

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 ☐ an amended return/report ☐ the final 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 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program
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>HEALTH EDGE SOFTWARE 401K PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>001</u>
	1c Effective date of plan <u>01/01/2005</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>HEALTH EDGE SOFTWARE, INC</u> <u>30 CORPORATE DRIVE</u> <u>BURLINGTON, MA 01803</u>
2b	Employer Identification Number (EIN) <u>20-2006970</u>
2c	Plan Sponsor's telephone number <u>781-285-1311</u>
2d	Business code (see instructions) <u>541519</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	BENJAMIN HUHN
	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	513
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)	417
a(2) Total number of active participants at the end of the plan year		6a(2)	908
b Retired or separated participants receiving benefits.....		6b	205
c Other retired or separated participants entitled to future benefits		6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1113
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	1113
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	906
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	153
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>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 HEALTH EDGE SOFTWARE 401K PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 HEALTH EDGE SOFTWARE, INC	D Employer Identification Number (EIN) 20-2006970

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
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

(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
84-0467907	68322	1260192-01	98	01/01/2021	12/31/2021

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 3252	(b) Total amount of fees paid 0
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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
FRANK HUNDLEY, JANNEY MONTGOMERY S 6236 LOWER YORK RD
NEW HOPE, PA 18938

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3252	0	BROKERAGE SERVICES	3

(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** 2439929**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****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. **6d**
Specify nature of costs ▶**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 ▶ **GROUP ANNUITY CONTRACTS****b** Balance at the end of the previous year **7b** 1528353**c** Additions: (1) Contributions deposited during the year **7c(1)** 807409
(2) Dividends and credits..... **7c(2)** 0
(3) Interest credited during the year..... **7c(3)** 19995
(4) Transferred from separate account..... **7c(4)** 1001986
(5) Other (specify below) **7c(5)** 183126▶ **LOAN REPAYMENTS, FORFEITURES**(6) Total additions **7c(6)** 2012516**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 3540869**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 189246
(2) Administration charge made by carrier..... **7e(2)** -7994
(3) Transferred to separate account..... **7e(3)** 919687
(4) Other (specify below) **7e(4)** 0(5) Total deductions **7e(5)** 1100939**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 2439930

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)	0
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)	0
(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)	0
(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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan HEALTH EDGE SOFTWARE 401K PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HEALTH EDGE SOFTWARE, INC	D Employer Identification Number (EIN) 20-2006970	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

JANNEY MONTGOMERY SCOTT LLC

1717 ARCH ST
PHILADELPHIA, PA 19103

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 55	BROKER / ADVISOR	154601	Yes ☒ No ☐	Yes ☐ No ☒	89655	Yes ☐ No ☒

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

GREAT-WEST LIFE & ANNUITY INS.

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

84-0467907

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORD KEEPER	167561	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

ADVISED ASSETS GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

84-0467907

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	12547	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

STALKER & ASSOCIATES, INC.

301 S. STATE STE 103
NEWTOWN, PA 18940

23-2756743

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMIN	8750	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JANNEY MONTGOMERY SCOTT LLC	55	89655

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GREAT-WEST LIFE & ANNUITY INS. CO 84-0467907 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	OTHER COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
STALKER & ASSOCIATES, INC.	13	10000

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GREAT-WEST LIFE & ANNUITY INS. CO 84-0467907 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	TPA ALLOWANCE PAYMENT

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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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 HEALTH EDGE SOFTWARE 401K PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 HEALTH EDGE SOFTWARE, INC	D Employer Identification Number (EIN) 20-2006970	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	127272	96653
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	236470	514835
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	36373437	69709877
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	36737179 70321365
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	36737179 70321365

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	2315444
	(B) Participants	2a(1)(B)	7390490
	(C) Others (including rollovers).....	2a(1)(C)	2047103
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	11753037
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)	28230
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	28230
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		7980438
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		19761705
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5325961	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		5325961
f Corrective distributions (see instructions).....	2f		2396
g Certain deemed distributions of participant loans (see instructions).....	2g		62568
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	330174	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		330174
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5721099
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		14040606
l Transfers of assets:			
(1) To this plan.....	2l(1)		19543580
(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: GRAY, GRAY & GRAY, LLP

(2) EIN: 04-2088368

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

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

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

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

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

A Name of plan HEALTH EDGE SOFTWARE 401K PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 HEALTH EDGE SOFTWARE, INC	D Employer Identification Number (EIN) 20-2006970

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 84-0467907		
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 _____

HEALTHEDGE SOFTWARE 401(k) PLAN

Financial Statements and Supplemental Schedule
With Independent Auditor's Report

December 31, 2021

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NOTIFICATION TO THIRD PARTY USERS OF THIS REPORT

This report was prepared subject to the terms and conditions set forth in an engagement letter. By relying upon this report, all users shall be deemed to agree to the terms and conditions of that engagement letter. Users intending to rely upon this report should contact the issuer to obtain a copy of its applicable terms and conditions. This report is intended for the exclusive use of the clients of the issuer and others to whom the issuer has expressly granted consent.

HEALTHEDGE SOFTWARE 401(k) PLAN

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Note: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) have been omitted because they are not applicable.

INDEPENDENT AUDITOR'S REPORT

To the Trustees

HealthEdge Software 401(k) Plan

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

We have performed an audit of the accompanying financial statements of HealthEdge Software 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 2021 financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of HealthEdge Software 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit needs 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 5 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 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("GAAP").
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of HealthEdge Software 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 GAAP, 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 HealthEdge Software 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of HealthEdge Software 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 HealthEdge Software 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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 GAAP.

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

Other Matter - 2021 Supplemental Schedule Required by ERISA

The supplemental schedule of assets held at end of year are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

Other Matter - Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by a qualified institution. In our report dated September 2, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

GRAY, GRAY & GRAY, LLP

Gray, Gray & Gray, LLP

Canton, MA
October 14, 2022

HEALTH EDGE SOFTWARE 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2021 and 2020

	2021	2020
ASSETS		
Investments, at fair value:		
Mutual funds	\$ 67,269,948	\$ 34,845,085
Investment contract with insurance company	<u>2,439,929</u>	<u>1,528,352</u>
TOTAL INVESTMENTS	<u>69,709,877</u>	<u>36,373,437</u>
Receivables:		
Notes receivable from participants	558,230	273,448
Employee contributions	397,507	-
Employer's contributions	<u>227,756</u>	<u>127,272</u>
TOTAL RECEIVABLES	<u>1,183,493</u>	<u>400,720</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 70,893,370</u>	<u>\$ 36,774,157</u>

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

HEALTH EDGE SOFTWARE 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2021

ADDITIONS

Additions to net assets attributed to:

Investment income:

Interest and dividend income	\$ 5,497,682
Net appreciation in fair value of investments	<u>2,326,125</u>

TOTAL INVESTMENT INCOME	<u>7,823,807</u>
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Interest earned on notes receivable from participants	<u>26,629</u>
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Contributions:

Participants' contributions	7,787,996
Employer's contributions	2,608,227
Participants' rollover contributions	2,047,103
Transfers In	<u>19,546,547</u>

TOTAL CONTRIBUTIONS	<u>31,989,873</u>
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TOTAL ADDITIONS	<u>39,840,309</u>
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DEDUCTIONS

Deductions from net assets attributed to:

Benefit payments to participants	5,403,412
Administrative expenses	<u>317,684</u>

TOTAL DEDUCTIONS	<u>5,721,096</u>
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NET INCREASE	34,119,213
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NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>36,774,157</u>
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End of year	<u><u>\$ 70,893,370</u></u>
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The accompanying notes are an integral part of these financial statements.

HEALTHEDGE SOFTWARE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF PLAN

The following description of Health Edge Software 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined-contribution plan established on January 1, 2005 to provide retirement and other related benefits to all employees of Health Edge Software, Inc. (the "Company"). The Plan was available to all employees who are 21 years of age or older except non-resident alien and union members. The employee must complete two months of service to become eligible. Effective December 4, 2021, interns are excluded from eligible employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). In 2021, Altruista Health Inc. 401(k) Retirement Plan and Gregory Burgess 401 (k) Profit Sharing Plan merged into the Plan.

Contributions and Allocations: Each year, participants may contribute an amount up to a certain percentage of pretax annual compensation, as defined in the Plan. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions as prescribed by Treasury regulations. Participants, with the consent of the Plan Administrator, may deposit amounts received from any other retirement plan which satisfies the tax rules for rollovers.

The Company may make discretionary matching contributions, as determined by the Company. For the year ended December 31, 2021, the Company's matching contribution was at 50 cents on the dollar for up to a maximum of 6% of participant's compensation.

Participant Accounts: Each participant's account is credited with the participant's contributions and Plan earnings or losses and charged with an allocation of administrative expenses, if any. Allocations of participant earnings (losses) are based on 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 balance.

Investment Options: Participants direct the investment of contributions into various investment options offered by the Plan.

Vesting: Participants are immediately vested in their contributions and any actual earnings thereon. Vesting of the employer's contributions to participants' accounts (plus earnings thereon) as follows for those employees terminated prior to February 23, 2021:

<u>Years of Service</u>	<u>Vested percentage</u>
Less than 1 year	0%
1 year	0%
2 years	25%
3 years	50%
4 years	75%
5 years	100%

HEALTHEDGE SOFTWARE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF PLAN (CONTINUED)

Effective February 23, 2021, the plan was amended such that employees would be subject to the following vesting schedule:

<u>Years of Service</u>	<u>Vested percentage</u>
Less than 1 year	0%
1 year but less than 2 years	25%
2 years but less than 3 years	50%
3 years but less than 4 years	75%
4 or more years	100%

Forfeited Accounts: Any forfeited nonvested accounts can be used to reduce employer's contribution and administrative expenses. In 2021, forfeitures of \$56,749 were used to reduce employers' contributions.

