

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

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>COMPREKARE HEALTH LLC 401(K) PROFIT SHARING PLAN & TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2018</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2018</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2018</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>COMPREKARE HEALTH LLC</u> <u>PO BOX 1595</u> <u>MIDDLETOWN, CT 06457-8095</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>82-3920018</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>860-788-6404</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541990</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>82-3920018</u>	2c Plan Sponsor's telephone number <u>860-788-6404</u>	2d Business code (see instructions) <u>541990</u>	
2b Employer Identification Number (EIN) <u>82-3920018</u>					
2c Plan Sponsor's telephone number <u>860-788-6404</u>					
2d Business code (see instructions) <u>541990</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	DONNA J. DOOLEY
	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	119
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)	105
a(2) Total number of active participants at the end of the plan year		6a(2)	223
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	61
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	284
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	284
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	277
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	37
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</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 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 COMPREKARE HEALTH LLC 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 COMPREKARE HEALTH LLC	D Employer Identification Number (EIN) 82-3920018	

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	
PAYCHEX SECURITIES CORPORATION	225 KENNETH DRIVE ROCHESTER, NY 14623
16-1486352	

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

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

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

MERRILL LYNCH, PIERCE, FENNER

4 WORLD FINANCIAL CENTER
250 VESEY STREET
NEW YORK, NY 10281

13-5674085

(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 ADVISORY PLAN	5720	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 ☐

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>COMPREKARE HEALTH LLC 401(K) PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COMPREKARE HEALTH LLC</u>	D Employer Identification Number (EIN) <u>82-3920018</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	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)	26111	34716
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	26383	43414
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(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)	1397542	3573069
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1) 0	
(2)	Employer real property.....	1d(2) 0	
e	Buildings and other property used in plan operation	1e 0	
f	Total assets (add all amounts in lines 1a through 1e)	1f 1450036	3651199
Liabilities			
g	Benefit claims payable	1g 0	
h	Operating payables	1h 0	
i	Acquisition indebtedness.....	1i 0	
j	Other liabilities.....	1j 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 1450036	3651199

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) 96397	
	(B) Participants	2a(1)(B) 664496	
	(C) Others (including rollovers).....	2a(1)(C) 1330147	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	2091040
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A) 8	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E) 776	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	784
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C) 412255	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	412255
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		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)		-131930
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2372149
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	152788	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		152788
f Corrective distributions (see instructions).....	2f		10010
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	2468	
(3) Investment advisory and management fees.....	2i(3)	5720	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		8188
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		170986
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		2201163
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: GRANT, MILLMAN & JOHNSON, PC

(2) EIN: 38-2555519

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.)		X	
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.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		145003
4e	X		145003
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?		X	
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?		X	
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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.		X	
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.
---	--	---

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

A Name of plan COMPREKARE HEALTH LLC 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 COMPREKARE HEALTH LLC	D Employer Identification Number (EIN) 82-3920018

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
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): 16-1470238	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3

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

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

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

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

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**COMPRECARE HEALTH, LLC
401(k) PROFIT SHARING PLAN & TRUST**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION**

DECEMBER 31, 2020

**COMPRECARE HEALTH, LLC
401(k) PROFIT SHARING PLAN & TRUST**

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and for the Year Ended December 31, 2020

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Grant, Millman & Johnson, P.C.

CERTIFIED PUBLIC ACCOUNTANTS
AND BUSINESS ADVISORS

39475 W. THIRTEEN MILE ROAD
SUITE 200
NOVI, MICHIGAN 48377

PHONE: 248-994-8500
FAX: 248-994-8505
www.grantmillman.com

Steven G. Boggs, CPA
Jeanne M. Jantzen, CPA
Paul A. Johnson, CPA
Lawrence I. Millman, CPA
Rachelle L. Syron, CPA
David B. Tozer, CPA
Mark H. Wagner, CPA

Josephine L. Bumgarner, CPA
Thomas P. Dolen, CPA
Richard S. Edger, CPA
Richard J. Elder, CPA
Joshua M. Farrugia, CPA
David R. Guest, CPA

Lisa M. Kowalski, CPA, MST
Susan E. Schmidt, CPA, CSRP, CSEP
Harry Siegel, CPA
David A. Smith, CPA
Jacob R. Strecker, CPA, MBA
Barry M. Grant, CPA, of Counsel

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the
Comprecare Health, LLC
401(k) Profit Sharing Plan & Trust
Middletown, Connecticut

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Comprecare Health, LLC. 401(k) Profit Sharing Plan & Trust, which comprise the Statement of Net Assets Available for Benefits as of December 31, 2020, and the related Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Mid Atlantic Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2020 that the information provided to the plan administrator by the trustee is complete and accurate.



Grant, Millman & Johnson, P.C.

