

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>DESIGNS FOR HEALTH, INC. 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2003</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2003</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2003</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>DESIGNS FOR HEALTH, INC.</u> <u>14 COMMERCE BLVD</u> <u>PALM COAST, FL 32164</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>06-1468349</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>860-623-6314</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>446190</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>06-1468349</u>	2c Plan Sponsor's telephone number <u>860-623-6314</u>	2d Business code (see instructions) <u>446190</u>	
2b Employer Identification Number (EIN) <u>06-1468349</u>					
2c Plan Sponsor's telephone number <u>860-623-6314</u>					
2d Business code (see instructions) <u>446190</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	NICOLE HUBBARD-SZALA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	350
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)	308
a(2) Total number of active participants at the end of the plan year		6a(2)	327
b Retired or separated participants receiving benefits.....		6b	13
c Other retired or separated participants entitled to future benefits		6c	47
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	387
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	387
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	237
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2R 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 DESIGNS FOR HEALTH, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 DESIGNS FOR HEALTH, INC.	D Employer Identification Number (EIN) 06-1468349

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
	4458

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
UNITED PENSION DESIGNS, LLC 15 ENFORD STREET - #1039 AVON, CT 06001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	4458		5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	409377
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	8075341

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	554646
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c	Additions: (1) Contributions deposited during the year	7c(1)	52348	
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	19278	
	(4) Transferred from separate account.....	7c(4)	26302	
	(5) Other (specify below)	7c(5)		
	▶			

(6) Total additions	7c(6)	97928
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d Total of balance and additions (add lines 7b and 7c(6))	7d	652574
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e Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3970
	(2) Administration charge made by carrier.....	7e(2)	1292
	(3) Transferred to separate account.....	7e(3)	237317
	(4) Other (specify below).....	7e(4)	618
	▶		

(5) Total deductions	7e(5)	243197
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	409377
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

A Name of plan <u>DESIGNS FOR HEALTH, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DESIGNS FOR HEALTH, INC.</u>	D Employer Identification Number (EIN) <u>06-1468349</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2020 TARGET DATE

b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP.

c EIN-PN <u>47-0098400-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>70857</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2025 TARGET DATE

b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP.

c EIN-PN <u>47-0098400-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>214238</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2030 TARGET DATE

b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP.

c EIN-PN <u>47-0098400-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2332</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2035 TARGET DATE

b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP.

c EIN-PN <u>47-0098400-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>538395</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2040 TARGET DATE

b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP.

c EIN-PN <u>47-0098400-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17325</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2045 TARGET DATE

b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP.

c EIN-PN <u>47-0098400-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>376478</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2050 TARGET DATE

b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP.

c EIN-PN <u>47-0098400-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5442</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2055 TARGET DATE		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP.		
c EIN-PN 47-0098400-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 444259
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2060 TARGET DATE		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP.		
c EIN-PN 47-0098400-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 613
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2065 TARGET DATE		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP.		
c EIN-PN 47-0098400-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 647
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP GOVERNMENT MONEY MARKE		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP.		
c EIN-PN 47-0098400-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 617
a Name of MTIA, CCT, PSA, or 103-12 IE: GUARENTEED INVESTMENT ACCOUNT		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP.		
c EIN-PN 47-0098400-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 409377
a Name of MTIA, CCT, PSA, or 103-12 IE: WESTERN ASSET CORE BOND PLUS		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP.		
c EIN-PN 47-0098400-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 883779
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS VALUE, CLASS R3		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP.		
c EIN-PN 47-0098400-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 153334
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD 500 INDEX, ADMIRAL SHARES		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP.		
c EIN-PN 47-0098400-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1225555
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN LARGE CAP GROWTH FUND		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP.		
c EIN-PN 47-0098400-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2393478
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY LOW-PRICED STOCK		
b Name of sponsor of entity listed in (a): AMERITAS LIFE INSURANCE CORP.		
c EIN-PN 47-0098400-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 119280

a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD MID-CAP INDEX FUND**

b Name of sponsor of entity listed in (a): **AMERITAS LIFE INSURANCE CORP.**

c EIN-PN 47-0098400-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 584176
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JPMORGAN MID CAP GROWTH CLASS R6**

b Name of sponsor of entity listed in (a): **AMERITAS LIFE INSURANCE CORP.**

c EIN-PN 47-0098400-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7966
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a Name of MTIA, CCT, PSA, or 103-12 IE: **FIDELITY ADVISOR SMALL CAP VALUE**

