

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>UPHAMS CORNER HEALTH COMMITTEE, INC. 403(B) RETIREMENT PLAN</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1b</td> <td>Three-digit plan number (PN) ▶ <u>001</u></td> </tr> <tr> <td>1c</td> <td>Effective date of plan <u>02/01/1980</u></td> </tr> </table>	1b	Three-digit plan number (PN) ▶ <u>001</u>	1c	Effective date of plan <u>02/01/1980</u>		
1b	Three-digit plan number (PN) ▶ <u>001</u>						
1c	Effective date of plan <u>02/01/1980</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>UPHAMS CORNER HEALTH COMMITTEE, INC.</u> <u>500 COLUMBIA ROAD</u> <u>DORCHESTER, MA 02125</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2b</td> <td>Employer Identification Number (EIN) <u>23-7211732</u></td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number <u>617-287-8000</u></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions) <u>621498</u></td> </tr> </table>	2b	Employer Identification Number (EIN) <u>23-7211732</u>	2c	Plan Sponsor's telephone number <u>617-287-8000</u>	2d	Business code (see instructions) <u>621498</u>
2b	Employer Identification Number (EIN) <u>23-7211732</u>						
2c	Plan Sponsor's telephone number <u>617-287-8000</u>						
2d	Business code (see instructions) <u>621498</u>						

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2022	JAY TRIVEDI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2022	JAY TRIVEDI
	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	820
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)	493
a(2) Total number of active participants at the end of the plan year		6a(2)	478
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	305
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	783
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	783
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	698
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2M 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 UPHAMS CORNER HEALTH COMMITTEE, INC. 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 UPHAMS CORNER HEALTH COMMITTEE, INC.	D Employer Identification Number (EIN) 23-7211732

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	508009-01	214	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
0	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

(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	

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(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	274118
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

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

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

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

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

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

b	Balance at the end of the previous year	7b	156920
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c	Additions: (1) Contributions deposited during the year	7c(1)	127063	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	2560	
	(4) Transferred from separate account.....	7c(4)	29508	
	(5) Other (specify below)	7c(5)	395	

▶ **LOAN REPAYMENTS**

(6) Total additions	7c(6)	159526
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	316446
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	14079	
	(2) Administration charge made by carrier.....	7e(2)	224	
	(3) Transferred to separate account.....	7e(3)	28025	
	(4) Other (specify below)	7e(4)	0	

(5) Total deductions	7e(5)	42328
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	274118
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE 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 UPHAMS CORNER HEALTH COMMITTEE, INC. 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 UPHAMS CORNER HEALTH COMMITTEE, INC.	D Employer Identification Number (EIN) 23-7211732	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INST. OP. CO.

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65	RECORDKEEPER	8417	Yes ☐ No ☒	Yes ☒ No ☐	0	Yes ☒ No ☐

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

TWELVE POINTS WEALTH

(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	INVESTMENT ADVISOR	17209	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

ASCENSUS HOLDINGS DBA FUTUREPLAN

(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	5421	Yes ☐ No ☒	Yes ☐ No ☒	0	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)

ADVISED ASSET GROUP, LLC

(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	6242	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

GREAT-WEST LIFE & ANNUITY INSURANCE

(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	RECORDKEEPER	5011	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

QBI LLC

(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	581	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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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 UPHAMS CORNER HEALTH COMMITTEE, INC. 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 UPHAMS CORNER HEALTH COMMITTEE, INC.	D Employer Identification Number (EIN) 23-7211732	

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)	416474	118113
(2) Participant contributions.....	1b(2)		30566
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1343998	1022122
(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)	67284	107484
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	21451524	24950376
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	156920	274118
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	23436200	26502779

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	23436200	26502779
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	672235	
(B) Participants	2a(1)(B)	695893	
(C) Others (including rollovers).....	2a(1)(C)	122906	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1491034
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	5220	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5220
(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)	1833896	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1833896
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1558541
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4888691
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1781657	
(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)		1781657
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	40455	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		40455
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1822112
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		3066579
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **MAYER HOFFMAN MCCANN PC**

(2) EIN: **43-1947695**

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		44292

	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		1000000
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 UPHAMS CORNER HEALTH COMMITTEE, INC. 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 UPHAMS CORNER HEALTH COMMITTEE, INC.	D Employer Identification Number (EIN) 23-7211732

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-2647786 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)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**UPHAM'S CORNER HEALTH COMMITTEE, INC.
403(b) RETIREMENT PLAN**

FINANCIAL STATEMENTS

Years Ended December 31, 2021 and 2020



INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Upham's Corner Health Committee, Inc.
403(b) Retirement Plan

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

We have performed the audit of the financial statements of the Upham's Corner Health Committee, Inc. 403(b) Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

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

Opinion on the 2021 Financial Statements

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

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2021 financial statements related to assets held by and certified by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

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

Responsibilities of Management for the 2021 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the 2021 financial statements are issued or 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.

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2021, and delinquent participant contributions for the year then ended, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Other Matter - Auditors' 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by the qualified institutions. In our report dated March 7, 2022, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Mayer Hoffman McCann P.C.

Boca Raton, Florida
October 17, 2022

UPHAM'S CORNER HEALTH COMMITTEE, INC. 403(b) RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2021 and 2020

<u>ASSETS</u>	<u>2021</u>	<u>2020</u>
Investments at fair value:		
Mutual funds	\$ 24,950,376	\$ 21,451,524
Money market and similar funds	<u>1,022,122</u>	<u>1,343,998</u>
Total investments at fair value	25,972,498	22,795,522
Investment at contract value:		
Guaranteed interest fund	<u>274,118</u>	<u>156,920</u>
Total investments	<u>26,246,616</u>	<u>22,952,442</u>
Receivables:		
Employer contributions receivable	118,113	416,474
Participant contributions receivable	30,566	-
Notes receivable from participants	<u>107,484</u>	<u>67,284</u>
Total receivables	<u>256,163</u>	<u>483,758</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 26,502,779</u></u>	<u><u>\$ 23,436,200</u></u>

See Notes to Financial Statements

UPHAM'S CORNER HEALTH COMMITTEE, INC. 403(b) RETIREMENT PLAN**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

Years Ended December 31, 2021 and 2020

	2021	2020
ADDITIONS		
Investment income:		
Net appreciation in fair value of investments	\$ 1,558,541	\$ 2,903,019
Dividends and interest	1,833,896	972,750
	<u>3,392,437</u>	<u>3,875,769</u>
Interest income on notes receivable from participants	<u>5,220</u>	<u>3,457</u>
Contributions:		
Participants	695,893	621,839
Employer	672,235	373,056
Rollovers	122,906	280,973
	<u>1,491,034</u>	<u>1,275,868</u>
TOTAL ADDITIONS	<u>4,888,691</u>	<u>5,155,094</u>
DEDUCTIONS		
Benefits paid to participants	1,781,657	2,442,919
Administrative expenses	40,455	20,751
TOTAL DEDUCTIONS	<u>1,822,112</u>	<u>2,463,670</u>
NET INCREASE	3,066,579	2,691,424
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>23,436,200</u>	<u>20,744,776</u>
End of year	<u>\$ 26,502,779</u>	<u>\$ 23,436,200</u>

See Notes to Financial Statements

UPHAM'S CORNER HEALTH COMMITTEE, INC. 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan

The following description of the Upham's Corner Health Committee, Inc. 403(b) Retirement Plan (the "Plan") provides only general information. Participants should refer to the plan document or summary plan description, both of which are available from the plan administrator, for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan sponsored by Upham's Corner Health Committee, Inc. (the "Company") for the benefit of its employees who meet certain eligibility requirements. Employees are eligible to contribute to the Plan immediately upon hire provided they are scheduled to work at least 20 hours per week. Employees are eligible to receive Company contributions after one year of service consisting of at least 1,000 hours worked, provided they are at least 21 years of age, and are scheduled to work at least 20 hours per week.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan's management determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Plan administration - Fidelity Management Trust Company ("Fidelity") serves as a custodian of the Plan. Additionally, effective January 2, 2020, Empower Retirement ("Empower"), by Great-West Life & Annuity Insurance Company and Great-West Trust Company (collectively, "Great-West"), also became a custodian of the Plan, and as of the same date, replaced Fidelity as the Plan's record keeper.

