

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>AUTOMEOP OPEN MULTIPLE EMPLOYER 401(K) PLAN (MEDAVAIL HOLDINGS, INC.)</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>01/01/2015</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>90-0772394</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>905-829-0023</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>446110</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2015</u>		2b Employer Identification Number (EIN) <u>90-0772394</u>		2c Plan Sponsor's telephone number <u>905-829-0023</u>		2d Business code (see instructions) <u>446110</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/01/2015</u>											
2b Employer Identification Number (EIN) <u>90-0772394</u>											
2c Plan Sponsor's telephone number <u>905-829-0023</u>											
2d Business code (see instructions) <u>446110</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>MEDAVAIL HOLDINGS, INC.</u> <u>4720 E. COTTON GIN LOOP, SUITE 220</u> <u>PHOENIX, AZ 85040</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.	10/17/2022	CHAD RICK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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v. 210624

3a Plan administrator's name and address ☐ Same as Plan Sponsor AMI BENEFIT PLAN ADMINISTRATORS, INC. 100 TERRA BELLA DR YOUNGSTOWN, OH 44505	3b Administrator's EIN 34-1781113 3c Administrator's telephone number 800-451-2865
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 MEDAVAIL TECHNOLOGIES (U.S.), INC. c Plan Name AUTOMEPE OPEN MULTIPLE EMPLOYER 401(K) PLAN (MEDAVAIL TECHNOLOGIES (US), INC.)	4b EIN 36-4794085 4d PN 001
5 Total number of participants at the beginning of the plan year	5 134
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..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 134 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 0 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 2J 2K 2F 2G 3D 2S 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>AUTOMEF OPEN MULTIPLE EMPLOYER 401(K) PLAN (MEDAVAIL HOLDINGS, INC.)</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MEDAVAIL HOLDINGS, INC.</u>	D Employer Identification Number (EIN) <u>90-0772394</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(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)	609661	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	609661 0
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	609661 0

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(B) Participants	2a(1)(B)	469867
	(C) Others (including rollovers).....	2a(1)(C)	105140
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	575007
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)	0
(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)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(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)		109915
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		684922
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	230129	
(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)		230129
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	12446	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		12446
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		242575
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		442347
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		1052008

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: HD DAVIS CPAS, LLC

(2) EIN: 45-2908935

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?			
4e		X	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
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.)			
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 0.

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)
AUTOME OPEN MULTIPLE EMPLOYER 401(K) PLAN	34-1781113	002

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 AUTOMEF OPEN MULTIPLE EMPLOYER 401(K) PLAN (MEDAVAIL HOLDINGS, INC.)	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MEDAVAIL HOLDINGS, INC.	D Employer Identification Number (EIN) 90-0772394

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 27-3169253		
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.)
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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 _____

**AutoMEP Open Multiple Employer 401(k) Plan
(MedAvail Holdings, Inc.)
Report on Audit of Financial Statements
December 31, 2021
And For The Year Then Ended**

**Prepared by: HD Davis CPAs, LLC
Certified Public Accountants
4308 Belmont Ave, Ste. 1
Youngstown, Ohio 44505
(330) 759-8522**

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

AUTOMEF OPEN MULTIPLE EMPLOYER 401(K) PLAN
(MEDAVAIL HOLDINGS, INC.)

December 31, 2021

C O N T E N T S

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October 14, 2022

Administrator
AutoMEP Open Multiple Employer 401(k) Plan (MedAvail Holdings, Inc.)
Phoenix, AZ

Independent Auditor's Report

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

We were engaged to perform the audit of the financial statements of AutoMEP Open Multiple Employer 401(k) Plan (MedAvail Holdings, Inc.) (the Plan), an employee benefits plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(c). 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 audits of AutoMEP Open Multiple Employer 401(k) Plan (MedAvail Holdings, Inc.)'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 audits 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 certifications from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

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

- The amounts and disclosures in the 2021 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 2021 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 on the 2021 Financial Statements

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 2021 Financial Statements section of our report. We are required to be independent of AutoMEP Open Multiple Employer 401(k) Plan (MedAvail Holdings, Inc.) and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is Responsible for the preparation and fair presentation of 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 AutoMEP Open Multiple Employer 401(k) Plan (MedAvail Holdings, Inc.) 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 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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 judgement 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 audit opinion on the effectiveness of AutoMEP Open Multiple Employer 401(k) Plan (MedAvail Holdings, Inc.)'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 AutoMEP Open Multiple Employer 401(k) Plan (MedAvail Holdings, Inc.)'s ability to continue as a going concern for a reasonable period of time.

