

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>TMC HEALTHCARE 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1997</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>01/01/1997</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>01/01/1997</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TMC HEALTHCARE</u> <u>TMC HEALTH</u> <u>5301 EAST GRANT ROAD</u> <u>TUCSON, AZ 85712</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>20-2218975</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>520-324-2775</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>20-2218975</u>	2c Plan Sponsor's telephone number <u>520-324-2775</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>20-2218975</u>					
2c Plan Sponsor's telephone number <u>520-324-2775</u>					
2d Business code (see instructions) <u>622000</u>					

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

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

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

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	5739
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)	4300
a(2) Total number of active participants at the end of the plan year		6a(2)	4446
b Retired or separated participants receiving benefits.....		6b	17
c Other retired or separated participants entitled to future benefits		6c	1639
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	6102
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	12
f Total. Add lines 6d and 6e		6f	6114
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	5527
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	515
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2R 2S 2T 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan TMC HEALTHCARE 401(K) PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 TMC HEALTHCARE	D Employer Identification Number (EIN) 20-2218975

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
AMERICAN FUNDS	PO BOX 6007 INDIANAPOLIS, IN 46206

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FIDELITY INVESTMENTS INST	PO BOX 770002 CINCINNATI, OH 45277

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
GOLDMAN SACHS	101 CONSTITUTION AVE NW WASHINGTON, DC 20001

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
MFS DISTRIBUTORS INC	PO BOX 55824 BOSTON, MA 02205

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

PIMCO FUNDS DIST INST

PO BOX 55060
BOSTON, MA 02205

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

PRINCIPAL INVESTMENTS

PO BOX 8024
BOSTON, MA 02266

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

CHARLES SCHWAB INVESTMENT MGMT. INC

94-3106735

(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)

T ROWE PRICE RPS INC

100 EAST PRATT STREET
BALTIMORE, MD 21202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 25 28 33 37 38 49 50 52 55 59 62 64 65 71	NONE	355895	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

CAPFINANCIAL PARTNERS LLC

PO BOX 60071
RALEIGH, NC 27675

(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?
16 27 50	NONE	54900	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)

LUDWIG KLEWER & CO

4783 EAST CAMP LOWELL DRIVE
SUITE 5500
TUCSON, AZ 85712

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	29635	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLES SCHWAB & CO. INC.

94-1737782

(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?
33 50 62 71	NONE	767	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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
T ROWE PRICE RPS INC	15 21 25 28 33 37 38 49 50 52 55 59 62 64 65 71 99	0
(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.	
GOLDMAN SACHS SM CAP 101 CONSTITUTION AVE NW WASHINGTON, DC 20001	FEE FOR SHAREHOLDER SERVICING BASED UPON 0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO. INC.	33 50 62 71	0
(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.	
ABSOLUTE CAPITAL 101 PENNSYLVANIA VLVD PITTSBURGH, PA 15228	RATE OF 0.40% OF AVG DAILY BALANCE OF ASSET	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO. INC.	33 50 62 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY INVESTMENTS PO BOX 419200 KANSAS CITY, MO 64141	RATE OF 0.35% OF AVG DAILY BALANCE OF ASSET	

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
CHARLES SCHWAB & CO. INC.	33 50 62 71	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS PO BOX 6007 INDIANAPOLIS, IN 46206	RATE OF 0.37% OF AVG DAILY BALANCE OF ASSET	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO. INC.	33 50 62 71	0
(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.	
ARTISAN PARTNERS LIMITED PARTNERSHI 1330 AVENUE OF THE AMERICAS STE 31 NEW YORK, NY 10019	RATE OF 0.40% OF AVG DAILY BALANCE OF ASSET	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO. INC.	33 50 62 71	0
(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.	
FIDELITY INVESTMENTS PO BOX 770002 CINCINNATI, OH 45277	RATE OF 0.25% OF AVG DAILY BALANCE OF ASSET	

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
CHARLES SCHWAB & CO. INC.	33 50 62 71	0
(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.	
GRANDEUR PEAK FUNDS PO BOX 13664 DENVER, CO 80201	RANGE OF 0.10 - 0.40% OF AVG DAILY BAL OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO. INC.	33 50 62 71	0
(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.	
JANUS HENDERSON PO BOX 55932 BOSTON, MA 02205	RATE OF 0.35% OF AVG DAILY BALANCE OF ASSET	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO. INC.	33 50 62 71	0
(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.	
OAKMARK PO BOX 219558 KANSAS CITY, MO 64121	RATE OF 0.35% OF AVG DAILY BALANCE OF ASSET	

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
CHARLES SCHWAB & CO. INC.	33 50 62 71	0
(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.	
PGIM FUNDS (PRUDENTIAL) PO BOX 9658 PROVIDENCE, RI 02940	RATE OF 0.25% OF AVG DAILY BALANCE OF ASSET	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO. INC.	33 50 62 71	0
(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.	
RIVERPARK FUNDS PO BOX 219008 KANSAS CITY, MO 64121	RATE OF 0.40% OF AVG DAILY BALANCE OF ASSET	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO. INC.	33 50 62 71	0
(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.	
T ROWE-PRICE 100 EAST PRATT STREET BALTIMORE, MD 21202	RATE OF 0.15% OF AVG DAILY BALANCE OF ASSET	

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
CHARLES SCHWAB & CO. INC.	33 50 62 71	0
(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.	
THE PACIFIC FINANCIAL GROUP 777 108TH AVE NE BELLEVUE, WA 98004	RATE OF 0.25% OF AVG DAILY BALANCE OF ASSET	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARLES SCHWAB & CO. INC.	33 50 62 71	0
(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.	
WASATCH PO BOX 2172 MILWAUKEE, WI 53201	RATE OF 0.40% OF AVG DAILY BALANCE OF ASSET	
(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.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>TMC HEALTHCARE 401(K) PLAN</u>	B Three-digit plan number (PN) <u>003</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TMC HEALTHCARE</u>	D Employer Identification Number (EIN) <u>20-2218975</u>
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRP STABLE VALUE COMMON TRUST FUND

