

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 ☐ an amended return/report ☐ the final 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 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program
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>PRIMECARE COMMUNITY HEALTH, INC. EMPLOYEES RETIREMENT PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>001</u>
	1c Effective date of plan <u>10/01/2000</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PRIMECARE COMMUNITY HEALTH, INC.</u> <u>2211 N ELSTON AVENUE SUITE 301</u> <u>CHICAGO, IL 60614</u>
2b	Employer Identification Number (EIN) <u>36-3845253</u>
2c	Plan Sponsor's telephone number <u>312-633-5841</u>
2d	Business code (see instructions) <u>621112</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.	10/13/2022	PLAN SPONSOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	257
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)	167
a(2) Total number of active participants at the end of the plan year		6a(2)	180
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	98
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	278
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	278
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	236
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	34
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2L 2M 2T			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan PRIMECARE COMMUNITY HEALTH, INC. EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PRIMECARE COMMUNITY HEALTH, INC.	D Employer Identification Number (EIN) 36-3845253

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

(a) Name of insurance carrier GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	514567-01	167	01/01/2021	12/31/2021

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

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

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	24827
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

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

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

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

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

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

b	Balance at the end of the previous year	7b	0
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c	Additions: (1) Contributions deposited during the year	7c(1)	34	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	64	
	(4) Transferred from separate account.....	7c(4)	24164	
	(5) Other (specify below).....	7c(5)	566	

▶ **FORFEITURES**

(6) Total additions	7c(6)	24828
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	24828
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e Deductions:

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

(5) Total deductions	7e(5)	1
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	24827
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan PRIMECARE COMMUNITY HEALTH, INC. EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PRIMECARE COMMUNITY HEALTH, INC.	D Employer Identification Number (EIN) 36-3845253	

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

(a) Name of insurance carrier
THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	891931-001	7	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid 16446	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LINCOLN FINANCIAL ADVISORS CORP
PO BOX 2239
FORT WAYNE, IN 46801

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
16446			4

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ GROUP VARIABLE ANNUITY W/GUR FUND		
b	Balance at the end of the previous year	7b	763945
c	Additions: (1) Contributions deposited during the year	7c(1)	62184
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	18118
	(4) Transferred from separate account.....	7c(4)	18097
	(5) Other (specify below)	7c(5)	57430
	▶ OTHER		
	(6) Total additions	7c(6)	155829
d	Total of balance and additions (add lines 7b and 7c(6))	7d	919774
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	808805
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account.....	7e(3)	1811
	(4) Other (specify below)	7e(4)	104231
	▶ TRANSFERRED		
	(5) Total deductions	7e(5)	914847
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	4927

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan PRIMECARE COMMUNITY HEALTH, INC. EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PRIMECARE COMMUNITY HEALTH, INC.	D Employer Identification Number (EIN) 36-3845253	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

RESOURCES INVESTMENT ADVISORS LLC

11101 SWITZER RD STE 200
OVERLAND PARK, KS 66210

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	3111	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	550	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

LINCOLN NATIONAL CORPORATION

35-1140070

(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?
13	SERVICE PROVIDER	309	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>PRIMECARE COMMUNITY HEALTH, INC. EMPLOYEES RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PRIMECARE COMMUNITY HEALTH, INC.</u>	D Employer Identification Number (EIN) <u>36-3845253</u>	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	48136	90313
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5103394	6140912
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	763945	29754
(15) Other.....	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1) 0	0
(2)	Employer real property.....	1d(2) 0	0
e	Buildings and other property used in plan operation	1e 0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f 5915475	6260979
Liabilities			
g	Benefit claims payable	1g 0	0
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i 0	0
j	Other liabilities.....	1j 0	0
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 5915475	6260979

