

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <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>OLD COLONY ELDER SERVICES, INC 401K PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/2001</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>07/01/2001</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>07/01/2001</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>OLD COLONY ELDER SERVICES, INC</u> <u>144 MAIN STREET</u> <u>BROCKTON, MA 02301</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>01-0644916</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>508-584-1561</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>623000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>01-0644916</u>	2c Plan Sponsor's telephone number <u>508-584-1561</u>	2d Business code (see instructions) <u>623000</u>	
2b Employer Identification Number (EIN) <u>01-0644916</u>					
2c Plan Sponsor's telephone number <u>508-584-1561</u>					
2d Business code (see instructions) <u>623000</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.	10/14/2022	ANNA DEE
	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 OLD COLONY ELDER SERVICES, INC 144 MAIN STREET BROCKTON, MA 02301		3b Administrator's EIN 01-0644916
		3c Administrator's telephone number 508-584-1561
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		5 301
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) 241
a(2) Total number of active participants at the end of the plan year		6a(2) 218
b Retired or separated participants receiving benefits.....		6b 1
c Other retired or separated participants entitled to future benefits		6c 95
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 314
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 314
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 303
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2T 3D		
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 OLD COLONY ELDER SERVICES, INC 401K PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 OLD COLONY ELDER SERVICES, INC	D Employer Identification Number (EIN) 01-0644916	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
AMERICAN CENTURY INVESTEMENT MANAGE	P.O. BOX 418210 KANSAS CITY, MO 64141-9210

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
AMERICAN FUNDS SERVICE COMPANY	333 SOUTH HOPE STREET LOS ANGELES, CA 90071

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
BENEFIT PLANS ADMIN SERVICES, INC.	
16-1503696	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
BLACKROCK FUNDS, INC.	100 BELLEVUE PARKWAY WILMINGTON, DE 19809

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

DFA DIMENSIONAL FUND ADVISORS

1229 OCEAN AVENUE
11TH FLOOR
SANTA MONICA, CA 90401

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

FEDERATED HERMES INC.

1001 LIBERTY AVENUE
PITTSBURGH, PA 15222-3779

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

INVESCO AIM FUNDS

11 GREENWAY PLAZA
SUITE 100
HOUSTON, TX 77046

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

JOHN HANCOCK FUND

601 CONGRESS STREET
9TH FLOOR
BOSTON, MA 02210

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

NEUBERGER BERMAN, LLC

605 THIRD AVENUE
NEW YORK, NY 10158

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

T. ROWE PRICE ASSOCIATES

P.O. BOX 89000
BALTIMORE, MD 21202

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

THORNBURG INVESTMENT MGMT. INC.

119 E. MARCY STREET
SANTA FE, NM 87501

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

VANGUARD GROUP

100 VANGUARD BLVD.
A22
MALVERN, PA 19355

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)

BENEFIT PLANS ADMIN SERVICES

16-1503696

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 21 37 60 63	NONE	36771	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

EASTERN BENEFITS GROUP

100 QUANNAPOWITT PARKWAY, SUITE 400
WAKEFIELD, MA 01880

(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?
26	NONE	12550	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:

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan OLD COLONY ELDER SERVICES, INC 401K PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 OLD COLONY ELDER SERVICES, INC	D Employer Identification Number (EIN) 01-0644916	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	154015	121571
(9) Value of interest in common/collective trusts.....	1c(9)	343127	239821
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8918338	10105119
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	9415480	10466511

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	9415480	10466511
--	-----------	---------	----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	354145	
(B) Participants	2a(1)(B)	475158	
(C) Others (including rollovers).....	2a(1)(C)	23681	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		852984
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	6849	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6849
(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)	705309	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		705309
(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)		3774
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		701731
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2270647
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1170296	
(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)		1170296
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	9445	
(3) Investment advisory and management fees.....	2i(3)	39875	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		49320
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1219616
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		1051031
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: BA, INC.