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN <u>52-1309931-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11753107</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2060 TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN <u>47-1088316-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5808173</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2005 TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN <u>61-6434302-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1084915</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2010 TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN <u>32-6199795-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5999249</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2015 TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN <u>35-6941654-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4753459</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2020 TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN <u>36-7594871-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22632465</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2025 TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN <u>37-6495447-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>23206414</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2030 TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 38-7010946-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27106238
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2035 TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 36-7595013-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20531241
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2040 TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 35-6941729-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24005271
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2045 TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 32-6199848-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20110524
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2050 TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 30-6303214-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19636677
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2055 TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 35-6941728-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15460913
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE RETIREMENT 2065 TRUST

b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY

c EIN-PN 85-1763138-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1819226
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan TMC HEALTHCARE 401(K) PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 TMC HEALTHCARE	D Employer Identification Number (EIN) 20-2218975	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	238210
(2) Participant contributions.....	1b(2)	0	682329
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	232044	192129
(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)	621923	1038907
(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)	3912837	3147731
(9) Value of interest in common/collective trusts	1c(9)	171997063	203907872
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	111430051	119016275
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	288193918 328223453
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	288193918 328223453

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	6241065
	(B) Participants	2a(1)(B)	19051644
	(C) Others (including rollovers).....	2a(1)(C)	5254038
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	30546747
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	32
	(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)	215096
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	215128
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	111577
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	7232900
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	7344477
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1385437
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1293091
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	92346
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	174997
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	174997

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		23620508
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		8396873
c Other income.....	2c		111903
d Total income. Add all income amounts in column (b) and enter total.....	2d		70502979
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	30112945	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		30112945
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		-80698
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	84535	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	356662	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		441197
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		30473444
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		40029535
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: LUDWIG KLEWER & RUDNER PLLC

(2) EIN: 36-4538293

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan TMC HEALTHCARE 401(K) PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 TMC HEALTHCARE	D Employer Identification Number (EIN) 20-2218975

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 52-1481931		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

Part III	Amendments
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9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

TMC HEALTHCARE 401(k) PLAN

Audited Financial Statements
and Supplementary Information

For the years ended December 31, 2021 and 2020

TMC HEALTHCARE 401(k) PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Beneficiaries
TMC HealthCare 401(k) Plan

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

We have performed an audit of the financial statements of the TMC HealthCare 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

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

Opinion on the 2021 Financial Statements

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

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

Basis for Opinion on the 2021 Financial Statements

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



INDEPENDENT AUDITOR'S REPORT, Continued

Responsibilities of Management for the 2021 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about TMC HealthCare 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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

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

In performing an audit in accordance with generally accepted auditing standards, we:

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

INDEPENDENT AUDITOR'S REPORT, Continued

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

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

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

Other Matters

2021 Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2021, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the 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 generally accepted auditing standards. 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, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is 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 a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

INDEPENDENT AUDITOR'S REPORT, Continued

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the TMC HealthCare 401(k) Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated August 12, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements, other than that derived from the certified information, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

LUNWIG KLEWE + PARTNER, PLLC

September 27, 2022

TMC HEALTHCARE 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2021 and 2020

	2021	2020
<u>ASSETS</u>		
Cash	\$ 192,129	\$ 232,044
Investments, at fair value	323,963,054	284,049,037
Receivables:		
Participant contributions	682,329	628,419
Employer contributions	238,210	227,986
Notes receivable from participants	3,147,731	4,038,053
Total receivables	4,068,270	4,894,458
Total assets	328,223,453	289,175,539
<u>LIABILITIES</u>		
Total liabilities	-	-
Total assets and net assets reflecting investments at fair value	\$ 328,223,453	\$ 289,175,539

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

TMC HEALTHCARE 401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the years ended December 31, 2021 and 2020

	2021	2020
Additions to net assets attributed to:		
Net investment income:		
Net change in fair value of investments	\$ 32,284,724	\$ 37,545,219
Interest and dividend income	7,344,509	2,999,336
Other income	111,903	45,915
Net investment income	39,741,136	40,590,470
Interest income on notes receivable from participants	215,096	179,676
Contributions by participants	18,423,225	17,189,086
Contributions by employer	6,013,079	5,721,615
Rollover contributions	5,254,038	930,290
Total contributions	29,690,342	23,840,991
Total additions	69,646,574	64,611,137
Deductions from net assets attributed to:		
Benefits paid to participants	30,157,463	29,486,939
Administrative expenses	441,197	401,566
Total deductions	30,598,660	29,888,505
Net change	39,047,914	34,722,632
Net assets available for benefits:		
Beginning of year, restated	289,175,539	254,452,907
End of year, restated	\$ 328,223,453	\$ 289,175,539

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

TMC HEALTHCARE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
For the years ended December 31, 2021 and 2020

1. Description of Plan

The following description of the TMC HealthCare (Company) 401(k) Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a deferred arrangement covering all employees of the Company who have completed one hour of service. Employees are eligible for discretionary matching contributions after completing one hour of service. Employees are eligible for discretionary employer non-elective contributions (legacy contributions) if employed by the Company since January 31, 1996 and employed by the Company on the last day of the Plan year. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Impact of COVID-19

On March 27, 2020, The Coronavirus Aid, Relief and Economic Security Act (CARES Act) was enacted and signed into law in the wake of the COVID-19 pandemic. Certain provisions of the CARES Act allow eligible participants the following:

- Penalty-free distribution of up to \$100,000 until December 31, 2020 with payment of taxes on the distribution to be spread out over a three-year period.
- Loan repayments due were temporarily suspended until December 31, 2020. Interest continued to accrue during this period. Loan repayments resumed in January 2021 and the loan(s) were re-amortized to account for the suspension.
- Loans were allowed to be taken up to the lesser of \$100,000 (reduced by the highest outstanding loan balance during the prior 12 months) or 50% of a participant's vested account balance. This increased loan amount was available for loans taken by September 30, 2020. Plan limitations on the number of outstanding loans permitted and other requirements still applied.

Eligible participants included those who were diagnosed with COVID-19, participant's spouse or dependents who were diagnosed with COVID-19, or participants who experienced adverse financial consequences from quarantine, furlough, layoffs, reduced work hours, inability to work due to lack of childcare, or the closing or reduced hours of a business (owned or operated by the participant) due to COVID-19.

Contributions

Each year, participants may contribute a percentage of pretax annual compensation as defined in the Plan. Participants may also make Roth contributions to the Plan. In addition, participants may contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company may make discretionary matching contributions on behalf of the participants. During the years ended December 31, 2021 and 2020, discretionary matching contributions were equal to 50% of each participant's deferral contribution up to a maximum of 6% of the participant's eligible compensation. The Company may also make discretionary non-elective contributions. The Company did not make any discretionary non-elective contributions for the years ended December 31, 2021 and 2020. Contributions are subject to certain limitations imposed by the Internal Revenue Service (IRS).

