

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>THE ELIM PARK BAPTIST HOME, INC. 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1983</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1983</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/1983</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>THE ELIM PARK BAPTIST HOME, INC</u> <u>140 COOK HILL ROAD</u> <u>CHESHIRE, CT 06410</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>06-0658099</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>203-272-3547</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>623000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>06-0658099</u>	2c Plan Sponsor's telephone number <u>203-272-3547</u>	2d Business code (see instructions) <u>623000</u>	
2b Employer Identification Number (EIN) <u>06-0658099</u>					
2c Plan Sponsor's telephone number <u>203-272-3547</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	ZELL GASTON
	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	459
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)	275
a(2) Total number of active participants at the end of the plan year		6a(2)	249
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	215
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	464
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	2
f Total. Add lines 6d and 6e		6f	466
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	409
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	25
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2E 2G 2J 2K 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 THE ELIM PARK BAPTIST HOME, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE ELIM PARK BAPTIST HOME, INC	D Employer Identification Number (EIN) 06-0658099	

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
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

(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)

AMERIPRISE FINANCIAL SERVICES INC

38-2722519

(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	ADVISOR	12658	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	-1011	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLKRK GLOBAL ALLOC A - BNY MELLON 301 BELLEVUE PARKWAY WILMINGTON, DE 19809	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLKRK GLOBAL ALLOC I - BNY MELLON 301 BELLEVUE PARKWAY WILMINGTON, DE 19809	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BNYM S&P 500 INDEX - BNY MELLON TR DREYFUS TRANSFER INC 200 PARK AVENUE NEW YORK, NY 10166	0.15%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CALVERT INTL EQ I - DST ASSET MANA 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COL SM CAP VAL II A - COLUMBIA MGT 14785 PRESTON ROAD, SUITE 1000 DALLAS, TX 75254	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COL SM CAP VL II ADV - COLUMBIA MG 14785 PRESTON ROAD, SUITE 1000 DALLAS, TX 75254	0.25%	

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.

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FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EV ATL CAP SMID-CP A - BNY MELLON 301 BELLEVUE PARKWAY WILMINGTON, DE 19809	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EV ATL CAP SMID-CP I - BNY MELLON 301 BELLEVUE PARKWAY WILMINGTON, DE 19809	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FH INTL LEADERS A - STATE STREET B	0.35%	
04-0025081		

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FH INTL LEADERS IS - STATE STREET 04-0025081	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVS COMSTOCK SEL A - INVESCO INVE 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVS COMSTOCK SEL Y - INVESCO INVE 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVS DIVRS DIVD Y - INVESCO INVEST 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVS DIVRS DIVIDND A - INVESCO INV 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVS EQL WT S&P500 Y - INVESCO INV 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVS GLOBAL A - INVESCO INVESTMENT 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVS GLOBAL Y - INVESCO INVESTMENT 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVS MS MID CAP A - INVESCO INVEST 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVS MS MID CAP Y - INVESCO INVEST 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LD ABT INCOME A - DST SYSTEMS INC 43-1581814	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LD ABT INCOME R5 - DST SYSTEMS INC 43-1581814	0.20%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS UTILITIES R3 - MFS SERVICE CEN 04-2865649	0.25%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS UTILITIES R4 - MFS SERVICE CEN 04-2865649	0.15%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PGIM J GROWTH A - PRUDENTIAL MUTUA 22-3703799	0.25%

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2021 This Form is Open to Public Inspection.	
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021					
A Name of plan THE ELIM PARK BAPTIST HOME, INC. 401(K) PLAN				B Three-digit plan number (PN) ▶ 002	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE ELIM PARK BAPTIST HOME, INC				D Employer Identification Number (EIN) 06-0658099	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: FA STABLE VALUE III					
b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY					
c EIN-PN 04-3022712-026		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 541722	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA	

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
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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>THE ELIM PARK BAPTIST HOME, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE ELIM PARK BAPTIST HOME, INC</u>	D Employer Identification Number (EIN) <u>06-0658099</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	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)	133622	93658
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	194614	199314
(9) Value of interest in common/collective trusts	1c(9)	310401	541722
(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)	15355567	17163181
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	15994204	17997875

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	15994204	17997875
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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)	351989	
(B) Participants	2a(1)(B)	808902	
(C) Others (including rollovers).....	2a(1)(C)	247865	
(2) Noncash contributions.....	2a(2)	0	1408756
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	14	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	9806	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9820
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1474066	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1474066
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		-606
(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)		574383
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		3466419
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1448653	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1448653
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		2448
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	11647	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		11647
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1462748
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		2003671
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

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: MARCUM LLP

(2) EIN: 11-1986383

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		18726

	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		1200000
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.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>THE ELIM PARK BAPTIST HOME, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE ELIM PARK BAPTIST HOME, INC</u>	D Employer Identification Number (EIN) <u>06-0658099</u>

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): <u>04-6568107</u>		
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 _____

THE ELIM PARK BAPTIST HOME, INC. 401(k) PLAN

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE**

**AS OF AND FOR THE YEARS ENDED
DECEMBER 31, 2021 AND 2020**

THE ELIM PARK BAPTIST HOME, INC. 401(k) PLAN

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INDEPENDENT AUDITORS' REPORT

To The Plan Administrator
The Elim Park Baptist Home, Inc. 401(k) Plan

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

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

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

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

Opinion on the 2021 Financial Statements

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

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of The Elim Park Baptist Home, Inc. 401(k) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. 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 on the 2021 financial statements.

Responsibilities of Management for the 2021 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about The Elim Park Baptist Home, Inc. 401(k) Plan's ability to continue as a going concern for one year from the financial statement issuance date.

