

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 07/01/2021 and ending 06/30/2022	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan BRIDGING ACCESS TO CARE, INC. 403(B) PLAN	1b	Three-digit plan number (PN) ▶ 002
		1c	Effective date of plan 01/01/1996
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) BRIDGING ACCESS TO CARE, INC. 2261 CHURCH AVE FL 3 BROOKLYN, NY 11226-3201	2b	Employer Identification Number (EIN) 11-3031208
		2c	Plan Sponsor's telephone number 718-622-2910
		2d	Business code (see instructions) 624100

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.	04/17/2023	NADINE AKINYEMI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/17/2023	NADINE AKINYEMI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	125
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)	99
a(2) Total number of active participants at the end of the plan year		6a(2)	108
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	53
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	161
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	161
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	133
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2G 3D 2L 2F 2S 2T			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>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 07/01/2021 and ending 06/30/2022	
A Name of plan BRIDGING ACCESS TO CARE, INC. 403(B) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 BRIDGING ACCESS TO CARE, INC.	D Employer Identification Number (EIN) 11-3031208

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	020027J	161	07/01/2021	06/30/2022

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	198

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
LONG ISLAND REGIONAL OFFICE 320 PARK AVENUE
LONG ISLAND, NY 10022

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	198	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	206559
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	2766851

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

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

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

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

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

b	Balance at the end of the previous year	7b	201980
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c	Additions: (1) Contributions deposited during the year	7c(1)	8131	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	1265	
	(4) Transferred from separate account.....	7c(4)	17300	
	(5) Other (specify below)	7c(5)	0	

(6) Total additions	7c(6)	26696
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	228676
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e Deductions:

	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	16690	
	(2) Administration charge made by carrier.....	7e(2)	30	
	(3) Transferred to separate account.....	7e(3)	5397	
	(4) Other (specify below)	7e(4)	0	

(5) Total deductions	7e(5)	22117
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	206559
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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 07/01/2021 and ending 06/30/2022		
A Name of plan BRIDGING ACCESS TO CARE, INC. 403(B) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 BRIDGING ACCESS TO CARE, INC.	D Employer Identification Number (EIN) 11-3031208	

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	
DWS	210 WEST 10TH STREET KANSAS CITY, MO 64105

(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	
GOLDMAN SACHS	200 WEST STREET NEW YORK, NY 10282

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
MUTUAL OF AMERICA	320 PARK AVE NEW YORK, NY 10022

(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

INVESCO

11 GREENWAY PLAZA
STE. 2500
HOUSTON, TX 77046

(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

VANGUARD

100 VANGUARD BOULEVARD
MALVERN, PA 19355

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

AMERICAN CENTURY INVESTMENTS

P.O. BOX 419200
4500 MAIN STREET
KANSAS CITY, MO 64141

(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

DELAWARE FUNDS BY MACQUARIE

PO BOX 9876
PROVIDENCE, RI 02940

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

VICTORY CAPITAL MANAGEMENT INC.

15935 LA CANTERA PARKWAY
BUILDING TWO
SAN ANTONIO, TX 78256

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

PIMCO

840 NEWPORT CENTER DRIVE
SUITE 100
NEWPORT BEACH, CA 92660

(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 90071-1406

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

CALVERT RESEARCH AND MANAGEMENT

1825 CONNECTICUT AVENUE NW
SUITE 400
WASHINGTON, DC 20009

(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

(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

(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 37 65 37	INSURANCE CARRIER	404	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022		
A Name of plan BRIDGING ACCESS TO CARE, INC. 403(B) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 BRIDGING ACCESS TO CARE, INC.	D Employer Identification Number (EIN) 11-3031208	

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)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	71326	78621
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	2076426	2766851
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	130654	127938
(15) Other.....	1c(15)	0	0

		(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	2278406	2973410

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	2278406	2973410
---	-----------	---------	---------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)	143199	
(C) Others (including rollovers).....	2a(1)(C)	1121846	
(2) Noncash contributions.....	2a(2)	0	1265045
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	0	
(F) Other	2b(1)(F)	1265	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1265
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	0	
(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)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(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)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-406980
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		0
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		859330
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	163922	
(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)		163922
f Corrective distributions (see instructions).....	2f		0
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)	404	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		404
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		164326
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		695004
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

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: KP LYNCH CPA PC

(2) EIN: 20-2059984

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		110165

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A Name of plan BRIDGING ACCESS TO CARE, INC. 403(B) PLAN	B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 BRIDGING ACCESS TO CARE, INC.	D Employer Identification Number (EIN) 11-3031208