CERTIFIED PUBLIC ACCOUNTANTS
AND BUSINESS ADVISORS

Disclaimer of Opinion

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

Other Matters

The accompanying Statement of Net Assets Available for Benefits as of December 31, 2019 was not audited, reviewed, or compiled by us and, accordingly, we do not express an opinion or any other form of assurance on it.

The supplemental Schedule of Assets (Held at End of Year) is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

GRANT, MILLMAN & JOHNSON, P.C.

Grant, Millman & Johnson, P.C.

September 23, 2021

COMPRECARE HEALTH, LLC
401(k) PROFIT SHARING PLAN TRUST

STATEMENTS OF NET ASSETS
AVAILABLE FOR BENEFITS
December 31, 2020 and 2019

	2020	(unaudited) 2019
	<u>2020</u>	<u>(unaudited) 2019</u>
ASSETS:		
Investments, at Fair Value:		
Money Market Accounts	\$ 26,112	\$ 8,115
Mutual Funds	<u>1,397,541</u>	<u>980,569</u>
Total Investments	1,423,653	988,684
Receivables:		
Notes Receivable from Participants	<u>26,383</u>	<u>5,559</u>
Total Assets	<u>1,450,036</u>	<u>994,243</u>
Liabilities:		
Corrective Distributions Payable	<u>-</u>	<u>46,368</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 1,450,036</u>	<u>\$ 947,875</u>

See Notes to Financial Statements

**COMPRECARE HEALTH, LLC
401(k) PROFIT SHARING PLAN TRUST**

**STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2020**

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment Income:	
Net Appreciation in Fair Value of Investments	\$ 127,054
Dividends	<u>63,432</u>
Total Investment Income	<u>190,486</u>
Participant Loan Interest	<u>295</u>
Contributions:	
Participant	395,350
Employer	60,004
Rollover	<u>22,190</u>
Total Contributions	<u>477,544</u>
Total Additions	<u>668,325</u>

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Administration Fees	5,568
Investment Advisory Fees	4,244
Participants' Withdrawals	<u>156,352</u>
Total Deductions	<u>166,164</u>

INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	502,161
--	----------------

NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>947,875</u>
---	----------------

NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u><u>\$ 1,450,036</u></u>
---	----------------------------

See Notes to Financial Statements

COMPRECARE HEALTH, LLC
401(k) PROFIT SHARING PLAN & TRUST

NOTES TO FINANCIAL STATEMENTS

December 31, 2020

NOTE 1 - Description of the Plan

The following summary description of Comprecare Health, LLC 401(k) Profit Sharing Plan & Trust is provided for general information purposes only. Participants should refer to the Plan Agreement for more complete information.

General - All employees of Comprecare Health, LLC, as defined in the Plan Agreement, having attained the age twenty one and meeting the service requirements, are eligible to become participants in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - Participants may elect to contribute 0% to 92% of their earnings to the 401(k) Plan. They may choose to do this as either a pre-tax deferral, a Roth deferral, or a combination of both. Participants' contributions are subject to annual maximums in accordance with the Internal Revenue Code. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants designate how their contribution will be invested in the investment funds selected by the Plan Administrator. The Plan provides for an employer matching contribution equal to 25% of the first 6% of Participant's compensation which is deferred as an elective deferral. The Plan also provides for a discretionary employer profit sharing contribution. There was no discretionary contribution for the year ended December 31, 2020.

Participant Accounts - Each participant's account is credited with the participant's contribution, the employer's matching contribution, if applicable, forfeitures, and Plan earnings. Allocations are based upon provisions as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are immediately vested in their contributions plus actual earnings thereon. The Company's matching contribution is based on years of service and 1,000 hours per year service requirement. A participant is 100% vested after four years of credited services.

<u>Years of Service</u>	<u>Percentage</u>
Less than 1 year	0 %
1	25 %
2	50 %
3	75 %
4	100 %

COMPRECARE HEALTH, LLC
401(k) PROFIT SHARING PLAN & TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)
December 31, 2020

NOTE 1 - Description of the Plan (Continued)

Vesting (Continued) - Vesting in the Company's discretionary contribution portion of a participant's account, plus actual earnings thereon, is based on years of continuous service and 1,000 hours. A participant is 100% vested after six years of credited services.

<u>Years of Service</u>	<u>Percentage</u>
Less than 2 years	0 %
2	20 %
3	40 %
4	60 %
5	80%
6	100 %

Notes Receivable from Participants - Participants may request a loan from the Plan at a minimum of \$1,000 and lesser of 95% of one-half the vested account balance or 95% of the total vested account balance excluding the Roth Elective Deferral balance not to exceed \$50,000. The loan term is limited to 4.5 years unless it is for the purchase of a principal residence. A participant may have only one loan outstanding at any time. The loan is secured by the participant's account and bears interest at prime rate plus 1%. Principal and interest are paid through payroll deductions.