(2) EIN: 02-0664148

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

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

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

A Name of plan OLD COLONY ELDER SERVICES, INC 401K PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 OLD COLONY ELDER SERVICES, INC	D Employer Identification Number (EIN) 01-0644916

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

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 16-1065413		
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 _____

Old Colony Elder Services, Inc. 401(k) Plan

**Financial Statements and
Supplemental Schedules**

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

Old Colony Elder Services, Inc. 401(k) Plan

Contents

Independent auditors' report	3-6
------------------------------	-----

Financial statements:

Statements of net assets available for benefits	7
Statement of changes in net assets available for benefits	8
Notes to financial statements	9-16

Supplemental schedules:

Schedule H, part IV, line 4i – Schedule of assets (held at end of year December 31, 2021)	17
Schedule H, part IV, line 4i – Schedule of assets (held at end of year December 31, 2020)	18



Independent Auditors' Report

Plan Administrator
Old Colony Elder Services, Inc. 401(k) Plan
Brockton, Massachusetts

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

We have performed an audit of the financial statements of Old Colony Elder Services, Inc. 401(K) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Old Colony Elder Services, Inc. 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by Benefit Plans Administrative Services, LLC, the Custodian of the Plan, that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by Benefit Plans Administrative Services, LLC, the Custodian of the Plan, in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certification from a qualified institution as of and for the year ended December 31, 2021 and 2020, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting as described in Note 2, which is a comprehensive basis of accounting other than the accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting as described in Note 2, this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter—Supplemental Schedules Required by ERISA

The supplemental schedules of assets as of December 31, 2021 and 2020 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the

certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

BA, Inc.

Rockland, Massachusetts
October 13, 2022

Old Colony Elder Services, Inc. 401(k) Plan

Statements of Net Assets Available for Benefits (Notes 1 and 2)

<i>December 31 ,</i>	2021	2020
Assets:		
Investments at fair value (Notes 3 and 5):		
Mutual funds	\$ 10,105,119	\$ 8,918,338
Stable value funds	239,821	343,127
Total investments	10,344,940	9,261,465
Participant notes receivable (Notes 3 and 6)	121,571	154,015
Net assets available for benefits	\$ 10,466,511	\$ 9,415,480

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

Old Colony Elder Services, Inc. 401(k) Plan

Statement of Changes in Net Assets Available for Benefits (Notes 1 and 2)

Year ended December 31 ,		2021
Additions:		
Investment gain (Note 3):		
Net appreciation in the fair value of investments	\$	705,505
Dividend income		705,309
Interest income		6,849
Total investment gain		1,417,663
Contributions:		
Participants' contributions		354,145
Participants' rollover		23,681
Employer contributions		475,158
Total contributions		852,984
Total additions		2,270,647
Deductions:		
Benefits paid to participants		1,170,296
Administrative expenses		49,320
Total deductions		1,219,616
Increase in net assets		1,051,031
Net assets available for benefits, beginning of year		9,415,480
Net assets available for benefits, end of year	\$	10,466,511

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

Old Colony Elder Services, Inc. 401(k) Plan

Notes to Financial Statements

1. Description of Plan

The following description of the Old Colony Elder Services, Inc. 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan covering all eligible employees of Old Colony Elder Services, Inc. (the “Company”).

The Plan's year end date was changed to December 31 effective December 31, 2009. Prior to 2009, the Plan had a June 30 year end. The initial effective date of the Plan was July 1, 2001. The Company adopted an Eastern Bank prototype plan for their 401(k) Plan effective July 1, 2009 under the Plan name Old Colony Elder Services, Inc. 401(k) Plan. The Company adopted the cash or deferred profit sharing plan for eligible employees as provided by an adoption agreement effective August 1, 2011. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”) and the Internal Revenue Code (the “IRC”).