Notes Receivable from Participants: Participants may borrow from their account balance a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balances. Loan transactions are treated as a transfer to (from) the investment fund from (to) the participant notes receivable fund. Notes receivable terms cannot exceed five years unless for the purchase of a primary residence, which cannot exceed thirty years. Loans are secured by the balances in the participants' accounts and are supported by a promissory note. Loans bear interest at rates based on the prevailing interest rates charged by persons in the business of lending money for loans that would be made under similar circumstances (5.25%-7.50% at December 31, 2021). Principal and interest are paid ratably usually through semimonthly payroll deductions. If the participant terminates employment or retires, the outstanding loan balance is due immediately unless the participant remains a party-in-interest. If the participant qualifies as a party-in-interest, the participant may continue to pay the loan after termination. Failure to repay will result in the loan being offset from the participant's account. The offset loan amount will be considered a taxable distribution to the participant. Participants can prepay an outstanding loan at any time without a penalty.

Payment of Benefits: Benefits may be distributed to participants upon termination of employment by reason of retirement (65 year or older), disability, death, or other separation from service. Participants who terminate employment and have an account balance less than \$1,000 will receive a lump sum distribution of their benefits. Participants who have an account balance over \$1,000 but less than \$5,000 will have their funds transferred to an individual retirement account on their behalf. Participants who have an account balance in excess of \$5,000 may leave their funds investment in the Plan or may elect to receive their vested account balance as a lump sum payment.

A participant may also request a withdrawal upon attainment of age 59 1/2, or upon demonstration by the participant to the Plan Administrator that the participant is suffering from a hardship, as defined in the Plan Agreement.

HEALTHEDGE SOFTWARE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 2: SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP"). The financial statements and supplementary schedule have been prepared to satisfy the reporting and disclosure requirements of ERISA.

Use of Estimates: The preparation of financial statements in conformity with GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of Plan assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment advisers, trustees and other parties involved with the Plan. See Note 7 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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

Risks and Uncertainties: The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statements of net assets available for benefits.

Payment of Benefits: Benefit payments to participants are recorded when paid.

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 or 2020.

NOTE 3: PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate it at any time subject to the provisions of ERISA.

HEALTHEDGE SOFTWARE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 4: TAX STATUS

The Internal Revenue Service ("IRS") has determined in its opinion letter dated June 30, 2020, that the non-standardized prototype plan document adopted by the Plan, constitutes a qualified trust under Section 401(a) of the Internal Revenue Code ("IRC") and is exempt from federal income taxes under provisions of Section 501(a). The Plan Administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination. 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 that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2018.

NOTE 5: CERTIFICATION OF TRUSTEE

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulation for Reporting and Disclosure under ERISA. Accordingly, the trustee certified that the following data included in the accompanying financial statements and supplemental schedule are complete and accurate.

	<u>December 31,</u>	
	2021	2020
Mutual funds	\$ 67,269,948	\$ 34,845,085
Investment contract with insurance company	\$ 2,439,929	\$ 1,528,352
Notes receivable from participants	\$ 558,230	\$ 273,448

	<u>Year Ended</u> <u>December 31,</u> 2021
Net appreciation in fair value of investments	\$ 2,326,125
Interest and dividends	\$ 5,497,682
Interest earned on notes receivable from participants	\$ 26,629

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

HEALTHEDGE SOFTWARE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 6: RECONCILIATION TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at December 31:

	2021	2020
Net assets available for benefits per the financial statements	\$ 70,893,370	\$ 36,774,157
Less: employer's contribution receivable	(131,103)	-
Less: participant's contribution receivable	(397,507)	-
Less: Deemed distributions of notes receivable from participants	<u>(43,395)</u>	<u>(36,978)</u>
Net assets per Form 5500	<u>\$ 70,321,365</u>	<u>\$ 36,737,179</u>

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

Net increase per the financial statements	\$ 34,119,213
Less: Change in employer's contribution receivable	(131,103)
Less: Change in participant's contribution receivable	(397,507)
Less: Transfer from aquistions	(19,543,580)
Less: Change in deemed distributions of notes receivable from participants	<u>(6,417)</u>
Net income per Form 5500	<u>\$ 14,040,606</u>

HEALTHEDGE SOFTWARE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 7: FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 - inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan can access at the measurement date.

Level 2 - inputs other than quoted market prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

Level 3 - inputs that are unobservable for the asset or liability.

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

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

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Investment contract with insurance company: Valued at fair value, which approximates contract value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

HEALTHEDGE SOFTWARE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 7: FAIR VALUE MEASUREMENTS (CONTINUED)

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

	2021			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 67,269,948	\$ -	\$ -	\$ 67,269,948
Investment contract with insurance company		2,439,929	-	2,439,929
Total investments at fair value	<u>\$ 67,269,948</u>	<u>\$ 2,439,929</u>	<u>\$ -</u>	<u>\$ 69,709,877</u>

	2020			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 34,845,085	\$ -	\$ -	\$ 34,845,085
Investment contract with insurance company	-	1,528,352	-	1,528,352
Total investments at fair value	<u>\$ 34,845,085</u>	<u>\$ 1,528,352</u>	<u>\$ -</u>	<u>\$ 36,373,437</u>

NOTE 8: INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has a contract with Empower Retirement (formerly Great West Life & Annuity Insurance Company). Under the contract, which is considered non-benefit responsive, deposits of contributions received are invested in the contract. The contract is included in the financial statement at fair value which approximates contract value. Contract value equals contributions plus interest earned at a contracted rate after applicable expenses, less funds used to pay retirement benefits. There are no maturity dates. A charge may be applied at termination in accordance with the terms of the contract.

The insurance company is contractually obligated to pay the principal and specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the insurance company. Such interest rates are reviewed on a quarterly basis for resetting. The crediting rate of the product will be established based on the earnings of the underlying assets in the entire medium-long term portfolio compared to the minimum interest crediting rate, as stated in the contract, and prevailing market conditions. The average yield earned by the Plan for the group annuity contract is derived by averaging the quarterly gross interest rates for the fund over the year. The average for 2021 was 0.90%.

HEALTHEDGE SOFTWARE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 9: RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

The Plan's investments are held primarily in mutual funds offered by Great-West Life and Annuity Insurance Company and Great-West Trust Company, and the Plan pays certain related fees. The Plan also incurred fees to a financial advisor. These transactions are considered to be exempt party-in-interest transactions. Administrative expenses paid by the Plan to the trustees and the financial advisor amounted to \$317,684 for the year ended December 31, 2021.

NOTE 10: TRANSFERS IN

The Plan Sponsor approved the mergers of the Altruista Health, Inc. 401(k) Retirement Plan into the Plan effective July 1, 2021 and Gregory Burgess 401(k) Profit Sharing Plan effective February 1, 2021. The associated plan assets of \$19,546,547 are recorded as Transfers in, in the accompanying Statement of Changes in Net Assets Available for Benefits.

NOTE 11: SUBSEQUENT EVENTS

The date to which events occurring after December 31, 2021, the date of the most recent statement of financial position, have been evaluated for possible adjustment to the financial statements or disclosure is October 14, 2022, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

HEALTH EDGE SOFTWARE 401(k) PLAN
SUPPLEMENTAL SCHEDULE REQUIRED BY ERISA AND THE DEPARTMENT OF LABOR
December 31, 2021
PLAN NUMBER: 001 EIN: 20-2006970

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
	<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of investment including maturity date, rate of interest, collateral, par or maturity value</u>	<u>Cost</u>	<u>Current value</u>
	BlackRock	Ishares S&P 500 Index K	**	\$ 9,816,482
	AllianceBernstein	American Century Ultra R6	**	\$ 5,981,756
	JPMorgan	JPMorgan SmartRetirement 2040 R6	**	\$ 4,725,233
	JPMorgan	JPMorgan SmartRetirement 2035 R6	**	\$ 4,499,114
	JPMorgan	JPMorgan SmartRetirement 2045 R6	**	\$ 3,905,387
	JPMorgan	JPMorgan SmartRetirement 2030 R6	**	\$ 3,646,746
	JPMorgan	JPMorgan SmartRetirement 2055 R6	**	\$ 3,341,953
	JPMorgan	JPMorgan SmartRetirement 2050 R6	**	\$ 3,267,782
*	Great-west	Key Guaranteed Portfolio Fund	**	\$ 2,439,929
	Virtus	Virtus Kar Mid-Cap Core I	**	\$ 2,323,215
	Columbia	Columbia Dividend Income Instl 3	**	\$ 1,878,883
	Fidelity	Fidelity International Index	**	\$ 1,853,414
	JPMorgan	JPMorgan SmartRetirement Income R6	**	\$ 1,825,910
	JPMorgan	JPMorgan SmartRetirement 2025 R6	**	\$ 1,815,809
	Vanguard	Vanguard Small Cap Index Adm	**	\$ 1,699,500
	American Century	American Century Small Cap Growth R6	**	\$ 1,662,406
	JPMorgan	JPMorgan SmartRetirement 2020 R6	**	\$ 1,537,418
	Blackrock	Blackrock Mid Cap Growth Equity K	**	\$ 1,502,577
	Columbia	Columbia Contrarian Core Instl 3	**	\$ 1,417,168
	Janus	Jannus Henderson Balanced N	**	\$ 1,311,748
	Fidelity	Fidelity Mid Cap Index	**	\$ 1,194,712
	Thornburg	Thornburg International Growth R6	**	\$ 1,193,431
	John Hancock	JHancock Bond R6	**	\$ 1,030,718
	Goldman Sachs	Goldman Sachs Intl Eq Insights I	**	\$ 942,855
	Templeton	Templeton Developing Markets R6	**	\$ 826,158
	Goldman Sachs	Goldman Sachs Infl Protected Secs Instl	**	\$ 777,256
	DWS	DWS Reef Real Estate Securities R6	**	\$ 736,882
	Eaton Vance	Eaton Vance Short Duration Gov Inc I	**	\$ 524,443
	Invesco	Invesco God & Special Mierals R6	**	\$ 489,178
	Janus	Janus Henderson High-Yield N	**	\$ 482,769
	Janus	Janus Henderson Small Cap Value N	**	\$ 387,218
	Neuberger Berman	Neuberger Berman Strategic Income R6	**	\$ 301,714
	Allspring	Allspring Index Asset Allocation Inst	**	\$ 201,345
	AllianceBernstein	AB Global Bond Z	**	\$ 168,768
*	Notes receivable from participants	Interest at 5.25% - 7.50% maturing through 2030	**	\$ 514,835