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

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

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

2021 Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at year end) is presented for purposes of additional analysis and is not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

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

For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

HD Davis CPAs

HD DAVIS CPAs, LLC
Certified Public Accountants

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

AUTOMEOP OPEN MULTIPLE EMPLOYER 401(K) PLAN
(MEDAVAIL HOLDINGS, INC.)

December 31, 2021

<u>ASSETS</u>	<u>2021</u>
<u>INVESTMENTS AT FAIR VALUE - NOTE D</u>	
Registered Investment Companies	\$ 1,052,008
<u>RECEIVABLES</u>	
Contributions receivable	<u>22,260</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 1,074,268</u></u>

See accompanying notes to financial statements

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

AUTOMEF OPEN MULTIPLE EMPLOYER 401(K) PLAN
(MEDAVAIL HOLDINGS, INC.)

Year Ended December 31, 2021

	<u>2021</u>
<u>INVESTMENT INCOME</u>	
Net appreciation in fair value of investments	\$ 108,485
Interest and dividends	<u>1,430</u>
TOTAL INVESTMENT INCOME	<u>109,915</u>
 <u>CONTRIBUTIONS</u>	
Participants	492,127
Other	<u>105,140</u>
TOTAL CONTRIBUTIONS	<u>597,267</u>
TOTAL ADDITIONS	<u>707,182</u>
 <u>DEDUCTIONS</u>	
Benefit payments	230,129
Administrative expenses	<u>12,446</u>
TOTAL DEDUCTIONS	<u>242,575</u>
CHANGE IN NET ASSETS	\$ 464,607
 <u>NET ASSETS AVAILABLE FOR BENEFITS</u>	
Beginning of year	<u>609,661</u>
End of year	<u><u>\$ 1,074,268</u></u>

See accompanying notes to financial statements

NOTES TO FINANCIAL STATEMENTS

AUTOMEPP OPEN MULTIPLE EMPLOYER 401(K) PLAN (MEDAVAIL HOLDINGS, INC.)

December 31, 2021

NOTE A – DESCRIPTION OF PLAN

The following brief description of AutoMEP Open Multiple Employer 401(k) Plan (MedAvail Holdings, Inc.) (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General:

MedAvail Holdings, Inc. (the “Company”) established the AutoMEP Open Multiple Employer 401(k) Plan (MedAvail Holdings, Inc.) (the “Plan”) effective January 1, 2015. In addition, effective January 1, 2015 the Plan is a multiple employer plan as described by code Section 413(c).

The Plan is a defined contribution 401(k) plan covering substantially all employees who are employed by MedAvail Holdings, Inc. (the “Employer”) as defined in the Plan agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility:

An eligible employee is any person employed by the Company excluding employees who are leased or non-resident aliens with no U.S. income. Employees of the Company are eligible to participate in the Plan on the first day of each plan quarter of the plan year, coincident with or next following the date the employee reaches age 21 for deferrals, matching contributions, and employer profit sharing contributions and after completing one consecutive month of service. Participants must complete at least 1,000 hours of service during the Plan year to be eligible to receive any employer matching contribution.

Contributions:

Participants may make voluntary contributions from up to 100% of their annual compensation, as described in the Plan agreement. The total annual participant voluntary contribution is limited to \$19,500 in 2021. Participants who will be at least age 50 by the end of the year may make additional contributions of \$6,500 for 2021. Participant may also contribute amounts representing roll-over distributions from other qualified plans. The Company contributes a discretionary contribution at a rate of 6% of the participant’s elective contribution for eligible participants of the Plan. The Company made discretionary contributions of \$-0- in 2021.

NOTES TO FINANCIAL STATEMENTS

AUTOMEF OPEN MULTIPLE EMPLOYER 401(K) PLAN (MEDAVAIL HOLDINGS, INC.)

December 31, 2021

NOTE A – DESCRIPTION OF PLAN (CONTINUED)

Participants' Accounts:

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution, (b) Plan earnings, and (c) any forfeiture of terminated participants' non-vested accounts as defined by the Plan agreement. The allocation of the Company's matching contribution is based on the participant's contribution. The allocation of the Company's profit sharing contribution is based on the participant's wages. Other allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Plan Assets:

The Plan's assets are invested in various mutual funds as administered by the Plan's custodian, Alta Trust Company. The participants are responsible for making investment decisions and may direct contributions to any or all mutual funds available.