Plan amendments - A new plan document was adopted by the Plan effective January 1, 2020. Key revisions to the Plan included the following:

- A revised definition of eligibility for employees to receive Company contributions;
- Participants are no longer suspended from making contributions to the Plan or from receiving Company contributions as a result of a hardship withdrawal;
- Loans are now permitted under the Plan.

In December 2019, the Setting Every Community Up for Retirement Enhancement ("SECURE Act") was signed into law, related to required minimum distributions and the limitation of life-time or stretch distributions to remain compliant under the applicable laws and regulations. These provisions were effective beginning January 1, 2020.

UPHAM'S CORNER HEALTH COMMITTEE, INC. 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan (continued)

Plan amendments (continued)

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security ("CARES") Act was signed into law. The CARES Act, among other things, included several relief provisions available to tax-qualified retirement plans and their participants. The Plan's management evaluated the relief provisions available to the Plan's participants under the CARES Act and implemented the following temporary provisions:

- Special coronavirus distributions up to \$100,000;
- Increased the available loan amount as described below to the lesser of \$100,000 or 100% of the participant's vested account balance;
- Extended the period for loan repayments, if applicable, up to one year;
- Waived required minimum distributions for 2020.

Contributions and subsequent event - Participants may contribute up to 100% of their pretax annual compensation as defined in the plan document, not to exceed the maximum permissible amount prescribed by law. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants age 50 or older, who are making contributions to the Plan, are allowed to make catch-up contributions, as defined in the plan document. Additionally, participants who have worked for the Company for at least 15 years and meet certain other eligibility requirements as defined in the plan document may defer additional contributions up to \$2,500 per year, subject to the limitation of a lifetime maximum of \$15,000 in additional contributions. Participants direct the investment of all contributions into various investment options offered by the Plan.

The Company, at its discretion, may make contributions based upon a percentage of eligible participants' compensation, as defined in the plan document. The Company elected to contribute 3.5% of participants' eligible compensation for a portion of the year ended December 31, 2020. The Company elected to freeze such contributions from April 5, 2020 through October 9, 2020. As of October 10, 2020 through December 31, 2021, the Company elected to contribute 3.5% of participants' eligible compensation. The Company's contributions applicable to the years ended December 31, 2021 and 2020 aggregated \$672,235 and \$373,056, respectively. All participant and Company contributions are subject to certain limitations prescribed by the Internal Revenue Code (the "Code").

As of December 31, 2020, the Company's management determined that employer contributions aggregating \$91,432, \$144,468, \$104,997, and \$75,577 for the years ended December 31, 2020, 2019, 2018, and 2017, respectively, were not remitted to the Plan on behalf of certain employees who were eligible to receive such contributions. Accordingly, the aggregate of \$416,474 was recorded as employer contributions receivable as of December 31, 2020.

UPHAM'S CORNER HEALTH COMMITTEE, INC. 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan (continued)

Contributions and subsequent event (continued)

In September 2021, the employer contributions receivable relating to the years ended December 31, 2019, 2018, and 2017 aggregating \$325,042 was remitted to the Plan. The remaining employer contributions receivable of \$91,432 relating to the year ended December 31, 2020 was remitted to the Plan in February 2022, and therefore has been included in employer contributions receivable as of December 31, 2021.

Participant investment account options - The Plan currently offers various mutual funds, money market and similar funds, and a guaranteed interest fund as investment options for participants. Each investment option has its own investment strategy, which can be obtained through the prospectus of the respective fund. Participants may change their investment options at any time.

Participant accounts - Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contributions and, (b) the Plan's earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, both as defined in the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are immediately vested in their own contributions and the Company's contributions, plus actual earnings thereon.

Notes receivable from participants - Effective January 1, 2020, participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the plan administrator. Principal and interest are paid ratably through payroll deductions. Participants may not have more than one outstanding note at any time.

Under the provisions of the CARES Act, the available loan limit was increased to the lesser of \$100,000 or 100% of the participant's vested account balance. The CARES Act also delayed loan payments for a COVID-19 qualified individual for any loan outstanding on or after March 27, 2020 through December 31, 2020 and, if applicable, extended the loan for up to one year. This increased loan limit was allowed to be taken from March 27, 2020 through September 22, 2020.

Payment of benefits - Upon termination of service due to death, disability, retirement, or other reasons, a participant is eligible to receive distributions from the Plan. Additionally, participants may receive distributions from the Plan upon the attainment of 59½ years of age, or by qualifying under certain "hardship" rules as prescribed by the Internal Revenue Service ("IRS"). Distributions may be made in the form of a lump-sum payment, installment payments, or rollovers into other qualified plans or an individual retirement account.

UPHAM'S CORNER HEALTH COMMITTEE, INC. 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan (continued)

Payment of benefits (continued)

Under the provisions of the CARES Act, eligible participants were permitted to request special penalty-free distributions of up to \$100,000 for qualifying coronavirus related reasons. These reasons included the participant, spouse, or dependent being diagnosed with COVID-19, or adverse financial consequences due to being quarantined, furloughed, laid off, having work hours reduced, or being unable to work due to a lack of childcare due to COVID-19. The special coronavirus related distributions waived the 10% early withdrawal penalty and were allowed to be taken between March 27, 2020 and December 30, 2020.

(2) Summary of significant accounting policies

Basis of accounting - The financial statements of the Plan are prepared under the accrual method of accounting.

Use of estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment valuation and income recognition - Investments are reported at fair value (except for the guaranteed interest fund which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment custodians. See Note 4 for discussions 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. Capital gains distributions from mutual funds are recorded as dividend income. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Notes receivable from participants - Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Interest income on notes receivable from participants 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 on notes receivable from participants have been recorded as of December 31, 2021 or 2020.

Payment of benefits - Benefits are recorded when paid.

UPHAM'S CORNER HEALTH COMMITTEE, INC. 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(2) Summary of significant accounting policies (continued)

Administrative expenses - Certain expenses of the Plan are paid by the Company and are not included on the statements of changes in net assets available for benefits. Investment related expenses are included in net appreciation of fair value of investments. Other Plan related expenses are paid by the Plan and have been recorded as administrative expenses on the statements of changes in net assets available for benefits.

(3) Information prepared and certified by the custodians

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity and Great-West, the custodians of the Plan, have certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate:

- Investments at fair value and contract value
- Notes receivable from participants
- Net appreciation in fair value of investments
- Dividends and interest
- Interest income on notes receivable from participants
- Schedule of assets (held at end of year)

The Plan's independent public accountants 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 schedules.

(4) 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) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification 820 are described below:

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

UPHAM'S CORNER HEALTH COMMITTEE, INC. 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(4) Fair value measurements (continued)

Level 2 Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

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

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 net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Money market and similar funds: Valued at the quoted NAV of shares held by the Plan at year end.

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

Investments at Fair Value as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 24,950,376	\$ -	\$ -	\$ 24,950,376
Money market and similar funds	1,022,122	-	-	1,022,122
Total assets in the fair value hierarchy	<u>\$ 25,972,498</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 25,972,498</u>
Investments at Fair Value as of December 31, 2020				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 21,451,524	\$ -	\$ -	\$ 21,451,524
Money market and similar funds	1,343,998	-	-	1,343,998
Total assets in the fair value hierarchy	<u>\$ 22,795,522</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 22,795,522</u>

UPHAM'S CORNER HEALTH COMMITTEE, INC. 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(5) **Guaranteed interest fund**

The Plan has entered into a fully benefit-responsive group annuity contract with Great-West on January 2, 2020. Great-West maintains the contributions in a general account which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because this asset is fully benefit-responsive, contract value is the relevant measurement attribute for the portion of net assets available for benefits attributable to the guaranteed interest fund. Contract value, as reported to Great-West, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include, but are not necessarily limited to, the following: (1) amendments to the plan document (including complete or partial termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with the Plan's participants are probable of occurring.

(6) **Related party transactions and party-in-interest transactions**

Certain of the Plan's investment assets are managed by Fidelity. Additionally, effective January 2, 2020, certain investment assets are managed by Empower and Great-West. These entities are the custodians of the Plan, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. FuturePlan by Ascensus (formerly known as QBI, LLC) ("FuturePlan") provides certain administrative services to the Plan. Accordingly, transactions with FuturePlan also qualify as party-in-interest.

Aggregate administrative expenses paid by the Plan to these and other service providers amounted to \$40,455 and \$20,751 for the years ended December 31, 2021 and 2020, respectively. Fees incurred by the Plan for investment management services are included in net appreciation in fair value of investments, as they are paid through revenue sharing, rather than a direct payment. The Company pays directly any other fees related to the Plan's operations.

