

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☒ special extension (enter description) <u>HURRICANE IAN</u>
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>401(A) THRIFT PLAN OF FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>02/01/2011</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>02/01/2011</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>02/01/2011</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>FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.</u> <u>PO BOX 1357</u> <u>FORT MYERS, FL 33902-1357</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>59-1741273</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>239-278-3600</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621498</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>59-1741273</u>	2c Plan Sponsor's telephone number <u>239-278-3600</u>	2d Business code (see instructions) <u>621498</u>	
2b Employer Identification Number (EIN) <u>59-1741273</u>					
2c Plan Sponsor's telephone number <u>239-278-3600</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.	02/07/2023	KATHIE HAWLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

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	689
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)	542
a(2) Total number of active participants at the end of the plan year		6a(2)	581
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	179
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	760
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	760
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	692
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	39
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2T			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>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 401(A) THRIFT PLAN OF FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.	D Employer Identification Number (EIN) 59-1741273	

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
MUTUAL OF AMERICA

(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
13-1614399	88668	058371F	760	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	2711

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
SOUTH FLORIDA REGIONAL OFFICE
1150 BROKEN SOUND PARKWAY NW 3RD FL
OOR
BOCA RATON, FL 33487-3598

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	2711	PORTION OF INCENTIVE COMP. PROGRAM	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	3371349
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	17253571

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

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

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

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

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

b	Balance at the end of the previous year	7b	3380466
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c	Additions: (1) Contributions deposited during the year	7c(1)	289844	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	36522	
	(4) Transferred from separate account.....	7c(4)	0	
	(5) Other (specify below)	7c(5)	0	

(6) Total additions	7c(6)	326366
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	3706832
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	185684	
	(2) Administration charge made by carrier.....	7e(2)	1003	
	(3) Transferred to separate account.....	7e(3)	148796	
	(4) Other (specify below)	7e(4)	0	

(5) Total deductions	7e(5)	335483
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	3371349
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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)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan 401(A) THRIFT PLAN OF FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.	D Employer Identification Number (EIN) 59-1741273	

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	
FIDELITY INVESTMENTS	82 DEVONSHIRE STREET BOSTON, MA 02109

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
VANGUARD	PO BOX 2600 VALLEY FORGE, PA 19482-2600

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DWS	222 SOUTH RIVERSIDE PLAZA CHICAGO, IL 60606-5808

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
INVESCO VI MAIN STREET	PO BOX 5270 DENVER, CO 80217-5270

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

AMERICAN CENTURY INVESTMENTS

PO BOX 419786
KANSAS CITY, MO 64141-6786**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

CALVERT

4550 MONTGOMERY AVENUE SUITE 1000N
BETHESDA, MD 20814**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN FUNDS

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PIMCO

840 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MFS

111 HUNTINGTON AVENUE
BOSTON, MA 02199**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VICTORY FUNDS

4900 TIEDEMAN ROAD, 4TH FLOOR
BROOKLYN, OH 44144**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

NEUBERGER BERMAN

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

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

GOLDMAN SACHS VIT FUNDS

200 WEST STREET
NEW YORK, NY 10282

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

DELAWARE FUNDS

ONE COMMERCE SQUARE,
2005 MARKET STREET
PHILADELPHIA, PA 19103

(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)

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE
NEW YORK, NY 10022

(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?
12 15	INSURANCE CARRIER	5183	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Part II Information on Participating Plans (to be completed by DFEs)

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

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

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 401(A) THRIFT PLAN OF FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.	D Employer Identification Number (EIN) 59-1741273	

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)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13344489	17253571
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3380466	3371349
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	16724955 20624920
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	16724955 20624920

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	2058229
	(B) Participants	2a(1)(B)	0
	(C) Others (including rollovers).....	2a(1)(C)	0
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	2058229
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)	0
	(F) Other	2b(1)(F)	36523
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	36523
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		2623874
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		4718626
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	813478	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		813478
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	5183	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		5183
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		818661
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		3899965
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: TUSCAN & COMPANY, PA

(2) EIN: 26-0254161

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		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 401(A) THRIFT PLAN OF FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.	B Three-digit plan number (PN) ► 003
C Plan sponsor's name as shown on line 2a of Form 5500 FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.	D Employer Identification Number (EIN) 59-1741273

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): 13-3590259		
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	0

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

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

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

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

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**FAMILY HEALTH CENTERS
OF SOUTHWEST FLORIDA, INC.
401(a) PROFIT-SHARING PLAN
FINANCIAL STATEMENTS, TOGETHER WITH
REPORT OF INDEPENDENT AUDITOR
YEARS ENDED
DECEMBER 31, 2021 AND 2020**

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 All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) have been omitted because there is no information to report.	

INDEPENDENT AUDITOR'S REPORT - 2021

Plan Committee
Family Health Centers of Southwest Florida, Inc.
401(a) Profit-Sharing Plan
P.O. Box 1357
2256 Heitman Street
Fort Myers, Florida 33902

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

We have performed an audit of the accompanying financial statements (modified cash basis) and the supplementary schedules of Family Health Centers of Southwest Florida, Inc. 401(a) Profit-Sharing 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). The financial statements comprise the Statement of Net Assets Available for Plan Benefits (modified cash basis) as of December 31, 2021, and the related Statement of Changes in Net Assets Available for Plan Benefits (modified cash basis) 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 Family Health Centers of Southwest Florida, Inc. 401(a) Profit-Sharing Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan by Mutual of America Life Insurance Company that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets held are prepared and certified by Mutual of America Life Insurance Company in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from Mutual of America Life Insurance Company as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note D to the financial statements, is complete and accurate.