Vesting:

Participants are immediately vested in their contributions plus actual earnings thereon. Participants are 100% vested in the employer's profit sharing and matching contributions and actual earnings thereon after five years of credited service.

Payment of Benefits:

Benefits are recorded when paid.

Forfeitures:

Upon termination of service due to death, disability, or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in their account, or other methods allowed by the Plan. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. The non-vested amount will be forfeited and may be used by the participating employer to reduce future matching or discretionary contributions.

Notes Receivable from Participants:

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at prime plus one percent. The maximum number of loans that a participant may have outstanding at any one time is one. Principal and interest is paid ratably through payroll deductions. Furthermore, participants may withdraw funds from their accounts for financial hardship.

NOTES TO FINANCIAL STATEMENTS

AUTOMEOP OPEN MULTIPLE EMPLOYER 401(K) PLAN (MEDAVAIL HOLDINGS, INC.)

December 31, 2021

NOTE A – DESCRIPTION OF PLAN (CONTINUED)

Plan Costs:

The Company pays all significant costs with exception of administrative and investment fees.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting:

The financial statements of the Plan are prepared using the accrual method of accounting.

Investment Valuation and Income Recognition:

The investments are stated at fair market value. Quoted market prices are used to value investments and are determined by the custodian of the Plan. The net asset value of the investment contract is equal to contract value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments purchased and sold as well as held during the year.

Use of Estimates:

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein. Actual results could differ from those estimates.

Subsequent Events:

Management evaluated all activity of the Plan through October 14, 2022, the date the financial statements were available to be issued, and concluded that no subsequent events have occurred that would require recognition or disclosure in the financial statements or notes.

In January 2022 the Plan was modified from an Open multiple employer 401(k) plan (MEP) to a Pooled employer 401(k) plan (PEP). As of January 1, 2022 all assets from the MEP were transferred to the PEP.

NOTES TO FINANCIAL STATEMENTS

AUTOMEOP OPEN MULTIPLE EMPLOYER 401(K) PLAN (MEDAVAIL HOLDINGS, INC.)

December 31, 2021

NOTE C – INFORMATION CERTIFIED BY TRUSTEE

Investments and operations are managed by Alta Trust Company. The Plan maintains the records of the participants. All financial information contained in the accompanying financial statements and supplemental schedule regarding investments, interest and dividend income and net appreciation in fair value of investments has been certified by Alta Trust Company as complete and accurate in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations and Disclosure under the Employee Retirement Income Security Act of 1974. Such information has not been audited by independent auditors as of and for the year ended December 31, 2021.

NOTE D – INVESTMENTS AND FAIR VALUE MEASUREMENTS

FASB ASC 820 requires the Plan to classify its assets and liabilities based on valuation methods using three levels. Level 1 inputs are based on quoted prices in active markets for identical investments. Level 2 inputs are based on quoted prices in active markets for similar investments and quoted prices in inactive markets. Level 3 inputs are based on significant unobservable inputs that reflect the Plan's determination of assumptions that market participants might reasonably use in valuing the investments. The valuation inputs are not necessarily an indication of risk or liquidity associated with the underlying investments.

The following table sets forth, by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021:

	<u>Assets at Fair Value</u>	
	<u>Level 1</u>	<u>Total</u>
<u>December 31, 2021</u>		
Mutual funds	<u>\$1,052,008</u>	<u>\$ 1,052,008</u>
TOTAL INVESTMENTS	<u><u>\$1,052,008</u></u>	<u><u>\$ 1,052,008</u></u>

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$109,915 during 2021.

NOTE E – PLAN TERMINATION

Although it is not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to provisions of ERISA. In the event of the Plan termination, employees will become fully vested and net assets of the Plan are to be distributed to employees on the basis of individual account balances at the date of termination.

NOTES TO FINANCIAL STATEMENTS

AUTOMEPP OPEN MULTIPLE EMPLOYER 401(K) PLAN (MEDAVAIL HOLDINGS, INC.)

December 31, 2021

NOTE F – INCOME TAX STATUS

The Plan, a prototype plan, obtained its latest determination letter dated March 31, 2014, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter; however, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE G – 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 values of investment securities will occur in the near term and that such changes could materially affect the amounts reported on the statement of net assets available for benefits.

