

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>COPE RETIREMENT PLAN</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>COPE COMMUNITY SERVICES, INC</u> <u>1485 W. COMMERCE COURT</u> <u>TUCSON, AZ 85746</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2006</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>86-0363717</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>520-792-4139</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>621420</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2006</u>		2b Employer Identification Number (EIN) <u>86-0363717</u>		2c Plan Sponsor's telephone number <u>520-792-4139</u>		2d Business code (see instructions) <u>621420</u>	
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2c Plan Sponsor's telephone number <u>520-792-4139</u>											
2d Business code (see instructions) <u>621420</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.	10/12/2022	RODNEY COOK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2022	RODNEY COOK
	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	605
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)	397
a(2) Total number of active participants at the end of the plan year		6a(2)	404
b Retired or separated participants receiving benefits.....		6b	4
c Other retired or separated participants entitled to future benefits		6c	157
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	565
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	565
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	536
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2K 2L 2M 2S 2T 3D 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 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 COPE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 COPE COMMUNITY SERVICES, INC	D Employer Identification Number (EIN) 86-0363717	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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?
18 19 65	RECORDKEEPER	48314	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

UBS FINANCIAL SERVICES INC.

13-2638166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 19 27	ADVISOR	42631	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☒

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

BOYCE AND ASSOCIATES INC

86-0646843

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 50 63	THIRD PARTY ADMINISTRATO	11755	Yes ☒ No ☐	Yes ☒ No ☐	3596	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)

PENSION PLANNING CONSULTANTS, INC.

85-0402842

(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?
	THIRD PARTY ADMINISTRATO	3597	Yes ☒ No ☐	Yes ☒ No ☐	2760	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan COPE RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 COPE COMMUNITY SERVICES, INC	D Employer Identification Number (EIN) 86-0363717	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	990	
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		108
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	227687	229946
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1008682	1158990
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	11637886	13271807

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	12875245	14660851

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	12875245	14660851
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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)	912325	
(B) Participants	2a(1)(B)	760934	
(C) Others (including rollovers).....	2a(1)(C)	105506	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1778765
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	104361	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		104361
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		53310
c Other income.....	2c		1840995
d Total income. Add all income amounts in column (b) and enter total.....	2d		3777431
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1885510	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1885510
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	58109	
(2) Contract administrator fees.....	2i(2)	48206	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		106315
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1991825
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		1785606
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: ADDINGTON & ASSOCIATES, PLLC

(2) EIN: 86-1010758

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

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

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

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

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

A Name of plan COPE RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 COPE COMMUNITY SERVICES, INC	D Employer Identification Number (EIN) 86-0363717

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): 31-4156830 04-2647786		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**COPE RETIREMENT PLAN
INDEX TO AUDITED FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE**

Independent auditor's report - 2021	1
Independent auditor's report - 2020	4

AUDITED FINANCIAL STATEMENTS

Statements of net assets available for benefits	5
Statement of changes in net assets available for benefits	6
Notes to financial statements	7-13

SUPPLEMENTAL SCHEDULE

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)	14-15
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Note: All other schedules required by section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Participants
COPE Retirement Plan
Tucson, Arizona

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audit of COPE Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by 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 qualified institutions 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

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

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

Basis for Opinion

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

Responsibilities of Management for the 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 COPE Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 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.

Supplemental Schedule Required by ERISA

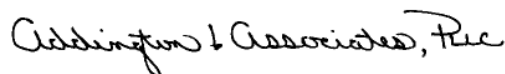
The supplemental schedule of Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year), as of December 31, 2021, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including 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 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).

October 17, 2022



ADDINGTON & ASSOCIATES, PLLC



INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Participants
COPE Retirement Plan
Tucson, Arizona

We were engaged to audit the accompanying statement of net assets available for benefits as of December 31, 2020, and the related notes to the financial statement.