INTEGRITY SERVICE EXPERIENCE

Opinion

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

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

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Family Health Centers of Southwest Florida, Inc. 401(a) Profit-Sharing 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.

Basis of Accounting

As described in NOTE B, these financial statements and the supplementary schedules were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

Management's Responsibilities for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note B; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in these circumstances. Management is also responsible 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, Plan management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Family Health Centers of Southwest Florida, Inc. 401(a) Profit-Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risk 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 made by management, as well as evaluate the overall presentation of 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 Family Health Centers of Southwest Florida, Inc. 401(a) Profit-Sharing Plan's internal controls. 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 Family Health Centers of Southwest Florida, Inc. 401(a) Profit-Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

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 the modified cash basis of accounting.

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.

Supplementary Schedules Required by ERISA

The supplementary schedules of Reportable Transactions and Assets Held for Investment Purposes (modified cash basis) are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 supplementary schedules, other than that agreed to or derived from certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplementary schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

Plan Committee
Family Health Centers of Southwest Florida, Inc.
401(a) Profit-Sharing Plan
Page 5

In forming our opinion on the supplementary schedules, we evaluated whether the supplementary 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 supplementary schedules, other than the information in the supplementary 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 supplementary schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

A handwritten signature in black ink that reads "Tuscan & Company, P.A." in a cursive, flowing script.

TUSCAN & COMPANY, P.A.
Fort Myers, Florida
October 6, 2022

INDEPENDENT AUDITOR'S REPORT - 2020

Plan Committee
Family Health Centers of Southwest Florida, Inc.
401(a) Profit-Sharing Plan
P.O. Box 1357
2256 Heitman Street
Fort Myers, Florida 33902

Report on the Financial Statements

We were engaged to audit the financial statements and the supplementary schedules (modified cash basis) of the Family Health Centers of Southwest Florida, Inc. 401(a) Profit-Sharing Plan (the "Plan") which comprise the Statement of Net Assets Available for Plan Benefits (modified cash basis) as of December 31, 2020, and the related Statement of Changes in Net Assets Available for Plan Benefits (modified cash basis) for the year then ended and related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note B; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in these circumstances. Management is also responsible 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.

Auditor's Responsibility

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

INTEGRITY SERVICE EXPERIENCE

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in NOTE D, which was certified by Mutual of America Life Insurance Company, the trustee/custodian of the Plan, except for comparing the information with the related information included in these financial statements and the supplementary schedules. We have been informed by the Plan administrator that the trustee/custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee/custodian as of and for the year ended December 31, 2020, that the financial information provided to the Plan administrator by the trustee/custodian is complete and accurate (29 CFR 2520.103-5(c)).

Basis of Accounting

As described in NOTE B, these financial statements and the supplementary schedules were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

Disclaimer of Opinion

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

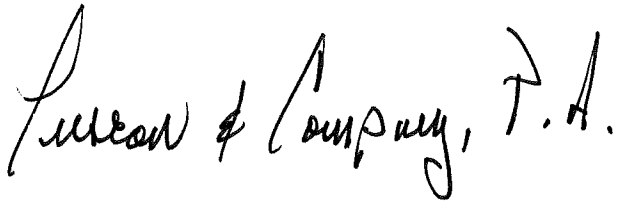
Other Matter

The supplementary schedules are the responsibility of Plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplementary schedules referred to above.

Plan Committee
Family Health Centers of Southwest Florida, Inc.
401(a) Profit-Sharing Plan
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Report on Form and Content in Compliance With DOL Rules and Regulations

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

A handwritten signature in black ink that reads "TUSCAN & COMPANY, P.A." in a cursive, stylized script.

TUSCAN & COMPANY, P.A.
Fort Myers, Florida
October 6, 2022

FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.

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401(a) PROFIT-SHARING PLAN**STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS****(MODIFIED CASH BASIS)****December 31, 2021 and 2020**

	<u>2021</u>	<u>2020</u>
ASSETS		
Investments, at fair value		
Mutual of America Life Insurance Company		
Contract Number 058-371-F-1A		
General interest accumulation account	\$ 3,371,349	\$ 3,380,466
Mutual funds	<u>17,253,571</u>	<u>13,344,490</u>
TOTAL INVESTMENTS	20,624,920	16,724,956
Employer contributions receivable		
Required employer contributions	199,106	123,919
Forfeitures applied	5	54,945
Discretionary employer contributions	<u>626,104</u>	<u>534,604</u>
	<u>825,215</u>	<u>713,468</u>
TOTAL ASSETS	<u>21,450,135</u>	<u>17,438,424</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u><u>\$ 21,450,135</u></u>	<u><u>\$ 17,438,424</u></u>

The accompanying notes are an integral part of this statement.

FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.
401(a) PROFIT-SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR
PLAN BENEFITS (MODIFIED CASH BASIS)
Years ended December 31, 2021 and 2020

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ADDITIONS TO NET ASSETS ATTRIBUTED TO:

	<u>2021</u>	<u>2020</u>
Investment income (loss)		
Investment earnings:		
Forfeitures interest earnings	\$ 56	\$ 79
Interest and dividends	36,466	42,501
Net realized and unrealized gains & losses	<u>2,623,874</u>	<u>2,125,723</u>
TOTAL INVESTMENT INCOME (LOSS)	<u>2,660,396</u>	<u>2,168,303</u>
Contributions		
Employer (cash):		
Required contributions	1,683,136	1,395,695
Forfeitures applied	5	54,945
Discretionary contributions	626,104	534,604
Rollovers	<u>-</u>	<u>8,336</u>
TOTAL CONTRIBUTIONS	<u>2,309,245</u>	<u>1,993,580</u>
TOTAL ADDITIONS (REDUCTIONS)		
TO NET ASSETS	<u>4,969,641</u>	<u>4,161,883</u>

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	813,478	1,120,186
Forfeitures	139,269	97,781
Administrative expenses	<u>5,183</u>	<u>2,538</u>
TOTAL DEDUCTIONS		
FROM NET ASSETS	<u>957,930</u>	<u>1,220,505</u>

Net increase (decrease) in net assets	4,011,711	2,941,378
---------------------------------------	-----------	-----------

Net assets available for plan benefits:

BEGINNING OF YEAR	<u>17,438,424</u>	<u>14,497,046</u>
END OF YEAR	<u>\$ 21,450,135</u>	<u>\$ 17,438,424</u>

The accompanying notes are an integral part of this statement.

FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.
401(a) PROFIT-SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 and 2020

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NOTE A - DESCRIPTION OF PLAN

The following description of Family Health Centers of Southwest Florida, Inc.'s (the "Family Health Centers") 401(a) Profit-Sharing Plan (the "Plan") provides only general information. Participants should refer to the Summary Plan Description or Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a participant directed single-employer defined contribution 401(a) profit-sharing plan (Plan 003) covering all eligible employees of Family Health Centers. The Plan was previously referred to as "Benefit Plan of Family Health Centers of Southwest Florida, Inc.", "Money Purchase Pension Plan," "Thrift 401(a) Money Purchase Pension Plan Fund" and "Employee Benefit Plan of Family Health Centers of Southwest Florida, Inc." in its various filings and legal documents. The Plan now operates under the name of the "401(a) Profit-Sharing Plan" and the net assets available for Plan benefits of the Plan are reported herein. As such, effective February 1, 2011, the Plan transferred its assets from the Thrift 401(a) Money Purchase Pension Plan Fund to the 401(a) Profit-Sharing Plan. The Plan provides for required and discretionary employer contributions. The Plan prohibits employee contributions. The Plan was originally adopted on January 1, 1978 and amended January 1, 1994. The Plan was subsequently amended for certain law and technical changes on November 19, 2002. The Plan was, again, amended to reduce the employer required contribution rate from 8.75% to 5.0% of qualified employee compensation effective November 1, 2006. The Plan was further amended on February 1, 2011, to provide for discretionary employer contribution of 2% of qualified compensation of eligible participants enrolled in the Plan. Effective January 1, 2016, the Plan was clarified to direct future Plan forfeitures to reduce future employer contributions. The Plan is designated Plan #003 and is intended to provide participants with future retirement benefit opportunities. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Administration

The management and administration of the Plan is the responsibility of Family Health Centers (the "Company") or its designee. Family Health Centers has designated Mutual of America Life Insurance Company (Mutual) as trustee of all the Plan's assets including substantially all the responsibility for investment and reinvestment at

FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.
401(a) PROFIT-SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 and 2020

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NOTE A - DESCRIPTION OF PLAN, CONTINUED

Plan Administration, continued

the direction of the participants. Mutual also has the responsibility for control and disbursement of the funds of the Plan. Mutual holds, and is the custodian of, all the assets of the Plan. Mutual acts as Family Health Centers' designated Servicing Agent and accounts for participant information and the Plan's annual financial activity and reporting.

Administrative expenses incurred by the designated Trustee are paid for by the Plan with Plan assets. All other Plan expenses (including the custodial fees of participant charges, per life charges, and contract fees) are paid for by Family Health Centers.

There were no Plan amendments effective or approved during the years ended December 31, 2021 or 2020.

Eligibility

All employees, except non-resident aliens, and members of a bargaining unit qualify for participation in the Plan at the beginning of the month immediately following completion of one year of service and the attainment of age twenty-one (21) having completed a minimum of 1,000 hours of service in the year of entry to the Plan.

Plan Receivables

During January 2022, the Board approved an employer discretionary contribution to all employees who were enrolled in the Plan as of December 31, 2021 for the year ended December 31, 2021. This additional employer discretionary contribution was 2% of the employee's qualified compensation. The amount of this contribution was \$626,104, which was paid to the Plan in February 2022.

During January 2021, the Board approved an employer discretionary contribution to all employees who were enrolled in the Plan as of December 31, 2020 for the year ended December 31, 2020. This additional employer discretionary contribution was 2% of the employee's qualified compensation. The amount of this contribution was \$534,604, which was paid to the Plan in March 2021.

FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.
401(a) PROFIT-SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 and 2020

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NOTE A - DESCRIPTION OF PLAN, CONTINUED

Plan Receivables, continued

Required employer contributions receivable at December 31, 2021 and 2020 were \$199,106 and \$123,919, respectively.

Contributions

Employer:

The Plan was amended effective January 1, 1994 to allow Family Health Centers (Employer) to make monthly contributions to the Plan equal to 8.75% of qualified employee compensation. The Plan was then amended effective November 1, 2006. This amendment changed the required employer contribution (non-matching) percentage from 8.75% to 5% of qualified employee compensation. The Plan was, subsequently, amended to provide for discretionary employer contributions. Effective February 1, 2011, the Plan fixed employer discretionary contributions (non-match) of 2% of employee compensation. It also allows for additional employer discretionary contributions. This amount, if any, is determinable at the sole discretion of the employer. Contributions are made without regard to current or accumulated net profits. All employer contributions were in the form of cash or forfeitures.