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A) 138285	
	(B) Participants	2a(1)(B) 619548	
	(C) Others (including rollovers).....	2a(1)(C) 21386	
(2)	Noncash contributions.....	2a(2) 0	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	779219
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A) 0	
	(B) U.S. Government securities	2b(1)(B) 0	
	(C) Corporate debt instruments	2b(1)(C) 0	
	(D) Loans (other than to participants)	2b(1)(D) 0	
	(E) Participant loans.....	2b(1)(E) 1700	
	(F) Other	2b(1)(F) 17782	
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	19482
(2)	Dividends: (A) Preferred stock.....	2b(2)(A) 0	
	(B) Common stock	2b(2)(B) 0	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C) 326894	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	326894
(3)	Rents	2b(3)	0
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A) 0	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B) 0	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A) 0	
	(B) Other	2b(5)(B) 0	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		553773
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		1679368
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1333555	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1333555
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	309	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		309
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1333864
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		345504
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **OSTROW REISIN BERK & ABRAMS, LTD**

(2) EIN: **36-2938874**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n	X		
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 PRIMECARE COMMUNITY HEALTH, INC. EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 PRIMECARE COMMUNITY HEALTH, INC.	D Employer Identification Number (EIN) 36-3845253

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): 20-0247820 35-1140070		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

Part III	Amendments
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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 _____

**PRIMECARE COMMUNITY
HEALTH, INC.
EMPLOYEES RETIREMENT PLAN**

FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

DECEMBER 31, 2021 AND 2020

**PRIMECARE COMMUNITY HEALTH, INC.
EMPLOYEES RETIREMENT PLAN**

DECEMBER 31, 2021 AND 2020

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Independent Auditors' Report

Plan Administrator and Board of Trustees
PrimeCare Community Health, Inc.
Employees Retirement 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 PrimeCare Community Health, Inc. Employees Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 Financial Statements).

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

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

Opinion on the 2021 Financial Statements

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

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

Basis for Opinion on the 2021 Financial Statements

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

Responsibilities of Management for the 2021 Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of PrimeCare Community Health, Inc. Employees Retirement 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 PrimeCare Community Health, Inc. Employees Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters

2021 Supplemental Schedules Required by ERISA

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

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

In our opinion—

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

Auditors' Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of PrimeCare Community Health, Inc. Employees Retirement 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 October 4, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Ostrow Reisin Berk & Abrams, Ltd.

October 11, 2022

**PRIMECARE COMMUNITY HEALTH, INC.
EMPLOYEES RETIREMENT PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,	2021	2020
Assets:		
Investments:		
Investments, at fair value	\$ 6,140,911	\$ 5,103,393
Investment, at contract value	29,755	763,946
Total investments	6,170,666	5,867,339
Receivables:		
Employer contributions	209,370	143,024
Participant contributions		16,759
Notes receivable from participants	90,313	48,136
Total receivables	299,683	207,919
Net assets available for benefits	\$ 6,470,349	\$ 6,075,258

See notes to financial statements.

**PRIMECARE COMMUNITY HEALTH, INC.
EMPLOYEES RETIREMENT PLAN**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31, 2021

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$	553,773
Interest and dividend income		344,676

Total investment income		898,449
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Interest on participant loans		1,700
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Contributions:

Employer		204,630
Participant		602,790
Rollover		21,386

Total contributions		828,806
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Total additions		1,728,955
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Deductions from net assets attributed to:

Benefits paid to participants		1,333,555
Administrative expenses		309

Total deductions		1,333,864
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Net increase		395,091
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Net assets available for benefits:

Beginning of year		6,075,258
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End of year	\$	6,470,349
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See notes to financial statements.

PRIMECARE COMMUNITY HEALTH, INC. EMPLOYEES RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

1. Description of the Plan

The following description of PrimeCare Community Health, Inc. Employees Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan Agreement for a complete description of the Plan's provisions.