Beginning in early 2020, the global outbreak of COVID-19 began to adversely impact commercial activity and has contributed to significant volatility in financial markets. In early 2020, the Coronavirus Aid Relief and Economic Security Act (“CARES Act”) was passed by Congress and signed into law by the President of the United States. The CARES Act included temporary relief provisions specific to 401(k) plans along with providing economic stimulus. The Plan Sponsor and Plan Administrator have evaluated these provisions and elected to implement both 1) the Coronavirus-Related Distributions (CRDs), which are permitted by the CARES Act to certain individuals affected by the virus; and 2) an adjustment to the loan limits, which is allowed by the CARES Act to increase the maximum amount available for a participant loan, to the lesser of \$100,000 (reduced for prior loans as under current law) or 100% of the present value of the participant’s vested account balance. For a loan issued after March 27, 2020 made to a qualified individual, the loan payments can be delayed for up to one year. Plan participants have also been notified of any plan amendments as defined in the CARES Act.

By the end of 2021, many of the CARES Act provisions for 401(k) plans had expired. The Consolidated Appropriations Act of 2021 (CAA), signed into law on December 27, 2020, temporarily replaced or extended some of the provisions. It also included some new provisions affecting 401(k) plans that were not in the CARES Act. These provisions were implemented into the Old Colony Elder Services, Inc. 401(K) Plan.

Plan Administration

The Company is responsible for the general administration of the Plan, including compliance with the reporting and disclosure requirements of ERISA. The assets of the Plan are invested and accounted for by Benefit Plans Administrative Services, LLC (the “Custodian” or “BPAS”) and provider of Trustee records of the Plan.

Old Colony Elder Services, Inc. 401(k) Plan

Notes to Financial Statements

1. Description of Plan (continued)

Administrative Expenses

According to the Plan documents, costs of administering the Plan are shared between participants and the employer.

Eligibility

All employees of the Company, who are at least 21 years old, are eligible to participate in the Plan after 3 months of service. The Plan does not allow participation by employees who are per diem contractors, interns, and seasonal employees whose regularly scheduled service is less than 1,000 hours of service in the relevant computation period. Effective August 1, 2011, all employees will be automatically enrolled in the Plan upon meeting eligibility unless they elect not to participate in the Plan or change or stop their contributions. The initial contribution deferrals or 3% of compensation will be automatically withheld and contributed to the employees' plan account.

Enrollment Periods

Eligible employees of the Company may join the Plan on the first day of the first month coinciding with or next following the date on which the eligibility requirements are met.

Contributions

Participants may make elective deferral contributions from pre-tax compensation and also to a Plan account that accepts Roth after-tax contributions, as defined in the Plan, subject to the "IRC" limitations. Participants may also contribute amounts representing distributions or rollovers from other qualified plans. The Company funds annual contributions to the Plan based on each eligible participant's annual compensation and elective deferrals for the Plan's fiscal year ended December 31. The Company's contributions to the Plan are discretionary. The Company has no matching contribution requirements. Company's fiscal year end is June 30.

The employer contributions of \$475,158 for the Plan year ended December 31, 2021 consist of the calendar year of 2020 safe harbor contribution equal to 3% of the employees' compensation in the amount of \$475,158 which was funded to the Plan and recorded on March 9, 2021.

The employer contributions of \$322,464 for the Plan year ended December 31, 2020 consist of the calendar year of 2019 safe harbor contribution equal to 3% of the employees' compensation in the amount of \$322,464, which was funded to the Plan and recorded on February 7, 2020.

In addition, the Company approved the calendar year of 2021 a safe harbor employer contribution equal to 3% of the employees' compensation in the amount of \$354,145, which was funded to the Plan on March 15, 2022, and to be reported for the Plan year ended December 31, 2021.

Old Colony Elder Services, Inc. 401(k) Plan

Notes to Financial Statements

1. Description of Plan (continued)

Participant Accounts

Each participant's account is maintained by an independent custodian and Trustee records keeper, Benefit Plans Administrative Services, LLC. Each participant's account is credited with the participant's contributions, allocations of (a) Company's contributions and (b) investment earnings (loss) and is charged with an allocation of administrative expenses. Expense allocations are based on participant account balances, as defined in the Plan documents.