b Name of sponsor of entity listed in (a): **AMERITAS LIFE INSURANCE CORP.**

c EIN-PN 47-0098400-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12280
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD SMALL CAP INDEX ADMIRAL**

b Name of sponsor of entity listed in (a): **AMERITAS LIFE INSURANCE CORP.**

c EIN-PN 47-0098400-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 101500
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WASATCH SMALL CAP GROWTH**

b Name of sponsor of entity listed in (a): **AMERITAS LIFE INSURANCE CORP.**

c EIN-PN 47-0098400-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45216
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD INTERNATIONAL VALUE**

b Name of sponsor of entity listed in (a): **AMERITAS LIFE INSURANCE CORP.**

c EIN-PN 47-0098400-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72805
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a Name of MTIA, CCT, PSA, or 103-12 IE: **INVESCO OPPENHEIMER INTERNATIONAL**

b Name of sponsor of entity listed in (a): **AMERITAS LIFE INSURANCE CORP.**

c EIN-PN 47-0098400-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 805477
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan DESIGNS FOR HEALTH, INC. 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 DESIGNS FOR HEALTH, INC.	D Employer Identification Number (EIN) 06-1468349	

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)	38853	65427
(2) Participant contributions.....	1b(2)	73284	117792
(3) Other	1b(3)		0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		616
(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)	618979	0
(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)	5084751	8075431
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	554646	409377
(15) Other.....	1c(15)	1037580	1219034

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	7408093	9887677

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	7408093	9887677
---	-----------	---------	---------

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)	537416	
(B) Participants	2a(1)(B)	999824	
(C) Others (including rollovers).....	2a(1)(C)	210192	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1747432
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)	19278	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		19278
(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)	11196	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		11196
(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)		1028701
(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)		
c Other income.....	2c		96195
d Total income. Add all income amounts in column (b) and enter total.....	2d		2902802
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	348924	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		348924
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	74294	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		74294
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		423218
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		2479584
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: THE INNOVATIVE CPA GROUP, LLC

(2) EIN: 81-4236823

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		385165

	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 DESIGNS FOR HEALTH, INC. 401(K) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 DESIGNS FOR HEALTH, INC.	D Employer Identification Number (EIN) 06-1468349

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): 04-1590850 47-0098400 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3

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

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

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

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

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**FINANCIAL STATEMENTS
AND
SUPPLEMENTARY INFORMATION**

DESIGNS FOR HEALTH, INC. 401(K) PLAN

PALM COAST, FLORIDA

DECEMBER 31, 2021 AND 2020



DESIGNS FOR HEALTH, INC. 401(K) PLAN

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Supplementary schedules which are not applicable have been omitted.



INDEPENDENT AUDITOR'S REPORT

The Trustees
Designs for Health, Inc. 401(k) Plan
Palm Coast, Florida

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

We have performed an audit of the financial statements of Designs for Health, Inc 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the 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 (2021 Financial Statements).

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

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

The Trustees
Designs for Health, Inc. 401(k) Plan
Palm Coast, Florida

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

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of Designs for Health, Inc 401(k) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the 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 Designs for Health, Inc 401(k) Plan's ability to continue as a going concern for one year after the date that the financial statements are 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

The Trustees
Designs for Health, Inc. 401(k) Plan
Palm Coast, Florida

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matters

2021 Supplemental Schedules Required by ERISA

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

The Trustees
Designs for Health, Inc. 401(k) Plan
Palm Coast, Florida

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).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of Designs for Health, Inc 401(k) Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by the qualified institutions. In our report dated October 14, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



THE INNOVATIVE CPA GROUP, LLC
Certified Public Accountants

October 17, 2022

DESIGNS FOR HEALTH, INC. 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	<u>2021</u>	<u>2020</u>
ASSETS		
Investments at fair value:		
Money Market Account Fund	\$ 616	\$ -
Investments in pooled separate accounts	8,075,431	5,703,730
Investments in self directed brokerage accounts	<u>1,219,034</u>	<u>1,037,582</u>
Total investments at fair value	<u>9,295,081</u>	<u>6,741,312</u>
Investment at contract value:		
Group annuity investment contract	<u>409,377</u>	<u>554,646</u>
Total investments	<u>9,704,458</u>	<u>7,295,958</u>
Receivables:		
Employer contribution receivable	65,427	38,853
Participant contributions receivable	117,792	73,284
Revenue sharing credit receivable	<u>-</u>	<u>7,079</u>
Total receivables	<u>183,219</u>	<u>119,216</u>
TOTAL ASSETS	<u>9,887,677</u>	<u>7,415,174</u>
LIABILITIES		
Accrued Expenses	<u>-</u>	<u>7,079</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 9,887,677</u>	<u>\$ 7,408,095</u>

The accompanying accountant's report and notes are an integral part of the financial statements.