Management's Responsibility for the Financial Statement

Management is responsible for the preparation and fair presentation of the 2020 financial statement in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the 2020 financial statement that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the 2020 financial statement based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Nationwide Financial Services, Inc. and Fidelity Investments, the custodians of the Plan, except for comparing such information with the related information included in the 2020 financial statement. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2020 that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Report on Form and Content in Compliance With DOL Rules and Regulations for 2020 Financial Statement

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

October 17, 2022

Addington & Associates, PLLC

ADDINGTON & ASSOCIATES, PLLC

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

	<u>2021</u>	<u>2020</u>
Assets		
Investments, at fair value	\$ 14,660,743	\$ 12,874,255
Employer contributions receivable	0	990
Receivables - other	<u>108</u>	<u>0</u>
Total assets	<u>14,660,851</u>	<u>12,875,245</u>
Net assets available for benefits	<u>\$ 14,660,851</u>	<u>\$ 12,875,245</u>

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

COPE RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the year ended December 31, 2021

Additions to net assets attributed to:

Investment income:	
Net appreciation in fair value of investments	\$ 1,029,342
Interest and dividend income	969,324
Contributions:	
Participants	760,934
Employer	912,325
Rollover	105,506
Total additions	<u>3,777,431</u>

Deductions from net assets attributed to:

Benefits paid to participants	1,885,510
Administrative expenses	106,315
Total deductions	<u>1,991,825</u>

Net increase in net assets	1,785,606
-----------------------------------	-----------

Net assets available for benefits:

Beginning of year	<u>12,875,245</u>
End of year	<u><u>\$ 14,660,851</u></u>

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

COPE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
As of December 31, 2021 and 2020 and for the year ended December 31, 2021

1. Description of the Plan

The following description of the COPE Retirement Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

COPE Community Services, Inc. (COPE) established the Plan, effective January 1, 2006, to provide employees with a systematic means of saving and investing for the future. Effective February 1, 2016, Pima Prevention Partnership (PPP) elected to participate in the Plan. COPE and PPP are collectively referred to as the “Organization”.

Only eligible employees are allowed to participate in the Plan. Employees are considered to be eligible unless they are specifically excluded from the Plan. Excluded employees include those employees who participate in the Arizona State Retirement System (ASRS), including the government sponsored 457(b) plan, or those employees whose contributions would be \$200 or less.

All eligible employees of the Organization and its wholly owned subsidiaries, as defined in the universal availability standards are eligible to enroll on their date of hire. Elective deferrals may begin on the employee’s date of hire. The Plan is a defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Plan contributions

Effective March 6, 2009, the employer began automatically withholding 2% of a participant’s compensation each pay period and contributing that amount to the Plan as a pre-tax elective deferral. The employee can enter a salary reduction agreement at any time to select an alternative deferral amount or to elect not to defer in the Plan. The employer may contribute a discretionary matching contribution. All eligible employees of the Organization that have accumulated one year of service are eligible for the discretionary matching contribution. For the six months ended June 30, 2021 the employer match was two percent of eligible compensation. On July 1, 2021 the employer match was increased to three percent of eligible compensation.

In addition to the discretionary match above, the employer can elect to contribute a nonelective contribution to the Plan which is unrelated to any elective deferrals the employee contributes. All eligible employees of the Organization that have accumulated one year of service are eligible for the discretionary nonelective contribution. Employer contributions are allocated to participants’ accounts based upon the ratio that the participant’s compensation bears to all participants’ compensation. For the six months ended June 30, 2021, the employer made a discretionary nonelective contribution equal to three percent of the eligible compensation. On July 1, 2021 the nonelective contribution was increased to five percent of eligible compensation. During the year ended December 2021, the Organization contributed a total of \$912,325 for both the match and the nonelective contribution to the Plan.

Participant accounts

Each participant’s account is credited with the participant’s contributions, allocations of the Organization’s matching and nonelective contributions and Plan gains or losses. Plan gains and losses are credited to each participant account based upon the performance of the funds in which the participant is invested, as the investments are participant-directed. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

COPE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS - continued
As of December 31, 2021 and 2020 and for the year ended December 31, 2021

1. Description of the Plan - continued

Investment options

Upon enrollment in the Plan, participants may direct the investment of their contributions and the Organization's contributions into various mutual funds offered by the Plan.

Vesting

Participants are immediately vested in their voluntary contributions, matching and discretionary nonelective contributions and the actual earnings on their individual accounts.