General:

The Plan is a defined-contribution plan covering eligible employees of PrimeCare Community Health, Inc. (the Company). Employees were eligible to participate immediately following or coincident with the date the employee is hired. Effective September 29, 2021, eligible employees are eligible to participate on the first day of the following quarter once they are hired. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Effective January 1, 2022, employees will be automatically enrolled into the Plan on the first eligibility date with a contribution rate of 4%. Employees will have the option to opt out of auto enrollment if they choose.

Contributions:

Contributions to the Plan may include employee deferral contributions including regular 403(b) "pre-tax" basis, rollovers from other qualified retirement plans, employer matching contributions and other employer contributions.

Employee deferral contributions cannot exceed 90% of the participant's earnings for the year. A participant's earnings consist of total cash compensation of an employee, excluding bonuses, payments for unused leave, and severance payments, in a Plan year. Effective September 29, 2021, the Plan was amended and bonuses were no longer excluded from compensation. Contributions are subject to certain limitations as prescribed in the Internal Revenue Code (the Code). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions.

Both employer matching contributions and other employer contributions are discretionary. Employees must complete 1,000 hours of service during the Plan year to be eligible to receive the discretionary contributions. Effective September 29, 2021, union employees are excluded from participating in employer matching and other employer contributions. Effective January 1, 2022, the employee must be an employee at year end to be eligible for any employer contribution.

PRIMECARE COMMUNITY HEALTH, INC. EMPLOYEES RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

1. Description of the Plan (continued)

Participant's accounts:

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution(s) and (b) Plan earnings and charged with an allocation of administrative expenses not paid by the Company. Allocations are based on the participant's 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 vested account. Participants self-direct their contributions and their share of the Company's contribution among investment options offered by the Plan.

Vesting:

Participants are always 100% vested in their employee deferral contributions, rollover contributions and earnings thereon.

Participants are also fully vested if their employment with the Company terminates after normal retirement age (65) or for reasons due to death or permanent disability. Participants vest in their employer contributions and earnings thereon in accordance with the following table:

<u>Years of service</u>	<u>Vested portion</u>
Less than 3 years	0%
3 years	100%

Loans to participants:

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. However, the \$50,000 maximum is reduced by the highest outstanding participant loan balance during the previous 12-month period. The loans are secured by the balance in the participant's account and bear interest at the rate determined by the Lincoln National Life Insurance Company based upon prevailing interest rates at the time the loan is established. Loans must be repaid within a period of five years, unless the loan is used for the purchase of a participant's primary residence. Loans used for the purchase of a primary residence may be repaid within a period of 20 years. The interest rates in effect for notes receivable outstanding at December 31, 2021 and 2020 ranged from 3.00% to 4.25% and 3.00% to 3.25%, respectively.

PRIMECARE COMMUNITY HEALTH, INC. EMPLOYEES RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

1. Description of the Plan (continued)

Payment of benefits:

A participant becomes entitled to benefits under the Plan upon reaching normal retirement age (65), permanent disability or resignation from the Company. In-service distributions are also allowed for participants who attain the age of 59 ½ and hardship distributions are permitted. Effective September 2021, the Plan was amended and hardship distributions were no longer allowed under the Plan. Upon resignation or retirement, participants are entitled to receive the vested portion of their account balance.

Forfeited accounts:

If a participant terminates employment and is less than 100% vested in the employer account, then the participant may forfeit the nonvested portion. Forfeitures are allowed to be used to reduce employer contributions payable under the Plan or to pay for administrative expenses. Forfeited nonvested accounts totaled \$24,776 and \$6,253 at December 31, 2021 and 2020, respectively.

2. Summary of significant accounting policies

Basis of accounting:

The financial statements of the Plan are prepared in accordance with accounting principles generally accepted in the United States of America.

Investment valuation and income recognition:

Investments are reported at fair value, except for the fully benefit-responsive investment contract, which is reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Contract value is the relevant measurement for the portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would normally receive if they were to initiate permitted transactions under the terms of the Plan.