DESIGNS FOR HEALTH, INC. 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31, <u>2021</u>
ADDITIONS	
Investment income:	
Net appreciation in fair value of investments	\$ 1,102,348
Dividends	11,196
Interest income on guaranteed investment contract	<u>19,278</u>
Total investment income	<u>1,132,822</u>
Contributions:	
Employer	537,416
Participants	999,824
Rollovers	<u>210,192</u>
Total contributions	<u>1,747,432</u>
Other - Revenue Sharing Credits	<u>22,548</u>
Total additions	<u>2,902,802</u>
DEDUCTIONS	
Benefits paid to participants	348,924
Administrative expenses	<u>74,296</u>
Total deductions	<u>423,220</u>
Net increase in net assets	<u>2,479,582</u>
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	<u>7,408,095</u>
End of year	<u>\$ 9,887,677</u>

The accompanying accountant's report and notes are an integral part of the financial statements.

DESIGNS FOR HEALTH, INC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Designs for Health, Inc. ("Company") 401(k) Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General. The Plan established a defined contribution plan on January 1, 2003, covering substantially all employees of the Company who are age eighteen or older, with certain exclusions as defined by the plan document. Employees are eligible to participate on the first day of the quarter following their completion of one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was amended and restated effective April 1, 2020 to United Pension Design Volume Submitter Profit Sharing Plan with CODA and was retroactively restated to incorporate the distributions provisions of the Coronavirus Aid, Relief, and Economic Security ("CARES") Act and are described in the applicable sections below.

Plan Amendments. Effective January 1, 2021 the Plan was restated and amended to comply with Cycle 3 regulatory requirements.

Change in Service Providers. Effective April 1, 2020 the Plan transferred its plan assets to recordkeeper and custodian, Massachusetts Mutual Life Insurance Company (Mass Mutual). The Plan also changed its third-party administrator from LAR Pensions, LLC to United Pension Designs effective April 1, 2020. MassMutual's retirement services business was purchased by Empower Retirement (Empower) effective January 1, 2021. Empower is owned by Great-West Life and Annuity Insurance Company (Great-West). Effective September 10, 2021, the Plan transferred its plan assets to a new recordkeeper and custodian, Ameritas Life Insurance Corp. (Ameritas). The blackout period was from September 4, 2021 through October 1, 2021.

Contributions. Each year, participants may contribute up to 100% of pretax annual compensation, as defined in the Plan. The plan also offers a Roth option, whereas participants may defer post-tax amounts. Participants who have reached age 50 before the end of the Plan year are eligible to make either pretax or post-tax catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollovers). Company match and profit-sharing contributions to the Plan are at the discretion of the board of directors. A safe harbor match provision was adopted effective January 1, 2009. Employees who are eligible for deferrals become eligible for the employer matching contributions on the first day of the quarter following completion of one year of service, as defined by the plan. Employees are additionally eligible for the profit sharing on the first day of the quarter following completion of one year of service as defined by the plan if they have worked 1,000 or more hours during the plan year and were employed at the end of the plan year. The Company elected safe harbor matching of participant contributions up to a maximum of 100% of the first 4% of compensation for the year ended December 31, 2021. The Company did not elect a discretionary profit sharing contribution for the year ended December 31, 2021. Contributions are subject to certain limitations.

Participant Accounts. Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) plan earnings, and charged with an allocation of administrative expenses. 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.

DESIGNS FOR HEALTH, INC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 1 - DESCRIPTION OF PLAN - (continued)

Investment Options. Participants direct the investment of the employer and employee contributions into various investment options offered by the Plan. The Plan currently offers various pooled separate account funds as investment options for participants. In addition, a self-directed brokerage account is offered whereby participants can choose to invest a portion of their respective account in investments outside the Plan's fund lineup. If the participant fails to designate an investment option, contribution amounts will be placed in investments selected by the plan administrator. The qualified default investment alternative (QDIA) elected by the Plan is American Funds Target Date series effective September 10, 2021. Prior to this date the QDIA was the MassMutual IndexSelect Moderate Fund.