Vesting and Forfeitures

Participants shall always have fully vested and nonforfeitable interest in their employee contributions, safe harbor contributions, and their investment earnings. Each participant shall have a fully and immediately vested and nonforfeitable percentage in his or her account balance attributable to employer contributions.

Withdrawals and Payment of Benefits

Benefits are payable to Plan participants or their beneficiaries upon death, permanent disability, retirement at normal age or termination of employment, as defined in the Plan documents. An in-service distribution is allowed if an active participant has reached the age of 59 ½ and submits a written application to withdraw all or a portion of their account. Hardship withdrawals are not permitted under the Plan. Benefits are recorded when paid.

Participant Notes Receivable

Participants may borrow from their fund accounts a minimum of \$1,000 and up to a maximum equal to the lesser of 50% of their vested account balance or \$50,000. Effective for loans after March 27, 2020, through December 31, 2020 the CARES Act increased the maximum amount available for a participant loan to the lesser of \$100,000 or 100% of the present value of the participant's vested account balance (see Note 1, above). Loan terms range from one to five years or a reasonable period of time greater than 25 years for the purchase of a principal residence. The participants may have only one loan outstanding at a time. Loan interest rates will be based on the rates available for similar loans from commercial lending institutions. The loan administrator periodically examines the rates such lenders are using. Once a loan is granted the interest rate on the loan will not change. Loans are secured by the balance in the Participants' account. The interest rates for loans outstanding at December 31, 2021 and 2020, ranged from 4.25% to 6.5%.

Old Colony Elder Services, Inc. 401(k) Plan

Notes to Financial Statements

1. Description of Plan (continued)

Participant Notes Receivable (Continued)

Participants who have an outstanding loan upon severance from employment may be eligible to continue to make payments and avoid tax penalties associated with a loan default through MyPlanLoan Continuation Program. The MyPlanLoan Continuation Program allows participants to transfer the outstanding loan to MyPlanLoan, a BPAS service, for invoicing and payment. The loan is re-amortized to monthly payments based on the original interest rate, remaining term, and loan balance.

Participant notes receivable of \$121,571 and \$154,015 at December 31, 2021 and 2020, respectively, are stated at their unpaid principal balance plus any accrued but unpaid interest.

Amendment and Termination of the Plan

Although it has not expressed any intent to do so, the Company has the right to amend and terminate its Plan by action of its board of directors, subject to the provisions of ERISA. In the event of termination of the Plan, the assets of the Plan shall be distributed to the participants in the amount of their respective accounts in accordance with the distribution provisions of the Plan.

2. Summary of Accounting Policies

Method of Accounting

The Plan maintains its accounting records and prepares its financial statements and supplemental schedules on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Under the modified cash basis of accounting, contributions are recognized when received and benefits and expenses are recognized when paid.

Estimates and Assumptions

The preparation of the financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reported period. The most significant estimates relate to the valuation of investments. Actual results could differ from those estimates. Moreover, it is reasonably possible that the value of these investments will change in the ensuing year.

Old Colony Elder Services, Inc. 401(k) Plan

Notes to Financial Statements

2. Summary of Accounting Policies (Continued)

Investment Valuation and Income Recognition

The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount 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 (the exit price).

Shares held in the money market fund and mutual funds traded on national securities exchanges are valued at the net asset value as of December 31, 2021 and 2020. The fair value of investments with the Benefit Plans Administrative Services, LLC are determined by reference to the fund's underlying assets, which are principally marketable equity and fixed income securities.

Purchases and sales of the investments within the Plan are reflected on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded on the modified cash basis.

Recent Accounting Pronouncements

In August 2018 the Financial Accounting Standards Board issued Accounting Standards Update No. 2018-13, "Fair Value Measurement (Topic 820): Disclosure Framework- Changes to the Disclosure Requirements for Fair Value Measurement" (ASU 2018-13). The amendments in ASU 2018-13 remove, modify, and add disclosures for companies required to make disclosures about recurring or nonrecurring fair value measurements under Topic 820. The amendments in this update are effective for all entities for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2019. The Company adopted ASU 2018-13 effective January 1, 2020. The amendments of ASU 2018-13 did not have a significant impact on the Plan's disclosures for assets and liabilities reported at fair value on a recurring or nonrecurring basis.