UPHAM'S CORNER HEALTH COMMITTEE, INC. 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(7) Plan termination

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

(8) Tax status and subsequent events

The IRS has determined and issued an opinion letter dated March 31, 2017 stating that the volume submitter 403(b) plan adopted by the Plan effective January 1, 2020 is designed in accordance with the applicable sections of the Code. Although the Plan has been amended subsequent to the date of this letter, the Plan's management believes that such amendments are in compliance with the applicable requirements of the Code.

Accounting principles generally accepted in the United States of America require the Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods.

The Plan's management determined that certain current and former participants were eligible for employer contributions for the years ended December 31, 2017 through December 31, 2020 and did not receive the employer contributions that they were entitled to under the provisions of the plan document, the Code, and related regulations. In May 2021, the Plan management's evaluation for a lookback analysis found that an aggregate of \$416,474 of employer contributions would be required to be remitted to the Plan for this four-year period.

In September 2021, the Company remitted \$325,042 to the Plan on behalf of affected current and former participants for the years ended December 31, 2017 through 2019. In February 2022, the Company remitted the remaining \$91,432 to the Plan on behalf of affected current and former participants for the year ended December 31, 2020.

In September 2022, the Plan's management submitted a Voluntary Correction Program ("VCP") filing to the IRS to report the corrective measures taken, and to amend the Plan effective January 1, 2017 to clarify the eligibility requirements for participants to receive employer contributions under the Plan. The IRS has not yet reached a determination regarding this VCP filing.

UPHAM'S CORNER HEALTH COMMITTEE, INC. 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(9) Risks and uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risk. Market risks include global events, such as a pandemic or international conflict, which could impact the value of investment securities. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported on the statements of net assets available for benefits.

(10) Delinquent participant contributions

Defined contribution plans are required to remit participant contributions to the Plan as soon as they can be reasonably segregated from the employer's general assets. While the Company has remitted all participant contributions to the Plan, contributions totaling \$23,170 and \$21,122 were not remitted within the required time period during the years ended December 31, 2020 and 2019, respectively. The Company is in the process of remitting lost earnings applicable to these delinquent participant contributions to the Plan on behalf of affected participants.

(11) Contingency

In August 2021, the DOL notified the Plan's management that it has opened a review of the Plan for the years ended December 31, 2018 and thereafter. This review is currently ongoing and the ultimate outcome cannot be determined as of the report date.

(12) Subsequent events

The Plan has evaluated subsequent events through October 17, 2022, which is the date the financial statements were available to be issued. Other than as discussed in Notes 1 and 8, no significant matters were identified for disclosure during this evaluation.

SUPPLEMENTAL SCHEDULES

UPHAM'S CORNER HEALTH COMMITTEE, INC. 403(b) RETIREMENT PLAN

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

December 31, 2021

EIN: 23-7211732

Plan number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
		Mutual funds:		
*	Fidelity	Growth Company	(1)	\$ 2,459,633
*	Fidelity	Freedom 2030		1,932,293
*	Fidelity	OTC Portfolio		1,351,517
*	Fidelity	Contrafund		1,123,334
*	Fidelity	Freedom 2040		1,001,489
*	Fidelity	500 Index		846,174
	PGIM Funds (Prudential)	PGIM Total Return Bond R6		795,522
	BlackRock	iShares S&P 500 Index K		676,403
*	Fidelity	Freedom 2050		651,447
*	Fidelity	Capital & Income		635,124
*	Fidelity	Freedom 2035		627,211
*	Fidelity	Asset Manager 85%		567,063
*	Fidelity	International Discovery		508,726
	American Funds	American Funds 2045 Target Date Retirement R6		419,776
*	Fidelity	Equity Income		391,400
*	Fidelity	Freedom 2055		384,194
*	Fidelity	Balanced		360,326
*	Fidelity	Freedom 2025		359,291
	BlackRock	iShares Russell Mid Cap Index K		354,796
*	Fidelity	Growth & Income		350,467
*	Fidelity	Fidelity International Index		342,297
	American Funds	American Funds 2025 Target Date Retirement R6		335,280
*	Fidelity	Asset Manager 50%		312,357
*	Fidelity	Strategic Dividend & Income		303,954
*	Fidelity	Small Cap Index		292,693
	Putnam	Putnam Large Cap Value R6		291,961
*	Fidelity	Freedom 2020		289,166
	American Funds	American Funds 2050 Target Date Retirement R6		286,354
	American Funds	American Funds 2040 Target Date Retirement R6		270,813
*	Fidelity	Capital Appreciation		229,937
*	Fidelity	Freedom 2045		228,777
*	Fidelity	New Markets Income		224,437
	American Funds	American Funds 2055 Target Date Retirement R6		222,832
*	Fidelity	US Bond Index		221,970
*	Fidelity	Extended Market Index		190,335
	Putnam	Putman Growth Opportunities R6		185,127
*	Fidelity	Large Cap Value Enhanced Index		183,146
*	Fidelity	Magellan		175,622
	American Funds	American Funds 2035 Target Date Retirement R6		163,423
*	Fidelity	Blue Chip Growth		159,936
*	Fidelity	Overseas		157,753
*	Fidelity	Disciplined Equity		153,830
*	Fidelity	International Sustainability Index		151,362
*	Fidelity	Freedom Index 2015 Investment		148,708
*	Fidelity	Leveraged Company Stock		148,174

UPHAM'S CORNER HEALTH COMMITTEE, INC. 403(b) RETIREMENT PLAN

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

December 31, 2021

EIN: 23-7211732

Plan number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
		Mutual funds (continued):		
*	Fidelity	Convertible Securities	(1)	138,387
*	Fidelity	Stock Select Small Cap		138,258
*	Fidelity	Total Bond		135,912
	American Funds	American Funds 2030 Target Date Retirement R6		135,731
*	Fidelity	Select Medical Technologies & Devices		135,568
	Lord Abbett	Lord Abbett Floating Rate R6		134,636
	BlackRock	iShares Russell 2000 Small Cap Index		132,595
	American Century Investments	American Century Emerging Markets R6		130,429
	MFS	MFS Global Real Estate R6		122,850
*	Fidelity	Select Software		115,067
*	Fidelity	Emerging Markets		108,091
*	Fidelity	Total Emerging Markets		107,992
*	Fidelity	Short Term Treasury Bond Index		103,624
*	Fidelity	Growth Strategies		96,793
*	Fidelity	Asset Manager 70%		96,358
*	Fidelity	Freedom Income		95,118
*	Fidelity	International Capital Appreciation		82,015
*	Fidelity	US Sustainability Index		81,878
*	Fidelity	Low Priced Stock		80,150
*	Fidelity	Freedom 2015		72,708
*	Fidelity	International Small Cap		68,143
*	Fidelity	Real Estate Income		67,600
*	Fidelity	Emerging Markets Index		63,828
*	Fidelity	Intermediate Bond		63,746
*	Fidelity	Government Income		61,854
*	Fidelity	Global Credit		60,249
*	Fidelity	Real Estate Investment		56,843
	MFS	MFS International New Discovery R6		51,166
*	Fidelity	NASDAQ Composite Index		47,454
*	Fidelity	Intermediate Government Income		44,604
*	Fidelity	Mid Cap Index		44,313
*	Fidelity	Europe		40,520
*	Great-West	Great-West International Value		40,354
*	Fidelity	Puritan		39,827
	American Funds	American Funds 2060 Target Date Retirement R6		39,203
*	Fidelity	GNMA		36,340
*	Fidelity	Mid Cap Value		35,913
*	Fidelity	Select Biotech		32,638
*	Fidelity	Global Ex US Index		31,519
*	Fidelity	Freedom 2005		25,362
*	Fidelity	Freedom 2010		24,647
	Putnam	Putnam Multi-Asset Absolute Return R6		24,629
*	Fidelity	Mid Cap Enhanced Index		23,213
*	Fidelity	Inflation Protected Bond Index		23,092
*	Fidelity	International Index		22,494