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

PRIMECARE COMMUNITY HEALTH, INC. EMPLOYEES RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

2. Summary of significant accounting policies (continued)

Notes receivable from participants:

As described in Note 1, the Plan allows participants to borrow against their vested account balance and the loans are secured by the participant's account balance. Participant loans are valued at their unpaid principal balances plus any accrued but unpaid interest. Participant loans are repaid ratably through regular direct payments and loan defaults are treated as distributions. The Plan is required to review the collectibility of the outstanding loan balances and record an allowance for loans considered to be uncollectible. As of December 31, 2021 and 2020, no allowance for uncollectible loans was necessary.

Contributions:

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

Payment of benefits:

Benefits are recorded when paid.

Administrative expenses:

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

Expense offset arrangements:

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

Use of estimates:

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

**PRIMECARE COMMUNITY HEALTH, INC.
EMPLOYEES RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

2. Summary of significant accounting policies (continued)

Subsequent events:

The Plan Administrator has reviewed and evaluated subsequent events through October 11, 2022, the date the financial statements were available to be issued.

3. Risks and uncertainties

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

4. Investments (information prepared and certified by Great-West Life and Annuity Insurance Company (the Trustee) and Lincoln National Life Insurance Company (the Insurance Company))

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

December 31,	2021	2020
Investments, at fair value:		
Registered investment companies	\$ 6,140,911	\$ 5,103,393
Investment, at contract value:		
Group annuity contract	29,755	763,946
Total investments	\$ 6,170,666	\$ 5,867,339

The Trustee and the Insurance Company certified to the completeness and accuracy of the interest and dividend income of \$344,676 and net appreciation in fair value of investments of \$553,773 for the year ended December 31, 2021.

**PRIMECARE COMMUNITY HEALTH, INC.
EMPLOYEES RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

4. Investments (information prepared and certified by Great-West Life and Annuity Insurance Company (the Trustee) and Lincoln National Life Insurance Company (the Insurance Company)) (continued)

Notes receivable from participants of \$90,313 and \$48,136 are also certified by the Trustee and the Insurance Company at December 31, 2021 and 2020, respectively. Interest on participant loans for the year ended December 31, 2021 was \$1,700.

5. Fair value measurements

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

Level 1	Inputs to valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
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Level 2	Inputs to the valuation methodology include: • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs 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.
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Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.
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The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

**PRIMECARE COMMUNITY HEALTH, INC.
EMPLOYEES RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

5. Fair value measurements (continued)

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

Registered investment companies: Valued at the market value of shares held by the Plan at year-end.

The preceding method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan Administrator believes that the Plan's valuation method is 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.

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

December 31,	2021	2020
	Level 1	
Registered investment companies	\$ 6,140,911	\$ 5,103,393

6. Group annuity contract

The Plan has a fully benefit-responsive group annuity contract with the Insurance Company, which is called the Variable Annuity Fixed Account. The Insurance Company maintains the contributions in a general account, which is credited with earnings and charged for participant withdrawals and administrative expenses.

These are fully benefit-responsive contracts, as the principal and interest are guaranteed with no restrictions to redemption. The issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed and may be reset periodically.

**PRIMECARE COMMUNITY HEALTH, INC.
EMPLOYEES RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

6. Group annuity contract (continued)

The contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measurement for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by the Insurance Company, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Certain events limit the ability of the Plan to transact at contract value with the Insurance Company and the financial institution issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan); (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions; (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan; or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The occurrence of the events listed above that would limit the ability of the Plan to transact at contract value with Plan participants is not probable of occurring.