Vesting. Participants are immediately vested in their contributions and safe harbor employer matching contributions, plus actual earnings thereon. Vesting in the Company's discretionary matching and profit-sharing contribution portion of their accounts plus actual earnings thereon is at the rate of 20% per year starting in the second year and a participant is 100% vested after six years of credited service.

Payment of Benefits. On termination of service due to death, disability, retirement or other reasons, a participant may receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Participants can take hardship distributions only from their pre-tax deferral account. Participants must be fully vested to receive in-service withdrawals. Distributions from Roth rollovers are permitted at any time.

If the vested balance is less than \$1,000 upon termination of service, a lump sum distribution will be paid to the participant within a reasonable period following the date of the participant's termination. If the vested balance is between \$1000 and \$5,000, the account balance will be rolled to an Individual Retirement Account (IRA) provider selected by the plan administrator.

Notes Receivable from Participants. Loans are not permitted by the Plan.

Forfeited Accounts. Forfeited amounts will be used to reduce future employer matching contributions or to pay administrative expenses. Forfeited non-vested accounts totaled \$616 and \$615 as of December 31, 2021 and 2020, respectively. No forfeitures were used during the year ended December 31, 2021.

ERISA Spending Account. Effective July 1, 2020, the Plan entered into a revenue sharing agreement with MassMutual under which an ERISA Budget Account was established. On a monthly basis, the Plan receives revenue sharing credits from MassMutual/ Empower, which are recorded as Other income on the Statement of Changes in Net Assets Available for Benefits. The Plan uses revenue credits to pay for future administrative expenses. Account balances not utilized for administrative expenses of the plan are allocable to participants within ten business days after December 31. The agreement terminated effective September 9, 2021 in conjunction with the Plan's termination of its contract with Empower. Amounts credited were invested in the JPM U.S. Government Money Market Fund. The ERISA Budget account earned revenue sharing credits in the amount of \$22,548 and incurred administrative expenses in the amount of \$22,548 during the year ended December 31, 2021. Revenue sharing credits earned and receivable and administrative expenses payable for the fourth quarter 2020 were reflected as Revenue sharing receivable and Accrued expenses, respectively on the Statement of Net Assets Available for Benefits as of December 31, 2020.

DESIGNS FOR HEALTH, INC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract 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. The Plan administrator determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians and insurance company. See Note 5 for discussion of fair value measurements.

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/depreciation includes the Plan's gains and losses on investments bought and sold as well as unrealized appreciation (depreciation) on investments held during the plan year.

Payment of Benefits

Benefits are recorded when paid. The CARES act provided penalty-free distribution options to allow for coronavirus-related distributions (CRD) in which qualified participants are permitted to take a CRD of up to \$100,000 from the Plan through December 31, 2020 for accounts in which the participant was already 100% vested.

Plan Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to distributions are charged directly to the participant's account and are included in administrative expenses. Fees paid to plan advisors from the ERISA Spending Account are included in administrative expenses. Investment-related expenses are included in net appreciation/depreciation of fair value of investments.

Subsequent Events

Management has evaluated subsequent events through October 17, 2022, the date the financial statements were available to be issued.

DESIGNS FOR HEALTH, INC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 3 - PLAN INVESTMENTS

The Plan's investments were held in a trust by Ameritas Life Insurance Corp. (Ameritas) and TD Ameritrade at December 31, 2021 and by Massachusetts Mutual Life Insurance Company (MassMutual) and TD Ameritrade at December 31, 2020. The Plan's Investments are all participant directed. Financial information relating to these investments is included in the accompanying financial statements based upon information certified by Ameritas and MassMutual/ Empower as complete and accurate in accordance with Section 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. This information certified by Ameritas and MassMutual has not been audited by independent auditors. Self-Directed Brokerage Account investments are held by TD Ameritrade.