3. Information Certified by the Trustee

Benefit Plans Administrative Services, LLC, Custodian and provider of Trustee records, has certified investments, the net appreciation in the fair value of investments and interest and other investment income as shown in the accompanying December 31, 2021 and 2020 financial statements as complete and accurate. In addition, the December 31, 2021 and 2020 supplemental schedules of assets held at end of year at pages 17 and 18 were certified to be complete and accurate by the Trustee.

Therefore, in accordance with the request of the Plan administrator and as allowed under 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, this information was not subjected to standard auditing procedures by the independent auditors.

Old Colony Elder Services, Inc. 401(k) Plan

Notes to Financial Statements

3. Information Certified by the Trustee (Continued)

<i>December 31,</i>	2021	2020
Investments:		
Mutual funds	\$ 10,105,119	\$ 8,918,338
Stable value funds	239,821	343,127
Total investments	\$ 10,344,940	\$ 9,261,465

<i>Years ended December 31,</i>	2021	2020
Investment income:		
Net appreciation in fair value of investments	\$ 705,505	\$ 930,047
Dividend income	705,309	418,100
Interest income	6,849	9,540
Total investment income	\$ 1,417,663	\$ 1,357,687

4. Income Tax Status

The Plan was designed using an Eastern Bank prototype plan, which has received an Internal Revenue Service tax exempt determination letter. The prototype plan was designed in accordance with applicable sections of the IRC and the plan administrator believes that the plan is designed and is being operated in compliance with the applicable requirements of the IRC. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2021 and 2020, there were no uncertain 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; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2017.

Old Colony Elder Services, Inc. 401(k) Plan

Notes to Financial Statements

5. Fair Value Measurements

The Plan follows ASC 820, Fair Value Measurements and Disclosures, defines fair value under U.S. generally accepted accounting principles, establishes a framework for measuring fair value and enhances disclosures about fair value measurements. The fair value hierarchy prioritizes the inputs used to measure fair value into three broad levels, Level 1, Level 2, and Level 3. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and lowest priority to unobservable inputs (Level 3). If the inputs used to measure fair value fall within different levels of the hierarchy, the category level is based on the lowest priority level input that is significant to the fair value measurement of the instrument. Fair value is determined based upon the exit price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants exclusive of any transaction costs.

The following provides a description of the three levels of inputs that may be used to measure fair value under the standard, the types of plan investments that fall under each category, and the valuation methodologies used to measure these investments at fair value.

Level 1 – Fair values are based on quoted prices (unadjusted) in active markets for identical assets that the plan has the ability to access at the measurement date.

Level 2 – Fair values are based on inputs other than quoted price included within level 1 that are observable for valuing the assets or liability, either directly or indirectly. Observable inputs include quoted price for similar assets or liabilities in active or non-active markets. Level 2 inputs may also include insignificant adjustments to the market observable inputs.

Level 3 – Fair values are based on unobservable inputs used for valuing the asset or liability. Unobservable inputs are those that reflect the plan's own assumptions that market participants would use in pricing the assets, based on the best information available in the circumstances.

The following tables provide a summary of the Plan's financial assets that are measured at fair value on a recurring basis for the years ended December 31, 2021 and 2020:

<i>December 31, 2021</i>	Investment Assets			Total
	Level 1	Level 2	Level 3	
Mutual Funds	\$ 10,105,119	\$ -	\$ -	\$ 10,105,119
Stable Value Funds	-	239,821	-	239,821
Total investments	\$ 10,105,119	\$ 239,821	\$ -	\$ 10,344,940

Old Colony Elder Services, Inc. 401(k) Plan

Notes to Financial Statements

5. Fair Value Measurements (Continued)

<i>December 31, 2020</i>	Investment Assets			Total
	Level 1	Level 2	Level 3	
Mutual Funds	\$ 8,918,338	\$ -	\$ -	\$ 8,918,338
Stable Value Funds	-	343,127	-	343,127
Total investments	\$ 8,918,338	\$ 343,127	\$ -	\$ 9,261,465