UPHAM'S CORNER HEALTH COMMITTEE, INC. 403(b) RETIREMENT PLAN

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

December 31, 2021

EIN: 23-7211732

Plan number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
		Mutual funds (continued):		
*	Fidelity	Freedom 2060	(1)	22,477
*	Fidelity	Total Market Index		21,823
*	Fidelity	Pacific Basin		18,686
	JPMorgan Funds	JPMorgan Strategic Income Opportunities		15,400
*	Fidelity	Freedom Index 2040		11,478
*	Fidelity	Select Pharmaceutical		9,801
*	Fidelity	Short Term Bond		8,961
*	Fidelity	Select IT Services		6,277
*	Fidelity	Fidelity Fund		6,213
*	Fidelity	New Millennium		5,976
*	Fidelity	Select Transport		5,846
*	Fidelity	Select Retailing		5,121
*	Fidelity	China Region		4,212
*	Fidelity	Freedom Index 2060		3,900
*	Fidelity	Select Consumer Staples		3,158
*	Fidelity	Freedom Index 2055		2,574
*	Fidelity	Asset Manager 60%		1,880
	Lord Abbett	Lord Abbett Convertible R6		1,873
*	Fidelity	Freedom Index 2035		1,724
	American Funds	American Funds 2020 Target Date Retirement R6		1,616
*	Fidelity	Select Technology		1,465
*	Fidelity	Select Healthcare		1,460
*	Fidelity	International Growth		1,345
*	Fidelity	Select Energy		1,114
*	Fidelity	Select Health Care Services		994
*	Fidelity	Freedom Index 2025		930
	PIMCO	PIMCO Preferred and Capital Securities		776
*	Fidelity	Real Estate Index		672
*	Fidelity	Corporate Bond		640
*	Fidelity	Select Technology Hardware		614
*	Fidelity	Value		427
*	Fidelity	Select Gold		303
*	Fidelity	Limited Term Government		275
*	Fidelity	Telecommunications & Utilities		209
*	Fidelity	Latin American		15
		Total mutual funds		<u>24,950,376</u>

UPHAM'S CORNER HEALTH COMMITTEE, INC. 403(b) RETIREMENT PLAN

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

December 31, 2021

EIN: 23-7211732

Plan number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
		Money market and similar funds:		
*	Fidelity	Government Cash Reserve	(1)	415,349
*	Fidelity	Government Money Market		353,971
*	Fidelity	Government Money Market Premium		246,026
*	Fidelity	Treasury Only Money Market		6,776
		Total money market and similar funds		1,022,122
*	Great-West	Guaranteed interest fund (at contract value)	↓	274,118
				<u>\$ 26,246,616</u>
*	Notes receivable from participants maturing through April 2026, with interest rates ranging between 5.25% and 6.75% per annum.		-	<u>\$ 107,484</u>

* Party-in-interest as defined by ERISA.

(1) Cost information may be omitted for plan assets which are participant-directed.

UPHAM'S CORNER HEALTH COMMITTEE, INC. 403(b) RETIREMENT PLAN

SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Year Ended December 31, 2021

EIN: 23-7211732

Plan number: 001

Participant Contributions

Transferred Late to the Plan Check Here if Late Participant Loan Repayments are Included [X]*	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under the VFCP and Prohibited Transaction Exemption 2002-51
	Contributions Not Corrected	Contributions Corrected Outside the Voluntary Fiduciary Correction Program ("VFCP")	Contributions Pending Correction in the VFCP	
Year Ended December 31, 2020:				
\$ 23,170	\$ 23,170	\$ -	\$ -	\$ -
Year Ended December 31, 2019:				
\$ 21,122	\$ 21,122	\$ -	\$ -	\$ -

* Participant loan repayments are only applicable to the year ended December 31, 2020.

UPHAM'S CORNER HEALTH COMMITTEE, INC. 403(b) RETIREMENT PLAN

SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Year Ended December 31, 2021

EIN: 23-7211732

Plan number: 001

Participant Contributions

Transferred Late to the Plan Check Here if Late Participant Loan Repayments are Included [X]*	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under the VFCP and Prohibited Transaction Exemption 2002-51
	Contributions Not Corrected	Contributions Corrected Outside the Voluntary Fiduciary Correction Program ("VFCP")	Contributions Pending Correction in the VFCP	

Year Ended December 31, 2020:

\$	23,170	\$	23,170	\$	-	\$	-	\$	-
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Year Ended December 31, 2019:

\$	21,122	\$	21,122	\$	-	\$	-	\$	-
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* Participant loan repayments are only applicable to the year ended December 31, 2020.

UPHAM'S CORNER HEALTH COMMITTEE, INC. 403(b) RETIREMENT PLAN

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

December 31, 2021

EIN: 23-7211732

Plan number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
		Mutual funds:		
*	Fidelity	Growth Company	(1)	\$ 2,459,633
*	Fidelity	Freedom 2030		1,932,293
*	Fidelity	OTC Portfolio		1,351,517
*	Fidelity	Contrafund		1,123,334
*	Fidelity	Freedom 2040		1,001,489
*	Fidelity	500 Index		846,174
	PGIM Funds (Prudential)	PGIM Total Return Bond R6		795,522
	BlackRock	iShares S&P 500 Index K		676,403
*	Fidelity	Freedom 2050		651,447
*	Fidelity	Capital & Income		635,124
*	Fidelity	Freedom 2035		627,211
*	Fidelity	Asset Manager 85%		567,063
*	Fidelity	International Discovery		508,726
	American Funds	American Funds 2045 Target Date Retirement R6		419,776
*	Fidelity	Equity Income		391,400
*	Fidelity	Freedom 2055		384,194
*	Fidelity	Balanced		360,326
*	Fidelity	Freedom 2025		359,291
	BlackRock	iShares Russell Mid Cap Index K		354,796
*	Fidelity	Growth & Income		350,467
*	Fidelity	Fidelity International Index		342,297
	American Funds	American Funds 2025 Target Date Retirement R6		335,280
*	Fidelity	Asset Manager 50%		312,357
*	Fidelity	Strategic Dividend & Income		303,954
*	Fidelity	Small Cap Index		292,693
	Putnam	Putnam Large Cap Value R6		291,961
*	Fidelity	Freedom 2020		289,166
	American Funds	American Funds 2050 Target Date Retirement R6		286,354
	American Funds	American Funds 2040 Target Date Retirement R6		270,813
*	Fidelity	Capital Appreciation		229,937
*	Fidelity	Freedom 2045		228,777
*	Fidelity	New Markets Income		224,437
	American Funds	American Funds 2055 Target Date Retirement R6		222,832
*	Fidelity	US Bond Index		221,970
*	Fidelity	Extended Market Index		190,335
	Putnam	Putman Growth Opportunities R6		185,127
*	Fidelity	Large Cap Value Enhanced Index		183,146
*	Fidelity	Magellan		175,622
	American Funds	American Funds 2035 Target Date Retirement R6		163,423
*	Fidelity	Blue Chip Growth		159,936
*	Fidelity	Overseas		157,753
*	Fidelity	Disciplined Equity		153,830
*	Fidelity	International Sustainability Index		151,362
*	Fidelity	Freedom Index 2015 Investment		148,708
*	Fidelity	Leveraged Company Stock		148,174

UPHAM'S CORNER HEALTH COMMITTEE, INC. 403(b) RETIREMENT PLAN

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

December 31, 2021

EIN: 23-7211732

Plan number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
		Mutual funds (continued):		
*	Fidelity	Convertible Securities	(1)	138,387
*	Fidelity	Stock Select Small Cap		138,258
*	Fidelity	Total Bond		135,912
	American Funds	American Funds 2030 Target Date Retirement R6		135,731
*	Fidelity	Select Medical Technologies & Devices		135,568
	Lord Abbett	Lord Abbett Floating Rate R6		134,636
	BlackRock	iShares Russell 2000 Small Cap Index		132,595
	American Century Investments	American Century Emerging Markets R6		130,429
	MFS	MFS Global Real Estate R6		122,850
*	Fidelity	Select Software		115,067
*	Fidelity	Emerging Markets		108,091
*	Fidelity	Total Emerging Markets		107,992
*	Fidelity	Short Term Treasury Bond Index		103,624
*	Fidelity	Growth Strategies		96,793
*	Fidelity	Asset Manager 70%		96,358
*	Fidelity	Freedom Income		95,118
*	Fidelity	International Capital Appreciation		82,015
*	Fidelity	US Sustainability Index		81,878
*	Fidelity	Low Priced Stock		80,150
*	Fidelity	Freedom 2015		72,708
*	Fidelity	International Small Cap		68,143
*	Fidelity	Real Estate Income		67,600
*	Fidelity	Emerging Markets Index		63,828
*	Fidelity	Intermediate Bond		63,746
*	Fidelity	Government Income		61,854
*	Fidelity	Global Credit		60,249
*	Fidelity	Real Estate Investment		56,843
	MFS	MFS International New Discovery R6		51,166
*	Fidelity	NASDAQ Composite Index		47,454
*	Fidelity	Intermediate Government Income		44,604
*	Fidelity	Mid Cap Index		44,313
*	Fidelity	Europe		40,520
*	Great-West	Great-West International Value		40,354
*	Fidelity	Puritan		39,827
	American Funds	American Funds 2060 Target Date Retirement R6		39,203
*	Fidelity	GNMA		36,340
*	Fidelity	Mid Cap Value		35,913
*	Fidelity	Select Biotech		32,638
*	Fidelity	Global Ex US Index		31,519
*	Fidelity	Freedom 2005		25,362
*	Fidelity	Freedom 2010		24,647
	Putnam	Putnam Multi-Asset Absolute Return R6		24,629
*	Fidelity	Mid Cap Enhanced Index		23,213
*	Fidelity	Inflation Protected Bond Index		23,092
*	Fidelity	International Index		22,494