* Party-in-interest to the Plan

** Cost omitted for participant-directed investments

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 HEALTH EDGE SOFTWARE 401K PLAN	1b Three-digit plan number (PN) ▶	001
1c Effective date of plan 01/01/2005		
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) HEALTH EDGE SOFTWARE, INC 30 CORPORATE DRIVE BURLINGTON MA 01803	2b Employer Identification Number (EIN) 20-2006970	2c Plan Sponsor's telephone number 781-285-1311
2d Business code (see instructions) 541519		

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	DocuSigned by: 	10/17/2022	Benjamin Huhn
	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
	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. 201209

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	5 513
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 417 6a(2) 908 6b 205 6c 0 6d 1,113 6e 0 6f 1,113 6g 906 6h 153
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u> 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 HEALTH EDGE SOFTWARE 401K PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HEALTH EDGE SOFTWARE, INC	D Employer Identification Number (EIN) 20-2006970	

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 Great-West Life & Annuity Insurance Company					
(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
84-0467907	68322	1260192-01	98	01/01/2021	12/31/2021

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
3,252	0

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			
Frank Hundley, Janney Montgomery S 6236 Lower York Rd New Hope PA 18938			
(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3,252	0	Brokerage Services	3
(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** 2,439,929**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****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. **6d**
Specify nature of costs ▶**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 ▶ **Group Annuity Contracts****b** Balance at the end of the previous year **7b** 1,528,353**c** Additions: (1) Contributions deposited during the year **7c(1)** 807,409(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 19,995(4) Transferred from separate account **7c(4)** 1,001,986(5) Other (specify below) **7c(5)** 183,126▶ **Loan Repayments, Forfeitures**(6) Total additions **7c(6)** 2,012,516**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 3,540,869**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 189,246(2) Administration charge made by carrier **7e(2)** -7,994(3) Transferred to separate account **7e(3)** 919,687(4) Other (specify below) **7e(4)** 0(5) Total deductions **7e(5)** 1,100,939**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 2,439,930

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)	0
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)	0
(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)	0
(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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan HEALTH EDGE SOFTWARE 401K PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HEALTH EDGE SOFTWARE, INC	D Employer Identification Number (EIN) 20-2006970	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

Janney Montgomery Scott LLC
1717 Arch St

Philadelphia PA 19103

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 55	Broker / Advisor	154,601	Yes ☒ No ☐	Yes ☐ No ☒	89,655	Yes ☐ No ☒

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

Great-West Life & Annuity Ins.
8515 East Orchard Road

84-0467907

Greenwood Village CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	Record keeper	167,561	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

Advised Assets Group
8515 East Orchard Road

84-0467907

Greenwood Village CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	Investment Mgmt	12,547	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

Stalker & Associates, Inc.
301 S. State Ste 103

23-2756743

Newtown PA 18940

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	Contract Admin	8,750	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
Janney Montgomery Scott LLC	55	89,655

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
Great-west Life & Annuity Ins. Co 8515 East Orchard Road Greenwood VillageCO 80111	84-0467907 Other Commissions

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
Stalker & Associates, Inc.	13	10,000

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
Great-West Life & Annuity Ins. Co 8515 East Orchard Road Greenwood VillageCO 80111	84-0467907 TPA Allowance Payment

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III	Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)
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a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan HEALTH EDGE SOFTWARE 401K PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 HEALTH EDGE SOFTWARE, INC		D Employer Identification Number (EIN) 20-2006970

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)	127,272	96,653
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	236,470	514,835
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	36,373,437	69,709,877
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	36,737,179	70,321,365

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	36,737,179	70,321,365
--	-----------	------------	------------

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)	2,315,444	
(B) Participants	2a(1)(B)	7,390,490	
(C) Others (including rollovers).....	2a(1)(C)	2,047,103	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		11,753,037
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)	28,230	
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		28,230
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		7,980,438
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		19,761,705

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5,325,961	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		5,325,961
f Corrective distributions (see instructions)	2f		2,396
g Certain deemed distributions of participant loans (see instructions).....	2g		62,568
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	330,174	
(3) Investment advisory and management fees	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		330,174
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5,721,099

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		14,040,606
l Transfers of assets:			
(1) To this plan.....	2l(1)		19,543,580
(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: GRAY, GRAY & GRAY, LLP

(2) EIN: 04-2088368

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
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.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		500,000
4e	X		500,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
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 HEALTH EDGE SOFTWARE 401K PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 HEALTH EDGE SOFTWARE, INC.	D Employer Identification Number (EIN) 20-2006970	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 84-0467907		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year.....

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**Application for Extension of Time
To File Certain Employee Plan Returns**

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.
► Go to www.irs.gov/Form5558 for the latest information.

OMB No. 1545-0212

File With IRS Only**Part I Identification**

A Name of filer, plan administrator, or plan sponsor (see instructions) HEALTH EDGE SOFTWARE, INC Number, street, and room or suite no. (If a P.O. box, see instructions) 30 CORPORATE DRIVE City or town, state, and ZIP code BURLINGTON, MA 01803	B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX) 20-2006970 Social security number (SSN) (9 digits XXX-XX-XXXX)														
C Plan name HEALTH EDGE SOFTWARE 401K PLAN	<table border="1"><thead><tr><th colspan="3">Plan number</th><th colspan="3">Plan year ending—</th></tr><tr><th></th><th>MM</th><th>DD</th><th>YYYY</th></tr></thead><tbody><tr><td>0 0 1</td><td>12</td><td>31</td><td>2021</td></tr></tbody></table>	Plan number			Plan year ending—				MM	DD	YYYY	0 0 1	12	31	2021
Plan number			Plan year ending—												
	MM	DD	YYYY												
0 0 1	12	31	2021												

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.
- 2 I request an extension of time until 10 / 15 /2022 to file Form 5500 series. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until 10 / 15 /2022 to file Form 8955-SSA. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested; and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

- 4 I request an extension of time until ____ / ____ / ____ to file Form 5330.
You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.
- a Enter the Code section(s) imposing the tax ►

a	
---	--
- b Enter the payment amount attached ►

b	
---	--
- c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date ►

c	
---	--
- 5 **State in detail why you need the extension:**

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

DocuSigned by:

Signature ►

Benjamin Hulen

Date ►

10/17/2022

5970B56C5757482...

Cat. No. 12005T

Form **5558** (Rev. 9-2018)

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IJTTYX			1,666,843.88	1,537,418.24
IJNSYX			1,880,109.23	1,815,809.12
IJSMYX			3,715,428.35	3,646,745.72
ISRJYX			4,581,740.63	4,499,114.29
ISMTYX			4,859,221.85	4,725,232.60
IJSAYX			3,918,675.59	3,905,387.32
IJTSYX			3,306,815.90	3,267,781.70
IJFFYX			3,262,761.56	3,341,952.62
IJSIYX			1,917,248.36	1,825,909.83
IWFATX			177,113.63	201,345.12
IFSPSX			1,703,289.82	1,853,413.59
IGCIIX			856,844.51	942,854.99
IFDEVX			897,303.05	826,157.85
ITHGIX			1,092,964.96	1,193,430.56
IRRRZX			605,092.91	736,884.03
IOGMIX			492,933.96	489,177.56
IANODX			1,979,386.81	1,662,405.95
IJDSNX			331,289.00	387,218.24
IVSMAX			1,411,088.78	1,699,499.73
IBMGKX			1,581,878.25	1,502,577.41
IFSMDX			1,226,796.71	1,194,711.99
IVIMCX			1,493,858.51	2,323,214.79
IAULDX			4,559,397.56	5,981,756.21
IWFSPX			7,094,756.33	9,816,482.42
ICOFYX			1,329,995.95	1,417,167.54
ICDDYX			1,494,470.64	1,878,883.08
IJABNX			1,310,140.29	1,311,748.24
IANAZX			172,169.85	168,767.91
IEILDY			536,691.12	524,442.80
IGSIPX			763,260.12	777,256.21
IJHYNX			483,114.51	482,768.53
IJBBSX			1,051,160.50	1,030,717.98
INRSIX		.900	302,541.50	301,713.79
IKGPF			2,339,801.54	2,388,045.34
			64,396,186.16	69,657,993.30
PARTICIPANT LOANS				
	VARIOUS	5.250-7.500	513,696.24	514,835.23
FORFEITURES				
			51,108.68	51,883.87