Benefits paid to participants

Termination of employment

For participants with vested account balances greater than \$5,000, the vested account balance will remain in the Plan unless the participant elects to receive a lump sum distribution from the Plan or roll over the distribution to an IRA or other qualified plan. For participants with vested account balances between \$1,000 and \$5,000, if an election is not made to receive a lump sum distribution from the Plan or roll over the distribution to an IRA or other qualified plan, then the balance is rolled over into an IRA selected by the Plan employer. For participants with vested account balances of \$1,000 or less, if an election is not made to roll over the distribution to an IRA or other qualified plan, then the balance is distributed in a lump sum to the participant.

In-service distributions

The Plan allows for in-service distributions of vested account balances for participants who are 59½ at the time of the distribution and for "hardship withdrawals" subject to the requirements as defined in the Plan.

Required distributions

Participants that have not already begun taking distributions must begin taking required minimum distributions on the later of April 1st following the year of attaining age 72 or termination of employment.

Distributions upon death

Upon death of a participant, the vested balance of the participant's account is distributed to the participant's beneficiary(ies) as designated by the participant.

Participant investment rollovers

At the discretion of the Plan Administrator, participants may be permitted to transfer or rollover funds into the Plan from other qualified or 403(b) plans. Participants are always fully vested in their rollover funds.

Forfeited Accounts

At December 31, 2021 and 2020, forfeited nonvested accounts totaled \$702 and \$0, respectively. These accounts are used to reduce future employer contributions or plan expenses.

COPE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS - continued
As of December 31, 2021 and 2020 and for the year ended December 31, 2021

2. Summary of significant accounting policies

Basis of accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles in the United States of America, except for distributions paid to participants which are prepared on the cash basis of accounting.

Use of accounting estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of certain assets, liabilities and disclosures. Accordingly, the actual amounts could differ from those estimates. Any adjustments applied to estimated amounts are recognized in the year in which such adjustments are determined.

Investment valuation and income recognition

Investments are recorded at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of investments are recorded on a settlement date basis. Interest income is accrued as it is earned and dividends are recorded as of the ex-dividend date. The net appreciation in the fair value of investments includes realized and unrealized gains and losses on the fair value of investments bought and sold as well as held by the Plan during the year.

The change in net unrealized appreciation/depreciation of investments held from the beginning of the plan year to the end of the plan year is included with realized gains/losses as net investment income/loss reported in the accompanying statements of changes in net assets available for benefits.

Contributions

Contributions from employees and the Organization are recorded in the period in which the Organization makes the payroll deductions from participant earnings.

Distributions

Distributions are recorded when paid. At December 2021 and 2020, there were no benefits processed and approved for payment, but not paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Company and are therefore excluded from these financial statements. Investment-related expenses are included in net appreciation in fair value of investments.

COPE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS - continued
As of December 31, 2021 and 2020 and for the year ended December 31, 2021

2. Summary of significant accounting policies - continued

Income tax status

403(b) plans currently are not required to submit plans to the Internal Revenue Service for determination. However, the plan administrator believes that the Plan was designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator believes that the Plan has not taken any uncertain tax positions. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2018.

3. Investments (unaudited)

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditor not to perform any auditing procedures with respect to the following information certified by the custodians of the Plan (Nationwide Financial Services, Inc., and Fidelity Investments), except for comparing such information to the information included in the Plan's financial statements and supplemental schedule as of December 31, 2021 and 2020, and for the year ended December 31, 2021.

- Investments and cash and cash equivalents as shown in the Statements of Net Assets Available for Benefits as of December 31, 2021 and 2020.
- Net appreciation in fair value and contract value of investments, interest and dividends, and administrative expense, as shown in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2021.
- Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2021.

4. Fair value measurements

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 on the measurement date. The Plan determines the fair value of its financial instruments based on the fair value hierarchy. The Plan maximizes the use of observable inputs and minimizes the use of unobservable inputs when measuring fair value. Observable inputs are inputs that market participants would use in pricing the asset or liability developed based on market data obtained from sources independent of the Plan. Unobservable inputs are inputs that reflect assumptions that the Plan believes a market participant would use in pricing the asset or liability based on the best information available in the circumstances, including assumptions about risk. Three levels of inputs are used to measure fair value. A financial instrument's level within the fair value hierarchy is based on the lowest level of input significant to the fair value measurement. Transfers between levels are recognized at the end of the reporting period.