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	

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

FINANCIAL STATEMENTS AND SCHEDULES

BRIDGING ACCESS TO CARE, INC. 403(B) PLAN

JUNE 30, 2022, 2021 AND 2020
AND YEARS ENDED JUNE 30, 2022 AND 2021
WITH REPORT OF INDEPENDENT AUDITOR

BRIDGING ACCESS TO CARE, INC. 403(B) PLAN

FINANCIAL STATEMENTS AND SCHEDULES

JUNE 30, 2022, 2021 AND 2020
AND YEARS ENDED JUNE 30, 2022 AND 2021

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KP LYNCH, CPA PC

**4329 FOUR ROD ROAD
EAST AURORA, NEW YORK 14052
PHONE: 716.868.1744**

REPORT OF INDEPENDENT AUDITOR

TO THE PLAN ADMINISTRATOR

BRIDGING ACCESS TO CARE, INC. 403(B) PLAN

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

I have performed an audit of the financial statements of the Bridging Access to Care, Inc. 403(b) 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 statements of net assets available for benefits as of June 30, 2022, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years ended June 30, 2022 and 2021, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 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), my audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency (qualified institution), provided that the statements or information regarding assets so held are prepared and certified to by the qualified institution 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 certifications from a qualified institution as of June 30, 2022, 2021 and 2020 and for the years ended June 30, 2022 and 2021, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In my opinion, based on my 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 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).
- the information in the accompanying financial statements 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

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

Responsibilities of Management for the Financial Statements

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

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

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

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 my report, my 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 my opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, I

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

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

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

I am 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 I identified during the audit.

Other Matter -Supplemental Schedules Required by ERISA

The supplemental schedules of assets held as of June 30, 2022 and 2021 and schedules of delinquent participant contributions for the years then ended are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, I compared such information to the related certified investment information.

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

In my opinion,

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



April 17, 2023

East Aurora, New York

BRIDGING ACCESS TO CARE, INC. 403(B) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	2022	June 30 2021	2020
Investments:			
At fair value:			
Pooled separate accounts	\$ 2,766,851	\$ 2,076,426	\$ 952,641
At contract value:			
Guaranteed investment contract, including secured collateral loan reserve (see Note 1)	206,559	201,980	147,325
Total investments	2,973,410	2,278,406	1,099,966
Accruals:			
Employee contribution receivable	11,818	4,593	3,611
Employer contribution receivable	127,677	-	-
Rollover contribution receivable (see Note 8)	39,888	39,888	-
Excess contributions payable	(4,963)	-	-
Total accruals	174,420	44,481	3,611
Net assets available for benefits	\$ 3,147,830	\$ 2,322,887	\$ 1,103,577

See accompanying notes.

BRIDGING ACCESS TO CARE, INC. 403(B) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Years ended June 30	
	2022	2021
Additions:		
Contributions:		
Employee contributions	\$ 150,424	\$ 104,985
Employer contributions	122,714	-
Rollover contributions	1,121,846	695,071
	1,394,984	800,056
Investment income (loss):		
Net gain (loss) from pooled separate accounts	(406,980)	455,972
Interest income from guaranteed investment contract	1,265	1,851
	(405,715)	457,823
Total additions	989,269	1,257,879
Deductions:		
Benefits paid to participants	163,922	38,199
Administrative expenses	404	370
Total deductions	164,326	38,569
Net increase (decrease)	824,943	1,219,310
Net assets available for benefits, beginning of year	2,322,887	1,103,577
Net assets available for benefits, end of year	\$ 3,147,830	\$ 2,322,887

See accompanying notes.

BRIDGING ACCESS TO CARE, INC. 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2022, 2021 AND 2020

1. DESCRIPTION OF PLAN

The Bridging Access to Care, Inc. 403(b) Plan (the Plan) is a defined contribution plan covering substantially all employees of Bridging Access to Care, Inc. (the Employer or Plan Sponsor). The Plan was established July 1, 2002 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The following description of the Plan only provides general information. Participants should refer to the Plan agreement or the Summary Plan Description for a more complete description of the Plan's provisions.

PARTICIPATION

Employees are eligible to make salary reduction contributions on their date of hire, except for non-resident aliens. In addition, employees who have attained age 18 and completed one year of service, as defined, may also participate in discretionary employer contributions. Entry dates are the first day of the month after completing the age and service requirements for these contributions.

CONTRIBUTIONS

All participants may elect to defer a specified percentage of compensation, not to exceed Internal Revenue Code limitations. Participants may also make after-tax Roth elective contributions.