See independent auditor's report.

TMC HEALTHCARE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS For the years ended December 31, 2021 and 2020

1. Description of Plan, Continued

Participant Accounts

Each participant's account is credited with an allocation of the Company's contributions, forfeitures and plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

Participants are immediately vested in their voluntary contributions, rollover contributions, legacy contributions, qualified non-elective contributions and qualified matching contributions, plus actual earnings thereon. Vesting in discretionary matching contributions is based on years of continuous service. A participant is 100% vested after two years of service.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or one-half of their vested account balance, but less than the highest outstanding balance on any note that participants have had for the twelve months prior, whichever is less. The notes receivable are secured by the balance in the participant's account and bear interest from 4.25% to 6.5%, which is commensurate with local prevailing rates as determined by the plan administrator. The notes receivable must be repaid through payroll deductions over a period of no longer than five years unless the principal was used to purchase a primary residence, in which case, the principal may be repaid over a period of no longer than 20 years.

Administrative Expenses

The Plan allows certain administrative expenses to be paid from Plan assets.

Payment of Benefits

On termination of service due to death, disability or retirement or other reasons, a participant will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account.

Forfeited Accounts

At December 31, 2021 and 2020, forfeited non-vested accounts totaled \$453,331 and \$364,337, respectively. During the years ended December 31, 2021 and 2020, there were \$265,260 and \$243,598, respectively, in reductions of employer matching contributions due to forfeitures.

2. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Estimates

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

See independent auditor's report.

TMC HEALTHCARE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
For the years ended December 31, 2021 and 2020

2. Summary of Accounting Policies, Continued

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

Payment of Benefits

Benefits are recorded when paid.

Risks and Uncertainties

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

3. Plan Termination

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

4. Income Tax Status

The IRS has determined and informed plan management, by a letter dated March 31, 2014, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 or asset if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. As of December 31, 2021, management is not aware of any uncertain tax positions that are potentially material. The Plan is subject to routine audits by taxing jurisdictions. However, there are currently no audits in progress for any tax periods.

See independent auditor's report.

TMC HEALTHCARE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
For the years ended December 31, 2021 and 2020

5. Fair Value Measurements

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

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

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

Mutual funds: are valued at the net asset value of shares held by the Plan at year end.

Common Trust Fund: is valued at net asset value based on the market value of the underlying investments.

Common stocks: are valued at the closing price reported on the active market on which the individual securities are traded.

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

See independent auditor's report.

TMC HEALTHCARE 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
For the years ended December 31, 2021 and 2020

5. Fair Value Measurements, Continued

The following tables set forth by level, within the fair value hierarchy, the Plan's investment assets:

Investments at Fair Value as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Common trust funds	\$ -	\$ 203,907,872	\$ -	\$ 203,907,872
Mutual funds	119,016,275	-	-	119,016,275
Common stocks	1,038,907	-	-	1,038,907
Total investments	\$ 120,055,182	\$ 203,907,872	\$ -	\$ 323,963,054

Investments at Fair Value as of December 31, 2020				
	Level 1	Level 2	Level 3	Total
Common trust funds	\$ -	\$ 171,997,063	\$ -	\$ 171,997,063
Mutual funds	111,430,051	-	-	111,430,051
Common stocks	621,923	-	-	621,923
Total investments	\$ 112,051,974	\$ 171,997,063	\$ -	\$ 284,049,037

6. Information Prepared and Certified by Custodian

The following information included in the accompanying financial statements and supplementary information was obtained from data that has been prepared and certified to as complete and accurate by the custodian.

	2021	2020
Investments at fair value as determined by quoted market price:		
Common trust funds	\$ 203,907,872	\$ 171,997,063
Mutual funds	117,703,717	110,446,794
	\$ 321,611,589	\$ 282,443,857
Notes receivable from participants	\$ 3,147,731	\$ 4,038,053
Change in fair value of investments	\$ 32,017,381	\$ 37,225,801
Interest and dividend income	\$ 7,232,900	\$ 2,983,474
Interest income on notes receivable from participants	\$ 215,096	\$ 179,676

7. Agreements and Transactions with Parties-in-Interest

Fees paid by the Company on behalf of the Plan for legal, accounting and other services rendered to the Plan were based upon customary and reasonable rates for such services, as determined by the Plan's trustees.

See independent auditor's report.

TMC HEALTHCARE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS For the years ended December 31, 2021 and 2020

8. Net Asset Restatement

During the year ended December 31, 2021, the Plan became aware that employer and employee contributions receivable had not been properly reflected in the financial statements as of December 31, 2020. As a result, net assets available for benefits as of December 31, 2020 have been increased by \$856,405 which consists of employee contributions receivable in the amount of \$628,419 and employer contributions receivable in the amount of \$227,986.

Net assets available for benefits at December 31, 2020 have also been restated to reflect a correction of an error in the reporting of participant loan balances on the Plan's Form 5500 for the year ended December 31, 2020. As a result, net assets available for benefits as of December 31, 2020 have been increased by \$125,216.

As a result of these changes, the net change in net assets available for benefits for the year ended December 31, 2020 as previously reported has been increased by \$981,621.

9. Reconciliation of Financial Statement to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at December 31,:

	2021	2020
Net assets available for benefits per the financial statements	\$ 328,223,453	\$ 289,175,539
Less participant contribution receivable	-	(628,419)
Less employer contribution receivable	-	(227,986)
Less prior year deemed distributions	-	(125,216)
Net assets available for benefits per Form 5500	\$ 328,223,453	\$ 288,193,918

The following is a reconciliation of total contributions per the financial statements to Form 5500 at December 31,:

	2021	2020
Total contributions per the financial statements	\$ 29,690,342	\$ 23,840,991
Add prior year participant contribution receivable	628,419	-
Add prior year employer contribution receivable	227,986	-
Total contributions per Form 5500	\$ 30,546,747	\$ 23,840,991

The following is a reconciliation of benefits paid to participants per the financial statements to Form 5500 at December 31,:

	2021	2020
Benefit paid to participants per the financial statements	\$ 30,157,463	\$ 29,486,939
Less current year deemed distributions	(44,518)	-
Total benefit payments per Form 5500	\$ 30,112,945	\$ 29,486,939

10. Subsequent Events

The Company was unaware of any subsequent events as of September 27, 2022, the date the financial statements were available to be issued.

See independent auditor's report.