- Level 1 - Valuations are based on quoted prices in active markets for identical assets or liabilities that the Plan can access at the measurement date. Since valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these products does not entail a significant degree of judgment.

COPE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS - continued
As of December 31, 2021 and 2020 and for the year ended December 31, 2021

4. Fair value measurements – continued

- Level 2 - Valuations are based on quoted prices in markets that are not active or for which all significant inputs are observable, either directly or indirectly.
- Level 3 - Valuations are based on inputs that are unobservable and significant to the overall fair value measurement. Assets and liabilities utilizing Level 3 inputs include: financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the fair value calculation requires significant management judgment or estimation.

Where quoted prices are available in an active market for identical instruments, investments are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of investments with similar characteristics or discounted cash flows. In cases where there is limited activity or less transparency around inputs to the valuation, investments are classified within Level 3 of the valuation hierarchy.

The following is a description of the valuation methodologies used for instruments measured at fair value, as well as the general classification of such instruments pursuant to the valuation hierarchy. There have been no changes in the methodologies used at December 31, 2021 and 2020.

The Plan had \$13,501,753 and \$11,860,149 of investments in participation units held in the trust mutual funds Nationwide omnibus account at December 31, 2021 and 2020, respectively. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. In addition, the Plan had \$1,158,990 and \$1,014,106 of investments in mutual funds at December 31, 2021 and 2020, respectively. The net asset value is used as a practical expedient to estimate fair value funds. This practical expedient would not be used if it is determined to be probable that the mutual funds will sell the investment for an amount different from the reported net asset value.

The underlying securities in the Nationwide omnibus account and Fidelity mutual funds are listed on national securities exchanges and valued on the basis of year-end closing prices. The Plan has concluded that the net asset value as adjusted (for mutual fund dividends, mutual fund splits and administrative maintenance charges and other items) and reported by the insurance company approximates fair value of the investments. The investments are redeemable at the adjusted net asset value under agreements with Nationwide and Fidelity. The methods described previously may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the end of the reporting date.

The following table presents the fair value of the Plan's investments at December 31, 2021 and 2020, classified using the fair value hierarchy:

COPE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS - continued
As of December 31, 2021 and 2020 and for the year ended December 31, 2021

4. Fair value measurements – continued

Fair value measurements at December 31, 2021				
	Level 1	Level 2	Level 3	Total
Investments:				
Mutual funds - equity	\$ 1,158,990	\$ -	\$ -	\$ 1,158,990
Omnibus accounts - Nationwide (a)	-	-	-	13,501,753
Total Investments	<u>\$ 1,158,990</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 14,660,743</u>

Fair value measurements at December 31, 2020				
	Level 1	Level 2	Level 3	Total
Investments:				
Mutual funds - equity	\$ 1,014,106	\$ -	\$ -	\$ 1,014,106
Omnibus accounts - Nationwide (a)	-	-	-	11,860,149
Total Investments	<u>\$ 1,014,106</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 12,874,255</u>

(a) Certain investments that are measured at fair value using the net asset value per share practical expedient have not been classified in the fair value hierarchy. The net asset value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2021 and 2020, respectively.

December 31, 2020	Fair Value	Unfunded Commitments	Redemption Frequency (b)	Redemption Notice Period
Omnibus accounts - Nationwide	\$ 13,501,753	N/A	Daily	None

December 31, 2020	Fair Value	Unfunded Commitments	Redemption Frequency (b)	Redemption Notice Period
Omnibus accounts - Nationwide	\$ 11,860,149	N/A	Daily	None

(b) Participant transactions (purchases and sales) may occur daily subject to the short-term trading policies of the Plan Sponsor. Additional restrictions may be imposed at the request of the fund company of an underlying fund as outlined in their prospectus.

5. Plan termination

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

6. Risks and uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur.

COPE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS - continued
As of December 31, 2021 and 2020 and for the year ended December 31, 2021

7. Reconciliation of financial statements to Schedule H of Form 5500

The following is a reconciliation of earnings on investments per the audited financial statements to Schedule H of Form 5500:

For the year ended December 31, 2021:

	Audited Financial Statements	Schedule H Form 5500	Difference
Net appreciation (depreciation) in fair value of investments / Schedule H, Part II, Line 2b(10)	\$ 1,029,342	\$ 53,310	\$ 976,032
Interest and dividend income / Schedule H, Part II, Line 2(b)(2)(c)	969,324	104,361	864,963
Other income - Schedule H, Part II, Line 2c	0	1,840,995	(1,840,995)
Total	<u>\$ 1,998,666</u>	<u>\$ 1,998,666</u>	<u>\$ 0</u>

8. Subsequent events and date of management's review

Management's review

Management has reviewed the financial statements through October 17, 2022, which is the date the financial statements were available to be issued.