6. Party-In-Interest Transactions

Plan investments include funds managed by an affiliate of the Trustee. Since the Plan's Trustee is a related entity, transactions involving the custodian of the funds qualify as party-in-interest transactions. Other administrative fees are paid directly by the Plan sponsor on behalf of the Plan are also qualify as party-in-interest transactions. In addition, loans to participants (employees of the Company) qualify as party-in-interest transaction.

7. Risks and Uncertainties

The Plan provides for various investment options in a combination of investment securities. Investment securities are exposed to various risks including, but not limited to, interest rate, market, liquidity, and credit risks. In early 2020, the World Health Organization declared the outbreak of COVID-19. The risks and uncertainties are heightened due to the COVID-19 pandemic in the financial market. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits. See Note 1, the disclosure of responding to the risks and uncertainties related to COVID-19 evaluated by the Plan Administrator.

8. Subsequent Events

ASC Topic 855, "Subsequent Events," provides guidance for (i) the period after the balance sheet date during which management of a reporting entity should evaluate events or transactions that may occur for potential recognition or disclosure in the financial statements, and (ii) the circumstances under which an entity should recognize such events or transactions. The Company evaluated all events and transactions that occurred after December 31, 2021 through October 13, 2022, the date the Company issued these financial statements, and identified no material recognizable events except for the possible impact from the extension and unpredictable nature of the coronavirus epidemic impacting the investment activities and the Plan as more fully discussed in Notes 1 and 7.

Supplemental Schedules

Old Colony Elder Services, Inc. 401(k) Plan

Schedule H; Part IV, Line 4i - Schedule of Assets Held for Investment Purposes at end of Year

EIN: 01-0644916

Plan Number: 003

December 31, 2021

		(c)			
	(b)	Description of Investment, including		(d)	(e)
(a)	Identity of Issue, Borrower, Lessor or Similar Party	Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		Cost	Current Value
	American Funds AM Balanced R5	52,636.6577	Mutual Fund Shares	a	\$ 1,763,854
	T. Rowe Price Retirement 2050	69,206.7819	Mutual Fund Shares	a	1,348,840
	T. Rowe Price Retirement 2030	36,260.9310	Mutual Fund Shares	a	1,068,972
	T. Rowe Price Retirement 2040	30,791.2934	Mutual Fund Shares	a	1,008,723
	American Funds Growth Fund R5	13,499.7014	Mutual Fund Shares	a	1,002,488
	T. Rowe Price Retirement 2020	30,618.1612	Mutual Fund Shares	a	680,029
	T. Rowe Price Retirement 2055	28,343.3050	Mutual Fund Shares	a	571,684
	T. Rowe Price Retirement 2025	25,848.1887	Mutual Fund Shares	a	504,557
	T. Rowe Price Retirement 2045	19,831.5304	Mutual Fund Shares	a	456,324
	MFS Core Equity R6	6,773.9513	Mutual Fund Shares	a	345,404
	T. Rowe Price Retirement 2035	14,328.8099	Mutual Fund Shares	a	327,270
	Federated Capital Preservation	23,982.0530	Mutual Fund Shares	a	239,821
	American Funds NW PRSPCTV R5	2,957.0963	Mutual Fund Shares	a	196,174
	Vanguard Mid-Cap Index Admiral	486.4343	Mutual Fund Shares	a	153,451
	American Century Heritage Inst	4,855.1248	Mutual Fund Shares	a	139,731
	Vanguard Interm-TM BD Idx Adm	7,518.7073	Mutual Fund Shares	a	89,397
	NB Sustainable Equity Inv	1,859.4746	Mutual Fund Shares	a	87,693
	American Funds AMER Mtual R5	1,618.7135	Mutual Fund Shares	a	86,035
	Thornburg Int'l Growth R5	2,221.4815	Mutual Fund Shares	a	64,578
	Invesco Dev'l Mkts Y	1,348.7361	Mutual Fund Shares	a	63,418
	Federated Total Return Govt BD	4,188.8418	Mutual Fund Shares	a	47,041
	T. Rowe Price new America Grth	574.0439	Mutual Fund Shares	a	39,190
	Blackrock High Yield Bond	2,586.5625	Mutual Fund Shares	a	20,279
	DFA US Small Cap Portfolio	367.1600	Mutual Fund Shares	a	17,275
	Investco Asia Pacific Growth Y	436.7213	Mutual Fund Shares	a	14,534
	T. Rowe Price Retirement 2060	415.3392	Mutual Fund Shares	a	6,870
	John Hancock Int'l Growth I	37.5928	Mutual Fund Shares	a	1,310
Total Investments				\$	10,344,939
		Participants loans (at rates ranging from 4.25% to 6.5% and terms of maturity ranging from one to five years at time of issuance)			121,571
* Participants loans					
				\$	10,466,511