UPHAM'S CORNER HEALTH COMMITTEE, INC. 403(b) RETIREMENT PLAN

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

December 31, 2021

EIN: 23-7211732

Plan number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
		Mutual funds (continued):		
*	Fidelity	Freedom 2060	(1)	22,477
*	Fidelity	Total Market Index		21,823
*	Fidelity	Pacific Basin		18,686
	JPMorgan Funds	JPMorgan Strategic Income Opportunities		15,400
*	Fidelity	Freedom Index 2040		11,478
*	Fidelity	Select Pharmaceutical		9,801
*	Fidelity	Short Term Bond		8,961
*	Fidelity	Select IT Services		6,277
*	Fidelity	Fidelity Fund		6,213
*	Fidelity	New Millennium		5,976
*	Fidelity	Select Transport		5,846
*	Fidelity	Select Retailing		5,121
*	Fidelity	China Region		4,212
*	Fidelity	Freedom Index 2060		3,900
*	Fidelity	Select Consumer Staples		3,158
*	Fidelity	Freedom Index 2055		2,574
*	Fidelity	Asset Manager 60%		1,880
	Lord Abbett	Lord Abbett Convertible R6		1,873
*	Fidelity	Freedom Index 2035		1,724
	American Funds	American Funds 2020 Target Date Retirement R6		1,616
*	Fidelity	Select Technology		1,465
*	Fidelity	Select Healthcare		1,460
*	Fidelity	International Growth		1,345
*	Fidelity	Select Energy		1,114
*	Fidelity	Select Health Care Services		994
*	Fidelity	Freedom Index 2025		930
	PIMCO	PIMCO Preferred and Capital Securities		776
*	Fidelity	Real Estate Index		672
*	Fidelity	Corporate Bond		640
*	Fidelity	Select Technology Hardware		614
*	Fidelity	Value		427
*	Fidelity	Select Gold		303
*	Fidelity	Limited Term Government		275
*	Fidelity	Telecommunications & Utilities		209
*	Fidelity	Latin American		15
		Total mutual funds		<u>24,950,376</u>

UPHAM'S CORNER HEALTH COMMITTEE, INC. 403(b) RETIREMENT PLAN

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

December 31, 2021

EIN: 23-7211732

Plan number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
		Money market and similar funds:		
*	Fidelity	Government Cash Reserve	(1)	415,349
*	Fidelity	Government Money Market		353,971
*	Fidelity	Government Money Market Premium		246,026
*	Fidelity	Treasury Only Money Market		6,776
		Total money market and similar funds		<u>1,022,122</u>
*	Great-West	Guaranteed interest fund (at contract value)	↓	<u>274,118</u>
				<u>\$ 26,246,616</u>
*	Notes receivable from participants maturing through April 2026, with interest rates ranging between 5.25% and 6.75% per annum.		-	<u>\$ 107,484</u>

* Party-in-interest as defined by ERISA.

(1) Cost information may be omitted for plan assets which are participant-directed.

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;
B This return/report is:	☐ a DFE (specify) ____
	☐ the first return/report;
	☐ the final return/report;
	☐ an amended return/report;
	☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here	☐
D Check box if filing under:	☒ Form 5558;
	☐ automatic extension;
	☐ the DFVC program;
	☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	☐

Part II Basic Plan Information --- enter all requested information					
1a Name of plan Uphams Corner Health Committee, Inc. 403(b) Retirement Plan	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 02/01/1980</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 02/01/1980	
1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan 02/01/1980					
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) Uphams Corner Health Committee, Inc. 500 Columbia Road US Dorchester MA 02125	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 23-7211732</td> </tr> <tr> <td>2c Plan Sponsor's telephone number (617) 287-8000</td> </tr> <tr> <td>2d Business code (see instructions) 621498</td> </tr> </table>	2b Employer Identification Number (EIN) 23-7211732	2c Plan Sponsor's telephone number (617) 287-8000	2d Business code (see instructions) 621498	
2b Employer Identification Number (EIN) 23-7211732					
2c Plan Sponsor's telephone number (617) 287-8000					
2d Business code (see instructions) 621498					

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		10/14/2022	Jay Trivedi
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/14/2022	Jay Trivedi
	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.

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN and the plan name and the plan number from the last return/report: a Sponsor's name c Plan name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 820
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) 493
a(2) Total number of active participants at the end of the plan year	6a(2) 478
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 305
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 783
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 0
f Total. Add lines 6d and 6e	6f 783
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 698
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2M 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)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(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)** ☒ **1** **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 Uphams Corner Health Committee, Inc. 403(b) Retirement Plan	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 Uphams Corner Health Committee, Inc.	D Employer Identification Number (EIN) 23-7211732	

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.
---------------	---

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	508009-01	214	1/1/2021	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 0	(b) Total amount of fees paid 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

(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	

(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	274,118
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

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

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

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

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

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

Group Annuity Contract

b	Balance at the end of the previous year	7b	156,920
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c	Additions: (1) Contributions deposited during the year	7c(1)	127,063	
	(2) Dividends and credits	7c(2)	0	
	(3) Interest credited during the year	7c(3)	2,560	
	(4) Transferred from separate account	7c(4)	29,508	
	(5) Other (specify below)	7c(5)	395	

Loan Repayments

(6) Total additions	7c(6)	159,526
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d	Total of balance and additions (add lines 7b and 7c(6)).	7d	316,446
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	14,079	
(2) Administration charge made by carrier	7e(2)	224	
(3) Transferred to separate account	7e(3)	28,025	
(4) Other (specify below)	7e(4)	0	

(5) Total deductions	7e(5)	42,328
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	274,118
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

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 Benefit 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 Uphams Corner Health Committee, Inc. 403(b) Retirement Plan		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 Uphams Corner Health Committee, Inc.		D Employer Identification Number (EIN) 23-7211732	
Part I Service Provider Information (see instructions)			

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)

Fidelity Investments Inst. Op. Co.

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65	Recordkeeper	8,417	Yes ☐ No ☒	Yes ☒ No ☐	0	Yes ☒ No ☐

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

Twelve Points Wealth

(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	Investment Advisor	17,209	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

Ascensus Holdings dba FuturePlan

(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	5,421	Yes ☐ No ☒	Yes ☐ No ☒	0	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)

Advised Asset Group, LLC

(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	6,242	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

Great-West Life & Annuity Insurance

(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	Recordkeeper	5,011	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

QBI LLC

(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	581	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 Upahms Corner Health Committe, Inc. 403(b) Retirement Plan	B Three-digit plan number (PN) ► 001	
C Plan sponsor's name as shown on line 2a of Form 5500 Upahms Corner Health Committee, Inc.	D Employer Identification Number (EIN) 23-7211732	

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)	416,474	118,113
(2) Participant contributions	1b(2)		30,566
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1,343,998	1,022,122
(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)	67,284	107,484
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	21,451,524	24,950,376
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	156,920	274,118
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	23,436,200	26,502,779

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	23,436,200	26,502,779
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	672,235	
(B) Participants	2a(1)(B)	695,893	
(C) Others (including rollovers)	2a(1)(C)	122,906	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1,491,034
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	5,220	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5,220
(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)	1,833,896	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1,833,896
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1,558,541
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4,888,691

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1,781,657	
(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)		1,781,657
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	40,455	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		40,455
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1,822,112

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3,066,579
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **Mayer Hoffman McCann PC**

(2) EIN: **43-1947695**

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		44,292

- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of 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.)
- 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.)
- 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.)
- e** Was this plan covered by a fidelity bond?
- f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?
- 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?
- 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?
- i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)
- 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.)
- k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?
- l** Has the plan failed to provide any benefit when due under the plan?
- m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)
- 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.