Effect of COVID-19

The COVID-19 outbreak continues as of the date of this report. There are many uncertainties related to the COVID-19 global pandemic that could negatively affect the Plan's statement of net assets available for benefits and statement of changes in net assets available for benefits. The Plan's individual investments fluctuate in response to changing market conditions, therefore the effect of the COVID-19 pandemic on its investment values in subsequent periods, if any, cannot be determined.

SUPPLEMENTAL SCHEDULE

COPE RETIREMENT PLAN
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2021

EIN: 86-0363717
Plan No: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	(e) Current Value
	<u>Mutual funds - equity</u>			
*	Fidelity	Fidelity Fund	** \$	1,898
*	Fidelity	Trend	**	38,710
*	Fidelity	Sel Semiconduct	**	41,887
*	Fidelity	Magellan	**	11,096
*	Fidelity	Growth Company	**	28,223
*	Fidelity	Growth & Income	**	8,997
*	Fidelity	Capital & Income	**	25,088
*	Fidelity	Select Biotech	**	59,291
*	Fidelity	Select Retailing	**	22,864
*	Fidelity	Select Energy	**	1,879
*	Fidelity	Select Technology	**	38,780
*	Fidelity	Select Utilities	**	7,225
*	Fidelity	Select Chemicals	**	64,551
*	Fidelity	OTC Portfolio	**	162,036
*	Fidelity	Overseas	**	24,680
*	Fidelity	Select Telecomm	**	11,035
*	Fidelity	Leveraged CO STK	**	13,896
*	Fidelity	Europe	**	65,525
*	Fidelity	Real Estate Investments	**	6,235
*	Fidelity	Telecom & Utilities	**	2,983
*	Fidelity	Blue Chip Growth	**	114,272
*	Fidelity	Stk Sel All Cap	**	27,842
*	Fidelity	Emerging Markets	**	21,093
*	Fidelity	Stk Sel Sm Cap	**	3,467
*	Fidelity	Mid Cap Stock	**	4,260
*	Fidelity	Growth Discovery	**	25,429
*	Fidelity	Small Cap Stock	**	7,876
*	Fidelity	Latin America	**	11,832
*	Fidelity	Emerging Asia	**	57,040
*	Fidelity	China Region	**	15,682
*	Fidelity	Multi Asset IDX	**	2,053
*	Fidelity	Freedom 2030	**	12,757
*	Fidelity	Small Cap Discovery	**	30,234
*	Fidelity	Government Market	**	5,424
*	Fidelity	Select Materials	**	10,780
*	Fidelity	Select Natural Resources	**	7,525
*	Fidelity	Select Industrials	**	28,341
*	Fidelity	Select Cons Discretionary	**	6,335
*	Fidelity	Select Pharmaceuticals	**	3,151
*	Fidelity	Value Discovery	**	8,481
*	Fidelity	Real Estate Inc.	**	8,995
*	Fidelity	Nasdaq Comp Index	**	2,404
*	Fidelity	Freedom 2025	**	42,327
*	Fidelity	Strat Div & Inc.	**	28,547
*	Fidelity	Small Cap Growth	**	23,452
*	Fidelity	Real Estate IDX	**	11,617
*	Fidelity	Stk Sel Mid Cap	**	895
				<u>1,158,990</u>