Effective July 1, 2021, the Employer will withhold 1% of compensation for any participant, unless the participant affirmatively elects a different percentage. The default withholding percentage automatically increases by 1% on July 1st of each Plan year, up to a maximum of 6%, according to the following schedule:

Initial Plan year of participation	1%
Second Plan year of participation	1%
Third Plan year of participation	2%
Fourth Plan year of participation	3%
Fifth Plan year of participation	4%
Sixth Plan year of participation	5%
Seventh Plan year of participation	6%

BRIDGING ACCESS TO CARE, INC. 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

1. DESCRIPTION OF PLAN (CONTINUED)

Effective July 1, 2021, the Employer may make discretionary matching contributions to eligible participants who complete 500 hours of service during a Plan year and are employed on the last day of the Plan year. These contributions are allocated pro-rata based on participant contributions. The Employer made discretionary matching contributions of approximately \$123,000 for the year ended June 30, 2022.

Prior to July 1, 2021, the Employer could make discretionary non-elective contributions to eligible participants who completed 500 hours of service during a Plan year and were employed on the last day of the Plan year. These contributions were allocated based on participant earnings, as defined. There were no such discretionary allocations for the year ended June 30, 2021.

Participants allocate and direct contributions made on their behalf among several investment options offered by the Plan.

VESTING

Participants are immediately vested in their elective deferral contributions and the Employer discretionary non-elective contributions. The vesting percentage in the Employer discretionary matching contributions is shown in the following schedule:

<u>Vesting Service</u> <u>(credited years)</u>	<u>Vesting</u> <u>Percentage</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

FORFEITURES

Participants who leave the Employer with less than six years of service forfeit the non-vested portion of the Employer matching contributions. Forfeitures are available to reduce contract charges associated with the Plan's administration or offset future Employer contributions. Through June 30, 2022, no balances had been forfeited.

BRIDGING ACCESS TO CARE, INC. 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

1. DESCRIPTION OF PLAN (CONTINUED)

PARTICIPANT LOANS / SECURED COLLATERAL BALANCES

Loans are made available to participants using the value of their account as collateral for the loan. Participants do not borrow from the Plan directly, but instead borrow from Mutual of America Life Insurance Company (Mutual of America).

Participants may obtain loans up to the lesser of \$50,000 (reduced by the highest outstanding loan balance in the previous year less any current outstanding loan balance), or 50% of the participants' vested account balance. In addition, participants may only have two loans outstanding, generally at a five year maximum term (longer for primary residence purchase). Loans are subject to a minimum of \$1,000, and bear interest at a variable rate, as determined quarterly by Mutual of America.

Participants requesting a loan must transfer 120% of the requested loan to the Interest Accumulation Account (see Note 4) to serve as security for the outstanding loan. If the participant defaults on the loan, they will be taxed on the outstanding loan balance. In addition, Mutual of America has the right to foreclose upon the security interest in the Interest Accumulation Account. As of June 30, 2022, 2021 and 2020, outstanding loans were \$78,621, \$71,326, and \$18,618, with corresponding secured collateral balances of \$94,345, \$85,591 and \$22,342, respectively.

PLAN TERMINATION

The Employer intends to continue the Plan indefinitely, but reserves the right to terminate the Plan at any time subject to the provisions of ERISA. In the event of termination, participants will become fully vested in their accrued benefits.

BRIDGING ACCESS TO CARE, INC. 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

2. SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The accounting records are maintained on the accrual basis.

Investment contracts held by a defined-contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan.

VALUATION OF INVESTMENTS

The Plan's investments are recorded at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note 3 for further discussion of fair value measurements.

EXCESS CONTRIBUTIONS PAYABLE

Amounts payable to participants for contributions in excess of the amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The plan distributed excess contributions for the plan year ended June 30, 2022 to the applicable participants in early 2023.

USE OF ESTIMATES

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the amounts and disclosures reported in the financial statements. Actual results may differ from management's estimates and assumptions.

SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through the audit report date, the date the financial statements were available to be issued.

BRIDGING ACCESS TO CARE, INC. 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

3. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification 820 *Fair Value Measurements* (ASC 820) establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities and the lowest priority to unobservable inputs. The financial instruments' fair value measurement level is based on the lowest level of any input that is significant to the fair value measurement. The three levels of the fair value hierarchy under ASC 820 are described as follows:

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
- Level 2 - Other significant observable inputs (including quoted prices in active markets for similar financial instruments), or other inputs that are observable or can be corroborated by observable market data.
- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurements.

Following is a description of the valuation methodologies used for assets measured at fair value.

- Pooled separate accounts – The Plan's units of participation are valued using net asset value as a practical expedient, as reported by the investment manager. These net asset values generally represent amounts at which units are redeemed on a regular basis.