Employee:

No employee contributions are required or permitted.

The Plan accepts rollover contributions.

Forfeitures

As of December 31, 2021 and 2020, forfeited non-vested accounts unallocated to participants totaled \$5 and \$54,945, respectively. These accounts are invested in the general interest accumulation account and will be used to reduce future employer contributions. During the years ended December 31, 2021 and 2020, employer contributions were reduced by \$139,269 and \$97,781 from forfeited non-vested accounts, respectively.

FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.
401(a) PROFIT-SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 and 2020

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NOTE A - DESCRIPTION OF PLAN, CONTINUED

Participant Accounts

Each participant's account is credited with the allocation of Family Health Centers' contribution based upon each participant's qualified compensation. Amounts allocated to accounts of vested participants who, at Plan year end, have elected to withdraw from the Plan but have not been paid are identified by the trustee/custodian and will be disbursed as prescribed by the Plan documents and as elected by the participant. At December 31, 2021 and 2020, such allocated amounts were \$3,980,870 and \$3,234,084, respectively. Plan earnings, gains, losses, and expenses are allocated based on individual participant's account balances. The benefit to which a participant is entitled is the benefit that can be provided from the respective participant's vested account.

Participants may select any of the investment options as listed in Note D, to invest their respective participant account.

Vesting

Participants become 100% vested upon attainment of normal retirement age (i.e.: 65) or five (5) years of qualified service or if employment terminates prior to attainment of normal retirement age due to death or disability. Upon termination of employment for any other reason, a participant is entitled to a portion of employer contributions in their account in accordance with the following vesting schedule:

<u>Years of Vesting Service</u>	<u>Vested Percentage</u>
Less than 1	0%
One	10%
Two	20%
Three	40%
Four	60%
Five or more	100%

Employees are immediately vested in their own (employee) contributions (rollovers).

FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.
401(a) PROFIT-SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 and 2020

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NOTE A - DESCRIPTION OF PLAN, CONTINUED

Vesting, continued

Effective January 1, 2002, credited service with member organizations of Health Choice Network shall be counted towards the minimum service and years of Plan vesting requirements.

Participant Loans

No participant loans are permitted under this Plan.

Payment of Benefits

Upon termination of service, retirement, early retirement, death or disability a participant may, with spousal consent, elect to receive either a lump-sum amount equal to the value of their account or various installment plans over a specified time frame. Early retirement age is defined as attainment of age 55. Normal retirement age is defined as attainment of age 65. If a participant elects payment of benefits while actively employed, required minimum distributions must be paid in the form of annual withdrawals.

Hardship withdrawals are not permitted.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following is a summary of the significant accounting policies used in the preparation of these financial statements:

Accounting Basis

The Family Health Centers of Southwest Florida, Inc. 401(a) Profit-Sharing Plan prepares its financial statements and notes thereto using the modified cash basis of accounting. Under this comprehensive basis of accounting, generally, no provision will be made to record items which have been incurred but not paid or earned but not received. Accordingly, the accompanying financial statements are not intended to present financial position or results of operations in conformity with accounting principles generally accepted in the United States of America.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Fair Value of Financial Instruments

FASB ASC 825-10-50-21 (formerly Financial Accounting Standards Board Statement No. 107), "Disclosures About Fair Value of Financial Instruments," requires disclosure of fair value information about financial instruments for which it is practicable to estimate that value. The carrying amounts of cash and money market accounts approximate fair value due to the short maturity of those instruments.

Investments

The Plan's investments are stated at fair market value. The value of each mutual fund is determined at the close of each business day based on quoted or appraised market value. The value of each such account is expressed in units. The unit value is the dollar value of one unit and is determined at the close of each business day by dividing the value of the entire account by the total number of units in the account. The units of the guaranteed interest account (interest accumulation account) are stated at market value, which is the value paid any time funds are withdrawn prior to their maturity.

Income Recognition

Transactions are accounted for using the transaction date. Realized gains or losses are determined on the basis of actual cost. In accordance with the policy of stating investments at fair value, any change in unrealized appreciation or depreciation for the year is reflected in the Statements of Changes in Net Assets Available for Plan Benefits. Both realized and unrealized gain/appreciation and loss/depreciation, as well as interest/dividend income, are recorded and reflected as investment income.

Income Tax Status

The Plan received an original determination letter from the IRS dated February 11, 1997, stating that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Due to various amendments being implemented subsequent to the receipt of the original determination letter, the Plan received an additional determination letter from the IRS dated July 1, 2004. Although the Plan has been amended since receiving the most recent determination letter, the Plan's management believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and believe that the Plan is

FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.
401(a) PROFIT-SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 and 2020

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NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Income Tax Status, continued

qualified and tax exempt. Therefore, no income tax expense was incurred or accrued.

Accounting principles require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

The Plan's annual return Form 5500 for the prior three (3) fiscal years remain open and subject to examination by tax authorities, and may change upon examination.

Parties-in-Interest Transactions

Plan investments are held by Mutual, which is the Trustee/Custodian as defined by the Plan. Mutual also performs certain Plan administrative functions and is considered a party-in-interest.

Certain administrative functions are performed by employees of the employer (Plan sponsor). No such employee receives compensation from the Plan. The Company is also considered a party-in-interest.

Plan Termination

Although Family Health Centers has not expressed any intent to do so, Family Health Centers has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants become 100% vested in their individual accounts.

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results may differ from those estimates.

FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.
401(a) PROFIT-SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 and 2020

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NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Subsequent Events

Subsequent events have been evaluated through October 6, 2022, which is the date the financial statements were available to be issued.

NOTE C - MARKET RISK

The Plan invests in various mutual fund investments. All of the Plan's investments are recorded at fair market value, in accordance with the reporting requirements governing the Plan, with net changes in value reflected as net appreciation (depreciation) in fair value of investments. The market value of these investments is primarily dependent upon the national and global economy and are subject to market factors and fluctuation, which may result in a loss of capital (principal).

FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.
401(a) PROFIT-SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 and 2020

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NOTE D - INVESTMENTS

The following table represents the fair value of the Plan's investments maintained by the trustee/custodian at December 31:

	2021	2020
<u>Mutual (Custodian and Trustee)**</u>		
(1) General Interest Accumulation Account	\$ 3,371,349 *	\$ 3,380,466 *
Mutual Funds:		
(1) Aggressive Allocation Fund	1,912,233 *	1,591,860 *
(1) Conservative Allocation Fund	39,808	38,342
(1) Moderate Allocation Fund	643,524	530,785
(1) Bond Fund	184,958	180,009
(1) T. Rowe Price Blue Chip Growth	496,936	347,298
(1) Composite Fund	4,138	3,416
(1) Calvert Social Balanced Fund	5,333	3,049
(1) Delaware VIP Small Cap Value	11,528	-
(1) Equity Index Fund	1,928,309 *	1,451,940 *
(1) Fidelity VIP Mid Cap	477,503	360,394
(1) Fidelity VIP II Asset Manager	287,297	312,678
(1) Fidelity VIP II Contrafund	1,532,574 *	1,176,737 *
(1) Fidelity VIP Equity - Income	79,183	61,191
(1) Goldman Sachs VIT US Equity	7,248	80
(1) Goldman Sachs VIT Small Cap	5,893	-
(1) American Funds IS New World	17,440	16,642
(1) Money Market Fund	77,212	73,703
(1) Mid-Term Bond Fund	35,125	40,774
(1) Mid-Cap Equity Index Fund	605,539	473,262
(1) Mid Cap Value Fund	110,773	72,066
(1) Neuberger Berman Sustainable Equity	9,883	4,019
(1) International Fund	11,865	9,900
(1) Oppenheimer Main Street VA	20,680	18,102
(1) Retirement Income Fund	45,510	53,816
(1) Vanguard VIF REIT Index	64,406	39,783
(1) PIMCO VIT Real Return	37,800	13,406
(1) Victory RS Small Cap Growth	10,819	4,420
(1) 2015 Retirement Fund	3,397	2,750
(1) 2021 Retirement Fund	61,463	37,856
(1) 2025 Retirement Fund	370,479	339,366
(1) 2030 Retirement Fund	382,447	271,553
(1) 2035 Retirement Fund	258,881	181,993
(1) 2040 Retirement Fund	913,755	666,761
(1) 2045 Retirement Fund	1,015,624	832,839
(1) 2050 Retirement Fund	1,386,806 *	969,924 *
(1) 2055 Retirement Fund	959,314	601,981
(1) 2060 Retirement Fund	316,967	162,009
(1) 2065 Retirement Fund	13,499	1,888
(1) All America Fund	64,430	50,885
(1) Small Cap Equity Index Fund	28,692	4,999
(1) Deutsche VSI Capital Growth VIP	405,841	289,152
(1) Small Cap Growth Fund	485,126	411,974
(1) Small Cap Value Fund	157,888	128,025
(1) American Century VP Capital Appreciation	650,878	560,805
(1) Vanguard VIF Diversified Value	394,322	271,130
(1) Vanguard VIF International	687,090	660,192
(1) Vanguard Total Bond Market 1	33,155	20,736
	<u>17,253,571</u>	<u>13,344,490</u>
TOTAL INVESTMENTS	\$ <u>20,624,920</u>	\$ <u>16,724,956</u>

* Investments equal to or greater than 5% of assets available for Plan benefits at the end of the Plan year.

** Mutual is considered a Party-in-Interest

(1) Investment held by Mutual Life Insurance Company.

401(a) PROFIT-SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2021 and 2020

NOTE D - INVESTMENTS, CONTINUED

Information Certified by Trustee

The Plan administrator has received certification from the trustee/custodian as to all data appearing in the financial statements (including data regarding investments appearing in NOTE D, which has been reconciled to such certification) except the following:

- Determination of amount contributed or to be contributed by Family Health Centers
- Tax status
- Plan description

NOTE E - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for plan benefits and consist of the following at December 31:

			Fair Value Measurements Using:
		Level not Assigned*	Quoted Prices in Active Markets for Identical Assets Level (1)
	Fair Value		
<u>2021</u>			
General Interest Accumulation Account	\$ 3,371,349	\$ 3,371,349	\$ -
Mutual Funds	<u>17,253,571</u>	<u>-</u>	<u>17,253,571</u>
TOTAL INVESTMENTS	<u>\$ 20,624,920</u>	<u>\$ 3,371,349</u>	<u>\$ 17,253,571</u>
<u>2020</u>			
General Interest Accumulation Account	\$ 3,380,466	\$ 3,380,466	\$ -
Mutual Funds	<u>13,344,490</u>	<u>-</u>	<u>13,344,490</u>
TOTAL INVESTMENTS	<u>\$ 16,724,956</u>	<u>\$ 3,380,466</u>	<u>\$ 13,344,490</u>

* Considered a cash equivalent by Mutual of America

NOTE E - FAIR VALUE MEASUREMENTS, CONTINUED

Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820-10-50-1 through 820-10-50-8 (formerly Statement of Financial Accounting Standards (SFAS) No. 157, "Fair Value Measurements") established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level (1) inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level (1) inputs because they generally provide the most reliable evidence of fair value. No Level (2) or Level (3) inputs were used by the Plan.