SUPPLEMENTAL SCHEDULE

TMC HEALTHCARE 401(k) PLAN

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

EIN: 20-2218975

Plan #003

December 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(e) Current Value
	Cash:		
	Charles Schwab Bank	Cash	\$ 192,129
	Investments:		
*	Fidelity 500 Index Fund	Mutual Fund	53,856,334
*	New Horizons Fund	Mutual Fund	30,505,530
*	Retirement 2030 Fund	Common Trust Fund	27,106,238
*	Retirement 2040 Fund	Common Trust Fund	24,005,271
*	Retirement 2025 Fund	Common Trust Fund	23,206,414
*	Retirement 2020 Fund	Common Trust Fund	22,632,465
*	Retirement 2035 Fund	Common Trust Fund	20,531,241
*	Retirement 2045 Fund	Common Trust Fund	20,110,524
*	Retirement 2050 Fund	Common Trust Fund	19,636,677
*	Retirement 2055 Fund	Common Trust Fund	15,460,913
*	T. Rowe Price Stable Value Fund N	Common Trust Fund	11,753,107
	Fidelity US Bond Index Fund	Mutual Fund	10,820,834
	American EuroPacific Growth Fund	Mutual Fund	10,017,187
*	Retirement 2010 Fund	Common Trust Fund	5,999,249
*	Retirement 2060 Fund	Common Trust Fund	5,808,173
*	Retirement 2015 Fund	Common Trust Fund	4,753,459
*	U.S. Treasury Money Fund	Mutual Fund	3,612,145
	Goldman Sachs Small Cap Value Inst Fund	Mutual Fund	3,069,521
	MFS Mid Cap Value Fund	Mutual Fund	2,587,516
*	Retirement 2065 Fund	Common Trust Fund	1,819,226
*	International Discovery Fund	Mutual Fund	1,716,527
*	Retirement 2005 Fund	Common Trust Fund	1,084,915
	Fidelity Adv Total Bond Z	Mutual Fund	741,772
	Pimco Global Bond USD Hedged I	Mutual Fund	672,434
*	T. Rowe Price Blue Chip Growth Fund	Mutual Fund	266,593
	Schwab S&P 500 Index Fund	Mutual Fund	169,629
	Direxion SHS ETF TR	Common Stock	140,242
	Tesla Motors Inc	Common Stock	135,268
	American Funds New Perspective CL F1	Mutual Fund	119,296
	Schwab Fundamental US Small Co Index Fund	Mutual Fund	111,627
	Principal Small Cap Growth I R6	Mutual Fund	103,917
	Schwab US Large Cap ETF	Common Stock	100,770
	Schwab International Core Equity Fund	Mutual Fund	74,517
	Vanguard Target Retirement 2040 Fund	Mutual Fund	61,885
	PGIM High Yield Fund	Mutual Fund	57,170

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SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR), Continued

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Plan #003

December 31, 2021

(a)	(b)	Identity of Issue, Borrower, Lessor or Similar Party	(c)	Description of Investment	(e)	Current Value
		Investments, continued:				
		Grayscale Bitcoin TR		Common Stock		51,615
		Nvidia Corp		Common Stock		47,575
		Invesco QQQ Trust		Common Stock		42,960
		Alibaba Group Holdings		Common Stock		40,151
		Wasatch Ultra Growth Fund Inv		Mutual Fund		35,208
		SPDR S&P 500 ETF		Common Stock		35,148
		Riverpark Large Growth Retail CL		Mutual Fund		34,915
		Norther Lights TR III ABS CP ASSET INV		Mutual Fund		34,434
		Advanced Micro Devices		Common Stock		33,673
		Apple Inc		Common Stock		32,427
		Artisan Global Opportunity Inv CL		Mutual Fund		32,401
		Grandeur Peak Gbl Stalwarts Inv		Mutual Fund		32,345
		Fidelity Contra Fund		Mutual Fund		30,390
		ProsharesUltra S&P 500 ETF		Common Stock		28,689
		American Century Mid Cap Value Fund		Mutual Fund		27,315
		Grandeur Peak US Stalwarts Inv		Mutual Fund		20,310
		First Trust Internet Index CF ETF		Common Stock		18,995
		Nationwide Risk Management		Common Stock		16,717
		ProShares UltraPro Q		Common Stock		16,633
		Janus Henderson Enterprise Fund		Mutual Fund		16,488
*		T. Rowe Price Health Sciences Fund		Mutual Fund		16,366
		Vanguard Equity Income Fund INV		Mutual Fund		16,337
		Fidelity Low Priced Stock		Mutual Fund		14,706
		Oakmark Global Fund INV		Mutual Fund		14,509
		Grandeur Peak Gbl Contrarian Fund Ins		Mutual Fund		12,269
		Johnson & Johnson		Common Stock		12,245
		Microsoft Corp		Common Stock		11,931
		Pfizer Incorporated		Common Stock		11,869
		American Balanced Fund		Mutual Fund		11,465
		Gamestop Corp		Common Stock		11,129
		Amazon.com Inc		Common Stock		10,845
		PFG BR Equity ESG Strat R		Mutual Fund		10,764
		Visa Inc CL A		Common Stock		10,156
		Texas Instruments Inc		Common Stock		9,613
		PFG Janus Henderson Balanced Strat R		Mutual Fund		9,358
		iShares Home Construction Index Fund		Common Stock		9,204
		PFG JP Morgan Tactical Aggsv Strat R		Mutual Fund		9,079
		PFG JP Morgan Tactical Mod Strat R		Mutual Fund		8,869

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SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR), Continued