COPE RETIREMENT PLAN
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2021

EIN: 86-0363717
Plan No: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	(e) Current Value
	<u>Nationwide - Omnibus account</u>			
*	Ab Gbl Bd I	3,640.51 units, Nationwide - Omnibus account	**	30,107
*	American Funds American Balanced R6	119,181.92 units, Nationwide - Omnibus account	**	3,990,211
*	Amfds Gr Fd Am R6	6,376.30 units, Nationwide - Omnibus account	**	474,141
*	American Funds New World R6	4,548.00 units, Nationwide - Omnibus account	**	390,992
*	Bnymel Natural Resources A	738.75 units, Nationwide - Omnibus account	**	30,148
*	Col Strategy Inc A	106.70 units, Nationwide - Omnibus account	**	2,616
*	DFA Inflation-Protected Securities I	527.56 units, Nationwide - Omnibus account	**	7,022
*	DFA Global Real Estate Securities I	5,385.04 units, Nationwide - Omnibus account	**	72,429
*	DFA US Trgt Val Inst	3,370.26 units, Nationwide - Omnibus account	**	101,782
*	Federated Instl High Yield Bond Instl	8,025.17 units, Nationwide - Omnibus account	**	79,690
*	Fnklnmsf Mut Shrs A	30,187.90 units, Nationwide - Omnibus account	**	807,526
*	Gdmn Hiquityflotngt A	359.73 units, Nationwide - Omnibus account	**	3,130
*	Gughm Floating Rt Strt A	528.98 units, Nationwide - Omnibus account	**	13,246
*	Invesco Gold & Precious Metals Investor	2,984.29 units, Nationwide - Omnibus account	**	78,248
*	Invesco Opp Intl Gr A	1,410.24 units, Nationwide - Omnibus account	**	64,547
*	Lrdabt Short Duration Inc A	1,471.46 units, Nationwide - Omnibus account	**	6,121
*	MFS Global Equity R4	12,769.57 units, Nationwide - Omnibus account	**	752,128
*	MFS International IntrinsicValue A	3,543.13 units, Nationwide - Omnibus account	**	187,680
*	Metropolitan West Total Return Bond I	1,721.50 units, Nationwide - Omnibus account	**	18,781
*	Mnnprpbld Max Trm S	5,748.36 units, Nationwide - Omnibus account	**	162,392
*	Nationwide Destination 2025 R6	20,213.54 units, Nationwide - Omnibus account	**	196,678
*	Nationwide Destination 2030 R6	66,205.79 units, Nationwide - Omnibus account	**	630,279
*	Nationwide Destination 2035 R6	40,880.07 units, Nationwide - Omnibus account	**	426,788
*	Nationwide Destination 2040 R6	67,845.11 units, Nationwide - Omnibus account	**	702,875
*	Nationwide Destination 2045R6	52,120.26 units, Nationwide - Omnibus account	**	566,026
*	Nationwide Destination 2050 R6	56,731.21 units, Nationwide - Omnibus account	**	546,322
*	Nationwide Destination 2055 R6	44,432.30 units, Nationwide - Omnibus account	**	664,707
*	Nationwide Destination 2060 R6	24,817.06 units, Nationwide - Omnibus account	**	313,439
*	Nationwide Destination 2065 R6	269.17 units, Nationwide - Omnibus account	**	3,475
*	Nationwide Destination R6	30,396.53 units, Nationwide - Omnibus account	**	255,027
*	Nationwide Government Money Market	201,402.62 units, Nationwide - Omnibus account	**	229,946
*	Neuberger Berman Sustainable Eq A	761.75 units, Nationwide - Omnibus account	**	35,947
*	PIMCO Low Duration A	1.35 units, Nationwide - Omnibus account	**	13
*	Principal MidCap Institutional	6,549.44 units, Nationwide - Omnibus account	**	274,094
*	Vanguard Dividend Growth Inv	3,044.73 units, Nationwide - Omnibus account	**	119,597
*	Vanguard Equity-Income Inv	3,536.75 units, Nationwide - Omnibus account	**	155,652
*	Vanguard Ttl Stmkt Indx Fd As	5,162.70 units, Nationwide - Omnibus account	**	606,927
*	Vanguard Wellesley Income Inv	17,306.55 units, Nationwide - Omnibus account	**	501,024
				<u>13,501,753</u>
				<u>\$ 14,660,743</u>

* Identifies a Party-in-Interest.