Multiple Employer Plan Participating Employer Information
AutoMEP Open Multiple Employer 401(k) Plan

(a)	ALBERTO A. HERRERO, DDS PLLC	(b)	20-3599014	(c)	1.57%
(a)	ANN ARBOR PERIODONTICS, PLLC	(b)	84-4012159	(c)	0.53%
(a)	BAYFRONT PARTNERS, LLC	(b)	84-4705054	(c)	0.41%
(a)	BBC ENTREPRENEURIAL TRAINING & CONSULTING, LLC	(b)	38-2971806	(c)	2.08%
(a)	BEST BUY PAINTING INC.	(b)	20-0997866	(c)	0.66%
(a)	BLAIR FAMILY DENTISTRY, PLC	(b)	46-3995653	(c)	1.63%
(a)	CENTRAL RESTORATION, INC.	(b)	26-3573377	(c)	0.48%
(a)	CONSOLIDATED PATHWAYS, INC.	(b)	45-3189168	(c)	1.06%
(a)	CONSUMER ADVOCATES OF PJM STATES, INC.	(b)	46-2335428	(c)	0.46%
(a)	DAN A. MEDALIE, MD LLC	(b)	81-1306487	(c)	1.34%
(a)	DANMAR PRODUCTS, INC.	(b)	38-1847489	(c)	1.19%
(a)	DEARBORN MUSIC COMPANY	(b)	38-2044943	(c)	1.42%
(a)	DIHYDRO SERVICES, INC.	(b)	38-1291359	(c)	1.21%
(a)	EDTEC CENTRAL, LLC	(b)	38-3551348	(c)	1.78%
(a)	FAMILY FIRST DENTAL GROUP LLC, ROY COLEMAN DDS	(b)	87-1256559	(c)	0.69%
(a)	FOUNTAIN VIEW FAMILY DENTAL, PLC	(b)	80-1890333	(c)	1.80%
(a)	FUTURE AGE INC. DBA PROVIDE-A-RIDE	(b)	34-1617203	(c)	0.90%
(a)	GOLDBERG AND MYERS DENTISTRY, PLC	(b)	83-2768991	(c)	1.02%
(a)	GREG ROOT INSURANCE AGENCY, INC.	(b)	36-4780434	(c)	3.78%
(a)	H & M LANDSCAPING, LLC	(b)	38-3386284	(c)	0.50%
(a)	HARRINGTONS PREPRESS EXPRESS LLC DBA STANDARD PRINTING COMPANY OF	(b)	38-3480901	(c)	1.07%
(a)	HEYS DENTAL, PLLC	(b)	20-5279277	(c)	2.17%
(a)	HURON VALLEY PHYSICIANS ASSOCIATION, P.C.	(b)	38-2581464	(c)	1.89%
(a)	IB CORPORATION	(b)	38-2991547	(c)	3.46%
(a)	ILEX OUTDOORS, LLC	(b)	83-3691109	(c)	0.30%
(a)	ITALIAN TOURS AND TRAVEL BY DIANA	(b)	27-2014142	(c)	0.38%
(a)	J. ZIMMERMAN LLC DBA ZIMMERMAN ELECTRIC	(b)	20-0238419	(c)	4.24%
(a)	JASON D MAJORS, DMD, FAMILY DENTISTRY, LLC	(b)	27-0460648	(c)	0.87%
(a)	JOHN ZANG-BODIS, DDS, MDS, PLLC	(b)	27-3065612	(c)	1.25%
(a)	JOYSONQUIN AUTOMOTIVE SYSTEMS, NORTH AMERICA	(b)	83-3535127	(c)	3.16%
(a)	KENNETH L GWINN, MD, PC.	(b)	38-3120356	(c)	1.38%
(a)	KR SERVICES, INC.	(b)	38-3081617	(c)	0.77%
(a)	LKL GYMNASTICS INC.	(b)	47-5291806	(c)	1.87%
(a)	MACOMB COUNTY EMS MEDICAL CONTROL AUTHORITY	(b)	26-3421732	(c)	0.34%
(a)	MCMAMARA ORTHODONTICS, PC	(b)	38-2329521	(c)	0.24%
(a)	MEDAVAIL TECHNOLOGIES (U.S.) INC.	(b)	36-4794085	(c)	16.16%
(a)	MIAMI ORTHODONTIC SPECIALISTS, LLC	(b)	47-4860188	(c)	0.48%
(a)	MICHALKOW ORTHODONTICS PLLC	(b)	27-3488814	(c)	2.20%
(a)	MOELLER, PC	(b)	46-1817177	(c)	0.96%
(a)	NATIONAL ASSOCIATION OF STATE UTILITY CONSUMER ADVOCATES	(b)	59-1986067	(c)	0.79%
(a)	NATURAL LAWN & LANDSCAPE	(b)	22-3955014	(c)	0.55%
(a)	NORCAL RESPIRATORY, INC.	(b)	84-1679388	(c)	1.65%
(a)	NORTHWEST DERMATOLOGY GROUP, PC	(b)	38-1890113	(c)	1.51%
(a)	NORTHWEST OHIO PERIODONTICS, BRIAN M. ROY, D.D.S., M.S., LLC.	(b)	81-3342412	(c)	0.99%
(a)	NOVI DENTISTS PLLC	(b)	47-2100320	(c)	5.20%
(a)	OCEAN SOLUTIONS, LLC	(b)	32-0442016	(c)	2.47%
(a)	OWL SERVICES, INC.	(b)	82-4007077	(c)	1.97%
(a)	PALMETTO WELLNESS GROUP	(b)	26-2253021	(c)	2.06%
(a)	PETERSON RUDGERS GROUP, LLC	(b)	81-3228928	(c)	3.52%
(a)	PREFERRED TITLE AGENCY OF ANN ARBOR, LLC	(b)	81-4660860	(c)	0.90%