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

BRIDGING ACCESS TO CARE, INC. 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

3. FAIR VALUE MEASUREMENTS (CONTINUED)

Fair value information for investments held at June 30, 2022, 2021 and 2020 is as follows:

June 30, 2022	Level 1	Level 2	Level 3	Total
Investments in fair value hierarchy:	\$ -	\$ -	\$ -	\$ -
Investments using NAV practical expedient:				
Pooled separate accounts				2,766,851
Total assets at fair value				<u>\$ 2,766,851</u>
June 30, 2021	Level 1	Level 2	Level 3	Total
Investments in fair value hierarchy:	\$ -	\$ -	\$ -	\$ -
Investments using NAV practical expedient:				
Pooled separate accounts				2,076,426
Total assets at fair value				<u>\$ 2,076,426</u>
June 30, 2020	Level 1	Level 2	Level 3	Total
Investments in fair value hierarchy:	\$ -	\$ -	\$ -	\$ -
Investments using NAV practical expedient:				
Pooled separate accounts				952,641
Total assets at fair value				<u>\$ 952,641</u>

4. INVESTMENTS

All investment information disclosed in the accompanying financial statements and schedules, including investments held at June 30, 2022, 2021 and 2020, and net gain (loss) on pooled separate accounts and interest income for the years ended June 30, 2022 and 2021, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Mutual of America Life Insurance Company, the custodian of the Plan (a qualified institution).

BRIDGING ACCESS TO CARE, INC. 403(B) PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

4. INVESTMENTS (CONTINUED)

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

In May 2018, the Plan Sponsor entered into a guaranteed investment contract with Mutual of America (Interest Accumulation Account). Mutual of America maintains the Plan's original deposits in a general fund to which it adds interest from the underlying investments. As the contract is fully benefit responsive, it is recorded at contract value as determined by Mutual of America. Contract value represents contributions made under the contract, plus interest at the contract rate, less funds used to pay Plan benefits and administrative expenses.

The crediting interest rate is determined by Mutual of America and reviewed periodically for resetting, with a guaranteed minimum crediting rate of 0.15% effective January 1, 2022 (1.0% through December 31, 2021). The crediting rate was 1.0% from July 1, 2020 to December 31, 2021 and 0.25% from January 1, 2022 to June 30, 2022.

There are no other restrictions on withdrawal of funds under the contract, other than amounts pledged to secure outstanding participant loans (see Note 1).

5. PARTY-IN-INTEREST TRANSACTIONS

Plan investments consist of pooled separate accounts and a guaranteed investment contract managed by Mutual of America, the custodian of the Plan. Therefore, these transactions and accounts qualify as party-in-interest.

The Plan incurs various management fees and operating expenses for its investments in pooled separate accounts. These costs are not reflected separately, but are included in the net investment return of these investments.

Direct expenses paid from Plan assets consist of monthly participant account maintenance charges. Participant loan fees are deducted from the proceeds of the loan, rather than paid from Plan assets. Any other costs of Plan administration are paid by the Plan Sponsor.

BRIDGING ACCESS TO CARE, INC. 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

6. TAX STATUS

The Plan has received an opinion letter from the Internal Revenue Service dated March 31, 2017, stating that the written form of the underlying prototype plan document is qualified under Section 403(b) of the Internal Revenue Code (the "Code"), and that any employer adopting this form of the Plan will be considered to have a plan qualified under Section 403(b) of the Code. Therefore, the related trust is exempt from taxation. Subsequent to the issuance of this opinion letter, the plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan Sponsor has indicated that it will take the necessary steps to maintain the Plan's qualified status.

The Plan Sponsor has concluded that as of June 30, 2022, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Sponsor believes it is no longer subject to tax examinations for reporting years prior to 2019.

7. RECONCILIATION TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of June 30, 2022 and 2021 and reconciliation of increase (decrease) per the financial statements to the Form 5500 for the years ended June 30, 2022 and 2021.

	2022	2021
Net assets available per the financial statements	\$ 3,147,830	\$ 2,322,887
Less: contributions receivable at June 30, 2022 and 2021	(179,383)	(44,481)
Add: excess contributions payable at June 30, 2022	4,963	-
Net assets available per the Form 5500	<u>\$ 2,973,410</u>	<u>\$ 2,278,406</u>

	2022	2021
Net increase (decrease) per the financial statements	\$ 824,943	\$ 1,219,310
Adjust: contributions receivable at June 30, 2022	(179,383)	-
Adjust: contributions receivable at June 30, 2021	44,481	(44,481)
Adjust: contributions receivable at June 30, 2020	-	3,611
Adjust: excess contributions payable at June 30, 2022	4,963	-
Net increase (decrease) per the Form 5500	<u>\$ 695,004</u>	<u>\$ 1,178,440</u>

Contributions and return of excess contributions are recorded on the cash basis on Form 5500.