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

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of The Elim Park Baptist Home, 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 The Elim Park Baptist Home, 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 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matters

2021 Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2021, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment

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

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

In our opinion:

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

Auditors' Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of The Elim Park Baptist Home, Inc. 401(k) Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated September 28, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Marcum LLP

Hartford, CT
October 14, 2022

THE ELIM PARK BAPTIST HOME, INC. 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2021 AND 2020

	2021	2020
Assets		
Investments, at fair value		
Money market fund	\$ 93,658	\$ 133,622
Mutual funds	17,163,181	15,355,567
Stable value fund	<u>541,722</u>	<u>310,401</u>
Total Investments	17,798,561	15,799,590
Receivables		
Notes receivable from participants	<u>199,314</u>	<u>194,614</u>
Total Assets	<u>17,997,875</u>	<u>15,994,204</u>
Net Assets Available for Benefits	<u>\$ 17,997,875</u>	<u>\$ 15,994,204</u>

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

THE ELIM PARK BAPTIST HOME, INC. 401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

	2021	2020
Additions		
Investment Income		
Net appreciation in fair value of investments	\$ 573,777	\$ 1,233,440
Interest and dividend income	<u>1,474,066</u>	<u>889,927</u>
Net investment income	<u>2,047,843</u>	<u>2,123,367</u>
Interest Income on		
Notes Receivable from Participants	<u>9,820</u>	<u>13,054</u>
Contributions		
Employee - pre-tax deferrals	698,094	669,971
Employee - roth deferrals	110,808	135,361
Employee - rollovers	247,865	6,120
Employer - matching	<u>351,989</u>	<u>363,708</u>
Total contributions	<u>1,408,756</u>	<u>1,175,160</u>
Total Net Additions	<u>3,466,419</u>	<u>3,311,581</u>
Deductions		
Benefits paid to participants	1,451,101	543,881
Administrative expenses	<u>11,647</u>	<u>2,225</u>
Total Deductions	<u>1,462,748</u>	<u>546,106</u>
Net Change	2,003,671	2,765,475
Net Assets Available for Benefits - Beginning	<u>15,994,204</u>	<u>13,228,729</u>
Net Assets Available for Benefits - Ending	<u><u>\$ 17,997,875</u></u>	<u><u>\$ 15,994,204</u></u>

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

THE ELIM PARK BAPTIST HOME, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of The Elim Park Baptist Home, Inc. 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

GENERAL

The Plan is a defined contribution plan covering all employees of The Elim Park Baptist Home, Inc. (the Company, Employer or Plan Sponsor) who have completed 3 months of service and have reached the age of 21. The Plan was established on December 31, 1982 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Board of Directors of the Plan Sponsor has overall responsibility for the operation and administration of the Plan and determines the appropriateness of the Plan's investment offerings and monitors investment performance. The Plan Sponsor is responsible for the general administration of the Plan. Fidelity Management Trust Company (Fidelity) is the trustee and recordkeeper of the Plan.

CONTRIBUTIONS

Participants may contribute between 1% and 90% of compensation, as defined in the Plan. Participants may contribute up to 100% of bonus compensation. Participants may also contribute amounts representing distributions from other qualified retirement plans (rollovers). The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect otherwise. Automatically enrolled participants have their deferral rate set at 3% of eligible compensation, and their contributions are invested in a designated fund until changed by the participant. For participants automatically enrolled in the Plan, their deferral percentage will increase by 1% annually until they are deferring 10% unless the participant affirmatively elects otherwise.

The Plan Sponsor provides a safe harbor matching contribution of 100% of the first 3% of compensation contributed by the employee and 50% of the next 3% of compensation contributed by the employee. The Company may also make additional matching and profit-sharing contributions at the discretion of the Board of Directors. The Plan Sponsor did not make any additional matching or profit-sharing contributions in 2021 or 2020.

All contributions are subject to limitations imposed by the Plan and the Internal Revenue Code (the Code).

THE ELIM PARK BAPTIST HOME, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contributions, allocations of Company contributions, and plan investment earnings. Participant accounts are charged with an allocation of administrative expenses paid by the Plan. Allocations of Company contributions, investment income and administrative expenses are based on participants' compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested accounts.

INVESTMENT OPTIONS

Participants may direct their contributions into any of the funds offered by the Plan, which are held at Fidelity. These funds include a variety of investment options with various objectives and degrees of financial risk.

VESTING

Participants are immediately vested in all employee elective contributions. Participants become fully vested upon the earlier of reaching normal retirement (age 65), death, disability or completion of required years of service dependent upon the type of contribution. Safe harbor matching contributions are vested in two years. Employer matching and profit-sharing contributions vest according to a six-year graded vesting schedule. Participants who terminated and did not work at least one hour after January 1, 2007 remain under the prior seven-year graded vesting schedule.

FORFEITURES

Forfeitures of matching contributions are used to reduce the Company's future matching contributions. Forfeited nonvested accounts totaled \$165 and \$370 at December 31, 2021 and 2020, respectively. During the years ended December 31, 2021 and 2020, there was \$27,704 and \$43,969 used to reduce Company contributions, respectively.

THE ELIM PARK BAPTIST HOME, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

NOTES RECEIVABLE FROM PARTICIPANTS

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or one-half of their vested account balance, reduced by the highest outstanding balance in the previous 12-month period. As a result of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), participants were allowed to borrow up to 100% of their account balance up to a maximum of \$100,000 between March 27, 2020 and September 22, 2020.

The voluntary adoption of the provision by the Plan was effective March 27, 2020. As of December 31, 2020, the Plan has not been formally amended, as a formal amendment is not required until the plan year ending December 31, 2025. The Plan intends to formally adopt the amendment upon a future restatement of the Plan, prior to this date.

Loan terms range from one to five years, except for loans to purchase a primary residence. The loans are secured by the vested balance in the participants' accounts and bear interest at a rate commensurate with local prevailing rates, as determined by the plan administrator. Participants may only have two loans outstanding at any given time. Generally, principal and interest are repaid ratably through payroll deductions.