	Yes	No	Amount
4b		x	
4c		x	
4d		x	
4e	x		1,000,000
4f		x	
4g		x	
4h		x	
4i	x		
4j		x	
4k		x	
4l		x	
4m		x	
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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

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.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan Uphams Corner Health Committee, Inc. 403(b) Retirement Plan		B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 Uphams Corner Health Committee, Inc.		D Employer Identification Number (EIN) 23-7211732
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): 04-2647786 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		

**UPHAM'S CORNER HEALTH COMMITTEE, INC.
403(b) RETIREMENT PLAN**

FINANCIAL STATEMENTS

Years Ended December 31, 2021 and 2020



INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Upham's Corner Health Committee, Inc.
403(b) Retirement Plan

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

We have performed the audit of the financial statements of the Upham's Corner Health Committee, Inc. 403(b) Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

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

Opinion on the 2021 Financial Statements

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

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2021 financial statements related to assets held by and certified by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

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

Responsibilities of Management for the 2021 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the 2021 financial statements are issued or 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.

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2021, and delinquent participant contributions for the year then ended, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Other Matter - Auditors' 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by the qualified institutions. In our report dated March 7, 2022, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Mayer Hoffman McCann P.C.

Boca Raton, Florida
October 17, 2022

UPHAM'S CORNER HEALTH COMMITTEE, INC. 403(b) RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2021 and 2020

<u>ASSETS</u>	<u>2021</u>	<u>2020</u>
Investments at fair value:		
Mutual funds	\$ 24,950,376	\$ 21,451,524
Money market and similar funds	<u>1,022,122</u>	<u>1,343,998</u>
Total investments at fair value	25,972,498	22,795,522
Investment at contract value:		
Guaranteed interest fund	<u>274,118</u>	<u>156,920</u>
Total investments	<u>26,246,616</u>	<u>22,952,442</u>
Receivables:		
Employer contributions receivable	118,113	416,474
Participant contributions receivable	30,566	-
Notes receivable from participants	<u>107,484</u>	<u>67,284</u>
Total receivables	<u>256,163</u>	<u>483,758</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 26,502,779</u></u>	<u><u>\$ 23,436,200</u></u>

See Notes to Financial Statements

UPHAM'S CORNER HEALTH COMMITTEE, INC. 403(b) RETIREMENT PLAN**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

Years Ended December 31, 2021 and 2020

	2021	2020
ADDITIONS		
Investment income:		
Net appreciation in fair value of investments	\$ 1,558,541	\$ 2,903,019
Dividends and interest	1,833,896	972,750
	<u>3,392,437</u>	<u>3,875,769</u>
Interest income on notes receivable from participants	<u>5,220</u>	<u>3,457</u>
Contributions:		
Participants	695,893	621,839
Employer	672,235	373,056
Rollovers	122,906	280,973
	<u>1,491,034</u>	<u>1,275,868</u>
TOTAL ADDITIONS	<u>4,888,691</u>	<u>5,155,094</u>
DEDUCTIONS		
Benefits paid to participants	1,781,657	2,442,919
Administrative expenses	40,455	20,751
TOTAL DEDUCTIONS	<u>1,822,112</u>	<u>2,463,670</u>
NET INCREASE	3,066,579	2,691,424
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>23,436,200</u>	<u>20,744,776</u>
End of year	<u>\$ 26,502,779</u>	<u>\$ 23,436,200</u>

See Notes to Financial Statements

UPHAM'S CORNER HEALTH COMMITTEE, INC. 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan

The following description of the Upham's Corner Health Committee, Inc. 403(b) Retirement Plan (the "Plan") provides only general information. Participants should refer to the plan document or summary plan description, both of which are available from the plan administrator, for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan sponsored by Upham's Corner Health Committee, Inc. (the "Company") for the benefit of its employees who meet certain eligibility requirements. Employees are eligible to contribute to the Plan immediately upon hire provided they are scheduled to work at least 20 hours per week. Employees are eligible to receive Company contributions after one year of service consisting of at least 1,000 hours worked, provided they are at least 21 years of age, and are scheduled to work at least 20 hours per week.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan's management determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Plan administration - Fidelity Management Trust Company ("Fidelity") serves as a custodian of the Plan. Additionally, effective January 2, 2020, Empower Retirement ("Empower"), by Great-West Life & Annuity Insurance Company and Great-West Trust Company (collectively, "Great-West"), also became a custodian of the Plan, and as of the same date, replaced Fidelity as the Plan's record keeper.

Plan amendments - A new plan document was adopted by the Plan effective January 1, 2020. Key revisions to the Plan included the following:

- A revised definition of eligibility for employees to receive Company contributions;
- Participants are no longer suspended from making contributions to the Plan or from receiving Company contributions as a result of a hardship withdrawal;
- Loans are now permitted under the Plan.

In December 2019, the Setting Every Community Up for Retirement Enhancement ("SECURE Act") was signed into law, related to required minimum distributions and the limitation of life-time or stretch distributions to remain compliant under the applicable laws and regulations. These provisions were effective beginning January 1, 2020.

UPHAM'S CORNER HEALTH COMMITTEE, INC. 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan (continued)

Plan amendments (continued)

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security ("CARES") Act was signed into law. The CARES Act, among other things, included several relief provisions available to tax-qualified retirement plans and their participants. The Plan's management evaluated the relief provisions available to the Plan's participants under the CARES Act and implemented the following temporary provisions:

- Special coronavirus distributions up to \$100,000;
- Increased the available loan amount as described below to the lesser of \$100,000 or 100% of the participant's vested account balance;
- Extended the period for loan repayments, if applicable, up to one year;
- Waived required minimum distributions for 2020.

Contributions and subsequent event - Participants may contribute up to 100% of their pretax annual compensation as defined in the plan document, not to exceed the maximum permissible amount prescribed by law. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants age 50 or older, who are making contributions to the Plan, are allowed to make catch-up contributions, as defined in the plan document. Additionally, participants who have worked for the Company for at least 15 years and meet certain other eligibility requirements as defined in the plan document may defer additional contributions up to \$2,500 per year, subject to the limitation of a lifetime maximum of \$15,000 in additional contributions. Participants direct the investment of all contributions into various investment options offered by the Plan.

The Company, at its discretion, may make contributions based upon a percentage of eligible participants' compensation, as defined in the plan document. The Company elected to contribute 3.5% of participants' eligible compensation for a portion of the year ended December 31, 2020. The Company elected to freeze such contributions from April 5, 2020 through October 9, 2020. As of October 10, 2020 through December 31, 2021, the Company elected to contribute 3.5% of participants' eligible compensation. The Company's contributions applicable to the years ended December 31, 2021 and 2020 aggregated \$672,235 and \$373,056, respectively. All participant and Company contributions are subject to certain limitations prescribed by the Internal Revenue Code (the "Code").

As of December 31, 2020, the Company's management determined that employer contributions aggregating \$91,432, \$144,468, \$104,997, and \$75,577 for the years ended December 31, 2020, 2019, 2018, and 2017, respectively, were not remitted to the Plan on behalf of certain employees who were eligible to receive such contributions. Accordingly, the aggregate of \$416,474 was recorded as employer contributions receivable as of December 31, 2020.

UPHAM'S CORNER HEALTH COMMITTEE, INC. 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan (continued)

Contributions and subsequent event (continued)

In September 2021, the employer contributions receivable relating to the years ended December 31, 2019, 2018, and 2017 aggregating \$325,042 was remitted to the Plan. The remaining employer contributions receivable of \$91,432 relating to the year ended December 31, 2020 was remitted to the Plan in February 2022, and therefore has been included in employer contributions receivable as of December 31, 2021.

Participant investment account options - The Plan currently offers various mutual funds, money market and similar funds, and a guaranteed interest fund as investment options for participants. Each investment option has its own investment strategy, which can be obtained through the prospectus of the respective fund. Participants may change their investment options at any time.

Participant accounts - Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contributions and, (b) the Plan's earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, both as defined in the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are immediately vested in their own contributions and the Company's contributions, plus actual earnings thereon.