BRIDGING ACCESS TO CARE, INC. 403(b) PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

8. ROLLOVER CONTRIBUTIONS FROM PENSION PLAN

The Employer also sponsored The Bridging Access to Care, Inc. Pension Plan (the Pension Plan), a defined contribution money purchase plan which covered the same employees as the 403(b) Plan. As a result, participants could rollover their Pension Plan balances into the 403(b) Plan. Further, the Pension Plan was terminated effective April 1, 2021 and assets were distributed in early 2022, resulting in a number of incoming rollover contributions. Approximately \$1,122,000 and \$285,000 of balances from the Pension Plan were transferred into the 403(b) Plan during the plan years ended June 30, 2022 and 2021, respectively.

The Plan Sponsor had identified an instance in which a portion of participant balances from the Pension Plan were not properly transferred to the 403(b) Plan due to a clerical reporting error by the Pension Plan custodian relating to defaulted loan balances. The Plan Sponsor is currently attempting to resolve these differences with the Pension Plan custodian (Mutual of America) and have the amounts deposited to the 403(b) Plan. The amount is still being researched by Mutual of America.

At June 30, 2022 and 2021, a rollover contribution receivable has been recorded in the financial statements for rollover contribution amounts due to the 403(b) Plan in the amount of \$39,888.

SUPPLEMENTAL SCHEDULES

BRIDGING ACCESS TO CARE, INC. 403(B) PLAN

EIN: 11-3031208 PLAN NUMBER: 002

**SCHEDULE H, LINE 4(A) -
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**

Year ended June 30, 2022

Period Withheld	Participant Contributions Transferred Late to the Plan	Total that Constitute Nonexempt Prohibited Transactions	Correction Status
July 9, 2021	\$ 5,202	\$ 5,202	A
July 23, 2021	4,331	4,331	A
July 27, 2021	860	860	A
August 6, 2021	5,144	5,144	A
September 17, 2021	5,012	5,012	A
October 1, 2021	5,769	5,769	A
October 15, 2021	5,785	5,785	A
October 29, 2021	5,780	5,780	A
November 12, 2021	6,077	6,077	A
January 21, 2022	6,073	6,073	A
February 4, 2022	6,044	6,044	A
February 18, 2022	6,160	6,160	A
March 4, 2022	6,144	6,144	A
March 18, 2022	6,185	6,185	A
April 1, 2022	5,987	5,987	A
April 15, 2022	5,958	5,958	A
April 29, 2022	5,912	5,912	A
May 13, 2022	5,824	5,824	A
May 27, 2022	5,913	5,913	A
June 10, 2022	6,005	6,005	A
	<u>\$ 110,165</u>	<u>\$ 110,165</u>	

Correction Status Key:

A	Contributions not yet corrected
B	Contributions corrected outside VFCP
C	Contributions pending correction in VFCP
D	Fully corrected under VFCP and PTE 2002-51

Note: All outstanding corrections in process of being calculated and corrected outside VFCP program at this time.

BRIDGING ACCESS TO CARE, INC. 403(B) PLAN

EIN: 11-3031208 PLAN NUMBER: 002

**SCHEDULE H, LINE 4(A) -
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**

Year ended June 30, 2021

Period Withheld	Participant Contributions Transferred Late to the Plan	Total that Constitute Nonexempt Prohibited Transactions	Correction Status
July 10, 2020	\$ 3,610	\$ 3,610	A
July 24, 2020	3,510	3,510	A
September 18, 2020	3,860	3,860	A
October 2, 2020	3,860	3,860	A
February 5, 2021	4,377	4,377	A
March 5, 2021	4,227	4,227	A
April 2, 2021	4,176	4,176	A
April 30, 2021	4,022	4,022	A
June 11, 2021	4,285	4,285	A
June 25, 2021	4,593	4,593	A
	<u>\$ 40,520</u>	<u>\$ 40,520</u>	

Correction Status Key:

A	Contributions not yet corrected
B	Contributions corrected outside VFCP
C	Contributions pending correction in VFCP
D	Fully corrected under VFCP and PTE 2002-51

Note: All outstanding corrections in process of being calculated and corrected outside VFCP program at this time.