The guaranteed interest accounts do not permit the Insurance Company to terminate the agreement prior to the scheduled maturity date. If an event of default occurs and is not cured, the non-defaulting party may terminate the contract. The following may cause the Plan to be in default:

- A breach of material obligation under the contract
- A material misrepresentation
- A material amendment to the Plan agreement

PRIMECARE COMMUNITY HEALTH, INC. EMPLOYEES RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

6. Group annuity contract (continued)

The issuer may be in default if it breaches a material obligation under the investment contract, makes a material misrepresentation, has a decline in its long-term credit rating below a threshold set forth in the contract, or is acquired or reorganized and the successor issuer does not satisfy the investment or credit guidelines applicable to issuers. If, in the event of default of an issuer, the Plan was unable to obtain a replacement investment contract, withdrawing participants may experience losses if the value of the Plan's assets no longer covered by the contract is below contract value. The Plan may seek to add additional issuers over time to diversify the Plan's exposure to such risk, but there is no assurance that the Plan may be able to do so. The combination of the default of an issuer and an inability to obtain a replacement agreement could render the Plan unable to achieve its objective of maintaining a stable contract value. The terms of an investment contract generally provide for settlement of payments only upon termination of the contract or total liquidation of the covered investments. Generally, payments will be made pro-rata, based on the percentage of investments covered by each issuer. Contract termination occurs whenever the contract value or market value of the covered investments reaches zero or upon certain events of default.

If the contract terminates due to issuer default (other than a default occurring because of a decline in its rating), the issuer will generally be required to pay to the Plan the excess, if any, of contract value over market value on the date of termination.

7. Party-in-interest transactions

Administrative expenses represent fees paid to the Trustee and the Insurance Company for administration of the Plan. Certain Plan investments are shares of registered investment companies and an insurance company general account managed by the Insurance Company. Therefore, these transactions qualify as party-in-interest transactions. Investment management fees were paid to an investment advisor. These transactions also qualify as party-in-interest transactions.

8. Plan termination

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

**PRIMECARE COMMUNITY HEALTH, INC.
EMPLOYEES RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

9. Tax status

The Plan has been designed to qualify under Section 403(b) of Internal Revenue Code (the Code). The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Service (IRS) in Revenue Procedure 2007-71. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for plan participants under Section 403(b). The Plan Administrator believes that the Plan is operating in accordance with the applicable requirements of Section 403(b) of the Code and, therefore, believes that the Plan is qualified and the related custodial accounts are tax-exempt.

10. Reconciliation of financial statements to Form 5500

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

<u>December 31, 2021</u>	
Net assets available for benefits per the financial statements	\$ 6,470,349
Contributions receivable, employer	(209,370)
Net assets available for benefits per Form 5500	\$ 6,260,979

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

<u>Year ended December 31, 2021</u>	
Total contributions per the financial statements	\$ 828,806
Employer contributions relating to 2021 received by the plan in 2022	(209,370)
Employee contributions relating to 2020 received by the plan in 2021	16,759
Employer contributions relating to 2020 received by the plan in 2021	143,024
Total contributions per Form 5500	\$ 779,219