PAYMENT OF BENEFITS

Upon retirement, disability, death or termination of employment, the participant shall become entitled to the total value of his or her vested account. Distributions are paid in a lump sum or in installments over a number of years, based upon election of the participant or the Plan, as defined in the Plan or the Code. If a participant terminates employment for any reason and his or her vested account balance does not exceed \$1,000, the plan administrator may distribute such amount in a lump-sum payment to the participant without consent of the participant.

Participants who are at least 59 ½ years of age or disabled may withdraw all or a portion of their salary deferral and rollover account balances prior to termination.

The Plan elected to allow for coronavirus-related distributions made available under the CARES Act, which was signed into law on March 27, 2020. A coronavirus-related distribution is a distribution that is made from an eligible retirement plan to a qualified individual between January 1, 2020 and June 25, 2021, up to an aggregate limit of \$100,000. Participants must be 100% vested in their account balance at the time of the distribution and considered to be affected by the coronavirus pandemic in accordance with the guidelines set forth under the CARES Act. The Consolidated Appropriations Act of 2021 provided similar withdrawal exemptions and extended the timeline for penalty-free distributions through June 25, 2021.

THE ELIM PARK BAPTIST HOME, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

PAYMENT OF BENEFITS (CONTINUED)

The voluntary adoption of the provision by the Plan was effective March 27, 2020. As of December 31, 2021, the Plan has not been formally amended, as a formal amendment is not required until the plan year ending December 31, 2025. The Plan intends to formally adopt the amendment upon a future restatement of the Plan, prior to this date.

HARDSHIP WITHDRAWALS

Upon qualification for financial hardship, a participant is entitled to the value of their deferral and the vested portion of the Company's contributions, determined as of the valuation date, which is payable immediately in a lump sum distribution.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principals generally accepted in the United States of America (U.S. GAAP).

USE OF ESTIMATES

The preparation of financial statements in conformity with U.S. GAAP requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

INVESTMENT VALUATION AND INCOME RECOGNITION

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants at the measurement date. The plan administrator determines the Plan's valuation policies and procedures utilizing information provided by its investment advisors and trustee. See Note 4 for a discussion of fair value measurements.

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

THE ELIM PARK BAPTIST HOME, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded on the accrual basis. No allowance for credit losses has been recorded at December 31, 2021 and 2020. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant's loan balance is reduced and a benefit payment is recognized.

ADMINISTRATIVE EXPENSES

Certain administrative expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants and distributions are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation in fair value of investments.

NOTE 3 - CERTIFICATION OF INVESTMENTS

Certain information related to investments and notes receivable disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments held at December 31, 2021 and 2020, and net appreciation in fair value of investments, interest and dividends for the year ended December 31, 2021 and 2020, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity. This information has not been audited by the Plan's independent auditors.

NOTE 4 - FAIR VALUE MEASUREMENTS

U.S. GAAP establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

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

THE ELIM PARK BAPTIST HOME, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

Level 2 - Inputs to the valuation methodology include:

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Assets valued using the net asset value practical expedient are not required to be reported within the hierarchy.

The following is a description of the valuation methodology used for assets measured at fair value:

Money Market and Mutual Funds - Money market and mutual funds are valued at the quoted price of shares held by the Plan at year end.

Stable Value Fund - Valued at the net asset value (NAV) per unit. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily.

There have been no changes in the methodologies used at December 31, 2021 and 2020.

THE ELIM PARK BAPTIST HOME, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

	2021				Total
	Level 1	Level 2	Level 3	Investments Measured at Net Asset Value (a)	
Money market and mutual funds	\$ 17,256,839	\$ --	\$ --	\$ --	\$ 17,256,839
Stable Value Fund	--	--	--	541,722	541,722
Total Investments	<u>\$ 17,256,839</u>	<u>\$ --</u>	<u>\$ --</u>	<u>\$ 541,722</u>	<u>\$ 17,798,561</u>

	2020				Total
	Level 1	Level 2	Level 3	Investments Measured at Net Asset Value (a)	
Money market and mutual funds	\$ 15,489,189	\$ --	\$ --	\$ --	\$ 15,489,189
Stable Value Fund	--	--	--	310,401	310,401
Total Investments	<u>\$ 15,489,189</u>	<u>\$ --</u>	<u>\$ --</u>	<u>\$ 310,401</u>	<u>\$ 15,799,590</u>

- (a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

THE ELIM PARK BAPTIST HOME, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

FAIR VALUE OF INVESTMENTS IN ENTITIES THAT USE NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2021 and 2020, respectively. There are no participant redemption restrictions for these investments.

Investment	Fair Value		Unfunded Commitments	Redemption Frequency If Currently Eligible	Other Redemption Restrictions	Redemption Notice Period
	2021	2020				
Stable Value Fund \$	\$ 541,722	\$ 310,401	None	Daily	None	Plan - complete withdrawal up to 1 year or shorter at the sole discretion of the trustee. Participants - daily

TRANSFERS BETWEEN LEVELS

For the years ended December 31, 2021 and 2020, there were no transfers in or out of Levels 1, 2, or 3.

NOTE 5 - PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are shares of a money market fund and mutual funds and units of a stable value fund managed by affiliates of Fidelity. Fidelity is the trustee as defined by the Plan, and, therefore, these transactions qualify as party-in-interest transactions.

Administrative expenses paid by the Plan to Fidelity or its affiliates totaled \$11,647 and \$2,225 for the years ended December 31, 2021 and 2020, respectively. Certain employees of the Company who participate in the Plan perform administrative services to the Plan at no cost to the Plan. Notes receivable from participants are also considered to be party-in-interest transactions.