BRIDGING ACCESS TO CARE, INC. 403(B) PLAN

EIN: 11-3031208 PLAN NUMBER: 002

SCHEDULE H, LINE 4(I) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2022

Identity of Issuer	Security Description	Current Value
Guaranteed investment contract		
* Mutual of America Life Insurance Company	Interest Accumulation Account, including secured collateral loan reserve of \$94,345 (for outstanding loans of \$78,621)	\$ 206,559
Pooled separate accounts		
* Mutual of America Life Insurance Company	American Century Investments VP Capital Appreciation Fund	292
* Mutual of America Life Insurance Company	DWS Capital Growth VIP Portfolio	93,725
* Mutual of America Life Insurance Company	Fidelity VIP Contrafund Portfolio	306
* Mutual of America Life Insurance Company	Fidelity VIP Equity-Income Portfolio	60,407
* Mutual of America Life Insurance Company	Fidelity VIP Mid Cap Portfolio	13,501
* Mutual of America Life Insurance Company	Goldman Sachs VIT US Equity Insights Fund	1,076
* Mutual of America Life Insurance Company	Invesco V.I. Main Street Fund	69,458
* Mutual of America Life Insurance Company	Mutual of America 2020 Retirement Fund	53,197
* Mutual of America Life Insurance Company	Mutual of America 2025 Retirement Fund	405,136
* Mutual of America Life Insurance Company	Mutual of America 2030 Retirement Fund	214,696
* Mutual of America Life Insurance Company	Mutual of America 2035 Retirement Fund	310,783
* Mutual of America Life Insurance Company	Mutual of America 2040 Retirement Fund	371,321
* Mutual of America Life Insurance Company	Mutual of America 2045 Retirement Fund	234,865
* Mutual of America Life Insurance Company	Mutual of America 2050 Retirement Fund	13,501
* Mutual of America Life Insurance Company	Mutual of America 2055 Retirement Fund	9,074
* Mutual of America Life Insurance Company	Mutual of America 2060 Retirement Fund	2,476
* Mutual of America Life Insurance Company	Mutual of America 2065 Retirement Fund	279
* Mutual of America Life Insurance Company	Mutual of America Aggressive Allocation Fund	1,467
* Mutual of America Life Insurance Company	Mutual of America All America Fund	9,425
* Mutual of America Life Insurance Company	Mutual of America Equity Index Fund	79,422
* Mutual of America Life Insurance Company	Mutual of America International Fund	17,403
* Mutual of America Life Insurance Company	Mutual of America Mid Cap Value Fund	40,047
* Mutual of America Life Insurance Company	Mutual of America Mid-Term Bond Fund	7,643
* Mutual of America Life Insurance Company	Mutual of America Moderate Allocation Fund	3,834
* Mutual of America Life Insurance Company	Mutual of America Money Market Fund	300
* Mutual of America Life Insurance Company	Mutual of America Retirement Income Fund	7,882
* Mutual of America Life Insurance Company	Mutual of America Small Cap Equity Index Fund	293
* Mutual of America Life Insurance Company	Mutual of America Small Cap Growth Fund	25,958
* Mutual of America Life Insurance Company	Mutual of America Small Cap Value Fund	15,314
* Mutual of America Life Insurance Company	PIMCO VIT Real Return Portfolio	21,205
* Mutual of America Life Insurance Company	T. Rowe Price Blue Chip Growth Portfolio	91,498
* Mutual of America Life Insurance Company	Vanguard VIF Diversified Value Portfolio	539,453
* Mutual of America Life Insurance Company	Vanguard VIF International Portfolio	14,407
* Mutual of America Life Insurance Company	Vanguard VIF Real Estate Index Portfolio	36,872
* Mutual of America Life Insurance Company	Vanguard VIF Total Bond Market Index Portfolio	335
		<u>2,766,851</u>
		<u>\$ 2,973,410</u>

* Indicates party-in-interest to the Plan.