** Omitted for participant-directed plan.

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.)
B This return/report is:	☒ a single-employer plan; ☐ a DFE (specify) _____ ☐ 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 COPE Retirement Plan	<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;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/2006</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 01/01/2006	
1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan 01/01/2006					
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) COPE Community Services, Inc 1485 W. Commerce Court US Tucson AZ 85746	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 86-0363717</td> </tr> <tr> <td>2c Plan Sponsor's telephone number (520) 792-4139</td> </tr> <tr> <td>2d Business code (see instructions) 621420</td> </tr> </table>	2b Employer Identification Number (EIN) 86-0363717	2c Plan Sponsor's telephone number (520) 792-4139	2d Business code (see instructions) 621420	
2b Employer Identification Number (EIN) 86-0363717					
2c Plan Sponsor's telephone number (520) 792-4139					
2d Business code (see instructions) 621420					

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	 Rodney Cook (Oct 12, 2022 14:15 PDT)	Oct 12, 2022	Rodney Cook
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	 Rodney Cook (Oct 12, 2022 14:15 PDT)	Oct 12, 2022	Rodney Cook
	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

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 and 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	5 605
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) 397
a(2) Total number of active participants at the end of the plan year	6a(2) 404
b Retired or separated participants receiving benefits	6b 4
c Other retired or separated participants entitled to future benefits	6c 157
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 565
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 0
f Total. Add lines 6d and 6e	6f 565
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 536
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2K 2L 2M 2S 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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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 _____

COPE RETIREMENT PLAN
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2021

EIN: 86-0363717
Plan No: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	(e) Current Value
	<u>Mutual funds - equity</u>			
*	Fidelity	Fidelity Fund	** \$	1,898
*	Fidelity	Trend	**	38,710
*	Fidelity	Sel Semiconduct	**	41,887
*	Fidelity	Magellan	**	11,096
*	Fidelity	Growth Company	**	28,223
*	Fidelity	Growth & Income	**	8,997
*	Fidelity	Capital & Income	**	25,088
*	Fidelity	Select Biotech	**	59,291
*	Fidelity	Select Retailing	**	22,864
*	Fidelity	Select Energy	**	1,879
*	Fidelity	Select Technology	**	38,780
*	Fidelity	Select Utilities	**	7,225
*	Fidelity	Select Chemicals	**	64,551
*	Fidelity	OTC Portfolio	**	162,036
*	Fidelity	Overseas	**	24,680
*	Fidelity	Select Telecomm	**	11,035
*	Fidelity	Leveraged CO STK	**	13,896
*	Fidelity	Europe	**	65,525
*	Fidelity	Real Estate Investments	**	6,235
*	Fidelity	Telecom & Utilities	**	2,983
*	Fidelity	Blue Chip Growth	**	114,272
*	Fidelity	Stk Sel All Cap	**	27,842
*	Fidelity	Emerging Markets	**	21,093
*	Fidelity	Stk Sel Sm Cap	**	3,467
*	Fidelity	Mid Cap Stock	**	4,260
*	Fidelity	Growth Discovery	**	25,429
*	Fidelity	Small Cap Stock	**	7,876
*	Fidelity	Latin America	**	11,832
*	Fidelity	Emerging Asia	**	57,040
*	Fidelity	China Region	**	15,682
*	Fidelity	Multi Asset IDX	**	2,053
*	Fidelity	Freedom 2030	**	12,757
*	Fidelity	Small Cap Discovery	**	30,234
*	Fidelity	Government Market	**	5,424
*	Fidelity	Select Materials	**	10,780
*	Fidelity	Select Natural Resources	**	7,525
*	Fidelity	Select Industrials	**	28,341
*	Fidelity	Select Cons Discretionary	**	6,335
*	Fidelity	Select Pharmaceuticals	**	3,151
*	Fidelity	Value Discovery	**	8,481
*	Fidelity	Real Estate Inc.	**	8,995
*	Fidelity	Nasdaq Comp Index	**	2,404
*	Fidelity	Freedom 2025	**	42,327
*	Fidelity	Strat Div & Inc.	**	28,547
*	Fidelity	Small Cap Growth	**	23,452
*	Fidelity	Real Estate IDX	**	11,617
*	Fidelity	Stk Sel Mid Cap	**	895
				<u>1,158,990</u>