(a)	RENEW VITALITY, LLC	(b)	61-1735118	(c)	1.96%
(a)	RM JOHNSON GROUP, LLC	(b)	85-1031676	(c)	0.81%
(a)	SAB MOVING LLC DBA TWO MEN AND A TRUCK	(b)	36-4503464	(c)	0.09%
(a)	SHECTER LANDSCAPING, INC.	(b)	38-2784736	(c)	2.11%
(a)	SOHNER PLASTICS, LLC	(b)	37-1587921	(c)	0.54%
(a)	THERAMAX REHAB INC.	(b)	65-1285574	(c)	0.79%
(a)	TREE TOWN PEDIATRIC DENTISTRY, PLLC	(b)	47-1852738	(c)	0.20%
(a)	VANGUARD MANAGEMENT GROUP, INC.	(b)	59-3029446	(c)	0.68%
(a)	VERO RENAL ASSOCIATES, PA	(b)	34-2002685	(c)	0.46%
(a)	WHITE PINE DENTAL HEALTH, PLLC	(b)	81-2510168	(c)	0.68%
(a)	WILLOUGHBY VETERINARY HOSPITAL, PLLC	(b)	83-1660325	(c)	0.72%
(a)	W.R. TOWNSEND CONTRACTING, INC.	(b)	59-1831397	(c)	0.03%
(a)	WILSON'S MEATS DBA MAXBAUER'S SPECIALTY MEAT MARKET	(b)	45-5457532	(c)	1.61%

SCHEDULE H, ITEM 4i -
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

AUTOMEOP OPEN MULTIPLE EMPLOYER 401(K) PLAN
(MEDAVAIL HOLDINGS, INC.)

EIN: 90-0772394
PLAN NUMBER: 001

December 31, 2021

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY AND (c) DESCRIPTION INVESTMENT	(d) COST	(e) CURRENT VALUE
N/A	iShares S & P 500 Growth ETF	N/A	\$ 101,575
N/A	iShares Msci Eafe Growth ETF	N/A	15,166
N/A	Schwab U.S. Tips ETF	N/A	4,453
N/A	Vanguard Short-Term Bond Index Fund ETF	N/A	8,697
N/A	Vanguard Mid-Cap Index Fund ETF	N/A	13,515
N/A	iShares Russell 2000 Small-Cap Index Fund Institutional	N/A	5,646
N/A	DFA Enhanced U.S. Large Company Portfolio Institutional	N/A	7,025
N/A	First Trust Target Date Fund 2040 R1	N/A	514,805
N/A	First Trust Target Date Fund 2030 R1	N/A	52,156
N/A	First Trust Target Date Fund 2020 R1	N/A	1,113
N/A	First Trust Target Date Fund 2050 R1	N/A	177,919
N/A	Principal MidCap S&P 400 Inde Fund Institutional	N/A	3,673
N/A	T. Rowe Price QB U.S. Small-Cap Growth Equity	N/A	16,113
N/A	Vanguard Small Cap Value Index Fund Admiral	N/A	6,580
N/A	Vanguard Mid-Cap Value Index Fund Admiral	N/A	4,978
N/A	Core Bond Fund C1 R1	N/A	10,455
N/A	Large Cap Value Fund R1	N/A	43,888
N/A	Goldman Sachs International Small Cap Insights	N/A	3,193
N/A	Deposit Management Program	N/A	61,058
	TOTAL		<u>\$ 1,052,008</u>