**	2,197
*	Nationwide Variable Insurance Trust	**	American Funds Growth II Fund	**	47,542

403(b) THRIFT PLAN OF COMMUNITY CARE ALLIANCE
ATTACHMENT TO SCHEDULE H, PART 4, ITEM 4i -
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2021

Schedule I

Employer Identification Number: 05-0312278
Plan Number: 003

(a)	(b) Identity of issue, borrower, lessor or similar party	Shares	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Nationwide Variable Insurance Trust	**	American Funds NVIT Bond II Fund	**	4,451
*	Nationwide Variable Insurance Trust	**	Amundi Strategic Income I Fund	**	1,848
*	Nationwide Variable Insurance Trust	**	AQR Large Cap Defensive Style Fund	**	2,576
*	Nationwide Variable Insurance Trust	**	BlackRock Global Allocation V.I. III Fund	**	882
*	Nationwide Variable Insurance Trust	**	Blueprint Capital Appreciation Fund	**	5,418
*	Nationwide Variable Insurance Trust	**	Blueprint Moderate Fund	**	6,902
*	Nationwide Variable Insurance Trust	**	BNY Mellon Dynamic US Core Fund	**	171,252
*	Nationwide Variable Insurance Trust	**	BNY Mellon Dynamic US Equity Income Fund	**	22,511
*	Nationwide Variable Insurance Trust	**	BNY Mellon Investment Small Cap Fund	**	130
*	Nationwide Variable Insurance Trust	**	BNY Mellon Stock Index Initial	**	58,277
*	Nationwide Variable Insurance Trust	**	Colonial Overseas Value X	**	4,020
*	Nationwide Variable Insurance Trust	**	Emerging Markets Debt I Fund	**	6,301
*	Nationwide Variable Insurance Trust	**	Federated High Income Bond Fund	**	2,789
*	Nationwide Variable Insurance Trust	**	Fidelity VIP Energy Service II Fund	**	5,029
*	Nationwide Variable Insurance Trust	**	Fidelity VIP Equity Income Initial Fund	**	75,770
*	Nationwide Variable Insurance Trust	**	Fidelity VIP Freedom 2010 Service Fund	**	905
*	Nationwide Variable Insurance Trust	**	Fidelity VIP High Income Initial Class Fund	**	8,666
*	Nationwide Variable Insurance Trust	**	Fidelity VIP Mid Cap Service Fund	**	28,390
*	Nationwide Variable Insurance Trust	**	Fidelity VIP Overseas Initial Fund	**	19,325
*	Nationwide Variable Insurance Trust	**	Franklin Templeton VIP Trust Global Bond Fund	**	2,373
*	Nationwide Variable Insurance Trust	**	Franklin Templeton VIP Trust Small Cap Value Sec II Fund	**	7,102
*	Nationwide Variable Insurance Trust	**	Government Money Market I Fund	**	5,826
*	Nationwide Variable Insurance Trust	**	International Equity I Fund	**	1,484
*	Nationwide Variable Insurance Trust	**	Invesco Oppenheimer Core Bond I	**	2,375
*	Nationwide Variable Insurance Trust	**	Invesco Oppenheimer Discovery Mid Cap Growth I Fund	**	33,496
*	Nationwide Variable Insurance Trust	**	Invesco Oppenheimer Global I Fund	**	63,740
*	Nationwide Variable Insurance Trust	**	Investor Destinations Moderate II Fund	**	10,444
*	Nationwide Variable Insurance Trust	**	Investor Destinations Moderately Aggressive II Fund	**	4,013
*	Nationwide Variable Insurance Trust	**	Ivy VIP Asset Strategy Fund	**	1,315
*	Nationwide Variable Insurance Trust	**	Jacobs Levy Large Cap Growth Fund	**	22,918
*	Nationwide Variable Insurance Trust	**	Janus Aspen Overseas Service Fund	**	13,205
*	Nationwide Variable Insurance Trust	**	MFS Value Series Service Fund	**	22,329
*	Nationwide Variable Insurance Trust	**	Mid Cap Index I Fund	**	43,081
*	Nationwide Variable Insurance Trust	**	Multi-Manager Small Company I Fund	**	29,636
*	Nationwide Variable Insurance Trust	**	Neuberger Berman Multi-Cap Opportunities I Fund	**	55,392
*	Nationwide Variable Insurance Trust	**	Real Estate I Fund	**	22,728
	Total Insurance Companies' Separate Accounts			**	18,844,628
	Insurance Companies' General Accounts:				
*	Ameriprise	**	Fixed Account	**	26,301
*	MassMutual	**	General Account	**	64,524
*	Mutual of America	**	Interest Accumulation Account	**	1,534,538
*	Nationwide Investments	**	Fixed Account	**	7,310
	Total Insurance Companies' General Accounts			**	1,632,673
	Total			**	$ 21,698,411

* Indicates party-in interest to the Plan.
** Not applicable for participant-directed investments.