Participant Withdrawals - Upon a participant's retirement date, death or total and permanent disability, all amounts credited to his or her account shall become fully vested. Upon termination, the non-vested portion of a participant's account shall be forfeited and subsequently allocated according to the terms of the Plan.

Participants may withdraw their individual accounts if their employment is terminated before reaching normal retirement age, if they become disabled, or if they reach normal retirement age and continue to work. The vested portion of the account is payable to the participant or the beneficiary as a lump-sum amount, partial payments, installment payments, or annuity contracts. If the vested portion of the account is less than \$5,000, the Administrator has the option of a distribution without the participant's consent. If the vested portion of the participant's account exceeds \$5,000, a distribution before normal retirement age can only be made with the participant's consent. The non-vested portion of a participant's account shall be forfeited.

COMPRECARE HEALTH, LLC
401(k) PROFIT SHARING PLAN & TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)
December 31, 2020

NOTE 1 - Description of the Plan (Continued)

Forfeited Accounts - At December 31, 2020 and 2019, the value of forfeited non-vested accounts totaled \$14,657 and \$3,541, respectively. The forfeitures of non-vested employer matching contributions from terminated participant accounts may be used to pay the Plan's administrative expenses, reduce employer contributions, or allocated to participants. During the year ended December 31, 2020, forfeited amounts of \$3,541 were allocated to participants in accordance with the terms of the Plan.

SECURE Act and CARES Act - The plan has implemented certain provisions of the SECURE Act, which was effective January 1, 2020, and the CARES Act, which was signed into law in March 2020. The Plan has until December 31, 2022 to adopt amendments to reflect these provisions.

NOTE 2 - Significant Accounting Policies

Basis of Accounting - The financial statements were prepared on the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of additions and deductions during the reporting period. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition - The Plan's investments are stated at current fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded when received. Unrealized appreciation (depreciation) of investments is the change between market value of investments at the beginning of the year and market value of investments at the end of the year.

Notes Receivable from Participants - Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Participant loans in default are reclassified as distributions based upon the terms of the Plan document. If a participant ceases to make loan repayments and the plan administrator deems the loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits - Benefits are recorded when paid.

COMPRECARE HEALTH, LLC
401(k) PROFIT SHARING PLAN & TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)
December 31, 2020

NOTE 2 - Significant Accounting Policies (Continued)

Administrative Expenses - The Plan's administrative expenses are paid in part by earnings of the Plan. Additional administrative expenses are paid by the sponsor of the Plan. Administrative expenses of \$9,812 were paid by the Plan for the year ended December 31, 2020.

Subsequent Events - Management has evaluated events and transactions through September 23, 2021, the date the financial statements were available to be issued.

NOTE 3 - Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits.

	<u>Assets at Fair Value as of December 31, 2020</u>	
	<u>Level 1</u>	<u>Total</u>
Mutual Funds	\$ 1,397,541	\$ 1,397,541
Money Market Funds	<u>26,112</u>	<u>26,112</u>
Total	<u>\$ 1,423,653</u>	<u>\$ 1,423,653</u>

	<u>Assets at Fair Value as of December 31, 2019</u>	
	<u>Level 1</u>	<u>Total</u>
Mutual Funds	\$ 980,569	\$ 980,569
Money Market Funds	<u>8,115</u>	<u>8,115</u>
Total	<u>\$ 988,684</u>	<u>\$ 988,684</u>

The Plan's investments are reported at fair value in the statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels which are described below. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments.

COMPRECARE HEALTH, LLC
401(k) PROFIT SHARING PLAN & TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2020

NOTE 3 - Fair Value Measurements (Continued)

Level 1 Fair Value Measurements

Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year end. The fair values of common stock, corporate bonds, and U.S. Government securities are based on the closing price reported on the active market where the individual securities are traded.

Level 2 Fair Value Measurements

Level 2 inputs consist of quoted prices for similar assets in active and inactive markets and other observable corroborated market data. Level 2 inputs are only used when Level 1 inputs are not available. This includes, but not limited to, quoted prices for similar assets or liabilities in markets that are not active. There are no level 2 assets.

Level 3 Fair Value Measurements

Level 3 inputs have the lowest priority. Level 3 inputs are only used when Level 1 or Level 2 inputs were not available. There are no level 3 assets.

NOTE 4 - Net Change in Fair Value of Investments

Gains and losses (realized and unrealized) included in the statement of changes in net assets available for benefits for the year ended December 31, 2020 are reported in net appreciation or depreciation in fair value of investments.