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

*Party-in-interest

Schedule certified by the Custodian to be complete and accurate.

See accompanying independent auditors' report.

Old Colony Elder Services, Inc. 401(k) Plan

Schedule H; Part IV, Line 4i - Schedule of Assets Held for Investment Purposes at end of Year

EIN: 01-0644916

Plan Number: 003

December 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, including		(d) Cost	(e) Current Value
		Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			
	American Funds AM Balanced R5	53,064.3234	Mutual Fund Shares	a	\$ 1,604,134
	T. Rowe Price Retirement 2040	35,344.3614	Mutual Fund Shares	a	1,075,528
	T. Rowe Price Retirement 2050	59,541.8645	Mutual Fund Shares	a	1,058,654
	T. Rowe Price Retirement 2030	31,800.3997	Mutual Fund Shares	a	904,721
	American Funds Growth Fund R5	11,573.2564	Mutual Fund Shares	a	781,079
	T. Rowe Price Retirement 2020	27,616.4180	Mutual Fund Shares	a	628,274
	T. Rowe Price Retirement 2025	25,323.7052	Mutual Fund Shares	a	490,520
	T. Rowe Price Retirement 2055	19,602.4716	Mutual Fund Shares	a	357,157
	Federated Capital Preservation	34,312.7230	Mutual Fund Shares	a	343,127
	T. Rowe Price Retirement 2045	14,135.7855	Mutual Fund Shares	a	296,993
	American Funds Inv CO AM R5	6,510.9204	Mutual Fund Shares	a	289,150
	T. Rowe Price Retirement 2035	10,347.9200	Mutual Fund Shares	a	219,774
	American Funds NW PRSPCTV R5	2,641.4669	Mutual Fund Shares	a	159,597
	American Funds FDMNTL Inv R5	2,290.1661	Mutual Fund Shares	a	158,457
	Vanguard Interm-TM BD Idx Adm	11,285.2012	Mutual Fund Shares	a	142,081
	American Century Heritage Inst	4,940.6906	Mutual Fund Shares	a	141,403
	Vanguard Mid-Cap Index Admiral	440.4931	Mutual Fund Shares	a	112,942
	T. Rowe Price Retirement 2010	4,271.9574	Mutual Fund Shares	a	78,390
	NB Sustainable Equity Inv	1,592.2708	Mutual Fund Shares	a	67,353
	T. Rowe Price new America Grth	953.2773	Mutual Fund Shares	a	65,147
	Invesco Dev'l Mkts Y	1,119.0905	Mutual Fund Shares	a	59,827
	Thornburg Int'l Growth R5	1,613.7817	Mutual Fund Shares	a	59,072
	American Funds AMER Mtual R5	1,218.3574	Mutual Fund Shares	a	54,351
	Federated Total Return Govt BD	4,441.8579	Mutual Fund Shares	a	52,014
	Blackrock High Yield Bond	4,639.8191	Mutual Fund Shares	a	36,191
	Investco Asia Pacific Growth Y	343.8989	Mutual Fund Shares	a	13,130
	DFA US Small Cap Portfolio	303.5045	Mutual Fund Shares	a	11,661
	John Hancock Int'l Growth I	20.0690	Mutual Fund Shares	a	738
Total Investments					\$ 9,261,465
Participants loans (at rates ranging from 4.25% to 6.5% and terms of maturity ranging from one to five years at time of issuance)					154,015
* Participants loans					\$ 9,415,480

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

*Party-in-interest

Schedule certified by the Custodian to be complete and accurate.