PRIMECARE COMMUNITY HEALTH, INC. EMPLOYEES RETIREMENT PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021

FEIN 36-3845253

Plan number 001

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

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Shares of registered investment companies:			
	Alliance Bernstein	AB VPS Global Thematic Growth Fund	**	\$ 97
	Allspring Global Investments	Allspring Special Mid Cap Value Fund	**	75
	BlackRock, Inc.	Ishares S&P 500 Index Fund	**	16,838
	Capital Group	American Funds 2020	**	625,421
	Capital Group	American Funds 2025	**	1,427,321
	Capital Group	American Funds 2030	**	545,715
	Capital Group	American Funds 2035	**	344,594
	Capital Group	American Funds 2040	**	1,443,489
	Capital Group	American Funds 2045	**	668,236
	Capital Group	American Funds 2050	**	616,090
	Capital Group	American Funds 2055	**	336,786
	Capital Group	American Funds 2050	**	91,274
	Capital Group	American Funds 2055	**	2,920
	Capital Group	American Funds Capital World Bond Fund	**	74
	Capital Group	American Funds Growth-Income Fund	**	15
	Delaware VIP Trust	Delaware VIP Diversified Income Fund	**	87
	Delaware VIP Trust	Delaware VIP Smid Cap Core Fund	**	127
	Deutsche Asset Management	Deutsche Alternative Asset Allocation VIP Fund	**	94
	Fidelity Investments	Fidelity Contrafund Portfolio	**	94
	Fidelity Investments	Fidelity Mid Cap Index Fund	**	6,449
	Fidelity Investments	Fidelity Real Estate Index Fund	**	32
	Fidelity Investments	Fidelity Small Cap Index Fund	**	6,362
	Fidelity Investments	Fidelity VIP Freedom Target 2020	**	90
	Fidelity Investments	Fidelity VIP Freedom Target 2050	**	52
	Invesco, Ltd.	Invesco Oppenheimer International Growth Fund	**	1,207
	J.P. Morgan Asset Management, Inc.	JPMorgan Mid Cap Growth Fund	**	297
	J.P. Morgan Asset Management, Inc.	JPMorgan Small Cap Growth Fund	**	97
*	Lincoln National Life Insurance Company	LVIP Baron Growth Opportunities Fund	**	127
*	Lincoln National Life Insurance Company	LVIP BlackRock Inflation Protected Fund	**	8
*	Lincoln National Life Insurance Company	LVIP JPMorgan Retirement Income Fund	**	53
*	Lincoln National Life Insurance Company	LVIP JPMorgan Select Mid Cap Value Managed Volatility Fund	**	87
*	Lincoln National Life Insurance Company	LVIP SSgA Emerging Market 100 Fund	**	30
*	Lincoln National Life Insurance Company	LVIP SSgA International Managed Volatility Fund	**	31
*	Lincoln National Life Insurance Company	LVIP SSgA S&P 500 Index Fund	**	1
*	Lincoln National Life Insurance Company	LVIP SSgA Small-Cap Index Fund	**	27
*	Lincoln National Life Insurance Company	LVIP T. Rowe Price Structured Fund	**	128

PRIMECARE COMMUNITY HEALTH, INC. EMPLOYEES RETIREMENT PLAN

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

DECEMBER 31, 2021

FEIN 36-3845253

Plan number 001

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

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Shares of registered investment companies: (continued)			
	MFS Investment Management	MFS Technology Fund	**	\$ 145
	The Hartford Financial Services Group, Inc.	Hartford Strategic Income Fund	**	148
	T. Rowe Price Group, Inc.	T. Rowe Price Blue Chip Growth Fund	**	6,193
	Total registered investment companies			6,140,911
	Insurance company general accounts:			
*	Great-West Life and Annuity	GWI Fixed Account	**	52
*	Lincoln National Life Insurance Company	Variable Annuity Fixed Account	**	29,703
	Total insurance company general accounts			29,755
*	Notes receivable from participants	Interest rates range from 3.00% to 4.25%		90,313
	Total assets held at end of year			\$ 6,260,979

*Represents a party-in-interest.

**Cost basis is not required to be reported for participant-directed accounts.

**PRIMECARE COMMUNITY HEALTH, INC.
EMPLOYEES RETIREMENT PLAN**

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

YEAR ENDED DECEMBER 31, 2021

FEIN 36-3845253

Plan number 001

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

Participant contributions transferred late to Plan		Total that constitute nonexempt prohibited transactions			Total fully corrected under VFCP and PTE 2002-51
		Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	
Check here if late participant loan repayments are included	☐				
Pay date August 14, 2020			\$ 16,966		
Pay date August 28, 2020			\$ 16,188		

SCHEDULE OF ASSETS (HELD AT END OF YEAR)**PrimeCare Community Health, Inc. Employees Retirement Plan****01-JAN-21 to 31-DEC-21****22-JAN-22 13:31:33**