The net change in fair value by type of investments is as follows:

Mutual Funds:

Equity Funds	\$ 22,307
Balanced Funds	103,102
International Equity Funds	957
Fixed Income Funds	688
Net Change in Fair Value	<u>\$ 127,054</u>

COMPRECARE HEALTH, LLC
401(k) PROFIT SHARING PLAN & TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)
December 31, 2020

NOTE 5 - Information Certified by Trustee

The financial statements, accompanying notes and supplemental schedule were prepared in part from information certified by the trustee in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA). The information certified includes: investments, notes receivable from participants, investment income, and participant loan interest.

NOTE 6 - Related Party and Party-in-Interest Transactions

Plan investments include mutual funds held by Mid Atlantic Trust Company, a trustee as defined by the Plan. Therefore, these investments qualify as party-in-interest transactions. In addition, Paychex provides recordkeeping services to the Plan. The Company participates in the Plan and is considered a party-in-interest. The administrative expenses paid by the Plan and the Company include plan administration, investment advisory, and the service providers are considered parties-in-interest.

NOTE 7 - Plan Termination

Although it has not expressed any intent to do so, the Company shall have the right at any time to terminate the Plan subject to the provisions of ERISA. Upon termination, all amounts credited to the affected participants' accounts shall become 100% vested.

NOTE 8 - Tax Status

The Plan received its latest determination letter on April 10, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and that, therefore, the Plan qualifies under Section 401(a) and the related trust is tax-exempt as of December 31, 2020. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The plan administrator has concluded that as of December 31, 2020 there were no uncertain

COMPRECARE HEALTH, LLC
401(k) PROFIT SHARING PLAN & TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)
December 31, 2020

NOTE 8 - Tax Status (Continued)

tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. There are currently no audits in progress for any tax periods. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2018.

NOTE 9 - Trust Agreement

Under an agreement dated January 1, 2018, Mid Atlantic Trust Company was appointed trustee of the Plan. In accordance with the powers and duties of the trustee as designated in the Trust Agreement, the trustee invests the Plan's assets and the income for the benefit of the Plan participants. At the employer's discretion, trustee fees may be paid from the Plan's assets.

NOTE 10 - 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 may occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits.

The COVID-19 outbreak in the United States has caused economic disruption through mandated and voluntary closings of businesses. While the disruption is currently expected to be temporary, the related financial impact, if any, on the Plan's operations and its duration cannot be reasonably estimated at this time.

NOTE 11- 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>2020</u>	<u>2019</u>
Net assets available for benefits per the financial statements	\$ 1,450,036	\$ 947,875
Corrective distributions payable	<u>-</u>	<u>46,368</u>
Net assets per Form 5500	<u>\$ 1,450,036</u>	<u>\$ 994,243</u>

COMPRECARE HEALTH, LLC
401(k) PROFIT SHARING PLAN & TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)
December 31, 2020

NOTE 11- Reconciliation of Financial Statements to Form 5500 (Continued)

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

	<u>2020</u>
Changes in net assets available for benefits per the financial statements	\$ 502,161
Corrective distributions payable - prior year	<u>(46,368)</u>
Change in net assets per Form 5500	<u>\$ 455,793</u>

SUPPLEMENTAL INFORMATION

COMPRECARE HEALTH, LLC
401(k) PROFIT SHARING PLAN TRUST

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

December 31, 2020

EIN: 82-3920018 PLAN: 001

(a)	(b)	(c)	(d)	(e)
	Investment Description, Number of Shares or Interest Rate		Cost	Current Value
Identity of Issue				
MONEY MARKET ACCOUNTS:				
Blackrock Federated Fund	26,112		n/a	\$ 26,112
Mutual Funds:				
Invesco Real Estate Fund Class R6	185		n/a	3,345
Ishares S&P 500 Index Fund CI K	192		n/a	85,149
Ishares Russell Mid-Cap Index Fd CI K	2,610		n/a	33,436
Ishares Russell 2000 Small-Cap Index Fd CI K	160		n/a	3,880
Delaware Value Inst.	275		n/a	5,999
Franklin Small Cap Value Fund CI R6	96		n/a	5,105
Janus Henderson Triton Fund CI N	114		n/a	4,465
JP Morgan U.S. Equity Fd CI R6	974		n/a	18,638
MFS Mid Cap Value Fd CI R6	27		n/a	717
PGIM Jennison Mid-Cap Gr Fd-CI Z	154		n/a	4,097
T.Rowe Price Blue Chip Gr Fd I Class	25		n/a	4,150
Invesco Oppenheimer Intl Gr Fd CI R6	85		n/a	4,001
American Beacon Intl Equity Fd CI R6	51		n/a	934
Ishares MSCI EAFE Intl Index Fund CI K	400		n/a	5,870
Ishares U.S. Aggregate Bond Index Fd CI K	147		n/a	1,598
Blackrock High Yield Bond Portfolio CI K	1,017		n/a	7,934
JP Morgan Govt Bond Fd CI R6	221		n/a	2,493
Lord Abbett Total Return Fund CI R6	1,027		n/a	11,025
Blackrock Global Allocation Fd, Inc. CI K	726		n/a	15,738
JP Morgan SmartRetirement Income R6	328		n/a	5,714
JP Morgan SmartRetirement 2055 R6	411		n/a	10,939
JP Morgan SmartRetirement 2050 R6	6,700		n/a	154,908
JP Morgan SmartRetirement 2045 R6	3,773		n/a	86,658
JP Morgan SmartRetirement 2040 R6	12,017		n/a	282,280
JP Morgan SmartRetirement 2035 R6	3,053		n/a	66,707
JP Morgan SmartRetirement 2030 R6	7,263		n/a	150,483
JP Morgan SmartRetirement 2025 R6	6,843		n/a	131,791
JP Morgan SmartRetirement 2020 R6	13,689		n/a	253,661
JP Morgan SmartRetirement 2060 R6	446		n/a	9,415
MFS Aggressive Growth Allocation Fd CI R4	842		n/a	23,683
MFS Growth Allocation Fd CI R4	57		n/a	1,369
MFS Conservative Allocation Fd CI R4	38		n/a	665
MFS Moderate Allocation Fd CI R4	34		n/a	694
				<u>1,397,541</u>
Notes Receivable From Participants	4.25% to 6%		-	26,383
TOTAL INVESTMENTS				<u>\$ 1,450,036</u>