The General Account (i.e. Interest Accumulation Account) has been analyzed and determined by the Trustee/Custodian to be a cash equivalent and therefore, not subject to the leveling requirements.

Level (1) Fair Value Measurements

The fair value of the mutual funds is based on quoted market values at the close of each business day and are considered Level 1 inputs.

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ended December 31, 2021 and 2020 are reported as net realized and unrealized gains and losses of fair value of investments.

FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.
401(a) PROFIT-SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 and 2020

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NOTE F - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the financial statements to the Form 5500 at December 31:

	<u>2021</u>	<u>2020</u>
Net assets, beginning of year, January 1,		
per the financial statements	\$ 17,438,424	\$ 14,497,046
Less: Prior year employer contributions rec.	<u>(713,469)</u>	<u>(616,532)</u>
Net assets, beginning of year, January 1,		
per Form 5500	<u>\$ 16,724,955</u>	<u>\$ 13,880,514</u>
 Net assets, end of year, December 31,		
per the financial statements	\$ 21,450,135	\$ 17,438,424
Less: Employer contributions receivable	<u>(825,215)</u>	<u>(713,469)</u>
Net assets, end of year, December 31,		
per Form 5500	<u>\$ 20,624,920</u>	<u>\$ 16,724,955</u>

The following is a reconciliation of the financial statements to the Form 5500 for the year ended December 31:

	<u>2021</u>	<u>2020</u>
Net increase (decrease) in Net Assets		
per financial statements	\$ 4,011,711	\$ 2,941,378
Less: change in employer contributions		
receivable	(111,747)	(96,937)
Plus (less): Rounding	<u>1</u>	<u>-</u>
Net increase (decrease) in Net Assets		
per Form 5500	<u>\$ 3,899,965</u>	<u>\$ 2,844,441</u>

SUPPLEMENTARY SCHEDULES

FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.

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401(a) PROFIT-SHARING PLAN**EIN 59-1741273****PLAN NUMBER: 003****SCHEDULE 1****FORM 5500, PART IV, SCHEDULE H, line (4)(j) - REPORTABLE TRANSACTIONS****For the year ended December 31, 2021**

				TOTAL	TOTAL	
IDENTITY		NUMBER	NUMBER	DOLLAR	DOLLAR	
OF PARTY	DESCRIPTION	OF	OF	VALUE OF	VALUE OF	
INVOLVED	OF ASSETS	PURCHASES	SALES	PURCHASES	SALES	DATE

None Noted

Reportable transaction is defined as an individual or series of transactions which exceed 5% or more of the Plan's assets at the beginning of the year.

FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.

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401(a) PROFIT-SHARING PLAN**EIN 59-1741273****PLAN NUMBER: 003****SCHEDULE 2****FORM 5500, PART IV, SCHEDULE H, line (4)(j) - REPORTABLE TRANSACTIONS****For the year ended December 31, 2020**

				TOTAL	TOTAL	
IDENTITY		NUMBER	NUMBER	DOLLAR	DOLLAR	
OF PARTY	DESCRIPTION	OF	OF	VALUE OF	VALUE OF	
INVOLVED	OF ASSETS	PURCHASES	SALES	PURCHASES	SALES	DATE

None Noted

Reportable transaction is defined as an individual or series of transactions which exceed 5% or more of the Plan's assets at the beginning of the year.

FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.

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401(a) PROFIT-SHARING PLAN

EIN 59-1741273

PLAN NUMBER: 003

SCHEDULE 3

FORM 5500, SCHEDULE H, PART IV, LINE 4i - ASSETS HELD FOR INVESTMENT PURPOSES AT THE END OF PLAN YEAR (MODIFIED CASH BASIS)