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1RRCTX			643,554.13	625,421.08
1RFDTX			1,464,802.12	1,427,320.52
1RFETX			559,433.86	545,714.96
1RFFTX			347,688.60	344,593.88
1RFGTX			1,448,467.81	1,443,488.70
1RFHTX			668,687.38	668,236.03
1RFITX			615,681.30	616,090.35
1RFKTX			336,357.27	336,786.01
1RFUTX			91,229.38	91,273.99
1RFVTX			2,849.67	2,920.29
1OIGIX			1,298.08	1,206.72
1FSRNX			30.17	31.51
1MTCLX			142.96	145.06
1FSSNX			6,379.25	6,361.62
1JGSMX			95.32	96.80
1FSMDX			6,406.00	6,449.00
1JMG MX			296.61	296.57
1WFPRX			74.16	74.69
1WFSPX			16,090.42	16,837.61
1TBCIX			6,572.11	6,192.50
1RCWGX			74.22	74.29
1HSNVX			148.36	148.32
1GWAA30		1.150	51.52	51.55
			6,216,410.70	6,139,812.05
PARTICIPANT LOANS	VARIOUS	4.250-4.250	20,120.55	20,120.55
FORFEITURES			24,711.35	24,775.55

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

PrimeCare Community Health, Inc. Employees Retirement Plan**01-JAN-21 to 31-DEC-21****22-JAN-22 13:31:33**

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

1RRCTX American Funds 2020 Trgt Date Retire R6
 1RFETX American Funds 2030 Trgt Date Retire R6
 1RFGTX American Funds 2040 Trgt Date Retire R6
 1RFITX American Funds 2050 Trgt Date Retire R6
 1RFUTX American Funds 2060 Trgt Date Retire R6
 1OIGIX Invesco Oppenheimer Int'l Growth R6
 1MTCLX MFS Technology R6
 1JGSMX JPMorgan Small Cap Growth R6
 1JMGMX JPMorgan Mid Cap Growth R6
 1WFSPX iShares S&P 500 Index K
 1RCWGX American Funds Capital World Bond R6
 1GWAA30 GWI Fixed Account - Series Class II

1RFDTX American Funds 2025 Trgt Date Retire R6
 1RFFTX American Funds 2035 Trgt Date Retire R6
 1RFHTX American Funds 2045 Trgt Date Retire R6
 1RFKTX American Funds 2055 Trgt Date Retire R6
 1RFVTX American Funds 2065 Trgt Date Retire R6
 1FSRNX Fidelity Real Estate Index Institutional
 1FSSNX Fidelity Small Cap Index
 1FSMDX Fidelity Mid Cap Index
 1WFPRX Allspring Special Mid Cap Value R6
 1TBCIX T. Rowe Price Blue Chip Growth I
 1HSNVX Hartford Strategic Income R6

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

Schedule H, line 4i--Schedule of Assets (held at End of Year) For Plan: Primecarecommunity Health Inc

Date Range Requested: 01/01/2021 - 12/31/2021

Data Extracted: 01/26/2022

Plan Information

Vendor System	Plan ID	Plan Name	Plan Number	Employer Identification Number (EIN)	Plan Type	Full Service	Plan Sponsor/ Employer Name	Plan Sponsor / Employer Address	Plan Sponsor / Plan Admin Phone
Lincoln - Penfacts	0002714002967001	PRIMECARE COMMUNITY HEALTH INC. RETIREMENT PLAN	001	36-3845253	403(b)	Y	PRIMECARE COMMUNITY HEALTH INC.	2211 NORTH ELSTON, SUITE 301, CHICAGO, IL 60614	312-633-5845