* Represents a party-in-interest

**COMPRECARE HEALTH, LLC
401(k) PROFIT SHARING PLAN & TRUST**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION**

DECEMBER 31, 2020

**COMPRECARE HEALTH, LLC
401(k) PROFIT SHARING PLAN & TRUST**

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and for the Year Ended December 31, 2020

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Grant, Millman & Johnson, P.C.

CERTIFIED PUBLIC ACCOUNTANTS
AND BUSINESS ADVISORS

39475 W. THIRTEEN MILE ROAD
SUITE 200
NOVI, MICHIGAN 48377

PHONE: 248-994-8500
FAX: 248-994-8505
www.grantmillman.com

Steven G. Boggs, CPA
Jeanne M. Jantzen, CPA
Paul A. Johnson, CPA
Lawrence I. Millman, CPA
Rachelle L. Syron, CPA
David B. Tozer, CPA
Mark H. Wagner, CPA

Josephine L. Bumgarner, CPA
Thomas P. Dolen, CPA
Richard S. Edger, CPA
Richard J. Elder, CPA
Joshua M. Farrugia, CPA
David R. Guest, CPA

Lisa M. Kowalski, CPA, MST
Susan E. Schmidt, CPA, CSRP, CSEP
Harry Siegel, CPA
David A. Smith, CPA
Jacob R. Strecker, CPA, MBA
Barry M. Grant, CPA, of Counsel

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the
Comprecare Health, LLC
401(k) Profit Sharing Plan & Trust
Middletown, Connecticut

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Comprecare Health, LLC. 401(k) Profit Sharing Plan & Trust, which comprise the Statement of Net Assets Available for Benefits as of December 31, 2020, and the related Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Mid Atlantic Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2020 that the information provided to the plan administrator by the trustee is complete and accurate.



Grant, Millman & Johnson, P.C.

CERTIFIED PUBLIC ACCOUNTANTS
AND BUSINESS ADVISORS

Disclaimer of Opinion

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

Other Matters

The accompanying Statement of Net Assets Available for Benefits as of December 31, 2019 was not audited, reviewed, or compiled by us and, accordingly, we do not express an opinion or any other form of assurance on it.

The supplemental Schedule of Assets (Held at End of Year) is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

GRANT, MILLMAN & JOHNSON, P.C.

Grant, Millman & Johnson, P.C.

September 23, 2021

COMPRECARE HEALTH, LLC
401(k) PROFIT SHARING PLAN TRUST

STATEMENTS OF NET ASSETS
AVAILABLE FOR BENEFITS
December 31, 2020 and 2019

	<u>2020</u>	<u>(unaudited) 2019</u>
ASSETS:		
Investments, at Fair Value:		
Money Market Accounts	\$ 26,112	\$ 8,115
Mutual Funds	<u>1,397,541</u>	<u>980,569</u>
Total Investments	1,423,653	988,684
Receivables:		
Notes Receivable from Participants	<u>26,383</u>	<u>5,559</u>
Total Assets	<u>1,450,036</u>	<u>994,243</u>
Liabilities:		
Corrective Distributions Payable	<u>-</u>	<u>46,368</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 1,450,036</u>	<u>\$ 947,875</u>