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
2JGMNX	660,763.00	16,495.223296	3	(660,763.00)	(16,495.223296)	2	(660,763.00)	SERIES
2JDSNX	33,039.05	1,324.210421	1	(33,039.05)	(1,324.210421)	1	(33,039.05)	SERIES
2KGPF	364,238.86	0.000000	2	(364,238.86)	0.000000	3	(364,238.86)	SERIES
3KGPF	232,551.87	0.000000	268	(213,645.55)	0.000000	17	(213,645.55)	SERIES
4KGPF	17,903.48	0.000000	5	(17,877.47)	0.000000	4	(17,877.47)	SERIES
5KGPF	18,394.50	0.000000	14	0.00	0.000000	14	0.00	SERIES
2CPXRX	578,873.43	32,295.482939	4	(578,873.43)	(32,295.482939)	2	(578,873.43)	SERIES
2COFYX	261,284.57	7,189.999174	3	(261,284.57)	(7,189.999174)	1	(261,284.57)	SERIES
2NRSIX	42,480.73	3,690.767159	1	(42,480.73)	(3,690.767159)	1	(42,480.73)	SERIES
2THGIX	78,306.85	2,377.979047	2	(78,306.85)	(2,377.979046)	1	(78,306.85)	SERIES
2JHBSX	671,371.59	40,344.104015	5	(671,371.59)	(40,344.104015)	2	(671,371.59)	SERIES
2JHYFX	262,173.25	30,595.302773	3	(262,173.25)	(30,595.302773)	3	(262,173.25)	SERIES
2GSIPX	87,182.60	7,428.519317	2	(87,182.60)	(7,428.519317)	2	(87,182.60)	SERIES
2VSMAX	270,487.82	2,697.367770	5	(270,487.82)	(2,697.367770)	2	(270,487.82)	SERIES
2FDEVX	506,286.17	18,552.803821	4	(506,286.17)	(18,552.803821)	2	(506,286.17)	SERIES
2WFSPX	3,142,879.86	6,783.595904	5	(3,142,879.86)	(6,783.595904)	2	(3,142,879.86)	SERIES
2GCHIX	153,132.34	10,725.077938	3	(153,132.34)	(10,725.077938)	2	(153,132.34)	SERIES
2JBALX	174,722.43	3,926.346742	1	(174,722.43)	(3,926.346742)	1	(174,722.43)	SERIES
2ANALX	17,289.20	2,026.869871	1	(17,289.20)	(2,026.869871)	1	(17,289.20)	SERIES
2EILDY	388,344.98	47,878.050899	2	(388,344.98)	(47,878.050899)	2	(388,344.98)	SERIES
2JNSYX	710,569.40	35,744.528069	2	(710,569.40)	(35,744.528069)	2	(710,569.40)	SERIES
2JSMYX	735,934.20	34,157.018285	2	(735,934.20)	(34,157.018285)	2	(735,934.20)	SERIES
2SRJYX	808,096.64	34,420.351998	2	(808,096.64)	(34,420.351998)	2	(808,096.64)	SERIES
2SMTYX	1,682,350.59	66,729.187537	2	(1,682,350.59)	(66,729.187537)	2	(1,682,350.59)	SERIES
2JSAYX	1,079,192.72	42,369.572421	2	(1,079,192.72)	(42,369.572421)	2	(1,079,192.72)	SERIES
2JTSYX	875,678.44	34,520.603879	2	(875,678.44)	(34,520.603879)	3	(875,678.44)	SERIES
2JFFYX	948,857.69	32,777.485600	4	(948,857.69)	(32,777.485600)	2	(948,857.69)	SERIES
2JSYX	1,753,210.49	100,166.511542	2	(1,753,210.49)	(100,166.511542)	2	(1,753,210.49)	SERIES
2EKWYX	29,251.94	592.264426	1	(29,251.94)	(592.264426)	1	(29,251.94)	SERIES
2RRRX	61,494.62	2,459.784800	1	(61,494.62)	(2,459.784800)	1	(61,494.62)	SERIES
2AULDX	1,659,966.93	19,898.701890	4	(1,659,966.93)	(19,898.701891)	2	(1,659,966.93)	SERIES
2ERASX	6,491.72	148.756187	1	(6,491.72)	(148.756187)	1	(6,491.72)	SERIES
2VMCX	531,245.75	10,799.448555	3	(531,245.75)	(10,799.448555)	2	(531,245.75)	SERIES
2FSPSX	670,622.11	14,576.230550	5	(670,622.11)	(14,576.230551)	2	(670,622.11)	SERIES
1JTTYX	296,687.70	16,520.037985	620	(50,051.48)	(2,627.174056)	573	(49,112.24)	SERIES
1JNSYX	1,305,169.96	66,227.903882	1830	(309,009.71)	(15,408.236158)	956	(297,417.67)	SERIES
1JSMYX	2,122,715.78	99,233.711807	3686	(829,080.92)	(38,018.289446)	1997	(760,486.78)	SERIES
1SRJYX	2,892,048.25	125,678.126722	4320	(864,329.55)	(36,142.516824)	1625	(784,708.51)	SERIES
1SMTYX	3,423,941.35	137,836.980065	4253	(653,375.18)	(25,587.971761)	1852	(570,014.30)	SERIES
1JSAYX	2,730,382.20	109,984.654654	4614	(500,730.39)	(19,182.539898)	1962	(428,452.81)	SERIES
1JTSYX	2,502,902.84	100,344.709693	4517	(311,918.64)	(12,453.429432)	1786	(278,963.08)	SERIES
1JFFYX	2,669,281.08	92,106.496616	7108	(639,369.14)	(21,407.367991)	2464	(567,923.21)	SERIES
1JISYX	2,039,036.59	116,917.747590	1426	(281,177.87)	(15,762.497954)	1415	(277,133.89)	SERIES
1JWFATX	76,390.46	1,783.814122	2339	(83,296.56)	(1,935.843984)	3724	(77,220.28)	SERIES
1FSPSX	1,464,436.52	30,749.216121	6669	(299,065.42)	(6,209.748704)	9345	(277,584.01)	SERIES
1GCIX	393,836.33	27,132.984906	5192	(198,296.83)	(13,367.809534)	5975	(180,196.41)	SERIES
1FDEVX	928,243.04	35,127.553504	8186	(326,777.59)	(12,489.217914)	7423	(323,989.95)	SERIES
1THGIX	535,642.20	16,430.057851	2693	(187,481.21)	(5,790.197128)	3344	(161,534.93)	SERIES
1RRRX	339,472.41	13,935.224648	6848	(424,762.91)	(18,766.363256)	7288	(391,461.60)	SERIES
1OGMIX	531,777.15	19,888.140248	353	(37,643.72)	(1,449.484320)	205	(38,843.22)	SERIES
1EKWYX	168,513.65	3,272.440010	1065	(589,746.49)	(12,028.251251)	1915	(554,776.68)	SERIES
1ANODX	2,025,557.47	73,517.532940	2120	(46,260.47)	(1,614.160160)	777	(46,170.66)	SERIES
1JGMNX	884,664.15	21,977.920238	3737	(1,929,941.82)	(46,082.603525)	4251	(1,593,344.93)	SERIES

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
IJDNSX	97,888.34	3,963.412314	1163	(99,867.38)	(4,149.786260)	1735	(95,509.66)	SERIES
IVSMAX	1,069,320.73	10,256.410916	9082	(287,009.79)	(2,732.670306)	7377	(236,525.53)	SERIES
IBMGKX	1,582,006.10	31,234.636589	580	(124.38)	(2,515383)	317	(127.80)	SERIES
ICPXRX	888,416.23	48,796.290276	5249	(1,374,706.98)	(71,222.473484)	7461	(1,231,679.67)	SERIES
IERASX	213,525.89	5,240.016505	1578	(1,665,718.28)	(37,332.279885)	2506	(1,263,440.45)	SERIES
IFSMDX	1,242,857.44	37,834.665293	2957	(15,687.83)	(488,245614)	779	(16,060.68)	SERIES
IVIMCX	923,110.15	18,087.422932	6908	(343,016.65)	(6,536.067447)	7683	(277,139.18)	SERIES
LAULDX	3,040,824.13	35,568.867856	7365	(624,987.03)	(7,138.687671)	9907	(499,771.08)	SERIES
IWFSPX	4,781,433.33	10,046.643734	13840	(1,058,027.28)	(2,112.732847)	13507	(869,569.48)	SERIES
ICOFYX	936,522.16	26,313.242434	6595	(215,015.26)	(6,232.787040)	5058	(178,500.13)	SERIES
ICDDYX	724,518.72	24,917.307001	6872	(382,061.72)	(13,192.281058)	9256	(333,756.65)	SERIES
IJBALX	312,822.84	7,139.019847	3393	(1,393,852.94)	(30,553.965496)	5119	(1,121,930.46)	SERIES
IJABNX	1,333,340.97	29,058.599426	1202	(23,435.20)	(505.090987)	423	(23,200.44)	SERIES
IANAIX	49,879.42	5,826.298978	980	(186,926.86)	(22,116.357189)	1734	(186,563.08)	SERIES
IANAZX	190,496.78	22,551.465160	461	(18,543.70)	(2,168.866204)	216	(18,326.89)	SERIES
IEILDY	512,549.27	63,372.339560	2054	(331,818.58)	(40,955.029732)	1670	(332,131.50)	SERIES
IGSPIX	589,724.25	50,166.872172	5853	(107,157.25)	(9,155.490717)	5301	(104,220.47)	SERIES
IJHYFX	351,434.40	41,000.617975	4297	(547,557.53)	(63,831.374951)	2919	(538,974.63)	SERIES
IJHYNX	532,666.62	62,108.197652	1837	(49,412.09)	(5,775.819638)	354	(49,552.12)	SERIES
IJBBSX	1,175,169.79	70,928.015758	10137	(607,362.46)	(36,846.731704)	7519	(612,247.05)	SERIES
INRSIX	241,040.78	21,051.430845	4358	(282,922.59)	(24,806.679753)	2648	(278,589.82)	SERIES
IKGPF	1,377,831.48	0.000000	5521	(523,572.13)	0.000000	6124	(523,572.13)	SERIES

5% TRANSACTIONS

IWFSPX	2,252,826.58	5,041.910787	160	(968.15)	(2,166756)	53	(923.36)	01-FEB-21
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INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
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LEGEND

INVESTMENT OPTION:

2JGMNX	Janus Henderson Triton N	2JDSNX	Janus Henderson Small Cap Value N
2KGPF	Key Guaranteed Portfolio Fund	3KGPF	Key Guaranteed Portfolio Fund
4KGPF	Key Guaranteed Portfolio Fund	5KGPF	PLAN EXPENSE ACCOUNT
2CPXRX	Columbia Mid Cap Index Instl 2	2COFYX	Columbia Contrarian Core Instl 3
2NRSIX	Neuberger Berman Strategic Income R6	2THGIX	Thornburg International Growth R6
2JHBSX	JHancock Bond R6	2JHYFX	Janus Henderson High-Yield I
2GSIPX	Goldman Sachs Infl Protected Secs Instl	2VSMAX	Vanguard Small Cap Index Adm
2FDEVX	Templeton Developing Markets R6	2WFSPX	iShares S&P 500 Index K
2GCIIX	Goldman Sachs Intl Equity Insights I	2JBALX	Janus Henderson Balanced I
2ANAIX	AB Global Bond I	2EILDY	Eaton Vance Short Duration Gov Inc I
2JNSYX	JPMorgan SmartRetirement 2025 R6	2JSMYX	JPMorgan SmartRetirement 2030 R6
2SRJYX	JPMorgan SmartRetirement 2035 R6	2SMTYX	JPMorgan SmartRetirement 2040 R6
2JSAYX	JPMorgan SmartRetirement 2045 R6	2JTSYX	JPMorgan SmartRetirement 2050 R6
2JFFYX	JPMorgan SmartRetirement 2055 R6	2JSIYX	JPMorgan SmartRetirement Income R6
2EKWYX	Wells Fargo Precious Metals I	2RRRZX	DWS Reef Real Estate Securities R6
2AULDX	American Century Ultra R6	2ERASX	Eaton Vance Atlanta Capital SMID-Cap R6
2VIMCX	Virtus KAR Mid-Cap Core I	2FSPSX	Fidelity International Index
1JTTYX	JPMorgan SmartRetirement 2020 R6	1JNSYX	JPMorgan SmartRetirement 2025 R6
1JSMYX	JPMorgan SmartRetirement 2030 R6	1SRJYX	JPMorgan SmartRetirement 2035 R6
1SMTYX	JPMorgan SmartRetirement 2040 R6	1JSAYX	JPMorgan SmartRetirement 2045 R6
1JTSYX	JPMorgan SmartRetirement 2050 R6	1JFFYX	JPMorgan SmartRetirement 2055 R6
1JSIYX	JPMorgan SmartRetirement Income R6	1WFATX	Allspring Index Asset Allocation Inst
1FSPSX	Fidelity International Index	1GCIIX	Goldman Sachs Intl Equity Insights I
1FDEVX	Templeton Developing Markets R6	1THGIX	Thornburg International Growth R6
1RRRZX	DWS Reef Real Estate Securities R6	1OGMIX	Invesco Gold & Special Minerals R6
1EKWYX	Wells Fargo Precious Metals I	1ANODX	American Century Small Cap Growth R6
1JGMNX	Janus Henderson Triton N	1JDSNX	Janus Henderson Small Cap Value N
1VSMAX	Vanguard Small Cap Index Adm	1BMGKX	BlackRock Mid-Cap Growth Equity K
1CPXRX	Columbia Mid Cap Index Instl 2	1ERASX	Eaton Vance Atlanta Capital SMID-Cap R6
1FSMDX	Fidelity Mid Cap Index	1VMCX	Virtus KAR Mid-Cap Core I
1AULDX	American Century Ultra R6	1WFSPX	iShares S&P 500 Index K
1COFYX	Columbia Contrarian Core Instl 3	1CDDYX	Columbia Dividend Income Instl 3
1JBALX	Janus Henderson Balanced I	1JABNX	Janus Henderson Balanced N
1ANAIX	AB Global Bond I	1ANAZX	AB Global Bond Z
1EILDY	Eaton Vance Short Duration Gov Inc I	1GSIPX	Goldman Sachs Infl Protected Secs Instl
1JHYFX	Janus Henderson High-Yield I	1JHYNX	Janus Henderson High-Yield N
1JHBSX	JHancock Bond R6	1NRSIX	Neuberger Berman Strategic Income R6
1KGPF	Key Guaranteed Portfolio Fund		

HEALTHEDGE SOFTWARE 401(k) PLAN

Financial Statements and Supplemental Schedule
With Independent Auditor's Report

December 31, 2021

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NOTIFICATION TO THIRD PARTY USERS OF THIS REPORT

This report was prepared subject to the terms and conditions set forth in an engagement letter. By relying upon this report, all users shall be deemed to agree to the terms and conditions of that engagement letter. Users intending to rely upon this report should contact the issuer to obtain a copy of its applicable terms and conditions. This report is intended for the exclusive use of the clients of the issuer and others to whom the issuer has expressly granted consent.

HEALTHEDGE SOFTWARE 401(k) PLAN

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Note: Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) have been omitted because they are not applicable.

INDEPENDENT AUDITOR'S REPORT

To the Trustees

HealthEdge Software 401(k) Plan

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

We have performed an audit of the accompanying financial statements of HealthEdge Software 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 2021 financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of HealthEdge Software 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit needs 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 5 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 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("GAAP").
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of HealthEdge Software 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 GAAP, 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 HealthEdge Software 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of HealthEdge Software 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 HealthEdge Software 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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 GAAP.

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

Other Matter - 2021 Supplemental Schedule Required by ERISA

The supplemental schedule of assets held at end of year are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

Other Matter - Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by a qualified institution. In our report dated September 2, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

GRAY, GRAY & GRAY, LLP

Gray, Gray & Gray, LLP

Canton, MA
October 14, 2022

HEALTH EDGE SOFTWARE 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2021 and 2020

	2021	2020
ASSETS		
Investments, at fair value:		
Mutual funds	\$ 67,269,948	\$ 34,845,085
Investment contract with insurance company	<u>2,439,929</u>	<u>1,528,352</u>
TOTAL INVESTMENTS	<u>69,709,877</u>	<u>36,373,437</u>
Receivables:		
Notes receivable from participants	558,230	273,448
Employee contributions	397,507	-
Employer's contributions	<u>227,756</u>	<u>127,272</u>
TOTAL RECEIVABLES	<u>1,183,493</u>	<u>400,720</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 70,893,370</u>	<u>\$ 36,774,157</u>

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

HEALTH EDGE SOFTWARE 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2021

ADDITIONS

Additions to net assets attributed to:

Investment income:

Interest and dividend income	\$ 5,497,682
Net appreciation in fair value of investments	<u>2,326,125</u>

TOTAL INVESTMENT INCOME	<u>7,823,807</u>
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Interest earned on notes receivable from participants	<u>26,629</u>
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Contributions:

Participants' contributions	7,787,996
Employer's contributions	2,608,227
Participants' rollover contributions	2,047,103
Transfers In	<u>19,546,547</u>

TOTAL CONTRIBUTIONS	<u>31,989,873</u>
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TOTAL ADDITIONS	<u>39,840,309</u>
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DEDUCTIONS

Deductions from net assets attributed to:

Benefit payments to participants	5,403,412
Administrative expenses	<u>317,684</u>

TOTAL DEDUCTIONS	<u>5,721,096</u>
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NET INCREASE	34,119,213
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NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>36,774,157</u>
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End of year	<u><u>\$ 70,893,370</u></u>
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The accompanying notes are an integral part of these financial statements.

HEALTHEDGE SOFTWARE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF PLAN

The following description of Health Edge Software 401(k) Plan (the “Plan”) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined-contribution plan established on January 1, 2005 to provide retirement and other related benefits to all employees of Health Edge Software, Inc. (the “Company”). The Plan was available to all employees who are 21 years of age or older except non-resident alien and union members. the employee must complete two months of service to become eligible. Effective December 4, 2021, interns are excluded from eligible employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). In 2021, Altruista Health Inc. 401(k) Retirement Plan and Gregory Burgess 401 (k) Profit Sharing Plan merged into the Plan.

Contributions and Allocations: Each year, participants may contribute an amount up to a certain percentage of pretax annual compensation, as defined in the Plan. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions as prescribed by Treasury regulations. Participants, with the consent of the Plan Administrator, may deposit amounts received from any other retirement plan which satisfies the tax rules for rollovers.

The Company may make discretionary matching contributions, as determined by the Company. For the year ended December 31, 2021, the Company’s matching contribution was at 50 cents on the dollar for up to a maximum of 6% of participant’s compensation.

Participant Accounts: Each participant’s account is credited with the participant’s contributions and Plan earnings or losses and charged with an allocation of administrative expenses, if any. Allocations of participant earnings (losses) are based on 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 balance.

Investment Options: Participants direct the investment of contributions into various investment options offered by the Plan.

Vesting: Participants are immediately vested in their contributions and any actual earnings thereon. Vesting of the employer’s contributions to participants’ accounts (plus earnings thereon) as follows for those employees terminated prior to February 23, 2021:

<u>Years of Service</u>	<u>Vested percentage</u>
Less than 1 year	0%
1 year	0%
2 years	25%
3 years	50%
4 years	75%
5 years	100%

HEALTHEDGE SOFTWARE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF PLAN (CONTINUED)

Effective February 23, 2021, the plan was amended such that employees would be subject to the following vesting schedule:

<u>Years of Service</u>	<u>Vested percentage</u>
Less than 1 year	0%
1 year but less than 2 years	25%
2 years but less than 3 years	50%
3 years but less than 4 years	75%
4 or more years	100%

Forfeited Accounts: Any forfeited nonvested accounts can be used to reduce employer's contribution and administrative expenses. In 2021, forfeitures of \$56,749 were used to reduce employers' contributions.

Notes Receivable from Participants: Participants may borrow from their account balance a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balances. Loan transactions are treated as a transfer to (from) the investment fund from (to) the participant notes receivable fund. Notes receivable terms cannot exceed five years unless for the purchase of a primary residence, which cannot exceed thirty years. Loans are secured by the balances in the participants' accounts and are supported by a promissory note. Loans bear interest at rates based on the prevailing interest rates charged by persons in the business of lending money for loans that would be made under similar circumstances (5.25%-7.50% at December 31, 2021). Principal and interest are paid ratably usually through semimonthly payroll deductions. If the participant terminates employment or retires, the outstanding loan balance is due immediately unless the participant remains a party-in-interest. If the participant qualifies as a party-in-interest, the participant may continue to pay the loan after termination. Failure to repay will result in the loan being offset from the participant's account. The offset loan amount will be considered a taxable distribution to the participant. Participants can prepay an outstanding loan at any time without a penalty.

Payment of Benefits: Benefits may be distributed to participants upon termination of employment by reason of retirement (65 year or older), disability, death, or other separation from service. Participants who terminate employment and have an account balance less than \$1,000 will receive a lump sum distribution of their benefits. Participants who have an account balance over \$1,000 but less than \$5,000 will have their funds transferred to an individual retirement account on their behalf. Participants who have an account balance in excess of \$5,000 may leave their funds investment in the Plan or may elect to receive their vested account balance as a lump sum payment.

A participant may also request a withdrawal upon attainment of age 59 1/2, or upon demonstration by the participant to the Plan Administrator that the participant is suffering from a hardship, as defined in the Plan Agreement.

HEALTHEDGE SOFTWARE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 2: SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP"). The financial statements and supplementary schedule have been prepared to satisfy the reporting and disclosure requirements of ERISA.