BRIDGING ACCESS TO CARE, INC. 403(B) PLAN

EIN: 11-3031208 PLAN NUMBER: 002

SCHEDULE H, LINE 4(I) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2021

Identity of Issuer	Security Description	Current Value
Guaranteed investment contract		
* Mutual of America Life Insurance Company	Interest Accumulation Account, including secured collateral loan reserve of \$85,591 (for outstanding loans of \$71,326)	\$ 201,980
Pooled separate accounts		
* Mutual of America Life Insurance Company	DWS Capital Growth VIP Portfolio	18,453
* Mutual of America Life Insurance Company	Fidelity VIP Equity-Income Portfolio	630
* Mutual of America Life Insurance Company	Fidelity VIP Mid Cap Portfolio	12,758
* Mutual of America Life Insurance Company	Goldman Sachs VIT US Equity Insights Fund	626
* Mutual of America Life Insurance Company	Invesco V.I. Main Street Fund	18,452
* Mutual of America Life Insurance Company	Mutual of America 2020 Retirement Fund	59,526
* Mutual of America Life Insurance Company	Mutual of America 2025 Retirement Fund	229,940
* Mutual of America Life Insurance Company	Mutual of America 2030 Retirement Fund	558,855
* Mutual of America Life Insurance Company	Mutual of America 2035 Retirement Fund	107,559
* Mutual of America Life Insurance Company	Mutual of America 2040 Retirement Fund	110,663
* Mutual of America Life Insurance Company	Mutual of America 2045 Retirement Fund	129,935
* Mutual of America Life Insurance Company	Mutual of America 2050 Retirement Fund	10,714
* Mutual of America Life Insurance Company	Mutual of America 2055 Retirement Fund	7,447
* Mutual of America Life Insurance Company	Mutual of America 2060 Retirement Fund	1,956
* Mutual of America Life Insurance Company	Mutual of America Aggressive Allocation Fund	876
* Mutual of America Life Insurance Company	Mutual of America All America Fund	8,290
* Mutual of America Life Insurance Company	Mutual of America Equity Index Fund	2,544
* Mutual of America Life Insurance Company	Mutual of America International Fund	6,310
* Mutual of America Life Insurance Company	Mutual of America Mid Cap Value Fund	12,098
* Mutual of America Life Insurance Company	Mutual of America Mid-Term Bond Fund	5,364
* Mutual of America Life Insurance Company	Mutual of America Moderate Allocation Fund	2,990
* Mutual of America Life Insurance Company	Mutual of America Money Market Fund	278
* Mutual of America Life Insurance Company	Mutual of America Retirement Income Fund	7,607
* Mutual of America Life Insurance Company	Mutual of America Small Cap Growth Fund	30,706
* Mutual of America Life Insurance Company	Mutual of America Small Cap Value Fund	14,026
* Mutual of America Life Insurance Company	PIMCO VIT Real Return Portfolio	1,246
* Mutual of America Life Insurance Company	T. Rowe Price Blue Chip Growth Portfolio	30,839
* Mutual of America Life Insurance Company	Vanguard VIF Diversified Value Portfolio	674,374
* Mutual of America Life Insurance Company	Vanguard VIF International Portfolio	11,180
* Mutual of America Life Insurance Company	Vanguard VIF Real Estate Index Portfolio	184
		<u>2,076,426</u>
		<u>\$ 2,278,406</u>

* Indicates party-in-interest to the Plan.

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

Plan Name 403(b) Thrift Plan for Employees of Bridging Access to Care, Inc.

EIN: 11-3031208

PN: 002

(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 American Century Investments VP Capital Appreciation Fund		292
*	Mutual of America	GROUP ANNUITY CONTRACT DWS Capital Growth VIP		93,725
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Contrafund« Portfolio		306
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Equity-Income Portfolio		60,407
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Mid Cap Portfolio		13,501
*	Mutual of America	GROUP ANNUITY CONTRACT Goldman Sachs VIT US Equity Insights Fund		1,076
*	Mutual of America	GROUP ANNUITY CONTRACT Invesco V.I. Main Street Fund«		69,458
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2020 Retirement Fund		2,411
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2025 Retirement Fund		404,968
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2030 Retirement Fund		214,696
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2035 Retirement Fund		310,783
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2040 Retirement Fund		371,321
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2045 Retirement Fund		234,865
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2050 Retirement Fund		13,501
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2055 Retirement Fund		8,009
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2060 Retirement Fund		2,476
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America 2065 Retirement Fund		279
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Aggressive Allocation Fund		1,467
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America All America Fund		9,425

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

Plan Name 403(b) Thrift Plan for Employees of Bridging Access to Care, Inc.

EIN: 11-3031208

PN: 002

(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 Mutual of America Equity Index Fund		79,422
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Interest Accumulation Account		206,558
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America International Fund		17,403
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Mid Cap Value Fund		40,047
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Mid-Term Bond Fund		7,643
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Moderate Allocation Fund		3,834
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Money Market Fund		300
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Retirement Income Fund		7,882
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Small Cap Equity Index Fund		293
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Small Cap Growth Fund		25,958
*	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Small Cap Value Fund		15,314
*	Mutual of America	GROUP ANNUITY CONTRACT PIMCO VIT Real Return Portfolio		21,205
*	Mutual of America	GROUP ANNUITY CONTRACT T. Rowe Price Blue Chip Growth Portfolio		91,498
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Diversified Value Portfolio		539,453
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF International Portfolio		14,407
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Real Estate Index Portfolio		36,872
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Total Bond Market Index Portfolio		335