See Notes to Financial Statements

**COMPRECARE HEALTH, LLC
401(k) PROFIT SHARING PLAN TRUST**

STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2020

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment Income:	
Net Appreciation in Fair Value of Investments	\$ 127,054
Dividends	<u>63,432</u>
Total Investment Income	<u>190,486</u>
Participant Loan Interest	<u>295</u>
Contributions:	
Participant	395,350
Employer	60,004
Rollover	<u>22,190</u>
Total Contributions	<u>477,544</u>
Total Additions	<u>668,325</u>

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Administration Fees	5,568
Investment Advisory Fees	4,244
Participants' Withdrawals	<u>156,352</u>
Total Deductions	<u>166,164</u>

INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	502,161
--	----------------

NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>947,875</u>
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NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u><u>\$ 1,450,036</u></u>
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See Notes to Financial Statements

COMPRECARE HEALTH, LLC
401(k) PROFIT SHARING PLAN & TRUST

NOTES TO FINANCIAL STATEMENTS

December 31, 2020

NOTE 1 - Description of the Plan

The following summary description of Comprecare Health, LLC 401(k) Profit Sharing Plan & Trust is provided for general information purposes only. Participants should refer to the Plan Agreement for more complete information.

General - All employees of Comprecare Health, LLC, as defined in the Plan Agreement, having attained the age twenty one and meeting the service requirements, are eligible to become participants in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - Participants may elect to contribute 0% to 92% of their earnings to the 401(k) Plan. They may choose to do this as either a pre-tax deferral, a Roth deferral, or a combination of both. Participants' contributions are subject to annual maximums in accordance with the Internal Revenue Code. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants designate how their contribution will be invested in the investment funds selected by the Plan Administrator. The Plan provides for an employer matching contribution equal to 25% of the first 6% of Participant's compensation which is deferred as an elective deferral. The Plan also provides for a discretionary employer profit sharing contribution. There was no discretionary contribution for the year ended December 31, 2020.

Participant Accounts - Each participant's account is credited with the participant's contribution, the employer's matching contribution, if applicable, forfeitures, and Plan earnings. Allocations are based upon provisions as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are immediately vested in their contributions plus actual earnings thereon. The Company's matching contribution is based on years of service and 1,000 hours per year service requirement. A participant is 100% vested after four years of credited services.

<u>Years of Service</u>	<u>Percentage</u>
Less than 1 year	0 %
1	25 %
2	50 %
3	75 %
4	100 %

COMPRECARE HEALTH, LLC
401(k) PROFIT SHARING PLAN & TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)
December 31, 2020

NOTE 1 - Description of the Plan (Continued)

Vesting (Continued) - Vesting in the Company's discretionary contribution portion of a participant's account, plus actual earnings thereon, is based on years of continuous service and 1,000 hours. A participant is 100% vested after six years of credited services.

<u>Years of Service</u>	<u>Percentage</u>
Less than 2 years	0 %
2	20 %
3	40 %
4	60 %
5	80%
6	100 %

Notes Receivable from Participants - Participants may request a loan from the Plan at a minimum of \$1,000 and lesser of 95% of one-half the vested account balance or 95% of the total vested account balance excluding the Roth Elective Deferral balance not to exceed \$50,000. The loan term is limited to 4.5 years unless it is for the purchase of a principal residence. A participant may have only one loan outstanding at any time. The loan is secured by the participant's account and bears interest at prime rate plus 1%. Principal and interest are paid through payroll deductions.

Participant Withdrawals - Upon a participant's retirement date, death or total and permanent disability, all amounts credited to his or her account shall become fully vested. Upon termination, the non-vested portion of a participant's account shall be forfeited and subsequently allocated according to the terms of the Plan.

Participants may withdraw their individual accounts if their employment is terminated before reaching normal retirement age, if they become disabled, or if they reach normal retirement age and continue to work. The vested portion of the account is payable to the participant or the beneficiary as a lump-sum amount, partial payments, installment payments, or annuity contracts. If the vested portion of the account is less than \$5,000, the Administrator has the option of a distribution without the participant's consent. If the vested portion of the participant's account exceeds \$5,000, a distribution before normal retirement age can only be made with the participant's consent. The non-vested portion of a participant's account shall be forfeited.

COMPRECARE HEALTH, LLC
401(k) PROFIT SHARING PLAN & TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)
December 31, 2020

NOTE 1 - Description of the Plan (Continued)

Forfeited Accounts - At December 31, 2020 and 2019, the value of forfeited non-vested accounts totaled \$14,657 and \$3,541, respectively. The forfeitures of non-vested employer matching contributions from terminated participant accounts may be used to pay the Plan's administrative expenses, reduce employer contributions, or allocated to participants. During the year ended December 31, 2020, forfeited amounts of \$3,541 were allocated to participants in accordance with the terms of the Plan.