Multiple Employer Plan Participating Employer Information

(Insert Name of Plan, and EIN/PN as shown on the Form 5500 or Form 5500-SF)

403(B) Thrift Plan of Community Care	003	05-0312278	100 %
Alliance			
403(B) Thrift Plan of Newport County			
Community Mental Health Center, Inc.	003	05-0374759	100%

Attachment to January 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name 403(B) THRIFT PLAN OF **EIN:** 05-0312278
Plan Sponsor's Name COMMUNITY CARE ALLIANCE **PN:** 003

(a)	(b) identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral par, or maturity value.	(d) Cost	(e) Current value
*	Mutual of America	GROUP ANNUITY CONTRACT GENERAL ACCOUNT		1,336,377
*	Mutual of America	GROUP ANNUITY CONTRACT Aggressive Allocation Fund		213,502
*	Mutual of America	GROUP ANNUITY CONTRACT Conservative Allocation Fund		1,196,405
*	Mutual of America	GROUP ANNUITY CONTRACT Moderate Allocation Fund		1,910,649
*	Mutual of America	GROUP ANNUITY CONTRACT Bond Fund		629,057
*	Mutual of America	GROUP ANNUITY CONTRACT T. Rowe Price Blue Chip Growth		260,475
*	Mutual of America	GROUP ANNUITY CONTRACT Composite Fund		3,997
*	Mutual of America	GROUP ANNUITY CONTRACT Calvert VP SRI Balanced Port.		336,264
*	Mutual of America	GROUP ANNUITY CONTRACT Delaware VIP Small Cap Value S		60
*	Mutual of America	GROUP ANNUITY CONTRACT Equity Index Fund		478,909
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Mid-Cap		238,083
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Asset Manager		77,947
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Contrafund		396,232
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Equity Income		52,803
*	Mutual of America	GROUP ANNUITY CONTRACT Goldman Sachs VIT US Equity		144
*	Mutual of America	GROUP ANNUITY CONTRACT Goldman Sachs VIT Small Cap		74
*	Mutual of America	GROUP ANNUITY CONTRACT American Funds IS New World		162
*	Mutual of America	GROUP ANNUITY CONTRACT Money Market Fund		6,318
*	Mutual of America	GROUP ANNUITY CONTRACT Mid-Term Bond Fund		86,695

Attachment to January 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name 403(B) THRIFT PLAN OF **EIN:** 05-0312278
Plan Sponsor's Name COMMUNITY CARE ALLIANCE **PN:** 003

(a)	(b) identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral par, or maturity value.	(d) Cost	(e) Current value
*	Mutual of America	GROUP ANNUITY CONTRACT Mid-Cap Equity Index Fund		284,877
*	Mutual of America	GROUP ANNUITY CONTRACT MFS VIT III Mid Cap Value Port		1,518
*	Mutual of America	GROUP ANNUITY CONTRACT Mid Cap Value Fund		33,168
*	Mutual of America	GROUP ANNUITY CONTRACT Neuberger Berman AMT Sust Eq		670
*	Mutual of America	GROUP ANNUITY CONTRACT International Fund		40,653
*	Mutual of America	GROUP ANNUITY CONTRACT Invesco Oppenheimer VI Main St		2,711
*	Mutual of America	GROUP ANNUITY CONTRACT Retirement Income Fund		93,504
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Real Estate Index		85,984
*	Mutual of America	GROUP ANNUITY CONTRACT PIMCO VIT Real Return Port.		7,833
*	Mutual of America	GROUP ANNUITY CONTRACT Victory RS Small Cap Growth		1,015
*	Mutual of America	GROUP ANNUITY CONTRACT 2015 Retirement Fund		12,571
*	Mutual of America	GROUP ANNUITY CONTRACT 2020 Retirement Fund		2,692,336
*	Mutual of America	GROUP ANNUITY CONTRACT 2025 Retirement Fund		1,422,946
*	Mutual of America	GROUP ANNUITY CONTRACT 2030 Retirement Fund		966,784
*	Mutual of America	GROUP ANNUITY CONTRACT 2035 Retirement Fund		1,424,297
*	Mutual of America	GROUP ANNUITY CONTRACT 2040 Retirement Fund		925,958
*	Mutual of America	GROUP ANNUITY CONTRACT 2045 Retirement Fund		1,700,663
*	Mutual of America	GROUP ANNUITY CONTRACT 2050 Retirement Fund		685,885
*	Mutual of America	GROUP ANNUITY CONTRACT 2055 Retirement Fund		130,247

Attachment to January 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name 403(B) THRIFT PLAN OF **EIN:** 05-0312278
Plan Sponsor's Name COMMUNITY CARE ALLIANCE **PN:** 003

(a)	(b) identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral par, or maturity value.	(d) Cost	(e) Current value
*	Mutual of America	GROUP ANNUITY CONTRACT 2060 Retirement Fund		122,016
*	Mutual of America	GROUP ANNUITY CONTRACT 2065 Retirement Fund		704
*	Mutual of America	GROUP ANNUITY CONTRACT All America Fund		59,528
*	Mutual of America	GROUP ANNUITY CONTRACT Small Cap Equity Index Fund		8,356
*	Mutual of America	GROUP ANNUITY CONTRACT DWS Capital Growth VIP		78,503
*	Mutual of America	GROUP ANNUITY CONTRACT Small Cap Growth Fund		146,770
*	Mutual of America	GROUP ANNUITY CONTRACT Small Cap Value Fund		41,361
*	Mutual of America	GROUP ANNUITY CONTRACT American Century VP Cap Apprec		244,164
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Diversified Value		157,740
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF International		713,704
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard Total Bond Mkt I Prt		29,464
*	PARTICIPANT LOANS	Represents outstanding Participant Loan Balance		194,444