See accompanying independent auditors' report.

Old Colony Elder Services, Inc. 401(k) Plan

Schedule H; Part IV, Line 4i - Schedule of Assets Held for Investment Purposes at end of Year

EIN: 01-0644916

Plan Number: 003

December 31, 2021

		(c)			
	(b)	Description of Investment, including		(d)	(e)
(a)	Identity of Issue, Borrower, Lessor or Similar Party	Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		Cost	Current Value
	American Funds AM Balanced R5	52,636.6577	Mutual Fund Shares	a	\$ 1,763,854
	T. Rowe Price Retirement 2050	69,206.7819	Mutual Fund Shares	a	1,348,840
	T. Rowe Price Retirement 2030	36,260.9310	Mutual Fund Shares	a	1,068,972
	T. Rowe Price Retirement 2040	30,791.2934	Mutual Fund Shares	a	1,008,723
	American Funds Growth Fund R5	13,499.7014	Mutual Fund Shares	a	1,002,488
	T. Rowe Price Retirement 2020	30,618.1612	Mutual Fund Shares	a	680,029
	T. Rowe Price Retirement 2055	28,343.3050	Mutual Fund Shares	a	571,684
	T. Rowe Price Retirement 2025	25,848.1887	Mutual Fund Shares	a	504,557
	T. Rowe Price Retirement 2045	19,831.5304	Mutual Fund Shares	a	456,324
	MFS Core Equity R6	6,773.9513	Mutual Fund Shares	a	345,404
	T. Rowe Price Retirement 2035	14,328.8099	Mutual Fund Shares	a	327,270
	Federated Capital Preservation	23,982.0530	Mutual Fund Shares	a	239,821
	American Funds NW PRSPCTV R5	2,957.0963	Mutual Fund Shares	a	196,174
	Vanguard Mid-Cap Index Admiral	486.4343	Mutual Fund Shares	a	153,451
	American Century Heritage Inst	4,855.1248	Mutual Fund Shares	a	139,731
	Vanguard Interm-TM BD Idx Adm	7,518.7073	Mutual Fund Shares	a	89,397
	NB Sustainable Equity Inv	1,859.4746	Mutual Fund Shares	a	87,693
	American Funds AMER Mtual R5	1,618.7135	Mutual Fund Shares	a	86,035
	Thornburg Int'l Growth R5	2,221.4815	Mutual Fund Shares	a	64,578
	Invesco Dev'l Mkts Y	1,348.7361	Mutual Fund Shares	a	63,418
	Federated Total Return Govt BD	4,188.8418	Mutual Fund Shares	a	47,041
	T. Rowe Price new America Grth	574.0439	Mutual Fund Shares	a	39,190
	Blackrock High Yield Bond	2,586.5625	Mutual Fund Shares	a	20,279
	DFA US Small Cap Portfolio	367.1600	Mutual Fund Shares	a	17,275
	Investco Asia Pacific Growth Y	436.7213	Mutual Fund Shares	a	14,534
	T. Rowe Price Retirement 2060	415.3392	Mutual Fund Shares	a	6,870
	John Hancock Int'l Growth I	37.5928	Mutual Fund Shares	a	1,310
Total Investments				\$	10,344,939
		Participants loans (at rates ranging from 4.25% to 6.5% and terms of maturity ranging from one to five years at time of issuance)			121,571
* Participants loans					
				\$	10,466,511

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

*Party-in-interest

Schedule certified by the Custodian to be complete and accurate.

See accompanying independent auditors' report.