COPE RETIREMENT PLAN
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2021

EIN: 86-0363717
Plan No: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	(e) Current Value
	<u>Nationwide - Omnibus account</u>			
*	Ab Gbl Bd I	3,640.51 units, Nationwide - Omnibus account	**	30,107
*	American Funds American Balanced R6	119,181.92 units, Nationwide - Omnibus account	**	3,990,211
*	Amfds Gr Fd Am R6	6,376.30 units, Nationwide - Omnibus account	**	474,141
*	American Funds New World R6	4,548.00 units, Nationwide - Omnibus account	**	390,992
*	Bnymel Natural Resources A	738.75 units, Nationwide - Omnibus account	**	30,148
*	Col Strategy Inc A	106.70 units, Nationwide - Omnibus account	**	2,616
*	DFA Inflation-Protected Securities I	527.56 units, Nationwide - Omnibus account	**	7,022
*	DFA Global Real Estate Securities I	5,385.04 units, Nationwide - Omnibus account	**	72,429
*	DFA US Trgt Val Inst	3,370.26 units, Nationwide - Omnibus account	**	101,782
*	Federated Instl High Yield Bond Instl	8,025.17 units, Nationwide - Omnibus account	**	79,690
*	Fnklnmsf Mut Shrs A	30,187.90 units, Nationwide - Omnibus account	**	807,526
*	Gdmn Hiquityflotngt A	359.73 units, Nationwide - Omnibus account	**	3,130
*	Gughm Floating Rt Strt A	528.98 units, Nationwide - Omnibus account	**	13,246
*	Invesco Gold & Precious Metals Investor	2,984.29 units, Nationwide - Omnibus account	**	78,248
*	Invesco Opp Intl Gr A	1,410.24 units, Nationwide - Omnibus account	**	64,547
*	Lrdabt Short Duration Inc A	1,471.46 units, Nationwide - Omnibus account	**	6,121
*	MFS Global Equity R4	12,769.57 units, Nationwide - Omnibus account	**	752,128
*	MFS International IntrinsicValue A	3,543.13 units, Nationwide - Omnibus account	**	187,680
*	Metropolitan West Total Return Bond I	1,721.50 units, Nationwide - Omnibus account	**	18,781
*	Mnnprpbld Max Trm S	5,748.36 units, Nationwide - Omnibus account	**	162,392
*	Nationwide Destination 2025 R6	20,213.54 units, Nationwide - Omnibus account	**	196,678
*	Nationwide Destination 2030 R6	66,205.79 units, Nationwide - Omnibus account	**	630,279
*	Nationwide Destination 2035 R6	40,880.07 units, Nationwide - Omnibus account	**	426,788
*	Nationwide Destination 2040 R6	67,845.11 units, Nationwide - Omnibus account	**	702,875
*	Nationwide Destination 2045R6	52,120.26 units, Nationwide - Omnibus account	**	566,026
*	Nationwide Destination 2050 R6	56,731.21 units, Nationwide - Omnibus account	**	546,322
*	Nationwide Destination 2055 R6	44,432.30 units, Nationwide - Omnibus account	**	664,707
*	Nationwide Destination 2060 R6	24,817.06 units, Nationwide - Omnibus account	**	313,439
*	Nationwide Destination 2065 R6	269.17 units, Nationwide - Omnibus account	**	3,475
*	Nationwide Destination R6	30,396.53 units, Nationwide - Omnibus account	**	255,027
*	Nationwide Government Money Market	201,402.62 units, Nationwide - Omnibus account	**	229,946
*	Neuberger Berman Sustainable Eq A	761.75 units, Nationwide - Omnibus account	**	35,947
*	PIMCO Low Duration A	1.35 units, Nationwide - Omnibus account	**	13
*	Principal MidCap Institutional	6,549.44 units, Nationwide - Omnibus account	**	274,094
*	Vanguard Dividend Growth Inv	3,044.73 units, Nationwide - Omnibus account	**	119,597
*	Vanguard Equity-Income Inv	3,536.75 units, Nationwide - Omnibus account	**	155,652
*	Vanguard Ttl Stmkt Indx Fd As	5,162.70 units, Nationwide - Omnibus account	**	606,927
*	Vanguard Wellesley Income Inv	17,306.55 units, Nationwide - Omnibus account	**	501,024
				<u>13,501,753</u>
				<u>\$ 14,660,743</u>

* Identifies a Party-in-Interest.

** Omitted for participant-directed plan.