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(a)	(b)	Identity of Issue, Borrower, Lessor or Similar Party	(c)	Description of Investment	(e)	Current Value
		Investments, continued:				
		IBM Corp		Common Stock		8,575
		Fidelity NASDAQ Composite Index		Common Stock		8,131
		American Funds Growth Fund of America		Mutual Fund		8,110
		PFG FDTL Ins AM&EQ SCTR Strat R		Mutual Fund		7,996
		Qualcomm Inc		Common Stock		7,761
		Microstrategy Inc		Common Stock		7,078
		Abbvie Inc		Common Stock		6,917
		American Funds Fundamental Inv Fund CL F1		Mutual Fund		6,786
		American Funds Amcap Fund F1		Mutual Fund		6,584
		PFG BNY Mellon Diversifier Strat R		Mutual Fund		6,352
		Select Sector Industrial SPDR ETF		Common Stock		6,349
		Smith A O		Common Stock		6,323
		Caterpillar Inc		Common Stock		6,262
		General MLS Inc		Common Stock		5,348
		Verizon Communications		Common Stock		5,265
		Rivian Automotive Inc		Common Stock		5,185
		Cisco Systems Inc		Common Stock		5,005
		Norther Lights FD TR PFG EQ INDX R		Mutual Fund		4,954
		American Funds Small Cap World Fund CL F1		Mutual Fund		4,770
		Exxon Mobil Corp		Common Stock		4,665
		Honeywell International		Common Stock		4,475
		General Motors Co		Common Stock		3,937
		PFG Tactical Income Strat R		Mutual Fund		3,930
		3M Company		Common Stock		3,903
		PFG Active Core Bond Strat R		Mutual Fund		3,879
		Oracle Corporation		Common Stock		3,635
		Mondelez Intl Inc		Common Stock		3,620
		Constellation Brand CL		Common Stock		3,524
		PFG Invesco Thematic Strat R		Mutual Fund		3,426
		PFG Meeder Tactical Strat R		Mutual Fund		3,412
		Square Inc		Common Stock		3,230
		American Funds New Economy Fund CL F1		Mutual Fund		3,221
		PNC Financial Services		Common Stock		3,139
		Schlumberger LTD		Common Stock		3,057
		ProShares Bitcoin		Common Stock		2,890
		Pulte Homes Inc		Common Stock		2,779
		Mc Donalds Corp		Common Stock		2,691
		Virgin Galactic Hldg		Common Stock		2,676

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SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR), Continued

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(a)	(b)	Identity of Issue, Borrower, Lessor or Similar Party	(c)	Description of Investment	(e)	Current Value
		Investments, continued:				
		Raytheon Technologies		Common Stock		2,650
		Moderna Inc		Common Stock		2,605
		Southwest Airlines Co		Common Stock		2,589
		Costco Wholesale		Common Stock		2,341
		Doordash Inc		Common Stock		2,234
		SPDR DOW Jones Industrial Average ETF		Common Stock		2,164
		Blink Charging Co		Common Stock		1,591
		Davita Inc		Common Stock		1,543
		Lucid Group Inc		Common Stock		1,522
		Facebook Inc		Common Stock		1,415
		Alphabet Inc		Common Stock		1,320
		Crown Castle Intl Co		Common Stock		1,293
		Vertex Pharmaceuticals		Common Stock		1,196
		Mastercard Inc		Common Stock		1,177
		Target Corporation		Common Stock		1,028
		Paypal Holdings Inc		Common Stock		1,015
		Wal-Mart Stores Inc		Common Stock		982
		Amgen Incorporated		Common Stock		940
		Gilead Sciences Inc		Common Stock		834
		Regeneraon Pharmaceuticals Inc		Common Stock		807
		Starbucks Corp		Common Stock		723
		Procter & Gamble		Common Stock		711
		Lowes Companies		Common Stock		704
		Coca Cola Company		Common Stock		699
		Universal Health Svcs CL B		Common Stock		663
		Fedex Corporation		Common Stock		653
		Duke Realty Corp REIT		Common Stock		633
		Bank of America Corp		Common Stock		586
		Cigna Corp		Common Stock		585
		DR Horton Inc		Common Stock		581
		Colgate-Palmolive Co		Common Stock		552
		Merck & Co Inc		Common Stock		550
		Waste Management Inc		Common Stock		527
		Prologis Inc REIT		Mutual Fund		498
		Abbott Laboratories		Common Stock		493
		Tyson Foods Inc Class A		Common Stock		491
		Pepsico Inc		Common Stock		482
		Charter Communication		Common Stock		473

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(a)	(b)	Identity of Issue, Borrower, Lessor or Similar Party	(c)	Description of Investment	(e)	Current Value
		Investments, continued:				
		Home Depot Inc		Common Stock		460
		Adobe Systems Inc		Common Stock		445
		Darden Restaurants Inc		Common Stock		429
		Philip Morris Intl Inc		Common Stock		425
		Best Buy Inc		Common Stock		418
		Campbell Soup Co		Common Stock		416
		Bristol-Myers Squibb		Common Stock		393
		Hut Eight Mining Corp		Common Stock		393
		Mettler-Toledo Intl Inc		Common Stock		385
		Nextera Energy Inc		Common Stock		378
		CVS Health Corporation		Common Stock		372
		Invesco S&P 500 Top 50 ETF		Common Stock		369
		Enphase Energy Inc		Common Stock		368
		Intel Corp		Common Stock		360
		Extra Space Sotrage Ince		Common Stock		356
		Global Payments Inc		Common Stock		354
		Lamb Weston Holdings		Common Stock		344
		International Paper Co		Common Stock		340
		Dollar General Corp		Common Stock		338
		Pinnacle West Cap Corp		Common Stock		332
		Walt Disney Co		Common Stock		327
		American Express Co		Common Stock		325
		Grayscale Ethereum TR		Common Stock		324
		Humana Inc		Common Stock		324
		Kroger Co		Common Stock		317
		CDW Corp		Common Stock		314
		Union Pacific Corp		Common Stock		311
		Akamai Technologies		Common Stock		310
		Biogen Inc		Common Stock		306
		Centerpoint Energy Inc		Common Stock		302
		CME Group Inc CL A		Common Stock		302
		PVH Corp		Common Stock		298
		State Street Corp		Common Stock		298
		Toll Brothers Inc		Common Stock		290
		Public Storage Inc		Common Stock		280
		Consolidated Edison Inc		Common Stock		278
		Principal Financial		Common Stock		267
		The Hershey Company		Common Stock		261