BRIDGING ACCESS TO CARE, INC. 403(B) PLAN

EIN: 11-3031208 PLAN NUMBER: 002

**SCHEDULE H, LINE 4(A) -
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**

Year ended June 30, 2022

Period Withheld	Participant Contributions Transferred Late to the Plan	Total that Constitute Nonexempt Prohibited Transactions	Correction Status
July 9, 2021	\$ 5,202	\$ 5,202	A
July 23, 2021	4,331	4,331	A
July 27, 2021	860	860	A
August 6, 2021	5,144	5,144	A
September 17, 2021	5,012	5,012	A
October 1, 2021	5,769	5,769	A
October 15, 2021	5,785	5,785	A
October 29, 2021	5,780	5,780	A
November 12, 2021	6,077	6,077	A
January 21, 2022	6,073	6,073	A
February 4, 2022	6,044	6,044	A
February 18, 2022	6,160	6,160	A
March 4, 2022	6,144	6,144	A
March 18, 2022	6,185	6,185	A
April 1, 2022	5,987	5,987	A
April 15, 2022	5,958	5,958	A
April 29, 2022	5,912	5,912	A
May 13, 2022	5,824	5,824	A
May 27, 2022	5,913	5,913	A
June 10, 2022	6,005	6,005	A
	<u>\$ 110,165</u>	<u>\$ 110,165</u>	

Correction Status Key:

A	Contributions not yet corrected
B	Contributions corrected outside VFCP
C	Contributions pending correction in VFCP
D	Fully corrected under VFCP and PTE 2002-51

Note: All outstanding corrections in process of being calculated and corrected outside VFCP program at this time.

BRIDGING ACCESS TO CARE, INC. 403(B) PLAN

EIN: 11-3031208 PLAN NUMBER: 002

SCHEDULE H, LINE 4(I) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2022

Identity of Issuer	Security Description	Current Value
Guaranteed investment contract		
* Mutual of America Life Insurance Company	Interest Accumulation Account, including secured collateral loan reserve of \$94,345 (for outstanding loans of \$78,621)	\$ 206,559
Pooled separate accounts		
* Mutual of America Life Insurance Company	American Century Investments VP Capital Appreciation Fund	292
* Mutual of America Life Insurance Company	DWS Capital Growth VIP Portfolio	93,725
* Mutual of America Life Insurance Company	Fidelity VIP Contrafund Portfolio	306
* Mutual of America Life Insurance Company	Fidelity VIP Equity-Income Portfolio	60,407
* Mutual of America Life Insurance Company	Fidelity VIP Mid Cap Portfolio	13,501
* Mutual of America Life Insurance Company	Goldman Sachs VIT US Equity Insights Fund	1,076
* Mutual of America Life Insurance Company	Invesco V.I. Main Street Fund	69,458
* Mutual of America Life Insurance Company	Mutual of America 2020 Retirement Fund	53,197
* Mutual of America Life Insurance Company	Mutual of America 2025 Retirement Fund	405,136
* Mutual of America Life Insurance Company	Mutual of America 2030 Retirement Fund	214,696
* Mutual of America Life Insurance Company	Mutual of America 2035 Retirement Fund	310,783
* Mutual of America Life Insurance Company	Mutual of America 2040 Retirement Fund	371,321
* Mutual of America Life Insurance Company	Mutual of America 2045 Retirement Fund	234,865
* Mutual of America Life Insurance Company	Mutual of America 2050 Retirement Fund	13,501
* Mutual of America Life Insurance Company	Mutual of America 2055 Retirement Fund	9,074
* Mutual of America Life Insurance Company	Mutual of America 2060 Retirement Fund	2,476
* Mutual of America Life Insurance Company	Mutual of America 2065 Retirement Fund	279
* Mutual of America Life Insurance Company	Mutual of America Aggressive Allocation Fund	1,467
* Mutual of America Life Insurance Company	Mutual of America All America Fund	9,425
* Mutual of America Life Insurance Company	Mutual of America Equity Index Fund	79,422
* Mutual of America Life Insurance Company	Mutual of America International Fund	17,403
* Mutual of America Life Insurance Company	Mutual of America Mid Cap Value Fund	40,047
* Mutual of America Life Insurance Company	Mutual of America Mid-Term Bond Fund	7,643
* Mutual of America Life Insurance Company	Mutual of America Moderate Allocation Fund	3,834
* Mutual of America Life Insurance Company	Mutual of America Money Market Fund	300
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* Mutual of America Life Insurance Company	Vanguard VIF International Portfolio	14,407
* Mutual of America Life Insurance Company	Vanguard VIF Real Estate Index Portfolio	36,872
* Mutual of America Life Insurance Company	Vanguard VIF Total Bond Market Index Portfolio	335
		<u>2,766,851</u>
		<u>\$ 2,973,410</u>

* Indicates party-in-interest to the Plan.