Notes receivable from participants - Effective January 1, 2020, participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the plan administrator. Principal and interest are paid ratably through payroll deductions. Participants may not have more than one outstanding note at any time.

Under the provisions of the CARES Act, the available loan limit was increased to the lesser of \$100,000 or 100% of the participant's vested account balance. The CARES Act also delayed loan payments for a COVID-19 qualified individual for any loan outstanding on or after March 27, 2020 through December 31, 2020 and, if applicable, extended the loan for up to one year. This increased loan limit was allowed to be taken from March 27, 2020 through September 22, 2020.

Payment of benefits - Upon termination of service due to death, disability, retirement, or other reasons, a participant is eligible to receive distributions from the Plan. Additionally, participants may receive distributions from the Plan upon the attainment of 59½ years of age, or by qualifying under certain "hardship" rules as prescribed by the Internal Revenue Service ("IRS"). Distributions may be made in the form of a lump-sum payment, installment payments, or rollovers into other qualified plans or an individual retirement account.

UPHAM'S CORNER HEALTH COMMITTEE, INC. 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of plan (continued)

Payment of benefits (continued)

Under the provisions of the CARES Act, eligible participants were permitted to request special penalty-free distributions of up to \$100,000 for qualifying coronavirus related reasons. These reasons included the participant, spouse, or dependent being diagnosed with COVID-19, or adverse financial consequences due to being quarantined, furloughed, laid off, having work hours reduced, or being unable to work due to a lack of childcare due to COVID-19. The special coronavirus related distributions waived the 10% early withdrawal penalty and were allowed to be taken between March 27, 2020 and December 30, 2020.

(2) Summary of significant accounting policies

Basis of accounting - The financial statements of the Plan are prepared under the accrual method of accounting.

Use of estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment valuation and income recognition - Investments are reported at fair value (except for the guaranteed interest fund which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment custodians. See Note 4 for discussions 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. Capital gains distributions from mutual funds are recorded as dividend income. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Notes receivable from participants - Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Interest income on notes receivable from participants 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 on notes receivable from participants have been recorded as of December 31, 2021 or 2020.

Payment of benefits - Benefits are recorded when paid.

UPHAM'S CORNER HEALTH COMMITTEE, INC. 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(2) Summary of significant accounting policies (continued)

Administrative expenses - Certain expenses of the Plan are paid by the Company and are not included on the statements of changes in net assets available for benefits. Investment related expenses are included in net appreciation of fair value of investments. Other Plan related expenses are paid by the Plan and have been recorded as administrative expenses on the statements of changes in net assets available for benefits.

(3) Information prepared and certified by the custodians

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity and Great-West, the custodians of the Plan, have certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate:

- Investments at fair value and contract value
- Notes receivable from participants
- Net appreciation in fair value of investments
- Dividends and interest
- Interest income on notes receivable from participants
- Schedule of assets (held at end of year)

The Plan's independent public accountants 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 schedules.

(4) 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) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification 820 are described below:

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

UPHAM'S CORNER HEALTH COMMITTEE, INC. 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(4) Fair value measurements (continued)

Level 2 Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

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

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 net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Money market and similar funds: Valued at the quoted NAV of shares held by the Plan at year end.

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

Investments at Fair Value as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 24,950,376	\$ -	\$ -	\$ 24,950,376
Money market and similar funds	1,022,122	-	-	1,022,122
Total assets in the fair value hierarchy	<u>\$ 25,972,498</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 25,972,498</u>
Investments at Fair Value as of December 31, 2020				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 21,451,524	\$ -	\$ -	\$ 21,451,524
Money market and similar funds	1,343,998	-	-	1,343,998
Total assets in the fair value hierarchy	<u>\$ 22,795,522</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 22,795,522</u>

UPHAM'S CORNER HEALTH COMMITTEE, INC. 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(5) Guaranteed interest fund

The Plan has entered into a fully benefit-responsive group annuity contract with Great-West on January 2, 2020. Great-West maintains the contributions in a general account which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because this asset is fully benefit-responsive, contract value is the relevant measurement attribute for the portion of net assets available for benefits attributable to the guaranteed interest fund. Contract value, as reported to Great-West, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include, but are not necessarily limited to, the following: (1) amendments to the plan document (including complete or partial termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with the Plan's participants are probable of occurring.

(6) Related party transactions and party-in-interest transactions

Certain of the Plan's investment assets are managed by Fidelity. Additionally, effective January 2, 2020, certain investment assets are managed by Empower and Great-West. These entities are the custodians of the Plan, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. FuturePlan by Ascensus (formerly known as QBI, LLC) ("FuturePlan") provides certain administrative services to the Plan. Accordingly, transactions with FuturePlan also qualify as party-in-interest.

Aggregate administrative expenses paid by the Plan to these and other service providers amounted to \$40,455 and \$20,751 for the years ended December 31, 2021 and 2020, respectively. Fees incurred by the Plan for investment management services are included in net appreciation in fair value of investments, as they are paid through revenue sharing, rather than a direct payment. The Company pays directly any other fees related to the Plan's operations.

UPHAM'S CORNER HEALTH COMMITTEE, INC. 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(7) Plan termination

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

(8) Tax status and subsequent events

The IRS has determined and issued an opinion letter dated March 31, 2017 stating that the volume submitter 403(b) plan adopted by the Plan effective January 1, 2020 is designed in accordance with the applicable sections of the Code. Although the Plan has been amended subsequent to the date of this letter, the Plan's management believes that such amendments are in compliance with the applicable requirements of the Code.

Accounting principles generally accepted in the United States of America require the Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods.

The Plan's management determined that certain current and former participants were eligible for employer contributions for the years ended December 31, 2017 through December 31, 2020 and did not receive the employer contributions that they were entitled to under the provisions of the plan document, the Code, and related regulations. In May 2021, the Plan management's evaluation for a lookback analysis found that an aggregate of \$416,474 of employer contributions would be required to be remitted to the Plan for this four-year period.

In September 2021, the Company remitted \$325,042 to the Plan on behalf of affected current and former participants for the years ended December 31, 2017 through 2019. In February 2022, the Company remitted the remaining \$91,432 to the Plan on behalf of affected current and former participants for the year ended December 31, 2020.

In September 2022, the Plan's management submitted a Voluntary Correction Program ("VCP") filing to the IRS to report the corrective measures taken, and to amend the Plan effective January 1, 2017 to clarify the eligibility requirements for participants to receive employer contributions under the Plan. The IRS has not yet reached a determination regarding this VCP filing.

UPHAM'S CORNER HEALTH COMMITTEE, INC. 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

(9) Risks and uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risk. Market risks include global events, such as a pandemic or international conflict, which could impact the value of investment securities. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported on the statements of net assets available for benefits.

(10) Delinquent participant contributions

Defined contribution plans are required to remit participant contributions to the Plan as soon as they can be reasonably segregated from the employer's general assets. While the Company has remitted all participant contributions to the Plan, contributions totaling \$23,170 and \$21,122 were not remitted within the required time period during the years ended December 31, 2020 and 2019, respectively. The Company is in the process of remitting lost earnings applicable to these delinquent participant contributions to the Plan on behalf of affected participants.

(11) Contingency

In August 2021, the DOL notified the Plan's management that it has opened a review of the Plan for the years ended December 31, 2018 and thereafter. This review is currently ongoing and the ultimate outcome cannot be determined as of the report date.

(12) Subsequent events

The Plan has evaluated subsequent events through October 17, 2022, which is the date the financial statements were available to be issued. Other than as discussed in Notes 1 and 8, no significant matters were identified for disclosure during this evaluation.