Concentration of Plan Assets:

The Plan's investments had concentrations of 10% or greater in three funds at December 31, 2021 as follows:

<u>Fund Name</u>	<u>Fair Value</u>	<u>%</u>
JPMorgan Large Cap Growth Fund R6	\$ 2,393,478	24.66%
Vanguard 500 Index ADM	\$ 1,225,555	12.63%
TD Ameritrade Self Directed Brokerage Accounts	\$ 1,219,034	12.56%

NOTE 4 - INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan had entered into a traditional fully benefit responsive guaranteed investment contract in conjunction with its group annuity contract with Massachusetts Mutual Life Insurance Company ("MassMutual"). MassMutual maintained the contributions in a general account. In conjunction with the Plan's change in service provider, the MassMutual group annuity contract was terminated. The Plan entered into a traditional fully benefit responsive guaranteed investment contract in conjunction with its group annuity contract with Ameritas Life Insurance Corp. (Ameritas). Ameritas maintains the contributions in a general account. The assets of the general account include corporate and government debt, equities and commercial real estate. The participant's Fixed Account balances at MassMutual were transferred into the Ameritas Guaranteed Account investment option.

The guaranteed investment contract account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer. Ameritas' rate may not be less than 1.5%. New Deposit and Renewal rates are reviewed on a regular basis for resetting. The declared interest rate was 1.55% as of the plan year end December 31, 2021.

DESIGNS FOR HEALTH, INC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 4 - INVESTMENT CONTRACT WITH INSURANCE COMPANY (continued)

This contract meets the fully benefit-responsive contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported by Ameritas, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Requests to transfer or withdraw funds of the Guaranteed Account balance that are not due to termination, death disability, early or normal retirement or to fund a loan or hardship distribution or for payment of contract expenses may be subject to a market value adjustment per the terms of the contract if the amount is greater than \$2,000 or 5% of the participant's Guaranteed Account value at the beginning of the calendar quarter.

Certain events may limit the ability of the Plan to transact at contract value with the issuer. Such events include the premature termination of the contract by the Plan, termination of the Plan, the failure to meet the requirements for qualification under the IRC and/or any other applicable state or federal law, or the Trust fails to remain tax-exempt under 501(a) of the IRS would limit the Plan's ability to transact at contract value with the issuer. The Plan administrator does not believe the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

In the event that the contract was terminated the Plan may elect to receive the plan's contract value less a surrender charge in a series of annual installment payments over a period of ten years, or in a single market value adjusted lump sum in accordance with the market value adjustment per the contract terms. The interest rate during the payout period would be the interest rate credited per the contract terms less 1%.

NOTE 5 - FAIR VALUE MEASUREMENTS

Accounting standards establish a framework for measuring fair value. That framework sets forth a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below.

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

Level 2 - Inputs to the valuation methodology include:

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

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

DESIGNS FOR HEALTH, INC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 5 - FAIR VALUE MEASUREMENTS (continued)

Level 3 - Inputs to the valuation methodology that are unobservable.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Level 1 Fair Value Measurements

Money market funds — Money market funds are classified in Level 1 of the fair value hierarchy as fair value is based on quoted prices in active markets for identical securities.

Self-directed Brokerage Accounts — The fair value of common stocks and other exchange traded investments that are publicly traded is based on the closing price per the principal stock exchange on which they are traded. The fair value of mutual funds is based on the net asset values of shares held at year-end.

Level 2 Fair Value Measurements

Pooled separate accounts — Pooled separate accounts ("PSAs") are valued using net asset value ("NAV") as a practical expedient to estimate fair value where NAV is based on the unit value calculated based on the observable NAV of the underlying investment. Purchases and sales may occur daily within these accounts. The Plan's custodian transacts in these funds on a daily basis as part of the separate account trading activity.

As of December 31, 2021 and 2020 there were no unfunded commitments. Were the plan to initiate a full redemption of the trust, the insurance company custodian (Ameritas) reserves the right to temporarily delay payment from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

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

Assets at Fair Value as of December 31, 2021			
	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Money Market Account Fund	\$ 616	-	\$ 616
Investments in Pooled Separate Accounts	-	8,075,431	8,075,431
Self directed brokerage accounts	<u>1,219,034</u>	<u>-</u>	<u>1,219,034</u>
Total investments at fair value	<u>\$ 1,219,650</u>	<u>\$ 8,075,431</u>	<u>\$ 9,295,081</u>

DESIGNS FOR HEALTH, INC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 5 - FAIR VALUE MEASUREMENTS (continued)

Assets at Fair Value as of December 31, 2020			
	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Self directed brokerage accounts	\$ 1,037,582	\$ -	\$ 1,037,582
Investments in Pooled Separate Accounts	<u>-</u>	<u>5,703,730</u>	<u>5,703,730</u>
Total investments at fair value	<u>\$ 1,037,582</u>	<u>\$ 5,703,730</u>	<u>\$ 6,741,312</u>