Use of Estimates: The preparation of financial statements in conformity with GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of Plan assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment advisers, trustees and other parties involved with the Plan. See Note 7 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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

Risks and Uncertainties: The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statements of net assets available for benefits.

Payment of Benefits: Benefit payments to participants are recorded when paid.

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 or 2020.

NOTE 3: PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate it at any time subject to the provisions of ERISA.

HEALTHEDGE SOFTWARE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 4: TAX STATUS

The Internal Revenue Service ("IRS") has determined in its opinion letter dated June 30, 2020, that the non-standardized prototype plan document adopted by the Plan, constitutes a qualified trust under Section 401(a) of the Internal Revenue Code ("IRC") and is exempt from federal income taxes under provisions of Section 501(a). The Plan Administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination. 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 that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2018.

NOTE 5: CERTIFICATION OF TRUSTEE

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulation for Reporting and Disclosure under ERISA. Accordingly, the trustee certified that the following data included in the accompanying financial statements and supplemental schedule are complete and accurate.

	<u>December 31,</u>	
	2021	2020
Mutual funds	\$ 67,269,948	\$ 34,845,085
Investment contract with insurance company	\$ 2,439,929	\$ 1,528,352
Notes receivable from participants	\$ 558,230	\$ 273,448

	<u>Year Ended</u> <u>December 31,</u> 2021
Net appreciation in fair value of investments	\$ 2,326,125
Interest and dividends	\$ 5,497,682
Interest earned on notes receivable from participants	\$ 26,629

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

HEALTHEDGE SOFTWARE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 6: RECONCILIATION TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at December 31:

	2021	2020
Net assets available for benefits per the financial statements	\$ 70,893,370	\$ 36,774,157
Less: employer's contribution receivable	(131,103)	-
Less: participant's contribution receivable	(397,507)	-
Less: Deemed distributions of notes receivable from participants	<u>(43,395)</u>	<u>(36,978)</u>
Net assets per Form 5500	<u>\$ 70,321,365</u>	<u>\$ 36,737,179</u>

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

Net increase per the financial statements	\$ 34,119,213
Less: Change in employer's contribution receivable	(131,103)
Less: Change in participant's contribution receivable	(397,507)
Less: Transfer from aquistions	(19,543,580)
Less: Change in deemed distributions of notes receivable from participants	<u>(6,417)</u>
Net income per Form 5500	<u>\$ 14,040,606</u>

HEALTHEDGE SOFTWARE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 7: FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 - inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan can access at the measurement date.

Level 2 - inputs other than quoted market prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

Level 3 - inputs that are unobservable for the asset or liability.

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

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

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Investment contract with insurance company: Valued at fair value, which approximates contract value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

HEALTHEDGE SOFTWARE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 7: FAIR VALUE MEASUREMENTS (CONTINUED)

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

	2021			Total
	Level 1	Level 2	Level 3	
Mutual funds	\$ 67,269,948	\$ -	\$ -	\$ 67,269,948
Investment contract with insurance company		2,439,929	-	2,439,929
Total investments at fair value	<u>\$ 67,269,948</u>	<u>\$ 2,439,929</u>	<u>\$ -</u>	<u>\$ 69,709,877</u>

	2020			Total
	Level 1	Level 2	Level 3	
Mutual funds	\$ 34,845,085	\$ -	\$ -	\$ 34,845,085
Investment contract with insurance company	-	1,528,352	-	1,528,352
Total investments at fair value	<u>\$ 34,845,085</u>	<u>\$ 1,528,352</u>	<u>\$ -</u>	<u>\$ 36,373,437</u>

NOTE 8: INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has a contract with Empower Retirement (formerly Great West Life & Annuity Insurance Company). Under the contract, which is considered non-benefit responsive, deposits of contributions received are invested in the contract. The contract is included in the financial statement at fair value which approximates contract value. Contract value equals contributions plus interest earned at a contracted rate after applicable expenses, less funds used to pay retirement benefits. There are no maturity dates. A charge may be applied at termination in accordance with the terms of the contract.

The insurance company is contractually obligated to pay the principal and specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the insurance company. Such interest rates are reviewed on a quarterly basis for resetting. The crediting rate of the product will be established based on the earnings of the underlying assets in the entire medium-long term portfolio compared to the minimum interest crediting rate, as stated in the contract, and prevailing market conditions. The average yield earned by the Plan for the group annuity contract is derived by averaging the quarterly gross interest rates for the fund over the year. The average for 2021 was 0.90%.

HEALTHEDGE SOFTWARE 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 9: RELATED PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS

The Plan's investments are held primarily in mutual funds offered by Great-West Life and Annuity Insurance Company and Great-West Trust Company, and the Plan pays certain related fees. The Plan also incurred fees to a financial advisor. These transactions are considered to be exempt party-in-interest transactions. Administrative expenses paid by the Plan to the trustees and the financial advisor amounted to \$317,684 for the year ended December 31, 2021.

NOTE 10: TRANSFERS IN

The Plan Sponsor approved the mergers of the Altruista Health, Inc. 401(k) Retirement Plan into the Plan effective July 1, 2021 and Gregory Burgess 401(k) Profit Sharing Plan effective February 1, 2021. The associated plan assets of \$19,546,547 are recorded as Transfers in, in the accompanying Statement of Changes in Net Assets Available for Benefits.

NOTE 11: SUBSEQUENT EVENTS

The date to which events occurring after December 31, 2021, the date of the most recent statement of financial position, have been evaluated for possible adjustment to the financial statements or disclosure is October 14, 2022, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

HEALTH EDGE SOFTWARE 401(k) PLAN
SUPPLEMENTAL SCHEDULE REQUIRED BY ERISA AND THE DEPARTMENT OF LABOR
December 31, 2021
PLAN NUMBER: 001 EIN: 20-2006970

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
	<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of investment including maturity date, rate of interest, collateral, par or maturity value</u>	<u>Cost</u>	<u>Current value</u>
	BlackRock	Ishares S&P 500 Index K	**	\$ 9,816,482
	AllianceBernstein	American Century Ultra R6	**	\$ 5,981,756
	JPMorgan	JPMorgan SmartRetirement 2040 R6	**	\$ 4,725,233
	JPMorgan	JPMorgan SmartRetirement 2035 R6	**	\$ 4,499,114
	JPMorgan	JPMorgan SmartRetirement 2045 R6	**	\$ 3,905,387
	JPMorgan	JPMorgan SmartRetirement 2030 R6	**	\$ 3,646,746
	JPMorgan	JPMorgan SmartRetirement 2055 R6	**	\$ 3,341,953
	JPMorgan	JPMorgan SmartRetirement 2050 R6	**	\$ 3,267,782
*	Great-west	Key Guaranteed Portfolio Fund	**	\$ 2,439,929
	Virtus	Virtus Kar Mid-Cap Core I	**	\$ 2,323,215
	Columbia	Columbia Dividend Income Instl 3	**	\$ 1,878,883
	Fidelity	Fidelity International Index	**	\$ 1,853,414
	JPMorgan	JPMorgan SmartRetirement Income R6	**	\$ 1,825,910
	JPMorgan	JPMorgan SmartRetirement 2025 R6	**	\$ 1,815,809
	Vanguard	Vanguard Small Cap Index Adm	**	\$ 1,699,500
	American Century	American Century Small Cap Growth R6	**	\$ 1,662,406
	JPMorgan	JPMorgan SmartRetirement 2020 R6	**	\$ 1,537,418
	Blackrock	Blackrock Mid Cap Growth Equity K	**	\$ 1,502,577
	Columbia	Columbia Contrarian Core Instl 3	**	\$ 1,417,168
	Janus	Jannus Henderson Balanced N	**	\$ 1,311,748
	Fidelity	Fidelity Mid Cap Index	**	\$ 1,194,712
	Thornburg	Thornburg International Growth R6	**	\$ 1,193,431
	John Hancock	JHancock Bond R6	**	\$ 1,030,718
	Goldman Sachs	Goldman Sachs Intl Eq Insights I	**	\$ 942,855
	Templeton	Templeton Developing Markets R6	**	\$ 826,158
	Goldman Sachs	Goldman Sachs Infl Protected Secs Instl	**	\$ 777,256
	DWS	DWS Reef Real Estate Securities R6	**	\$ 736,882
	Eaton Vance	Eaton Vance Short Duration Gov Inc I	**	\$ 524,443
	Invesco	Invesco God & Special Mierals R6	**	\$ 489,178
	Janus	Janus Henderson High-Yield N	**	\$ 482,769
	Janus	Janus Henderson Small Cap Value N	**	\$ 387,218
	Neuberger Berman	Neuberger Berman Strategic Income R6	**	\$ 301,714
	Allspring	Allspring Index Asset Allocation Inst	**	\$ 201,345
	AllianceBernstein	AB Global Bond Z	**	\$ 168,768
*	Notes receivable from participants	Interest at 5.25% - 7.50% maturing through 2030	**	\$ 514,835

* Party-in-interest to the Plan

** Cost omitted for participant-directed investments

HEALTH EDGE SOFTWARE 401(k) PLAN
SUPPLEMENTAL SCHEDULE REQUIRED BY ERISA AND THE DEPARTMENT OF LABOR
December 31, 2021
PLAN NUMBER: 001 EIN: 20-2006970

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	JPMorgan	JPMorgan SmartRetirement 2050 R6	**	\$ 3,267,782
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	JPMorgan	JPMorgan SmartRetirement 2025 R6	**	\$ 1,815,809
	Vanguard	Vanguard Small Cap Index Adm	**	\$ 1,699,500
	American Century	American Century Small Cap Growth R6	**	\$ 1,662,406
	JPMorgan	JPMorgan SmartRetirement 2020 R6	**	\$ 1,537,418
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	Allspring	Allspring Index Asset Allocation Inst	**	\$ 201,345
	AllianceBernstein	AB Global Bond Z	**	\$ 168,768
*	Notes receivable from participants	Interest at 5.25% - 7.50% maturing through 2030	**	\$ 514,835