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December 31, 2021

(a)	(b)	Identity of Issue, Borrower, Lessor or Similar Party	(c)	Description of Investment	(e)	Current Value
		Investments, continued:				
		DOW Holdings Inc		Common Stock		254
		Regency Centers Corp		Common Stock		253
		Illumina Inc		Common Stock		251
		Zoetis Inc		Common Stock		249
		Kraft Heinz Company		Common Stock		242
		Teleflex Incorporated		Common Stock		233
		Republic Services		Common Stock		231
		Devon Energy Cp		Common Stock		224
		Anthem Inc		Common Stock		222
		Paychex Inc		Common Stock		217
		NRG Energy Inc		Common Stock		215
		Unilever PLC ADR		Common Stock		215
		Yum Brands Inc		Common Stock		215
		Booking Holdings Inc		Common Stock		214
		Albertons Co SHS Class		Common Stock		211
		Dentsply Sirona Inc		Common Stock		208
		Ball Corporation		Common Stock		207
		Cardinal Health Inc		Common Stock		207
		Pub Svc Ent Group Inc		Common Stock		207
		Expeditors Intl Wash Inc		Common Stock		206
		Lockheed Martin Corp		Common Stock		206
		Medtronic PLC		Common Stock		203
		Stanley Black & Decker		Common Stock		203
		S&P Global Inc		Common Stock		202
		Unitedhealth Group Inc		Common Stock		201
		Brown Forman Corp CL B		Common Stock		200
		Host marriott Corp		Common Stock		200
		Corning Inc		Common Stock		199
		Petroleo Brasileiro ADR		Common Stock		198
		Broadcom Limited		Common Stock		196
		Western Union Co		Common Stock		195
		American Tower Corp REIT		Common Stock		191
		Citigroup Inc		Common Stock		189
		Valero Energy Corp		Common Stock		184
		Restaurant Brands Intl		Common Stock		182
		Ventas Inc		Common Stock		180
		PPG Inds Inc		Common Stock		178
		JP Morgan Chase & Co		Common Stock		173

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SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR), Continued

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December 31, 2021

(a)	(b)	Identity of Issue, Borrower, Lessor or Similar Party	(c)	Description of Investment	(e)	Current Value
Investments, continued:						
		Eaton Corp PLC		Common Stock		171
		United Rentals Inc		Common Stock		169
		Altria Group Inc		Common Stock		168
		Old Dominion Freight LNS		Common Stock		168
		McKesson Corporation		Common Stock		166
		Marriott Intl Inc		Common Stock		163
		Transdigm Group Inc		Common Stock		161
		Atmos Energy Corp		Common Stock		160
		Clorox Co		Common Stock		157
		Lauder Estee Cos Inc		Common Stock		157
		West Pharm Svc Inc		Common Stock		157
		Walgreens Boots Alli		Common Stock		156
		Allstate Corp		Common Stock		155
		One Gas Inc		Common Stock		155
		Berkley WR Corp		Common Stock		153
		Hologic Inc		Common Stock		153
		Lennar Corp Class A		Common Stock		153
		Toronto Dominion BK Ont		Common Stock		153
		Willis Towers Watson F		Common Stock		152
		Applied Materials		Common Stock		151
		Equifax		Common Stock		151
		BR Amern Tobacco PLC ADR F		Common Stock		150
		Chipotle Mexican Grill		Common Stock		150
		Qorvo Inc		Common Stock		146
		Micron Technology		Common Stock		143
		VF Corporation		Common Stock		143
		EI Pollo Loco HLDGS		Common Stock		142
		Service Corp Intl		Common Stock		142
		Kinder Morgan Holding CO		Common Stock		138
		Rio Tinto PLC Sponsored SDR		Common Stock		134
		Evergy Inc		Common Stock		132
		Krispy Kreme Inc		Common Stock		132
		Intercontl HTLS		Common Stock		130
		General Electric Co		Common Stock		129
		Laboratory CP of America HLDG		Common Stock		129
		Albemarle Corp		Common Stock		127
		American Water Works Co		Common Stock		127
		Etsy Inc		Common Stock		127

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SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR), Continued

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December 31, 2021

(a)	(b)	Identity of Issue, Borrower, Lessor or Similar Party	(c)	Description of Investment	(e)	Current Value
		Investments, continued:				
		Eastman Chemical Co		Common Stock		125
		Freeport McMoran Inc		Common Stock		125
		Omnicom Group		Common Stock		125
		JM Smucker Co		Common Stock		124
		Tapestry Inc		Common Stock		122
		13605V		Common Stock		118
		Agilent Technologies Inc		Common Stock		117
		Kellogg Company		Common Stock		117
		Amphenol Corp CL A		Common Stock		114
		Newell Rubbermaid Inc		Common Stock		114
		CF Industries Holdings		Common Stock		113
		Companhia Paranaense		Common Stock		113
		CSX Corp		Common Stock		113
		MDC Holding Inc		Common Stock		112
		Rush Enterprises CLA		Common Stock		111
		Calamos Global Equity R6		Common Stock		110
		Hilton Worldwide HLD		Common Stock		110
		Mid-American Apartment Communities Inc		Mutual Fund		110
		Cooper Companies		Common Stock		109
		Ericsson LM Tel-SP		Common Stock		109
		Masco Corp		Common Stock		109
		Mitsubishi UFJ Financial Group Inc		Common Stock		109
		Takeda Pharma Co		Common Stock		109
		Archer Daniels Midland Co		Common Stock		108
		Perkinelmer Inc		Common Stock		107
		Sysco Corp		Common Stock		107
		Portland General Electric		Common Stock		106
		Motorola Solutions Inc		Common Stock		105
		Oneok Inc		Common Stock		105
*		Rowe T Price Group Inc		Common Stock		105
		Grainger WW Inc		Common Stock		104
		Fiserv Inc		Common Stock		103
		Kontoor Brands Inc		Common Stock		103
		Martin Marietta Matls Inc		Common Stock		103
		N V R		Common Stock		103
		Sempra Energy		Common Stock		103
		Tractor Supply Co		Common Stock		103
		Boeing Co		Common Stock		102

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(a)	(b)	Identity of Issue, Borrower, Lessor or Similar Party	(c)	Description of Investment	(e)	Current Value
Investments, continued:						
		Genuine Parts Co		Common Stock		102
		Vulcan Mats Co		Common Stock		102
		Autodesk		Common Stock		101
		Cintas Corp		Common Stock		101
		Emerson Electric Co		Common Stock		101
		NASDAQ OMX Group Inc		Common Stock		101
		Chevron Corporation		Common Stock		100
		Huntington Ingalls W		Common Stock		100
		Ilex Corp		Common Stock		100
		Blackrock Inc		Common Stock		99
		Cummins Engine Inc		Common Stock		99
		Ecolab Inc		Common Stock		99
		Paycom Software Inc		Common Stock		99
		Roper Inds Inc		Common Stock		99
		Sonic Automotive Inc Class A		Common Stock		99
		Kimco Realty Corp REIT		Mutual Fund		99
		Discover Financial Services		Common Stock		98
		Simon PPTY Group Inc		Common Stock		98
		Comcast Corp		Common Stock		97
		Invesco LTD		Common Stock		93
		Johnson Ctls Intl		Common Stock		92
		Edgewell Personal CA		Common Stock		91
		MSCI Inc Class A		Common Stock		91
		Tyler Technologies Inc		Common Stock		91
		Borg Warner Inc		Common Stock		90
		VICI Properties Inc		Common Stock		90
		Sprouts Farmers Market		Common Stock		89
		Emergent Biosolutions		Common Stock		87
		Dover Corp		Common Stock		86
		Boston Scientific Corp		Common Stock		85
		Grocery Outlet Holding		Common Stock		85
		Kimberly-Clark Corp		Common Stock		85
		Ensign Group Inc		Common Stock		84
		Dexcom Inc		Common Stock		83
		Camping World Holding		Common Stock		82
		Centene Corp		Common Stock		82
		Century Communities		Common Stock		82
		Tenet Healthcare		Common Stock		82