NOTE 6 - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

All expenses of administration will be paid out of the Plan unless paid by the Company. MassMutual/ Empower provided services to the Plan under a group annuity contract agreement until the agreement was terminated effective with the change to the new trustee and custodian, Ameritas on September 10, 2021. TD Ameritrade provided trustee and custodian services for the Self-directed brokerage accounts for the year ended December 31, 2021 and 2020. MassMutual/ Empower, Ameritas, and TD Ameritrade performed all recordkeeping services to the Plan including administration of distributions for the respective period that their service agreements were in effect. In addition, Mass Mutual/ Empower Ameritas, and TD Ameritrade provided services as trustee and custodian of the plan investments for the period that their service agreements were in effect. These transactions qualify as party-in-interest transactions. Investment advisory services were provided by Milford Financial. Fees received for recordkeeping, trustee, custodial and investment advisory services amounted to \$51,748.

Revenue Sharing

Ameritas may receive distribution fees (12b-1) from investment funds held in the plan and subtransfer agency fees from the investment company. These fees are used to offset the cost of providing services to the plan. If the estimated revenue sharing in the prior year exceeds the costs of providing services to the plan, then Ameritas will refund the excess to the plan.

NOTE 7 - TAX STATUS

Effective January 1, 2021, the Plan adopted the United Pension Designs LLC Nonstandardized Preapproved Profit Sharing Plan with CODA (UPD Nonstandardized) which received a favorable opinion letter from the Internal Revenue Service (IRS) dated June 30, 2020, which states that the UPD Nonstandardized Plan is designed in accordance with the applicable sections of the Internal Revenue Code (IRC) and is, therefore not subject to tax under present income tax law. The Plan previously adopted on April 1, 2020 the United Pension Designs LLC Volume Submitter Profit Sharing Plan with CODA (UPD) which received a favorable opinion letter from the Internal Revenue Service (IRS) dated January 22, 2018, which states that the UPD Plan is designed in accordance with the applicable sections of the Internal Revenue Code (IRC) and is, therefore not subject to tax under present income tax law. Prior to April 1, 2020, the Plan

DESIGNS FOR HEALTH, INC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 7 - TAX STATUS (continued)

operated under the CCH Incorporated DBA FTWilliam Com Volume Submitter Profit Sharing Plan with CODA (CCH Plan) which received a favorable opinion letter from the Internal Revenue Service (IRS) dated March 31, 2014. The Plan is required to operate in conformity with the IRC to maintain its qualification.

Company management is not aware of any course of action or series of events that have occurred that might adversely affect the Plan's qualified status.

Accounting principles generally accepted in the United States of America require plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8 - PLAN TERMINATION

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

NOTE 9 - 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 value of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

COVID-19 has affected, and may continue to affect, economic activity locally, nationally, and globally. Following the COVID-19 outbreak, values of investment securities have been subject to significant volatility. Economic and market conditions and other effects of the COVID-19 outbreak may continue to affect the Plan. The extent of the impact of the COVID-19 outbreak on the Plan's investments and the amounts reported in the statement of net assets cannot be predicted at this time. The Company has been actively monitoring the COVID-19 situation and its impact globally.

DESIGNS FOR HEALTH, INC 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

NOTE 10 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedule, Schedule I – Schedule of Assets (Held at End of Year), including investments held at December 31, 2021 and 2020, and net appreciation in fair value of investments, dividend income and interest income on guaranteed investment contracts for the year ended December 31, 2021, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Mass Mutual/ Empower and Ameritas, trustees and custodians.

NOTE 11 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the net appreciation in fair value of investments per the financial statements for the year ended December 31, 2021 to the Form 5500:

Net appreciation in fair value of investments per the financial statements	\$ 1,102,348
Less: Other income - Self-directed brokerage accounts on the Form 5500	<u>(73,647)</u>
Net investment gain (loss) from pooled separate accounts on the Form 5500	<u><u>\$ 1,028,701</u></u>

The following is a reconciliation of Other income per the financial statements for the year ended December 31, 2021 to the Form 5500:

Other income per the financial statements	\$ 22,548
Plus: Other income - Self-directed brokerage accounts on the Form 5500	<u>73,647</u>
Other income on the Form 5500	<u><u>\$ 96,195</u></u>

NOTE 12 – MARKET CONDITIONS

Changes in investment returns and fair values can have a significant effect on the Plan. Since December 31, 2021, U.S. and world markets have continued to experience volatility. Management is monitoring investment market conditions and the impact a decline may have on the Plan's investment portfolio. Due to the volatility of the financial markets as of the date of this report, there is uncertainty regarding the impact that continued volatility might have on the Plan's investment portfolio. As of October 7, 2022, there is an estimated decline in the values of the investment portfolio of approximately \$2,050,000 from the total investment at fair value at December 31, 2021.