SECURE Act and CARES Act - The plan has implemented certain provisions of the SECURE Act, which was effective January 1, 2020, and the CARES Act, which was signed into law in March 2020. The Plan has until December 31, 2022 to adopt amendments to reflect these provisions.

NOTE 2 - Significant Accounting Policies

Basis of Accounting - The financial statements were prepared on the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of additions and deductions during the reporting period. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition - The Plan's investments are stated at current fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded when received. Unrealized appreciation (depreciation) of investments is the change between market value of investments at the beginning of the year and market value of investments at the end of the year.

Notes Receivable from Participants - Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Participant loans in default are reclassified as distributions based upon the terms of the Plan document. If a participant ceases to make loan repayments and the plan administrator deems the loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits - Benefits are recorded when paid.

COMPREKARE HEALTH, LLC
401(k) PROFIT SHARING PLAN & TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)
December 31, 2020

NOTE 2 - Significant Accounting Policies (Continued)

Administrative Expenses - The Plan's administrative expenses are paid in part by earnings of the Plan. Additional administrative expenses are paid by the sponsor of the Plan. Administrative expenses of \$9,812 were paid by the Plan for the year ended December 31, 2020.

Subsequent Events - Management has evaluated events and transactions through September 23, 2021, the date the financial statements were available to be issued.

NOTE 3 - Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits.

	<u>Assets at Fair Value as of December 31, 2020</u>	
	<u>Level 1</u>	<u>Total</u>
Mutual Funds	\$ 1,397,541	\$ 1,397,541
Money Market Funds	<u>26,112</u>	<u>26,112</u>
Total	<u>\$ 1,423,653</u>	<u>\$ 1,423,653</u>

	<u>Assets at Fair Value as of December 31, 2019</u>	
	<u>Level 1</u>	<u>Total</u>
Mutual Funds	\$ 980,569	\$ 980,569
Money Market Funds	<u>8,115</u>	<u>8,115</u>
Total	<u>\$ 988,684</u>	<u>\$ 988,684</u>

The Plan's investments are reported at fair value in the statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels which are described below. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments.

COMPRECARE HEALTH, LLC
401(k) PROFIT SHARING PLAN & TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2020

NOTE 3 - Fair Value Measurements (Continued)

Level 1 Fair Value Measurements

Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year end. The fair values of common stock, corporate bonds, and U.S. Government securities are based on the closing price reported on the active market where the individual securities are traded.

Level 2 Fair Value Measurements

Level 2 inputs consist of quoted prices for similar assets in active and inactive markets and other observable corroborated market data. Level 2 inputs are only used when Level 1 inputs are not available. This includes, but not limited to, quoted prices for similar assets or liabilities in markets that are not active. There are no level 2 assets.

Level 3 Fair Value Measurements

Level 3 inputs have the lowest priority. Level 3 inputs are only used when Level 1 or Level 2 inputs were not available. There are no level 3 assets.

NOTE 4 - Net Change in Fair Value of Investments

Gains and losses (realized and unrealized) included in the statement of changes in net assets available for benefits for the year ended December 31, 2020 are reported in net appreciation or depreciation in fair value of investments.

The net change in fair value by type of investments is as follows:

Mutual Funds:

Equity Funds	\$ 22,307
Balanced Funds	103,102
International Equity Funds	957
Fixed Income Funds	<u>688</u>
Net Change in Fair Value	<u><u>\$ 127,054</u></u>

COMPRECARE HEALTH, LLC
401(k) PROFIT SHARING PLAN & TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)
December 31, 2020

NOTE 5 - Information Certified by Trustee

The financial statements, accompanying notes and supplemental schedule were prepared in part from information certified by the trustee in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA). The information certified includes: investments, notes receivable from participants, investment income, and participant loan interest.

NOTE 6 - Related Party and Party-in-Interest Transactions

Plan investments include mutual funds held by Mid Atlantic Trust Company, a trustee as defined by the Plan. Therefore, these investments qualify as party-in-interest transactions. In addition, Paychex provides recordkeeping services to the Plan. The Company participates in the Plan and is considered a party-in-interest. The administrative expenses paid by the Plan and the Company include plan administration, investment advisory, and the service providers are considered parties-in-interest.

NOTE 7 - Plan Termination

Although it has not expressed any intent to do so, the Company shall have the right at any time to terminate the Plan subject to the provisions of ERISA. Upon termination, all amounts credited to the affected participants' accounts shall become 100% vested.

NOTE 8 - Tax Status

The Plan received its latest determination letter on April 10, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and that, therefore, the Plan qualifies under Section 401(a) and the related trust is tax-exempt as of December 31, 2020. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The plan administrator has concluded that as of December 31, 2020 there were no uncertain

COMPRECARE HEALTH, LLC
401(k) PROFIT SHARING PLAN & TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)
December 31, 2020

NOTE 8 - Tax Status (Continued)

tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. There are currently no audits in progress for any tax periods. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2018.