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(a)	(b)	Identity of Issue, Borrower, Lessor or Similar Party	(c)	Description of Investment	(e)	Current Value
Investments, continued:						
		Treehouse Foods Inc		Common Stock		81
		UDR Inc		Common Stock		81
		BP PLC F		Common Stock		80
		Quest Diagnostics Inc		Common Stock		80
		Mosaic Co		Common Stock		79
		Cheesecake Factory Inc		Common Stock		78
		Enbridge Inc		Common Stock		78
		Louisiana Pacific Co		Common Stock		78
		Equinix Inc New		Mutual Fund		78
		OGE Energy Copr Hldg CO		Common Stock		77
		Prudential Financial Inc		Common Stock		77
		Fortive Corporation		Common Stock		76
		HP Inc		Common Stock		75
		Stryker Corp		Common Stock		75
		Autozone, Inc		Common Stock		74
		Quanex Building Products		Common Stock		74
		Auto Data Processing		Common Stock		73
		Dollar Tree Inc		Common Stock		73
		Verisign Inc		Common Stock		73
		Brookdale Senior Living		Common Stock		72
		Boise Cascade Co		Common Stock		71
		Hasbro		Common Stock		71
		Verisk Analytics Inc		Common Stock		71
		Beazer Homes USA Inc		Common Stock		70
		Advance Auto Parts Inc		Common Stock		69
		BJs Restaurants Inc		Common Stock		69
		Las Vegas Sands Corp		Common Stock		69
		McCormick & Co		Common Stock		69
		Edison International		Common Stock		68
		Sumitomo Mitsui		Common Stock		68
		Xcel Energy Inc		Common Stock		68
		Xerox Holdings Corp		Common Stock		68
		Encompass Health Co		Common Stock		65
		Seaworld Entertainment		Common Stock		65
		Fastenal Company		Common Stock		64
		Genesco Inc		Common Stock		64
		Ford Motor Company		Common Stock		63
		Radian Group Inc		Common Stock		63

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(a)	(b)	Identity of Issue, Borrower, Lessor or Similar Party	(c)	Description of Investment	(e)	Current Value
		Investments, continued:				
		Brown & Brown Inc		Common Stock		62
		Metlife Inc		Common Stock		62
		Nokia Corp Spon ADR F		Common Stock		62
		GMS Inc		Common Stock		60
		PPL Corporation		Common Stock		60
		Exelon Corporation		Common Stock		58
		Netgear Inc		Common Stock		58
		Cabot Corp		Common Stock		57
		Northwestern Corp		Common Stock		57
		Dell Technologies		Common Stock		56
		Stantec Inc		Common Stock		56
		Tri Pointe Homes Inc		Common Stock		56
		Western Digital Corp		Common Stock		56
		Abiomed Inc		Common Stock		55
		Nisource Inc		Common Stock		55
		Sally Beauty Holdings		Common Stock		55
		Chatham Lodging Trust REIT		Mutual Fund		55
		Aqua America Inc		Common Stock		54
		Caesars Entmt Inc		Common Stock		54
		Carrier Global Corporation		Common Stock		54
		Edwards LifeSciences CP		Common Stock		54
		Expedia Inc		Common Stock		54
		American Elec PWR Inc		Common Stock		53
		Baxter International		Common Stock		53
		Chubb LTD		Common Stock		53
		Dominos Pizza Inc		Common Stock		53
		Keysight Technologies		Common Stock		53
		Lam Resh Corp		Common Stock		53
		Orange ADR		Common Stock		53
		Sherwin Williams Co		Common Stock		53
		Saul Centers Inc		Mutual Fund		53
		Entergy Corp		Common Stock		52
		Homestreet Inc		Common Stock		52
		Synopsys Inc		Common Stock		52
		WEC Energy Group		Common Stock		52
		Charles Schwab Corporation		Common Stock		51
		Dish Network Corp		Common Stock		51
		Duke Energy Corp		Common Stock		51

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(a)	(b)	Identity of Issue, Borrower, Lessor or Similar Party	(c)	Description of Investment	(e)	Current Value
Investments, continued:						
		Gallagher Arthur J & Co		Common Stock		51
		General Dynamics Corp		Common Stock		51
		Hunt JB Trans SVCS		Common Stock		51
		Norfolk Southern Corp		Common Stock		51
		Nu Skin Enterprises CL		Common Stock		51
		Travelers Companies Inc		Common Stock		51
		Cadence Design System		Common Stock		50
		Danaher Corporation		Common Stock		50
		EOG Resources Inc		Common Stock		50
		Rockwell Automation Inc		Common Stock		50
		Sanofi ADR		Common Stock		50
		AES Corp		Common Stock		49
		AT&T Inc		Common Stock		49
		CIA Siderurgica SPN ADR F		Common Stock		49
		Fortune Brands Home & Sec		Common Stock		49
		Gerdau Sa Spons ADR		Common Stock		49
		Leggett & Platt Inc		Common Stock		49
		Pool Corporation		Common Stock		49
		United Natural Foods Inc		Common Stock		49
		Adient PLC		Common Stock		48
		Boston Properties Inc		Common Stock		48
		Comerica Incorporated		Common Stock		48
		Copart Inc		Common Stock		48
		KBR Inc		Common Stock		48
		NXP Semiconductors		Common Stock		48
		Resmed Inc		Common Stock		48
		Wells Fargo & Co		Common Stock		48
		Barnes Group Inc		Common Stock		47
		Deere & Co		Common Stock		47
		First Republic Bank		Common Stock		47
		Quanta Services Inc		Common Stock		47
		Lexington Realty Trust		Common Stock		47
		Citrix Systems Inc		Common Stock		46
		Franklin Resources		Common Stock		46
		MGM Grand		Common Stock		45
		Pebblebrook Hotel TR		Common Stock		45
		Academy Sports & Outdoor		Common Stock		44
		Fifth Third Bancorp		Common Stock		44

Supplementary Information
See independent auditor's report.