SUPPLEMENTARY INFORMATION

DESIGNS FOR HEALTH, INC. 401(K) PLAN
 EIN: 06-1468349 PLAN: 001
 SCHEDULE I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 FORM 5500 SCHEDULE H, LINE 4(i)
 DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description	Cost	Current Value	
* Ameritas Life Insurance Corp.	Fidelity VIP Government Money Market Portfolio	**	\$	617
* Ameritas Life Insurance Corp.	American Funds 2020 Target Date Retirement Fund - R-6	**		70,857
* Ameritas Life Insurance Corp.	American Funds 2025 Target Date Retirement Fund - R-6	**		214,238
* Ameritas Life Insurance Corp.	American Funds 2030 Target Date Retirement Fund - R-6	**		2,332
* Ameritas Life Insurance Corp.	American Funds 2035 Target Date Retirement Fund - R-6	**		538,395
* Ameritas Life Insurance Corp.	American Funds 2040 Target Date Retirement Fund - R-6	**		17,325
* Ameritas Life Insurance Corp.	American Funds 2045 Target Date Retirement Fund - R-6	**		376,478
* Ameritas Life Insurance Corp.	American Funds 2050 Target Date Retirement Fund - R-6	**		5,442
* Ameritas Life Insurance Corp.	American Funds 2055 Target Date Retirement Fund - R-6	**		444,259
* Ameritas Life Insurance Corp.	American Funds 2060 Target Date Retirement Fund - R-6	**		613
* Ameritas Life Insurance Corp.	American Funds 2065 Target Date Retirement Fund - R-6	**		647
* Ameritas Life Insurance Corp.	Fidelity Advisor Small Cap Value - A	**		12,280
* Ameritas Life Insurance Corp.	Fidelity Low-Priced Stock	**		119,280
* Ameritas Life Insurance Corp.	Invesco Oppenheimer International Growth Fund - Y	**		805,477
* Ameritas Life Insurance Corp.	JPMorgan Large Cap Growth Fund - R6	**		2,393,478
* Ameritas Life Insurance Corp.	JPMorgan Mid Cap Growth - R6	**		7,966
* Ameritas Life Insurance Corp.	MFS Value - R3	**		153,334
* Ameritas Life Insurance Corp.	Vanguard 500 Index Admiral Shares	**		1,225,555
* Ameritas Life Insurance Corp.	Vanguard International Value Investor Shares	**		72,805
* Ameritas Life Insurance Corp.	Vanguard Mid-Cap Index Fund Admiral Shares	**		584,176
* Ameritas Life Insurance Corp.	Vanguard Small Cap Index Admiral Shares	**		101,500
* Ameritas Life Insurance Corp.	Wasatch Small Cap Growth Investor	**		45,216
* Ameritas Life Insurance Corp.	Western Asset Core Plus Bond - I	**		883,779
* Ameritas Life Insurance Corp.	Guaranteed Investment Account	**		409,377 @
TD Ameritrade	Self-Directed Brokerage Account	**		1,219,034
Total Investments				<u>\$ 9,704,458</u>

* Party-in-interest

** Cost information is not required for participant-directed investments .

@ Funds are held in general

The accompanying accountant's report and notes are an integral part of the financial statements.

DESIGNS FOR HEALTH, INC. 401(K) PLAN
 EIN: 06-1468349 PLAN: 001
 SCHEDULE II -SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
 FORM 5500 SCHEDULE H, LINE 4(a)
 FOR THE YEAR ENDED DECEMBER 31, 2021