THE ELIM PARK BAPTIST HOME, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

NOTE 6 - INCOME TAX STATUS

The Plan has adopted a prototype plan that received a favorable opinion letter from the Internal Revenue Service (IRS), dated June 30, 2020 that the Plan was in compliance with the applicable requirements of the Code. Although the Plan has been amended since receiving the opinion letter, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, the plan administrator believes the Plan was qualified and the related trust was tax exempt as of the financial statement date.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan has taken no uncertain tax positions at December 31, 2021 and 2020. The Plan's information returns are subject to examination by federal and state taxing authorities. Management has stated there are currently no examinations pending or in progress.

NOTE 7 - PLAN TERMINATION

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

NOTE 8 - 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. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

THE ELIM PARK BAPTIST HOME, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

NOTE 9 - NON-COMPLIANCE

Per the Adoption Agreement of the Plan, bonuses are considered to be eligible compensation. During the year ended December 31, 2021 and 2020, certain bonuses were awarded to employees and employee deferrals were not withheld and remitted to Plan. In addition, the related employer match was not calculated and remitted to the Plan. As of the date of these financial statements, plan management is in the process of calculating the required corrective contributions for the missed deferrals and employer match related to 2021 and applicable lost earnings to be remitted to participant accounts in order to make the participants whole. The corrective contributions and any lost earnings will be remitted to the Plan during the year ended December 31, 2022. A corrective contribution for the missed deferrals, employer match, and applicable lost earnings related to 2020 was calculated and remitted to the Plan during the year ended December 31, 2021.

NOTE 10 - SUBSEQUENT EVENTS

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through October 14, 2022, the date the financial statements were available to be issued. There were no subsequent events that require recognition or disclosure in these financial statements.

THE ELIM PARK BAPTIST HOME, INC. 401(k) PLAN

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

DECEMBER 31, 2021

EIN: 06-0658099 Plan: 002

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
Money Market and Mutual Funds				
*	Fidelity Investments	Fidelity Advisor Freedom 2025 Fund	**	\$ 2,233,197
*	Fidelity Investments	Fidelity Advisor Freedom 2030 Fund	**	1,644,311
*	Fidelity Investments	Fidelity Advisor Freedom 2040 Fund	**	1,616,434
*	Fidelity Investments	Fidelity Advisor Freedom 2035 Fund	**	1,490,894
*	Fidelity Investments	Fidelity Advisor Freedom 2020 Fund	**	1,438,900
*	Fidelity Investments	Fidelity Advisor Freedom 2050 Fund	**	1,323,575
*	Fidelity Investments	Fidelity 500 Index	**	928,931
*	Fidelity Investments	Fidelity Advisor Freedom 2015 Fund	**	814,830
*	Fidelity Investments	Fidelity Advisor Freedom 2045 Fund	**	578,207
*	Fidelity Investments	Fidelity Advisor Freedom 2055 Fund	**	553,905
	Lord Abbett	Growth Leaders Fund	**	476,685
*	Fidelity Investments	Fidelity Advisor Health Care I	**	429,997
*	Fidelity Investments	Fidelity Advisor New Insights Fund	**	414,959
*	Fidelity Investments	Fidelity Advisor Freedom 2060 Fund	**	413,834
	Eaton Vance	Atlanta Capital SMID - Cap Fund	**	378,531
*	Fidelity Investments	Fidelity Total Market Index Fund	**	212,866
*	Fidelity Investments	Fidelity Advisor International Discovery Fund	**	204,842
	Invesco	Diversified Dividend Fund	**	195,398
*	Fidelity Investments	Fidelity Advisor Strategic Income Fund	**	193,281
*	Fidelity Investments	Fidelity Advisor Freedom 2010 Fund	**	182,865
*	Fidelity Investments	Fidelity Global ex US Index Fund	**	170,422
	Lord Abbett	Income Fund	**	159,379
	American Funds	New Perspective Fund	**	153,706
*	Fidelity Investments	Fidelity Mid Cap Index Investor Fund	**	143,822
*	Fidelity Investments	Fidelity Government Money Market Fund	**	93,658
*	Fidelity Investments	Fidelity Advisor Freedom 2005 Fund	**	87,639
	Calvert	International Equity Fund	**	80,442
*	Fidelity Investments	Fidelity Advisor Stock Selector Small Cap	**	76,054
	American Century	Small Cap Value	**	72,026
*	Fidelity Investments	Fidelity Advisor Leveraged Company Stock	**	62,336
*	Fidelity Investments	Fidelity Small Cap Index Fund	**	61,659
*	Fidelity Investments	Fidelity Advisor Real Estate Fund	**	61,621
	Invesco	Main Street Mid Cap	**	59,769
*	Fidelity Investments	Fidelity Advisor Freedom Inc I	**	54,959
	Invesco	Equal Weight S&P500	**	45,387
	BlackRock	Global Allocation Fund	**	45,289
*	Fidelity Investments	Fidelity Advisor Biotechnology Fund	**	42,499
*	Fidelity Investments	Fidelity Advisor High Income Advantage Fund	**	41,022
*	Fidelity Investments	Fidelity Advisor Freedom 2065 Fund	**	10,209
	Massachusetts Financial Services	Utilities Fund	**	8,499
Total Money Market and Mutual Funds				<u>17,256,839</u>
Stable Value Fund				
*	Fidelity Investments	Fidelity Advisor Stable Value Fund	**	<u>541,722</u>
				17,798,561
*	Notes receivable from participants	Interest rates ranging from 4.25% to 6.50% with maturity dates through 2026		<u>199,314</u>
				<u><u>\$ 17,997,875</u></u>

* Indicates a party-in-interest to the Plan

** Cost omitted for participant-directed investments

See independent auditors' report.

THE ELIM PARK BAPTIST HOME, INC. 401(k) PLAN

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* Indicates a party-in-interest to the Plan

** Cost omitted for participant-directed investments

See independent auditors' report.