TMC HEALTHCARE 401(k) PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR), Continued

EIN: 20-2218975

Plan #003

December 31, 2021

(a)	(b)	Identity of Issue, Borrower, Lessor or Similar Party	(c)	Description of Investment	(e)	Current Value
Investments, continued:						
		First Majestic Silver Corp		Common Stock		44
		Footlocker Inc		Common Stock		44
		Westrock Company		Common Stock		44
		Activision Blizzard Inc		Common Stock		43
		Six Flags Entertainment		Common Stock		43
		Suzano Papel E Celullar		Common Stock		43
		Arco Platform LTD		Common Stock		42
		Ameren Corp		Common Stock		41
		New Jersey Resource Corp		Common Stock		41
		Daqo New Energy		Common Stock		40
		Dole PLC		Common Stock		40
		Energizer Holdings Inc		Common Stock		40
		Ruths Chris Steak House		Common Stock		40
		Delta Air Lines Inc		Common Stock		39
		Trimble Nac LTD		Common Stock		39
		ABB Ltd ADR		Common Stock		38
		Cleanspark Inc		Common Stock		38
		Goldman Sachs BDC		Common Stock		38
		Cal Maine Foods Inc		Common Stock		37
		Commercial Metals Co		Common Stock		36
		Juniper Networks Inc		Common Stock		36
		Cornerstone Building		Common Stock		35
		GAP Inc		Common Stock		35
		Macatawa Bonk Corp		Common Stock		35
		Fox Corp		Common Stock		34
		Avid Technology		Common Stock		33
		Fleetcor Technologies		Common Stock		33
		GoodRx Hldgs Inc		Common Stock		33
		Fresenius Med Care ADR		Common Stock		32
		B&G Foods In		Common Stock		31
		Ebay Inc		Common Stock		31
		Leidos Holdings Inc		Common Stock		30
		LKQ Corp		Common Stock		30
		Otis Worldwide		Common Stock		30
		Air Trans Hldgs Inc		Common Stock		29
		Drive Shack Inc		Common Stock		29
		Kinross Gold Corp		Common Stock		29
		Elanco Animal Health		Common Stock		28

Supplementary Information
See independent auditor's report.

TMC HEALTHCARE 401(k) PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR), Continued

EIN: 20-2218975

Plan #003

December 31, 2021

(a)	(b)	Identity of Issue, Borrower, Lessor or Similar Party	(c)	Description of Investment	(e)	Current Value
Investments, continued:						
		Flowers Food, Inc		Common Stock		28
		Jacobs Engr Group Inc		Common Stock		28
		Vale S A		Common Stock		28
		Capital One Financial Corp		Common Stock		27
		CIA Ener De Minas ADR		Common Stock		27
		Citizens Financial G		Common Stock		27
		Linde PLC		Common Stock		27
		Robert Half Intl		Common Stock		27
		Under Armour Inc		Common Stock		27
		Macys Inc		Common Stock		26
		Levi Strauss & Co		Common Stock		25
		Meritor Inc		Common Stock		25
		Unum Group		Common Stock		25
		Baker Hughes AGECE		Common Stock		24
		Mercer Intl SB		Common Stock		24
		UTD Microelectric		Common Stock		23
		CareTrust REIT Inc		Common Stock		23
		Church & Dwight Co Inc		Common Stock		22
		Iron Mountain Inc		Common Stock		22
		Newmont Mining Corp		Common Stock		22
		Regions Financial CP		Common Stock		22
		Teradyne Incorporated		Common Stock		22
		US Global Jets ETF		Common Stock		22
		Bloomin Brands Inc		Common Stock		21
		F5 Networks Inc		Common Stock		21
		Microchip Technology		Common Stock		21
		Nielsen Hldgs PLC		Common Stock		21
		Aflac Inc		Common Stock		20
		Ansys Inc		Common Stock		20
		Barnes & Noble Education		Common Stock		20
		FMC Corporation		Common Stock		20
		Graphic Packaging HL		Common Stock		20
		Howmet Aerospace Inc		Common Stock		20
		Ingersoll R and Inc		Common Stock		20
		Petco Health & Wellness		Common Stock		20
		Itau Unibanco Multi ADR		Common Stock		19
		Molson Coors Brewing		Common Stock		19
		Service Now Inc		Common Stock		19

Supplementary Information
See independent auditor's report.

TMC HEALTHCARE 401(k) PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR), Continued

EIN: 20-2218975

Plan #003

December 31, 2021

(a)	(b)	Identity of Issue, Borrower, Lessor or Similar Party	(c)	Description of Investment	(e)	Current Value
		Investments, continued:				
		Zions Bancorporation		Common Stock		19
		Hanger Orthopedic Group Inc		Common Stock		18
		Smith & Wesson Brand		Common Stock		18
		Alexandra Real Estate EQTY		Common Stock		18
		Vornado Realty TR		Common Stock		18
		Hanesbrands Inc		Common Stock		17
		Wynn Resorts		Common Stock		17
		Futz		Common Stock		16
		Marathon Oil Corp		Common Stock		16
		Par Petroleum Corp		Common Stock		16
		Turquoise Hill Resou		Common Stock		16
		Natural Grocers by V		Common Stock		14
		Ultrapar Part Spon ADR		Common Stock		13
		Redwood Trust Inc		Common Stock		13
		Ancor PLC		Common Stock		12
		Del Taco Restaurants		Common Stock		12
		LG Display Co LTD		Common Stock		10
		Companhia De Saneam ADR		Common Stock		7
		Renesola LTD		Common Stock		7
						324,155,183
*		Notes receivable from participants		4.25% to 6.5%		3,147,731
						<u>\$ 327,302,914</u>

(a) represents party-in-interest

Column (d) cost information may be omitted when reporting investments of an individual account plan that a participant or beneficiary directed with respect to assets allocated to their account.

Supplementary Information
See independent auditor's report.

Plan Name	TMC HEALTHCARE 401(K) PLAN
Plan Sponsor EIN	20-2218975
ERISA Plan #	003
Plan Year Ending	December 31, 2021

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	TMC HEALTHCARE 401(K) PLAN
Plan Sponsor EIN	20-2218975
ERISA Plan #	003
Plan Year Ending	December 31, 2021

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	