December 31, 2021

IDENTITY OF ISSUER	DESCRIPTION OF INVESTMENT	CURRENT YEAR COST (2)	CURRENT VALUE	
MA(1)	General Account Fund - Contract #058-371-F-1A	\$ -	\$ 3,371,349	*
	Mutual Funds:			
MA(1)	Aggressive Allocation Fund	-	1,912,233	*
MA(1)	Conservative Allocation Fund	-	39,808	
MA(1)	Moderate Allocation Fund	-	643,524	
MA(1)	Bond Fund	-	184,958	
MA(1)	T. Rowe Price Blue Chip Growth	-	496,936	
MA(1)	Composite Fund	-	4,138	
MA(1)	Calvert Social Balanced Fund	-	5,333	
MA(1)	Delaware VIP Small Cap Value	-	11,528	
MA(1)	Equity Index Fund	-	1,928,309	*
MA(1)	Fidelity VIP Mid Cap	-	477,503	
MA(1)	Fidelity VIP II Asset Manager	-	287,297	
MA(1)	Fidelity VIP II Contrafund	-	1,532,574	*
MA(1)	Fidelity VIP Equity - Income	-	79,183	
MA(1)	Goldman Sachs VIT US Equity	-	7,248	
MA(1)	Goldman Sachs VIT Small Cap	-	5,893	
MA(1)	American Funds IS New World	-	17,440	
MA(1)	Money Market Fund	-	77,212	
MA(1)	Mid-Term Bond Fund	-	35,125	
MA(1)	Mid-Cap Equity Index Fund	-	605,539	
MA(1)	Mid Cap Value Fund	-	110,773	
MA(1)	Neuberger Berman Sustainable Equity	-	9,883	
MA(1)	International Fund	-	11,865	
MA(1)	Oppenheimer Main Street VA	-	20,680	
MA(1)	Retirement Income Fund	-	45,510	
MA(1)	Vanguard VIF REIT Index	-	64,406	
MA(1)	PIMCO VIT Real Return	-	37,800	
MA(1)	Victory RS Small Cap Growth	-	10,819	
MA(1)	2015 Retirement Fund	-	3,397	
MA(1)	2021 Retirement Fund	-	61,463	
MA(1)	2025 Retirement Fund	-	370,479	
MA(1)	2030 Retirement Fund	-	382,447	
MA(1)	2035 Retirement Fund	-	258,881	
MA(1)	2040 Retirement Fund	-	913,755	
MA(1)	2045 Retirement Fund	-	1,015,624	
MA(1)	2050 Retirement Fund	-	1,386,806	*
MA(1)	2055 Retirement Fund	-	959,314	
MA(1)	2060 Retirement Fund	-	316,967	
MA(1)	2065 Retirement Fund	-	13,499	
MA(1)	All America Fund	-	64,430	
MA(1)	Small Cap Equity Index Fund	-	28,692	
MA(1)	Deutsche VSI Capital Growth VIP	-	405,841	
MA(1)	Small Cap Growth Fund	-	485,126	
MA(1)	Small Cap Value Fund	-	157,888	
MA(1)	American Century VP Capital Appreciation	-	650,878	
MA(1)	Vanguard VIF Diversified Value	-	394,322	
MA(1)	Vanguard VIF International	-	687,090	
MA(1)	Vanguard Total Bond Market	-	33,155	
		-	17,253,571	
		\$ -	\$ 20,624,920	

*Investment equal to or greater than 5% of net assets available for Plan benefits (fair value) at the end of the Plan year.

(1) MA - Mutual of America Life Insurance Company, considered a Party-in-Interest.

(2) This column is blank as all investments are participant directed.

FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.

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401(a) PROFIT-SHARING PLAN

EIN 59-1741273

PLAN NUMBER: 003

SCHEDULE 4

FORM 5500, SCHEDULE H, PART IV, LINE 4i - ASSETS HELD FOR INVESTMENT PURPOSES AT THE END OF PLAN YEAR (MODIFIED CASH BASIS)

December 31, 2020

IDENTITY OF ISSUER	DESCRIPTION OF INVESTMENT	CURRENT YEAR COST (2)	CURRENT VALUE	
MA(1)	General Account Fund - Contract #058-371-F-1A	\$ -	\$ 3,380,466	*
	Mutual Funds:			
MA(1)	Aggressive Allocation Fund	-	1,591,860	*
MA(1)	Conservative Allocation Fund	-	38,342	
MA(1)	Moderate Allocation Fund	-	530,785	
MA(1)	Bond Fund	-	180,009	
MA(1)	T. Rowe Price Blue Chip Growth	-	347,298	
MA(1)	Composite Fund	-	3,416	
MA(1)	Calvert Social Balanced Fund	-	3,049	
MA(1)	Equity Index Fund	-	1,451,940	*
MA(1)	Fidelity VIP Mid Cap	-	360,394	
MA(1)	Fidelity VIP II Asset Manager	-	312,678	
MA(1)	Fidelity VIP II Contrafund	-	1,176,737	*
MA(1)	Fidelity VIP Equity - Income	-	61,191	
MA(1)	Goldman Sachs VIT US Equity	-	80	
MA(1)	American Funds IS New World	-	16,642	
MA(1)	Money Market Fund	-	73,703	
MA(1)	Mid-Term Bond Fund	-	40,774	
MA(1)	Mid-Cap Equity Index Fund	-	473,262	
MA(1)	Mid Cap Value Fund	-	72,066	
MA(1)	Neuberger Berman Sustainable Equity	-	4,019	
MA(1)	International Fund	-	9,900	
MA(1)	Oppenheimer Main Street VA	-	18,102	
MA(1)	Retirement Income Fund	-	53,816	
MA(1)	Vanguard VIF REIT Index	-	39,783	
MA(1)	PIMCO VIT Real Return	-	13,406	
MA(1)	Victory RS Small Cap Growth	-	4,420	
MA(1)	2015 Retirement Fund	-	2,750	
MA(1)	2021 Retirement Fund	-	37,856	
MA(1)	2025 Retirement Fund	-	339,366	
MA(1)	2030 Retirement Fund	-	271,553	
MA(1)	2035 Retirement Fund	-	181,993	
MA(1)	2040 Retirement Fund	-	666,761	
MA(1)	2045 Retirement Fund	-	832,839	
MA(1)	2050 Retirement Fund	-	969,924	*
MA(1)	2055 Retirement Fund	-	601,981	
MA(1)	2060 Retirement Fund	-	162,009	
MA(1)	2065 Retirement Fund	-	1,888	
MA(1)	All America Fund	-	50,885	
MA(1)	Small Cap Equity Index Fund	-	4,999	
MA(1)	Deutsche VSI Capital Growth VIP	-	289,152	
MA(1)	Small Cap Growth Fund	-	411,974	
MA(1)	Small Cap Value Fund	-	128,025	
MA(1)	American Century VP Capital Appreciation	-	560,805	
MA(1)	Vanguard VIF Diversified Value	-	271,130	
MA(1)	Vanguard VIF International	-	660,192	
MA(1)	Vanguard Total Bond Market1	-	20,736	
		-	13,344,490	
		\$ -	\$ 16,724,956	

*Investment equal to or greater than 5% of net assets available for Plan benefits (fair value) at the end of the Plan year.