* Party-in-interest to the Plan

** Cost omitted for participant-directed investments

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
2JGMNX	660,763.00	16,495.223296	3	(660,763.00)	(16,495.223296)	2	(660,763.00)	SERIES
2JDSNX	33,039.05	1,324.210421	1	(33,039.05)	(1,324.210421)	1	(33,039.05)	SERIES
2KGPF	364,238.86	0.000000	2	(364,238.86)	0.000000	3	(364,238.86)	SERIES
3KGPf	232,551.87	0.000000	268	(213,645.55)	0.000000	17	(213,645.55)	SERIES
4KGPf	17,903.48	0.000000	5	(17,877.47)	0.000000	4	(17,877.47)	SERIES
5KGPf	18,394.50	0.000000	14	0.00	0.000000	14	0.00	SERIES
2CPXRX	578,873.43	32,295.482939	4	(578,873.43)	(32,295.482939)	2	(578,873.43)	SERIES
2COFYX	261,284.57	7,189.999174	3	(261,284.57)	(7,189.999174)	1	(261,284.57)	SERIES
2NRSIX	42,480.73	3,690.767159	1	(42,480.73)	(3,690.767159)	1	(42,480.73)	SERIES
2THGIX	78,306.85	2,377.979047	2	(78,306.85)	(2,377.979046)	1	(78,306.85)	SERIES
2JHBSX	671,371.59	40,344.104015	5	(671,371.59)	(40,344.104015)	2	(671,371.59)	SERIES
2JHYFX	262,173.25	30,595.302773	3	(262,173.25)	(30,595.302773)	3	(262,173.25)	SERIES
2GSIPX	87,182.60	7,428.519317	2	(87,182.60)	(7,428.519317)	2	(87,182.60)	SERIES
2VSMAX	270,487.82	2,697.367770	5	(270,487.82)	(2,697.367770)	2	(270,487.82)	SERIES
2FDEVX	506,286.17	18,552.803821	4	(506,286.17)	(18,552.803821)	2	(506,286.17)	SERIES
2WFSPX	3,142,879.86	6,783.595904	5	(3,142,879.86)	(6,783.595904)	2	(3,142,879.86)	SERIES
2GCHIX	153,132.34	10,725.077938	3	(153,132.34)	(10,725.077938)	2	(153,132.34)	SERIES
2JBALX	174,722.43	3,926.346742	1	(174,722.43)	(3,926.346742)	1	(174,722.43)	SERIES
2ANALX	17,289.20	2,026.869871	1	(17,289.20)	(2,026.869871)	1	(17,289.20)	SERIES
2EILDx	388,344.98	47,878.050899	2	(388,344.98)	(47,878.050899)	2	(388,344.98)	SERIES
2JNSYX	710,569.40	35,744.528069	2	(710,569.40)	(35,744.528069)	2	(710,569.40)	SERIES
2JSMYX	735,934.20	34,157.018285	2	(735,934.20)	(34,157.018285)	2	(735,934.20)	SERIES
2SRJYX	808,096.64	34,420.351998	2	(808,096.64)	(34,420.351998)	2	(808,096.64)	SERIES
2SMTYX	1,682,350.59	66,729.187537	2	(1,682,350.59)	(66,729.187537)	2	(1,682,350.59)	SERIES
2JSAYX	1,079,192.72	42,369.572421	2	(1,079,192.72)	(42,369.572421)	2	(1,079,192.72)	SERIES
2JTSYX	875,678.44	34,520.603879	2	(875,678.44)	(34,520.603879)	3	(875,678.44)	SERIES
2JFFYX	948,857.69	32,777.485600	4	(948,857.69)	(32,777.485600)	2	(948,857.69)	SERIES
2JSYX	1,753,210.49	100,166.511542	2	(1,753,210.49)	(100,166.511542)	2	(1,753,210.49)	SERIES
2EKWYX	29,251.94	592.264426	1	(29,251.94)	(592.264426)	1	(29,251.94)	SERIES
2RRRXx	61,494.62	2,459.784800	1	(61,494.62)	(2,459.784800)	1	(61,494.62)	SERIES
2AULDX	1,659,966.93	19,898.701890	4	(1,659,966.93)	(19,898.701891)	2	(1,659,966.93)	SERIES
2ERASX	6,491.72	148.756187	1	(6,491.72)	(148.756187)	1	(6,491.72)	SERIES
2VIMCX	531,245.75	10,799.448555	3	(531,245.75)	(10,799.448555)	2	(531,245.75)	SERIES
2FSPSX	670,622.11	14,576.230550	5	(670,622.11)	(14,576.230551)	2	(670,622.11)	SERIES
1JTTYX	296,687.70	16,520.037985	620	(50,051.48)	(2,627.174056)	573	(49,112.24)	SERIES
1JNSYX	1,305,169.96	66,227.903882	1830	(309,009.71)	(15,408.236158)	956	(297,417.67)	SERIES
1JSMYX	2,122,715.78	99,233.711807	3686	(829,080.92)	(38,018.289446)	1997	(760,486.78)	SERIES
1SRJYX	2,892,048.25	125,678.126722	4320	(864,329.55)	(36,142.516824)	1625	(784,708.51)	SERIES
1SMTYX	3,423,941.35	137,836.980065	4253	(653,375.18)	(25,587.971761)	1852	(570,014.30)	SERIES
1JSAYX	2,730,382.20	109,984.654654	4614	(500,730.39)	(19,182.539898)	1962	(428,452.81)	SERIES
1JTSYX	2,502,902.84	100,344.709693	4517	(311,918.64)	(12,453.429432)	1786	(278,963.08)	SERIES
1JFFYX	2,669,281.08	92,106.496616	7108	(639,369.14)	(21,407.367991)	2464	(567,923.21)	SERIES
1JISYX	2,039,036.59	116,917.747590	1426	(281,177.87)	(15,762.497954)	1415	(277,133.89)	SERIES
1JWFATX	76,390.46	1,783.814122	2339	(83,296.56)	(1,935.843984)	3724	(77,220.28)	SERIES
1FSPSX	1,464,436.52	30,749.216121	6669	(299,065.42)	(6,209.748704)	9345	(277,584.01)	SERIES
1GCIIX	393,836.33	27,132.984906	5192	(198,296.83)	(13,367.809534)	5975	(180,196.41)	SERIES
1FDEVX	928,243.04	35,127.553504	8186	(326,777.59)	(12,489.217914)	7423	(323,989.95)	SERIES
1THGIX	535,642.20	16,430.057851	2693	(187,481.21)	(5,790.197128)	3344	(161,534.93)	SERIES
1RRRXx	339,472.41	13,935.224648	6848	(424,762.91)	(18,766.363256)	7288	(391,461.60)	SERIES
1OGMIX	531,777.15	19,888.140248	353	(37,643.72)	(1,449.484320)	205	(38,843.22)	SERIES
1EKWYX	168,513.65	3,272.440010	1065	(589,746.49)	(12,028.251251)	1915	(554,776.68)	SERIES
1ANODX	2,025,557.47	73,517.532940	2120	(46,260.47)	(1,614.160160)	777	(46,170.66)	SERIES
1JGMNX	884,664.15	21,977.920238	3737	(1,929,941.82)	(46,082.603525)	4251	(1,593,344.93)	SERIES

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
IJDNSX	97,888.34	3,963.412314	1163	(99,867.38)	(4,149.786260)	1735	(95,509.66)	SERIES
IVSMAX	1,069,320.73	10,256.410916	9082	(287,009.79)	(2,732.670306)	7377	(236,525.53)	SERIES
IBMGKX	1,582,006.10	31,234.636589	580	(124.38)	(2,515383)	317	(127.80)	SERIES
ICPXRX	888,416.23	48,796.290276	5249	(1,374,706.98)	(71,222.473484)	7461	(1,231,679.67)	SERIES
IERASX	213,525.89	5,240.016505	1578	(1,665,718.28)	(37,332.279885)	2506	(1,263,440.45)	SERIES
IFSMDX	1,242,857.44	37,834.665293	2957	(15,687.83)	(488,245614)	779	(16,060.68)	SERIES
IVIMCX	923,110.15	18,087.422932	6908	(343,016.65)	(6,536.067447)	7683	(277,139.18)	SERIES
LAULDX	3,040,824.13	35,568.867856	7365	(624,987.03)	(7,138.687671)	9907	(499,771.08)	SERIES
IWFSPX	4,781,433.33	10,046.643734	13840	(1,058,027.28)	(2,112.732847)	13507	(869,569.48)	SERIES
ICOFYX	936,522.16	26,313.242434	6595	(215,015.26)	(6,232.787040)	5058	(178,500.13)	SERIES
ICDDYX	724,518.72	24,917.307001	6872	(382,061.72)	(13,192.281058)	9256	(333,756.65)	SERIES
IJBALX	312,822.84	7,139.019847	3393	(1,393,852.94)	(30,553.965496)	5119	(1,121,930.46)	SERIES
IJABNX	1,333,340.97	29,058.599426	1202	(23,435.20)	(505.090987)	423	(23,200.44)	SERIES
IANAIX	49,879.42	5,826.298978	980	(186,926.86)	(22,116.357189)	1734	(186,563.08)	SERIES
IANAZX	190,496.78	22,551.465160	461	(18,543.70)	(2,168.866204)	216	(18,326.89)	SERIES
IEILDY	512,549.27	63,372.339560	2054	(331,818.58)	(40,955.029732)	1670	(332,131.50)	SERIES
IGSPIX	589,724.25	50,166.872172	5853	(107,157.25)	(9,155.490717)	5301	(104,220.47)	SERIES
IJHYFX	351,434.40	41,000.617975	4297	(547,557.53)	(63,831.374951)	2919	(538,974.63)	SERIES
IJHYNX	532,666.62	62,108.197652	1837	(49,412.09)	(5,775.819638)	354	(49,552.12)	SERIES
IJBBSX	1,175,169.79	70,928.015758	10137	(607,362.46)	(36,846.731704)	7519	(612,247.05)	SERIES
INRSIX	241,040.78	21,051.430845	4358	(282,922.59)	(24,806.679753)	2648	(278,589.82)	SERIES
IKGPF	1,377,831.48	0.000000	5521	(523,572.13)	0.000000	6124	(523,572.13)	SERIES