SUPPLEMENTAL SCHEDULES

UPHAM'S CORNER HEALTH COMMITTEE, INC. 403(b) RETIREMENT PLAN

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

December 31, 2021

EIN: 23-7211732

Plan number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
		Mutual funds:		
*	Fidelity	Growth Company	(1)	\$ 2,459,633
*	Fidelity	Freedom 2030		1,932,293
*	Fidelity	OTC Portfolio		1,351,517
*	Fidelity	Contrafund		1,123,334
*	Fidelity	Freedom 2040		1,001,489
*	Fidelity	500 Index		846,174
	PGIM Funds (Prudential)	PGIM Total Return Bond R6		795,522
	BlackRock	iShares S&P 500 Index K		676,403
*	Fidelity	Freedom 2050		651,447
*	Fidelity	Capital & Income		635,124
*	Fidelity	Freedom 2035		627,211
*	Fidelity	Asset Manager 85%		567,063
*	Fidelity	International Discovery		508,726
	American Funds	American Funds 2045 Target Date Retirement R6		419,776
*	Fidelity	Equity Income		391,400
*	Fidelity	Freedom 2055		384,194
*	Fidelity	Balanced		360,326
*	Fidelity	Freedom 2025		359,291
	BlackRock	iShares Russell Mid Cap Index K		354,796
*	Fidelity	Growth & Income		350,467
*	Fidelity	Fidelity International Index		342,297
	American Funds	American Funds 2025 Target Date Retirement R6		335,280
*	Fidelity	Asset Manager 50%		312,357
*	Fidelity	Strategic Dividend & Income		303,954
*	Fidelity	Small Cap Index		292,693
	Putnam	Putnam Large Cap Value R6		291,961
*	Fidelity	Freedom 2020		289,166
	American Funds	American Funds 2050 Target Date Retirement R6		286,354
	American Funds	American Funds 2040 Target Date Retirement R6		270,813
*	Fidelity	Capital Appreciation		229,937
*	Fidelity	Freedom 2045		228,777
*	Fidelity	New Markets Income		224,437
	American Funds	American Funds 2055 Target Date Retirement R6		222,832
*	Fidelity	US Bond Index		221,970
*	Fidelity	Extended Market Index		190,335
	Putnam	Putman Growth Opportunities R6		185,127
*	Fidelity	Large Cap Value Enhanced Index		183,146
*	Fidelity	Magellan		175,622
	American Funds	American Funds 2035 Target Date Retirement R6		163,423
*	Fidelity	Blue Chip Growth		159,936
*	Fidelity	Overseas		157,753
*	Fidelity	Disciplined Equity		153,830
*	Fidelity	International Sustainability Index		151,362
*	Fidelity	Freedom Index 2015 Investment		148,708
*	Fidelity	Leveraged Company Stock		148,174

UPHAM'S CORNER HEALTH COMMITTEE, INC. 403(b) RETIREMENT PLAN

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

December 31, 2021

EIN: 23-7211732

Plan number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
		Mutual funds (continued):		
*	Fidelity	Convertible Securities	(1)	138,387
*	Fidelity	Stock Select Small Cap		138,258
*	Fidelity	Total Bond		135,912
	American Funds	American Funds 2030 Target Date Retirement R6		135,731
*	Fidelity	Select Medical Technologies & Devices		135,568
	Lord Abbett	Lord Abbett Floating Rate R6		134,636
	BlackRock	iShares Russell 2000 Small Cap Index		132,595
	American Century Investments	American Century Emerging Markets R6		130,429
	MFS	MFS Global Real Estate R6		122,850
*	Fidelity	Select Software		115,067
*	Fidelity	Emerging Markets		108,091
*	Fidelity	Total Emerging Markets		107,992
*	Fidelity	Short Term Treasury Bond Index		103,624
*	Fidelity	Growth Strategies		96,793
*	Fidelity	Asset Manager 70%		96,358
*	Fidelity	Freedom Income		95,118
*	Fidelity	International Capital Appreciation		82,015
*	Fidelity	US Sustainability Index		81,878
*	Fidelity	Low Priced Stock		80,150
*	Fidelity	Freedom 2015		72,708
*	Fidelity	International Small Cap		68,143
*	Fidelity	Real Estate Income		67,600
*	Fidelity	Emerging Markets Index		63,828
*	Fidelity	Intermediate Bond		63,746
*	Fidelity	Government Income		61,854
*	Fidelity	Global Credit		60,249
*	Fidelity	Real Estate Investment		56,843
	MFS	MFS International New Discovery R6		51,166
*	Fidelity	NASDAQ Composite Index		47,454
*	Fidelity	Intermediate Government Income		44,604
*	Fidelity	Mid Cap Index		44,313
*	Fidelity	Europe		40,520
*	Great-West	Great-West International Value		40,354
*	Fidelity	Puritan		39,827
	American Funds	American Funds 2060 Target Date Retirement R6		39,203
*	Fidelity	GNMA		36,340
*	Fidelity	Mid Cap Value		35,913
*	Fidelity	Select Biotech		32,638
*	Fidelity	Global Ex US Index		31,519
*	Fidelity	Freedom 2005		25,362
*	Fidelity	Freedom 2010		24,647
	Putnam	Putnam Multi-Asset Absolute Return R6		24,629
*	Fidelity	Mid Cap Enhanced Index		23,213
*	Fidelity	Inflation Protected Bond Index		23,092
*	Fidelity	International Index		22,494

UPHAM'S CORNER HEALTH COMMITTEE, INC. 403(b) RETIREMENT PLAN

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

December 31, 2021

EIN: 23-7211732

Plan number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
		Mutual funds (continued):		
*	Fidelity	Freedom 2060	(1)	22,477
*	Fidelity	Total Market Index		21,823
*	Fidelity	Pacific Basin		18,686
	JPMorgan Funds	JPMorgan Strategic Income Opportunities		15,400
*	Fidelity	Freedom Index 2040		11,478
*	Fidelity	Select Pharmaceutical		9,801
*	Fidelity	Short Term Bond		8,961
*	Fidelity	Select IT Services		6,277
*	Fidelity	Fidelity Fund		6,213
*	Fidelity	New Millennium		5,976
*	Fidelity	Select Transport		5,846
*	Fidelity	Select Retailing		5,121
*	Fidelity	China Region		4,212
*	Fidelity	Freedom Index 2060		3,900
*	Fidelity	Select Consumer Staples		3,158
*	Fidelity	Freedom Index 2055		2,574
*	Fidelity	Asset Manager 60%		1,880
	Lord Abbett	Lord Abbett Convertible R6		1,873
*	Fidelity	Freedom Index 2035		1,724
	American Funds	American Funds 2020 Target Date Retirement R6		1,616
*	Fidelity	Select Technology		1,465
*	Fidelity	Select Healthcare		1,460
*	Fidelity	International Growth		1,345
*	Fidelity	Select Energy		1,114
*	Fidelity	Select Health Care Services		994
*	Fidelity	Freedom Index 2025		930
	PIMCO	PIMCO Preferred and Capital Securities		776
*	Fidelity	Real Estate Index		672
*	Fidelity	Corporate Bond		640
*	Fidelity	Select Technology Hardware		614
*	Fidelity	Value		427
*	Fidelity	Select Gold		303
*	Fidelity	Limited Term Government		275
*	Fidelity	Telecommunications & Utilities		209
*	Fidelity	Latin American		15
		Total mutual funds		<u>24,950,376</u>

UPHAM'S CORNER HEALTH COMMITTEE, INC. 403(b) RETIREMENT PLAN

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

December 31, 2021

EIN: 23-7211732

Plan number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investments including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
		Money market and similar funds:		
*	Fidelity	Government Cash Reserve	(1)	415,349
*	Fidelity	Government Money Market		353,971
*	Fidelity	Government Money Market Premium		246,026
*	Fidelity	Treasury Only Money Market		6,776
		Total money market and similar funds		<u>1,022,122</u>
*	Great-West	Guaranteed interest fund (at contract value)	↓	<u>274,118</u>
				<u>\$ 26,246,616</u>
*	Notes receivable from participants maturing through April 2026, with interest rates ranging between 5.25% and 6.75% per annum.		-	<u>\$ 107,484</u>

* Party-in-interest as defined by ERISA.

(1) Cost information may be omitted for plan assets which are participant-directed.

UPHAM'S CORNER HEALTH COMMITTEE, INC. 403(b) RETIREMENT PLAN

SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Year Ended December 31, 2021

EIN: 23-7211732

Plan number: 001

Participant Contributions

Transferred Late to the Plan Check Here if Late Participant Loan Repayments are Included [X]*	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under the VFCP and Prohibited Transaction Exemption 2002-51
	Contributions Not Corrected	Contributions Corrected Outside the Voluntary Fiduciary Correction Program ("VFCP")	Contributions Pending Correction in the VFCP	
Year Ended December 31, 2020:				
\$ 23,170	\$ 23,170	\$ -	\$ -	\$ -
Year Ended December 31, 2019:				
\$ 21,122	\$ 21,122	\$ -	\$ -	\$ -

* Participant loan repayments are only applicable to the year ended December 31, 2020.

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 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 _____