NOTE 9 - Trust Agreement

Under an agreement dated January 1, 2018, Mid Atlantic Trust Company was appointed trustee of the Plan. In accordance with the powers and duties of the trustee as designated in the Trust Agreement, the trustee invests the Plan's assets and the income for the benefit of the Plan participants. At the employer's discretion, trustee fees may be paid from the Plan's assets.

NOTE 10 - 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 may occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits.

The COVID-19 outbreak in the United States has caused economic disruption through mandated and voluntary closings of businesses. While the disruption is currently expected to be temporary, the related financial impact, if any, on the Plan's operations and its duration cannot be reasonably estimated at this time.

NOTE 11- 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>2020</u>	<u>2019</u>
Net assets available for benefits per the financial statements	\$ 1,450,036	\$ 947,875
Corrective distributions payable	<u>-</u>	<u>46,368</u>
Net assets per Form 5500	<u>\$ 1,450,036</u>	<u>\$ 994,243</u>

COMPRECARE HEALTH, LLC
401(k) PROFIT SHARING PLAN & TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)
December 31, 2020

NOTE 11- Reconciliation of Financial Statements to Form 5500 (Continued)

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

	<u>2020</u>
Changes in net assets available for benefits per the financial statements	\$ 502,161
Corrective distributions payable - prior year	<u>(46,368)</u>
Change in net assets per Form 5500	<u>\$ 455,793</u>

SUPPLEMENTAL INFORMATION

COMPRECARE HEALTH, LLC
401(k) PROFIT SHARING PLAN TRUST

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

December 31, 2020

EIN: 82-3920018 PLAN: 001

(a)	(b)	(c)	(d)	(e)
	Investment Description, Number of Shares or Interest Rate		Cost	Current Value
Identity of Issue				
MONEY MARKET ACCOUNTS:				
	Blackrock Federated Fund	26,112	n/a	\$ 26,112
Mutual Funds:				
	Invesco Real Estate Fund Class R6	185	n/a	3,345
	Ishares S&P 500 Index Fund CI K	192	n/a	85,149
	Ishares Russell Mid-Cap Index Fd CI K	2,610	n/a	33,436
	Ishares Russell 2000 Small-Cap Index Fd CI K	160	n/a	3,880
	Delaware Value Inst.	275	n/a	5,999
	Franklin Small Cap Value Fund CI R6	96	n/a	5,105
	Janus Henderson Triton Fund CI N	114	n/a	4,465
	JP Morgan U.S. Equity Fd CI R6	974	n/a	18,638
	MFS Mid Cap Value Fd CI R6	27	n/a	717
	PGIM Jennison Mid-Cap Gr Fd-CI Z	154	n/a	4,097
	T.Rowe Price Blue Chip Gr Fd I Class	25	n/a	4,150
	Invesco Oppenheimer Intl Gr Fd CI R6	85	n/a	4,001
	American Beacon Intl Equity Fd CI R6	51	n/a	934
	Ishares MSCI EAFE Intl Index Fund CI K	400	n/a	5,870
	Ishares U.S. Aggregate Bond Index Fd CI K	147	n/a	1,598
	Blackrock High Yield Bond Portfolio CI K	1,017	n/a	7,934
	JP Morgan Govt Bond Fd CI R6	221	n/a	2,493
	Lord Abbett Total Return Fund CI R6	1,027	n/a	11,025
	Blackrock Global Allocation Fd, Inc. CI K	726	n/a	15,738
	JP Morgan SmartRetirement Income R6	328	n/a	5,714
	JP Morgan SmartRetirement 2055 R6	411	n/a	10,939
	JP Morgan SmartRetirement 2050 R6	6,700	n/a	154,908
	JP Morgan SmartRetirement 2045 R6	3,773	n/a	86,658
	JP Morgan SmartRetirement 2040 R6	12,017	n/a	282,280
	JP Morgan SmartRetirement 2035 R6	3,053	n/a	66,707
	JP Morgan SmartRetirement 2030 R6	7,263	n/a	150,483
	JP Morgan SmartRetirement 2025 R6	6,843	n/a	131,791
	JP Morgan SmartRetirement 2020 R6	13,689	n/a	253,661
	JP Morgan SmartRetirement 2060 R6	446	n/a	9,415
	MFS Aggressive Growth Allocation Fd CI R4	842	n/a	23,683
	MFS Growth Allocation Fd CI R4	57	n/a	1,369
	MFS Conservative Allocation Fd CI R4	38	n/a	665
	MFS Moderate Allocation Fd CI R4	34	n/a	694
				1,397,541
	Notes Receivable From Participants	4.25% to 6%	-	26,383
TOTAL INVESTMENTS				\$ 1,450,036

* Represents a party-in-interest