(1) MA - Mutual of America Life Insurance Company, considered a Party-in-Interest.

(2) This column is blank as all investments are participant directed.

Attachment to January 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name 401(A) THRIFT PLAN OF

EIN: 59-1741273

Plan Sponsor's Name FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.

PN: 003

(a)	(b) identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral par, or maturity value.	(d) Cost	(e) Current value
*	Mutual of America	GROUP ANNUITY CONTRACT GENERAL ACCOUNT		3,371,349
*	Mutual of America	GROUP ANNUITY CONTRACT Aggressive Allocation Fund		1,912,233
*	Mutual of America	GROUP ANNUITY CONTRACT Conservative Allocation Fund		39,808
*	Mutual of America	GROUP ANNUITY CONTRACT Moderate Allocation Fund		643,524
*	Mutual of America	GROUP ANNUITY CONTRACT Bond Fund		184,958
*	Mutual of America	GROUP ANNUITY CONTRACT T. Rowe Price Blue Chip Growth		496,936
*	Mutual of America	GROUP ANNUITY CONTRACT Composite Fund		4,138
*	Mutual of America	GROUP ANNUITY CONTRACT Calvert VP SRI Balanced Port.		5,333
*	Mutual of America	GROUP ANNUITY CONTRACT Delaware VIP Small Cap Value S		11,528
*	Mutual of America	GROUP ANNUITY CONTRACT Equity Index Fund		1,928,309
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Mid-Cap		477,503
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Asset Manager		287,297
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Contrafund		1,532,574
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Equity Income		79,183
*	Mutual of America	GROUP ANNUITY CONTRACT Goldman Sachs VIT US Equity		7,248
*	Mutual of America	GROUP ANNUITY CONTRACT Goldman Sachs VIT Small Cap		5,893
*	Mutual of America	GROUP ANNUITY CONTRACT American Funds IS New World		17,440
*	Mutual of America	GROUP ANNUITY CONTRACT Money Market Fund		77,212
*	Mutual of America	GROUP ANNUITY CONTRACT Mid-Term Bond Fund		35,125

Attachment to January 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name 401(A) THRIFT PLAN OF

EIN: 59-1741273

Plan Sponsor's Name FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.

PN: 003

(a)	(b) identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral par, or maturity value.	(d) Cost	(e) Current value
*	Mutual of America	GROUP ANNUITY CONTRACT Mid-Cap Equity Index Fund		605,539
*	Mutual of America	GROUP ANNUITY CONTRACT Mid Cap Value Fund		110,773
*	Mutual of America	GROUP ANNUITY CONTRACT Neuberger Berman AMT Sust Eq		9,883
*	Mutual of America	GROUP ANNUITY CONTRACT International Fund		11,865
*	Mutual of America	GROUP ANNUITY CONTRACT Invesco Oppenheimer VI Main St		20,680
*	Mutual of America	GROUP ANNUITY CONTRACT Retirement Income Fund		45,510
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Real Estate Index		64,406
*	Mutual of America	GROUP ANNUITY CONTRACT PIMCO VIT Real Return Port.		37,800
*	Mutual of America	GROUP ANNUITY CONTRACT Victory RS Small Cap Growth		10,819
*	Mutual of America	GROUP ANNUITY CONTRACT 2015 Retirement Fund		3,397
*	Mutual of America	GROUP ANNUITY CONTRACT 2020 Retirement Fund		61,463
*	Mutual of America	GROUP ANNUITY CONTRACT 2025 Retirement Fund		370,479
*	Mutual of America	GROUP ANNUITY CONTRACT 2030 Retirement Fund		382,447
*	Mutual of America	GROUP ANNUITY CONTRACT 2035 Retirement Fund		258,881
*	Mutual of America	GROUP ANNUITY CONTRACT 2040 Retirement Fund		913,755
*	Mutual of America	GROUP ANNUITY CONTRACT 2045 Retirement Fund		1,015,624
*	Mutual of America	GROUP ANNUITY CONTRACT 2050 Retirement Fund		1,386,806
*	Mutual of America	GROUP ANNUITY CONTRACT 2055 Retirement Fund		959,314
*	Mutual of America	GROUP ANNUITY CONTRACT 2060 Retirement Fund		316,967

Attachment to January 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name 401(A) THRIFT PLAN OF

EIN: 59-1741273

Plan Sponsor's Name FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.

PN: 003

(a)	(b) identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral par, or maturity value.	(d) Cost	(e) Current value
*	Mutual of America	GROUP ANNUITY CONTRACT 2065 Retirement Fund		13,499
*	Mutual of America	GROUP ANNUITY CONTRACT All America Fund		64,430
*	Mutual of America	GROUP ANNUITY CONTRACT Small Cap Equity Index Fund		28,692
*	Mutual of America	GROUP ANNUITY CONTRACT DWS Capital Growth VIP		405,842
*	Mutual of America	GROUP ANNUITY CONTRACT Small Cap Growth Fund		485,126
*	Mutual of America	GROUP ANNUITY CONTRACT Small Cap Value Fund		157,888
*	Mutual of America	GROUP ANNUITY CONTRACT American Century VP Cap Apprec		650,878
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Diversified Value		394,323
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF International		687,090
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard Total Bond Mkt I Prt		33,155