Pay Statements By Payroll Totals [System]

Employee Id	First Name	Last Name	Employee Status	Type	Status	Calc Status	#	Pay Stub Note	Pay Date	E/D/T Name	Total Amount	Total Amount (ER)	Total Hours	Total Quantity	Scheduled Hours	Employee Type	Pay Type
1691	Arcelita	Avelino	Active	Bonus	Finalized	Done	11454	10% 03/26/2021	03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	37.5	Full-Time	Hourly
1428	Annabelle	Sulco	Active	Bonus	Finalized	Done	11451	13% 03/26/2021	03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	37.5	Full-Time	Hourly
1159	Ann	Corriveau	Active	Bonus	Finalized	Done	11459	Not Enrolled 03/26/2021	03/26/2021	Covid 19 - Surplus	\$125.00	-	-	-	10.0	Part-Time	Hourly
4009	Andrew	Loda	Terminated	Bonus	Finalized	Done	11433	Not Enrolled 03/26/2021	03/26/2021	Covid 19 - Surplus	\$125.00	-	-	-	0.00	Per-Diem	Hourly
1309	Addys	Martinez	Active	Bonus	Finalized	Done	11376	5% 03/26/2021	03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	37.5	Full-Time	Hourly
4170	Asia	Payne	Terminated	Bonus	Finalized	Done	11413	7% 03/26/2021	03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	37.5	Full-Time	Hourly
2916	Aldrin T	Sulco	Active	Bonus	Finalized	Done	11450	10% 03/26/2021	03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	37.5	Full-Time	Hourly
2969	Bruce A	Eppler	Terminated	Bonus	Finalized	Done	11461	10% 03/26/2021	03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	37.5	Full-Time	Hourly
4205	Crystal	Breton	Terminated	Bonus	Finalized	Done	11347	6% 03/26/2021	03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	30.0	Full-Time	Hourly
1851	Cynthia	Clark	Active	Bonus	Finalized	Done	11325	3% 03/26/2021	03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	30	Full-Time	Hourly
2912	Catherine	Golingo Gorack	Active	Bonus	Finalized	Done	11429	12% 03/26/2021	03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	37.5	Full-Time	Hourly
2236	Courtney R	Wright	Active	Bonus	Finalized	Done	11345	10% 03/26/2021	03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	0.00	Per-Diem	Hourly
4189	Christian	King	Terminated	Bonus	Finalized	Done	11431	0% 03/26/2021	03/26/2021	Covid 19 - Surplus	\$125.00	-	-	-	0.00	Per-Diem	Hourly
1766	Cynthia	Stronk	Active	Bonus	Finalized	Done	11405	1% 03/26/2021	03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	30	Full-Time	Hourly
2404	Christine	Vachon	Active	Bonus	Finalized	Done	11339	6% 03/26/2021	03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	30.0	Full-Time	Hourly
2770	Dawn E	Borecki	Active	Bonus	Finalized	Done	11383	10% 03/26/2021	03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	22.5	Part-Time	Hourly
3182	Domingos	Dias	Terminated	Bonus	Finalized	Done	11460	4% 03/26/2021	03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	37.5	Full-Time	Hourly
2914	Dorothy J	Lapsley	Terminated	Bonus	Finalized	Done	11412	9% 03/26/2021	03/26/2021	Covid 19 - Surplus	\$125.00	-	-	-	22.5	Part-Time	Hourly
2010	Damaris	Colton Garcia	Active	Bonus	Finalized	Done	11458	6% 03/26/2021	03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	30.0	Full-Time	Hourly
4206	Emily	Murnane	Terminated	Bonus	Finalized	Done	11395	6% 03/26/2021	03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	30.0	Full-Time	Hourly
2203	Gissela	Moroch	Active	Bonus	Finalized	Done	11332	2% 03/26/2021	03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	37.5	Full-Time	Hourly

Pay Statements By Payroll Totals
[System]

Employee Id	First Name	Last Name	Employee Status	Type	Status	Calc Status	#	Pay Stub	Pay Date	E/D/T Name	Total Amount	Total Amount (ER)	Total Hours	Total Quantity	Scheduled Hours	Employee Type	Pay Type
3389	Gentiana	Talka	Active	Bonus	Finalized	Done	11468	590 4014 Pth	03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	37.5	Full-Time	Hourly
3671	Heather	Cudney	Terminated	Bonus	Finalized	Done	11350	590	03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	0.00	Per-Diem	Hourly
3775	Isaac	Cook	Terminated	Bonus	Finalized	Done	11423	590	03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	37.5	Full-Time	Hourly
4501	John	Felder	Active	Bonus	Finalized	Done	11326	590	03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	37.5	Full-Time	Hourly
3081	John	Mahoney	Terminated	Bonus	Finalized	Done	11465	590	03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	30.0	Full-Time	Hourly
2254	Joe	Najarro	Active	Bonus	Finalized	Done	11333	490 490/03/26/2021	03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	37.5	Full-Time	Hourly
3763	Jack	O'Connor	Active	Bonus	Finalized	Done	11439	590 Not Eligible	03/26/2021	Covid 19 - Surplus	\$125.00	-	-	-	32.50	Part-Time	Hourly
385	Joyce	Suprenant	Active	Bonus	Finalized	Done	11379	1590	03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	30	Full-Time	Hourly
4472	Kelly	Algarin	Terminated	Bonus	Finalized	Done	11382		03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	22.50	Part-Time	Hourly
3761	Kristina	Haskell	Terminated	Bonus	Finalized	Done	11430		03/26/2021	Covid 19 - Surplus	\$125.00	-	-	-	0.00	Per-Diem	Hourly
2750	Karen D	Marinelli	Active	Bonus	Finalized	Done	11375		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	30.0	Full-Time	Hourly
1001	Kimberly	Parker	Active	Bonus	Finalized	Done	11363		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	37.5	Full-Time	Hourly
3688	Loida	Beard	Active	Bonus	Finalized	Done	11455		03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	37.5	Full-Time	Hourly
1631	Latifa	Galvin	Terminated	Bonus	Finalized	Done	11386		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	30.0	Full-Time	Hourly
3470	Luz	Rosario	Terminated	Bonus	Finalized	Done	11401		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	37.5	Full-Time	Hourly
3361	Maria R	Casanova	Terminated	Bonus	Finalized	Done	11384		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	30.0	Full-Time	Hourly
2656	Maria	Escalera	Active	Bonus	Finalized	Done	11462		03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	30.0	Full-Time	Hourly
3760	Michelle	Greaney	Terminated	Bonus	Finalized	Done	11352		03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	0.00	Per-Diem	Hourly
2457	Maria	Hotchkiss	Terminated	Bonus	Finalized	Done	11390		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	37.5	Full-Time	Hourly
3174	Maryellen	Price	Active	Bonus	Finalized	Done	11399		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	37.5	Full-Time	Hourly
2472	Mimoza	Shahollari	Active	Bonus	Finalized	Done	11404		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	30.0	Full-Time	Hourly