Participant Contributions Transferred Late to Plan	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program and PTE 2002-51
Check Here if Late Participant Loan Repayments Are included: ☐	Contributions Not Corrected	Contributions Corrected Outside Voluntary Fiduciary Correction Program	Contributions Pending Correction in Voluntary Fiduciary Correction Program	
\$ 23,137	\$ -	\$ -	\$ 23,137	\$ -
\$ 28,901	\$ -	\$ -	\$ 28,901	\$ -
\$ 29,250	\$ -	\$ -	\$ 29,250	\$ -
\$ 28,802	\$ -	\$ -	\$ 28,802	\$ -
\$ 25,413	\$ -	\$ -	\$ 25,413	\$ -
\$ 28,931	\$ -	\$ -	\$ 28,931	\$ -
\$ 29,655	\$ -	\$ -	\$ 29,655	\$ -
\$ 25,784	\$ -	\$ -	\$ 25,784	\$ -
\$ 26,198	\$ -	\$ -	\$ 26,198	\$ -
\$ 21,302	\$ -	\$ -	\$ 21,302	\$ -
\$ 35,202	\$ -	\$ -	\$ 35,202	\$ -
\$ 16,346	\$ -	\$ -	\$ 16,346	\$ -
\$ 200	\$ -	\$ -	\$ 200	\$ -
\$ 200	\$ -	\$ -	\$ 200	\$ -
\$ 200	\$ -	\$ -	\$ 200	\$ -
\$ 200	\$ -	\$ -	\$ 200	\$ -
\$ 219	\$ -	\$ -	\$ 219	\$ -
\$ 59	\$ -	\$ -	\$ 59	\$ -
\$ 1,575	\$ -	\$ -	\$ 1,575	\$ -
\$ 2,464	\$ -	\$ -	\$ 2,464	\$ -
\$ 2,061	\$ -	\$ -	\$ 2,061	\$ -
\$ 3,945	\$ -	\$ -	\$ 3,945	\$ -
\$ 55,121	\$ -	\$ -	\$ 55,121	\$ -

The accompanying accountant's report and notes are an integral part of the financial statements.

DESIGNS FOR HEALTH, INC. 401(K) PLAN
 EIN: 06-1468349 PLAN: 001
 SCHEDULE I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 FORM 5500 SCHEDULE H, LINE 4(i)
 DECEMBER 31, 2021

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description	Cost	Current Value	
* Ameritas Life Insurance Corp.	Fidelity VIP Government Money Market Portfolio	**	\$	617
* Ameritas Life Insurance Corp.	American Funds 2020 Target Date Retirement Fund - R-6	**		70,857
* Ameritas Life Insurance Corp.	American Funds 2025 Target Date Retirement Fund - R-6	**		214,238
* Ameritas Life Insurance Corp.	American Funds 2030 Target Date Retirement Fund - R-6	**		2,332
* Ameritas Life Insurance Corp.	American Funds 2035 Target Date Retirement Fund - R-6	**		538,395
* Ameritas Life Insurance Corp.	American Funds 2040 Target Date Retirement Fund - R-6	**		17,325
* Ameritas Life Insurance Corp.	American Funds 2045 Target Date Retirement Fund - R-6	**		376,478
* Ameritas Life Insurance Corp.	American Funds 2050 Target Date Retirement Fund - R-6	**		5,442
* Ameritas Life Insurance Corp.	American Funds 2055 Target Date Retirement Fund - R-6	**		444,259
* Ameritas Life Insurance Corp.	American Funds 2060 Target Date Retirement Fund - R-6	**		613
* Ameritas Life Insurance Corp.	American Funds 2065 Target Date Retirement Fund - R-6	**		647
* Ameritas Life Insurance Corp.	Fidelity Advisor Small Cap Value - A	**		12,280
* Ameritas Life Insurance Corp.	Fidelity Low-Priced Stock	**		119,280
* Ameritas Life Insurance Corp.	Invesco Oppenheimer International Growth Fund - Y	**		805,477
* Ameritas Life Insurance Corp.	JPMorgan Large Cap Growth Fund - R6	**		2,393,478
* Ameritas Life Insurance Corp.	JPMorgan Mid Cap Growth - R6	**		7,966
* Ameritas Life Insurance Corp.	MFS Value - R3	**		153,334
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* Ameritas Life Insurance Corp.	Vanguard International Value Investor Shares	**		72,805
* Ameritas Life Insurance Corp.	Vanguard Mid-Cap Index Fund Admiral Shares	**		584,176
* Ameritas Life Insurance Corp.	Vanguard Small Cap Index Admiral Shares	**		101,500
* Ameritas Life Insurance Corp.	Wasatch Small Cap Growth Investor	**		45,216
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TD Ameritrade	Self-Directed Brokerage Account	**		1,219,034
Total Investments				<u>\$ 9,704,458</u>

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