5% TRANSACTIONS

IWFSPX	2,252,826.58	5,041.910787	160	(968.15)	(2,166756)	53	(923.36)	01-FEB-21
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INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
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LEGEND

INVESTMENT OPTION:

2JGMNX	Janus Henderson Triton N	2JDSNX	Janus Henderson Small Cap Value N
2KGPF	Key Guaranteed Portfolio Fund	3KGPF	Key Guaranteed Portfolio Fund
4KGPF	Key Guaranteed Portfolio Fund	5KGPF	PLAN EXPENSE ACCOUNT
2CPXRX	Columbia Mid Cap Index Instl 2	2COFYX	Columbia Contrarian Core Instl 3
2NRSIX	Neuberger Berman Strategic Income R6	2THGIX	Thornburg International Growth R6
2JHBSX	JHancock Bond R6	2JHYFX	Janus Henderson High-Yield I
2GSIPX	Goldman Sachs Infl Protected Secs Instl	2VSMAX	Vanguard Small Cap Index Adm
2FDEVX	Templeton Developing Markets R6	2WFSPX	iShares S&P 500 Index K
2GCIIX	Goldman Sachs Intl Equity Insights I	2JBALX	Janus Henderson Balanced I
2ANAIX	AB Global Bond I	2EILDY	Eaton Vance Short Duration Gov Inc I
2JNSYX	JPMorgan SmartRetirement 2025 R6	2JSMYX	JPMorgan SmartRetirement 2030 R6
2SRJYX	JPMorgan SmartRetirement 2035 R6	2SMTYX	JPMorgan SmartRetirement 2040 R6
2JSAYX	JPMorgan SmartRetirement 2045 R6	2JTSYX	JPMorgan SmartRetirement 2050 R6
2JFFYX	JPMorgan SmartRetirement 2055 R6	2JSIYX	JPMorgan SmartRetirement Income R6
2EKWYX	Wells Fargo Precious Metals I	2RRRZX	DWS Reef Real Estate Securities R6
2AULDX	American Century Ultra R6	2ERASX	Eaton Vance Atlanta Capital SMID-Cap R6
2VIMCX	Virtus KAR Mid-Cap Core I	2FSPSX	Fidelity International Index
1JTTYX	JPMorgan SmartRetirement 2020 R6	1JNSYX	JPMorgan SmartRetirement 2025 R6
1JSMYX	JPMorgan SmartRetirement 2030 R6	1SRJYX	JPMorgan SmartRetirement 2035 R6
1SMTYX	JPMorgan SmartRetirement 2040 R6	1JSAYX	JPMorgan SmartRetirement 2045 R6
1JTSYX	JPMorgan SmartRetirement 2050 R6	1JFFYX	JPMorgan SmartRetirement 2055 R6
1JSIYX	JPMorgan SmartRetirement Income R6	1WFATX	Allspring Index Asset Allocation Inst
1FSPSX	Fidelity International Index	1GCIIX	Goldman Sachs Intl Equity Insights I
1FDEVX	Templeton Developing Markets R6	1THGIX	Thornburg International Growth R6
1RRRZX	DWS Reef Real Estate Securities R6	1OGMIX	Invesco Gold & Special Minerals R6
1EKWYX	Wells Fargo Precious Metals I	1ANODX	American Century Small Cap Growth R6
1JGMNX	Janus Henderson Triton N	1JDSNX	Janus Henderson Small Cap Value N
1VSMAX	Vanguard Small Cap Index Adm	1BMGKX	BlackRock Mid-Cap Growth Equity K
1CPXRX	Columbia Mid Cap Index Instl 2	1ERASX	Eaton Vance Atlanta Capital SMID-Cap R6
1FSMDX	Fidelity Mid Cap Index	1VIMCX	Virtus KAR Mid-Cap Core I
1AULDX	American Century Ultra R6	1WFSPX	iShares S&P 500 Index K
1COFYX	Columbia Contrarian Core Instl 3	1CDDYX	Columbia Dividend Income Instl 3
1JBALX	Janus Henderson Balanced I	1JABNX	Janus Henderson Balanced N
1ANAIX	AB Global Bond I	1ANAZX	AB Global Bond Z
1EILDY	Eaton Vance Short Duration Gov Inc I	1GSIPX	Goldman Sachs Infl Protected Secs Instl
1JHYFX	Janus Henderson High-Yield I	1JHYNX	Janus Henderson High-Yield N
1JHBSX	JHancock Bond R6	1NRSIX	Neuberger Berman Strategic Income R6
1KGPF	Key Guaranteed Portfolio Fund		

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IJTTYX			1,666,843.88	1,537,418.24
IJNSYX			1,880,109.23	1,815,809.12
IJSMYX			3,715,428.35	3,646,745.72
ISRJYX			4,581,740.63	4,499,114.29
ISMTYX			4,859,221.85	4,725,232.60
IJSAYX			3,918,675.59	3,905,387.32
IJTSYX			3,306,815.90	3,267,781.70
IJFFYX			3,262,761.56	3,341,952.62
IJSIYX			1,917,248.36	1,825,909.83
IWFATX			177,113.63	201,345.12
IFSPSX			1,703,289.82	1,853,413.59
IGCIIX			856,844.51	942,854.99
IFDEVX			897,303.05	826,157.85
ITHGIX			1,092,964.96	1,193,430.56
IRRRZX			605,092.91	736,884.03
IOGMIX			492,933.96	489,177.56
IANODX			1,979,386.81	1,662,405.95
IJDSNX			331,289.00	387,218.24
IVSMAX			1,411,088.78	1,699,499.73
IBMGKX			1,581,878.25	1,502,577.41
IFSMDX			1,226,796.71	1,194,711.99
IVIMCX			1,493,858.51	2,323,214.79
IAULDX			4,559,397.56	5,981,756.21
IWFSPX			7,094,756.33	9,816,482.42
ICOFYX			1,329,995.95	1,417,167.54
ICDDYX			1,494,470.64	1,878,883.08
IJABNX			1,310,140.29	1,311,748.24
IANAZX			172,169.85	168,767.91
IEILDY			536,691.12	524,442.80
IGSIPX			763,260.12	777,256.21
IJHYNX			483,114.51	482,768.53
IJBSX			1,051,160.50	1,030,717.98
INRSIX		.900	302,541.50	301,713.79
IKGPF			2,339,801.54	2,388,045.34
			64,396,186.16	69,657,993.30
PARTICIPANT LOANS				
	VARIOUS	5.250-7.500	513,696.24	514,835.23
FORFEITURES				
			51,108.68	51,883.87

HEALTH EDGE SOFTWARE 401(k) PLAN
SUPPLEMENTAL SCHEDULE REQUIRED BY ERISA AND THE DEPARTMENT OF LABOR
December 31, 2021
PLAN NUMBER: 001 EIN: 20-2006970

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
	<u>Identity of issue, borrower, lessor or similar party</u>	<u>Description of investment including maturity date, rate of interest, collateral, par or maturity value</u>	<u>Cost</u>	<u>Current value</u>
	BlackRock	Ishares S&P 500 Index K	**	\$ 9,816,482
	AllianceBernstein	American Century Ultra R6	**	\$ 5,981,756
	JPMorgan	JPMorgan SmartRetirement 2040 R6	**	\$ 4,725,233
	JPMorgan	JPMorgan SmartRetirement 2035 R6	**	\$ 4,499,114
	JPMorgan	JPMorgan SmartRetirement 2045 R6	**	\$ 3,905,387
	JPMorgan	JPMorgan SmartRetirement 2030 R6	**	\$ 3,646,746
	JPMorgan	JPMorgan SmartRetirement 2055 R6	**	\$ 3,341,953
	JPMorgan	JPMorgan SmartRetirement 2050 R6	**	\$ 3,267,782
*	Great-west	Key Guaranteed Portfolio Fund	**	\$ 2,439,929
	Virtus	Virtus Kar Mid-Cap Core I	**	\$ 2,323,215
	Columbia	Columbia Dividend Income Instl 3	**	\$ 1,878,883
	Fidelity	Fidelity International Index	**	\$ 1,853,414
	JPMorgan	JPMorgan SmartRetirement Income R6	**	\$ 1,825,910
	JPMorgan	JPMorgan SmartRetirement 2025 R6	**	\$ 1,815,809
	Vanguard	Vanguard Small Cap Index Adm	**	\$ 1,699,500
	American Century	American Century Small Cap Growth R6	**	\$ 1,662,406
	JPMorgan	JPMorgan SmartRetirement 2020 R6	**	\$ 1,537,418
	Blackrock	Blackrock Mid Cap Growth Equity K	**	\$ 1,502,577
	Columbia	Columbia Contrarian Core Instl 3	**	\$ 1,417,168
	Janus	Jannus Henderson Balanced N	**	\$ 1,311,748
	Fidelity	Fidelity Mid Cap Index	**	\$ 1,194,712
	Thornburg	Thornburg International Growth R6	**	\$ 1,193,431
	John Hancock	JHancock Bond R6	**	\$ 1,030,718
	Goldman Sachs	Goldman Sachs Intl Eq Insights I	**	\$ 942,855
	Templeton	Templeton Developing Markets R6	**	\$ 826,158
	Goldman Sachs	Goldman Sachs Infl Protected Secs Instl	**	\$ 777,256
	DWS	DWS Reef Real Estate Securities R6	**	\$ 736,882
	Eaton Vance	Eaton Vance Short Duration Gov Inc I	**	\$ 524,443
	Invesco	Invesco God & Special Mierals R6	**	\$ 489,178
	Janus	Janus Henderson High-Yield N	**	\$ 482,769
	Janus	Janus Henderson Small Cap Value N	**	\$ 387,218
	Neuberger Berman	Neuberger Berman Strategic Income R6	**	\$ 301,714
	Allspring	Allspring Index Asset Allocation Inst	**	\$ 201,345
	AllianceBernstein	AB Global Bond Z	**	\$ 168,768
*	Notes receivable from participants	Interest at 5.25% - 7.50% maturing through 2030	**	\$ 514,835

* Party-in-interest to the Plan

** Cost omitted for participant-directed investments