Pay Statements By Payroll Totals
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Employee Id	First Name	Last Name	Employee Status	Type	Status	Calc Status	#	Pay Stub Note	Pay Date	E/D/T Name	Total Amount	Total Amount (ER)	Total Hours	Total Quantity	Scheduled Hours	Employee Type	Pay Type
1448	Mary Ann	St Martin	Active	Bonus	Finalized	Done	11378		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	37.5	Full-Time	Hourly
1357	Magali	Torres	Active	Bonus	Finalized	Done	11469		03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	37.5	Full-Time	Hourly
2176	Milagros	Vazquez	Active	Bonus	Finalized	Done	11372		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	37.5	Full-Time	Hourly
4231	Nadine	Parker	Terminated	Bonus	Finalized	Done	11397		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	37.5	Full-Time	Hourly
4101	Norma	Riera	Active	Bonus	Finalized	Done	11365		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	37.5	Full-Time	Hourly
3181	Na-Talya	Troutman	Active	Bonus	Finalized	Done	11406		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	37.5	Full-Time	Hourly
59	Pamela	Gagne	Active	Bonus	Finalized	Done	11374		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	37.5	Full-Time	Hourly
2119	Patricia	Gervickas	Active	Bonus	Finalized	Done	11388		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	30.0	Full-Time	Hourly
1086	Reina	Boria	Active	Bonus	Finalized	Done	11457		03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	37.5	Full-Time	Hourly
3019	Robin A	Gambacini	Active	Bonus	Finalized	Done	11387		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	37.5	Full-Time	Hourly
1663	Rose	Retuya	Terminated	Bonus	Finalized	Done	11364		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	37.5	Full-Time	Hourly
3203	Renee	Vaughn	Terminated	Bonus	Finalized	Done	11408		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	37.5	Full-Time	Hourly
3433	Stephanie	Giannini	Active	Bonus	Finalized	Done	11389		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	37.5	Full-Time	Hourly
4344	Subrina	Rodgers	Terminated	Bonus	Finalized	Done	11400		03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	22.5	Part-Time	Hourly
2590	Saida	Safyane	Active	Bonus	Finalized	Done	11402		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	30.0	Full-Time	Hourly
2980	Tanisha N	Dryden	Active	Bonus	Finalized	Done	11351		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	30.0	Full-Time	Hourly
2011	Tatiana	Mendoza	Active	Bonus	Finalized	Done	11331		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	37.5	Full-Time	Hourly
4479	Timia	Petrus	Active	Bonus	Finalized	Done	11443		03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	37.5	Full-Time	Hourly
1662	Taby	Retuya	Active	Bonus	Finalized	Done	11445		03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	37.5	Full-Time	Hourly
3537	Tamika	Saxon	Active	Bonus	Finalized	Done	11367		03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	30.00	Full-Time	Hourly
4389	T'Nae	Spivey	Terminated	Bonus	Finalized	Done	11369		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	30.00	Full-Time	Hourly

THE ELIM PARK BAPTIST HOME INC (6039177)
140 COOK HILL RD
Cheshire, CT 06410
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Pay Statements By Payroll Totals

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Employee Id	First Name	Last Name	Employee Status	Type	Status	Calc Status	#	Pay Stub Note	Pay Date	E/D/T Name	Total Amount	Total Amount (ER)	Total Hours	Total Quantity	Scheduled Hours	Employee Type	Pay Type
2670	April	Zdanis	Terminated	Bonus	Finalized	Done	11471		03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	30.0	Full-Time	Hourly
330	Noreen	Scheithe	Terminated	Bonus	Finalized	Done	11452		03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	37.5	Full-Time	Hourly
2705	Barbara	Lucibello	Active	Bonus	Finalized	Done	11359		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	35	Full-Time	Hourly
3731	Kamila	Wooding	Terminated	Bonus	Finalized	Done	11373		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	30.0	Full-Time	Hourly
1834	Jordan	Meredith	Active	Bonus	Finalized	Done	11361		03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	22.50	Part-Time	Hourly
4527	Rosemary	Niland	Terminated	Bonus	Finalized	Done	11396		03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	15.0	Part-Time	Hourly
4528	Abygail	Schnakenberg	Terminated	Bonus	Finalized	Done	11447		03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	37.5	Full-Time	Hourly
4529	Darcell	Salter	Active	Bonus	Finalized	Done	11403		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	30.0	Full-Time	Hourly
4543	Fatime	Beka	Active	Bonus	Finalized	Done	11456		03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	37.5	Full-Time	Hourly
4563	Ethan	Barszewski	Terminated	Bonus	Finalized	Done	11416		03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	0.00	Per-Diem	Hourly
4588	Rose	Peterkin	Active	Bonus	Finalized	Done	11398		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	30	Full-Time	Hourly
4589	Catherine	Bosman	Active	Bonus	Finalized	Done	11346		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	30	Full-Time	Hourly
4609	Rosalie	Braga	Active	Bonus	Finalized	Done	11420		03/26/2021	Covid 19 - Surplus	\$125.00	-	-	-	18.50	Part-Time	Hourly
4616	Letrinette	Johnikins	Terminated	Bonus	Finalized	Done	11328		03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	22.5	Part-Time	Hourly
4644	Suzanne	Zada	Active	Bonus	Finalized	Done	11410		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	37.5	Full-Time	Hourly
4648	Patricia	Westervelt	Terminated	Bonus	Finalized	Done	11470		03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	37.50	Full-Time	Hourly
4650	Jasmine	Butler	Terminated	Bonus	Finalized	Done	11348		03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	0.00	Per-Diem	Hourly
4654	Ronie	Uy	Active	Bonus	Finalized	Done	11338		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	30.0	Full-Time	Hourly
4673	Lillian	Filler	Active	Bonus	Finalized	Done	11427		03/26/2021	Covid 19 - Surplus	\$125.00	-	-	-	0.00	Per-Diem	Hourly
4695	Keith	Shepard Jr	Terminated	Bonus	Finalized	Done	11368		03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	7.5	Part-Time	Hourly
4706	Samantha	Knoll	Terminated	Bonus	Finalized	Done	11432		03/26/2021	Covid 19 - Surplus	\$125.00	-	-	-	12.5	Part-Time	Hourly