Plan Assets

(A)	(B) Identity of Issue	(C) Description of Investment	(D) Historical Cost	(E) Current Value
*	LINCOLN NAT'L LIFE - MULTIFUND	AB VPS GLOBAL THEMATIC GROWTH		96.81
*	LINCOLN NAT'L LIFE - MULTIFUND	AMERICAN FUNDS GLOBAL GROWTH		0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	AMERICAN FUNDS GROWTH FUND		0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	AMERICAN FUNDS GROWTH-INCOME		14.54
*	LINCOLN NAT'L LIFE - MULTIFUND	AMERICAN FUNDS INTERNATIONAL		0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	BLACKROCK GLOBAL ALLOCATION		0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	DELAWARE VIP SMALL CAP VALUE		0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	DWS ALT ASSET ALLOC VIP		93.63
*	LINCOLN NAT'L LIFE - MULTIFUND	FIDELITY CONTRAFUND PORTFOLIO		94.04
*	LINCOLN NAT'L LIFE - MULTIFUND	FIDELITY GROWTH PORTFOLIO		0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	FIDELITYVIP FREEDOM TARGET2020		89.53
*	LINCOLN NAT'L LIFE - MULTIFUND	FIDELITYVIP FREEDOM TARGET2025		0.00

*	LINCOLN NAT'L LIFE - MULTIFUND	FIDELITYVIP FREEDOM TARGET2030	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	FIDELITYVIP FREEDOM TARGET2035	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	FIDELITYVIP FREEDOM TARGET2040	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	FIDELITYVIP FREEDOM TARGET2045	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	FIDELITYVIP FREEDOM TARGET2050	51.90
*	LINCOLN NAT'L LIFE - MULTIFUND	FIDELITYVIP FREEDOM TARGET2055	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	FIDELITYVIP FREEDOM TARGET2060	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	FIXED ACCT	4,926.83
*	LINCOLN NAT'L LIFE - MULTIFUND	LINCOLN VIP BOND FUND	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	LINCOLN VIP SOCIAL AWARENESS	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	LOAN RESRV	70,192.59
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP BARON GRTH OPPORTUNITIES	127.43
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP BLACKRCK ADVTG ALL FUND	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP BLENDED LC GRTH MNGD VOL	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP BLENDED MID CAP MNGD VOL	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP BLRK GLOBAL REAL ESTATE	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP BR DIVIDEND VALUE MGDVLT	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP BR INFLATION PROTECTED	8.40
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP DEL DIVERS FLOATING RATE	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP DEL SMID CAP CORE FUND	127.43
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP DELAWARE DVRS INCOME FND	86.98

*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP DELAWARE HIGH YIELD FUND	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP DELAWARE MID CAP VAL FUND	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP DELAWARE REIT FUND	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP DELAWARE VALUE FUND	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP DELAWARE WEALTH BUILDER	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP DIMENSIONAL US CORE EQTY1	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP FT GLB EQU MGMD VOL	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP GLBAL MODERATE ALLOCTN MR	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP GLBL CONSRVATV ALLOCTN MR	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP GLOBAL GROWTH ALLOCTN MR	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP GLOBAL INCOME	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP GOVERNMENT MONEY MARKET	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP JPM SELECT MID CAP VAL MV	87.16
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP JPMORGAN RETIREMNT INCOME	53.34
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP MONDRIAN INT'L VALUE	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP SSGA BOND INDEX	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP SSGA EMERG MKT 100	30.37
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP SSGA GLB TAC ALLC MGD VOL	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP SSGA INTERNATIONAL INDEX	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP SSGA INTERNATIONAL MGDVLT	30.97
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP SSGA S&P 500 INDEX	0.00

*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP SSGA SMALL-CAP INDEX	30.77
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP T. ROWE PRICE 2010	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP T. ROWE PRICE 2020	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP T. ROWE PRICE 2030	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP T. ROWE PRICE 2040	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP T. ROWE PRICE 2050	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP T. ROWE PRICE 2060	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP T. ROWE PRICE STRUCTURED	128.21
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP VANGUARD DOM EQUITY ETF	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP VANGUARD INTL EQUITY ETF	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	MFS UTILITIES SERIES	0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	PIMCO VIT TOTAL RETURN PORT	0.00
Total			76,270.93