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4710	Hennessey	Vasquez	Terminated	Bonus	Finalized	Done	11340		03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	15.0	Part-Time	Hourly
4733	Arietta	Lewis	Active	Bonus	Finalized	Done	11391		03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	22.5	Part-Time	Hourly
4737	Heather	Taylor	Active	Bonus	Finalized	Done	11380		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	37.5	Full-Time	Salary
4738	Velissa	Gullon	Terminated	Bonus	Finalized	Done	11353		03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	15.00	Part-Time	Hourly
4760	Justin	McKnight-Appleby	Active	Bonus	Finalized	Done	11437		03/26/2021	Covid 19 - Surplus	\$125.00	-	-	-	28.00	Part-Time	Hourly
4768	Erin	Leaf	Terminated	Bonus	Finalized	Done	11357		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	30.00	Full-Time	Hourly
4769	Mercedes	Tudeme	Terminated	Bonus	Finalized	Done	11371		03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	30.00	Full-Time	Hourly
4780	Breanna	White	Terminated	Bonus	Finalized	Done	11342		03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	15	Part-Time	Hourly
4782	Joanne	Alvarado	Terminated	Bonus	Finalized	Done	11453		03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	30	Full-Time	Hourly
4790	Michael	Long	Inactive	Bonus	Finalized	Done	11464		03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	37.5	Full-Time	Hourly
4792	Hannah	Benson	Active	Bonus	Finalized	Done	11417		03/26/2021	Covid 19 - Surplus	\$125.00	-	-	-	20.00	Part-Time	Hourly
4796	Clemecia	West	Terminated	Bonus	Finalized	Done	11409		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	0.00	Per-Diem	Hourly
4798	Nicole	Magalhaes	Active	Bonus	Finalized	Done	11434		03/26/2021	Covid 19 - Surplus	\$125.00	-	-	-	37.50	Full-Time	Hourly
4800	Maria	Alvarado	Active	Bonus	Finalized	Done	11324		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	37.5	Full-Time	Hourly
4803	Jonathan	Maisonet	Active	Bonus	Finalized	Done	11435		03/26/2021	Covid 19 - Surplus	\$125.00	-	-	-	37.5	Full-Time	Hourly
4809	Briana	Pergjoka	Terminated	Bonus	Finalized	Done	11442		03/26/2021	Covid 19 - Surplus	\$125.00	-	-	-	13.50	Part-Time	Hourly
4814	Corinthian	McLeod	Terminated	Bonus	Finalized	Done	11330		03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	15.0	Part-Time	Hourly
4823	Tanya	Clarke	Active	Bonus	Finalized	Done	11385		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	30.00	Full-Time	Hourly
4830	Vicki	Hemphill	Terminated	Bonus	Finalized	Done	11355		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	37.5	Full-Time	Hourly
4836	Sephora	Sanon	Terminated	Bonus	Finalized	Done	11366		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	30	Full-Time	Hourly
4847	Linda	Allen	Terminated	Bonus	Finalized	Done	11323		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	30.00	Full-Time	Hourly

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Employee Id	First Name	Last Name	Employee Status	Type	Status	Calc Status	#	Pay Stub Note	Pay Date	E/D/T Name	Total Amount	Total Amount (ER)	Total Hours	Total Quantity	Scheduled Hours	Employee Type	Pay Type
4853	Abigail	Bosman	Terminated	Bonus	Finalized	Done	11418		03/26/2021	Covid 19 - Surplus	\$125.00	-	-	-	20.5	Part-Time	Hourly
4856	Sylvia	Molloy	Active	Bonus	Finalized	Done	11393		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	37.5	Full-Time	Hourly
4858	Jennifer	Willmot	Active	Bonus	Finalized	Done	11414		03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	22.5	Part-Time	Hourly
4861	Julio	Hernandez	Terminated	Bonus	Finalized	Done	11463		03/26/2021	Covid 19 - Surplus	\$125.00	-	-	-	20.0	Part-Time	Hourly
4865	Deborah	Smith	Active	Bonus	Finalized	Done	11381		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	37.50	Full-Time	Hourly
4870	Shavonte	Tate	Active	Bonus	Finalized	Done	11336		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	30.00	Full-Time	Hourly
4874	Barbara	Jasinski	Active	Bonus	Finalized	Done	11411		03/26/2021	Covid 19 - Surplus	\$125.00	-	-	-	37.50	Full-Time	Hourly
4875	Caitlin	Taylor	Active	Bonus	Finalized	Done	11370		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	0.00	Per-Diem	Hourly
4884	Michael	Moore	Terminated	Bonus	Finalized	Done	11466		03/26/2021	Covid 19 - Surplus	\$125.00	-	-	-	22.5	Part-Time	Hourly
4890	Lisa	Vasquez	Terminated	Bonus	Finalized	Done	11407		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	0.00	Per-Diem	Hourly
4896	Kyle	Bosman	Active	Bonus	Finalized	Done	11419		03/26/2021	Covid 19 - Surplus	\$125.00	-	-	-	18.50	Part-Time	Hourly
4902	Charleen	Vega	Active	Bonus	Finalized	Done	11341		03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	7.5	Part-Time	Hourly
4906	Erik	Byman	Active	Bonus	Finalized	Done	11421		03/26/2021	Covid 19 - Surplus	\$125.00	-	-	-	0.00	Per-Diem	Hourly
4907	Luke	Byman	Active	Bonus	Finalized	Done	11422		03/26/2021	Covid 19 - Surplus	\$125.00	-	-	-	10.00	Part-Time	Hourly
4908	Tatyana	Ortiz	Terminated	Bonus	Finalized	Done	11440		03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	0.00	Per-Diem	Hourly
4911	Jah'Sziah	Robinson	Terminated	Bonus	Finalized	Done	11446		03/26/2021	Covid 19 - Surplus	\$125.00	-	-	-	0.00	Per-Diem	Hourly
4915	Dylan	Sindland	Terminated	Bonus	Finalized	Done	11448		03/26/2021	Covid 19 - Surplus	\$125.00	-	-	-	10.5	Part-Time	Hourly
4918	Samantha	Hickey	Terminated	Bonus	Finalized	Done	11327		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	37.5	Full-Time	Hourly
4919	Cazmere	Munn	Terminated	Bonus	Finalized	Done	11362		03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	22.5	Part-Time	Hourly
4922	Justine	Manning	Active	Bonus	Finalized	Done	11436		03/26/2021	Covid 19 - Surplus	\$125.00	-	-	-	0.00	Per-Diem	Hourly
4937	Thomas	Poincelot	Terminated	Bonus	Finalized	Done	11444		03/26/2021	Covid 19 - Surplus	\$125.00	-	-	-	0.00	Per-Diem	Hourly

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4938	Bianna	Atwater	Active	Bonus	Finalized	Done	11415		03/26/2021	Covid 19 - Surplus	\$125.00	-	-	-	0.00	Per-Diem	Hourly
4943	Aneesa	Parker	Terminated	Bonus	Finalized	Done	11441		03/26/2021	Covid 19 - Surplus	\$125.00	-	-	-	14.5	Part-Time	Hourly
4944	Jack	Dominello	Terminated	Bonus	Finalized	Done	11425		03/26/2021	Covid 19 - Surplus	\$125.00	-	-	-	19.5	Part-Time	Hourly
4949	Laurie	Smith	Active	Bonus	Finalized	Done	11337		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	15.00	Part-Time	Hourly
4951	Angelena	Taccariello	Terminated	Bonus	Finalized	Done	11335		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	0.00	Per-Diem	Hourly
4955	Cristine	Mucci	Active	Bonus	Finalized	Done	11394		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	37.5	Full-Time	Hourly
4961	Jennifer	Wilkins	Terminated	Bonus	Finalized	Done	11343		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	37.50	Full-Time	Salary
4963	Chloe	Speeg	Active	Bonus	Finalized	Done	11449		03/26/2021	Covid 19 - Surplus	\$125.00	-	-	-	0.00	Per-Diem	Hourly
4965	Juliana	Fazziho	Terminated	Bonus	Finalized	Done	11426		03/26/2021	Covid 19 - Surplus	\$125.00	-	-	-	5.0	Part-Time	Hourly
4968	Alyssa	Dinklocker	Active	Bonus	Finalized	Done	11424		03/26/2021	Covid 19 - Surplus	\$125.00	-	-	-	15.00	Part-Time	Hourly
4969	Joshua	Galarza	Active	Bonus	Finalized	Done	11428		03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	37.5	Full-Time	Hourly
4970	Michelle	Masache	Terminated	Bonus	Finalized	Done	11392		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	0.00	Per-Diem	Hourly
4978	Deborah	Llinares	Terminated	Bonus	Finalized	Done	11358		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	30.00	Full-Time	Hourly
4979	Suzanne	Williamson	Terminated	Bonus	Finalized	Done	11344		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	30.00	Full-Time	Hourly
4981	Pilar	Munoz-Chavarria	Terminated	Bonus	Finalized	Done	11377		03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	0.00	Per-Diem	Hourly
4982	Anjelica	Rivera	Terminated	Bonus	Finalized	Done	11467		03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	37.5	Full-Time	Hourly
4986	Ryan	Larson	Terminated	Bonus	Finalized	Done	11356		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	30.00	Full-Time	Hourly
4988	Adeola	Oyewumi	Terminated	Bonus	Finalized	Done	11334		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	30.00	Full-Time	Hourly
4989	Zoqui	Massaquoi	Active	Bonus	Finalized	Done	11329		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	37.5	Full-Time	Hourly
4990	Deneja	Harris	Terminated	Bonus	Finalized	Done	11354		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	30.00	Full-Time	Hourly
4991	Emiliane	Cruz	Terminated	Bonus	Finalized	Done	11349		03/26/2021	Covid 19 - Surplus	\$250.00	-	-	-	22.5	Part-Time	Hourly

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4998	Stephen	Mak	Active	Bonus	Finalized	Done	11360		03/26/2021	Covid 19 - Surplus	\$500.00	-	-	-	0.00	Per-Diem	Hourly
5000	Nina	McKnight-Appleby	Active	Bonus	Finalized	Done	11438		03/26/2021	Covid 19 - Surplus	\$125.00	-	-	-	0.00	Per-Diem	Hourly
Report Total											\$49,750.00	-	-	-	-	-	-