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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] 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)

Part II Basic Plan Information—enter all requested information

1a Name of plan
FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC EMPLOYEES' SAVINGS AND RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/1998

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)
FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC

6484 FORT CAROLINE ROAD
JACKSONVILLE, FL 32277

2b Employer Identification Number (EIN)
54-2113873

2c Plan Sponsor's telephone number
904-745-3618

2d Business code (see instructions)
621111

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.	06/30/2023	DOUG MALTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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**	330
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)**	281
a(2) Total number of active participants at the end of the plan year	**6a(2)**	270
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	29
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	299
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	299
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	68
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2T 3D 3H

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)	[X]	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)	[X]	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)	[X]	**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)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[ ]	0	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC EMPLOYEES' SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC

D Employer Identification Number (EIN)
54-2113873

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

(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

(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)

WELLS FARGO ADVISORS ISG

58-0898180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	INVESTMENT ADVISORY	16806	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WELLS FARGO BANK, N.A.

94-1377393

(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?
15 21 37 49 50 60 63	RECORDKEEPER /BOOKKEEPER	16198	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTACT ADMINISTRATOR	2991	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC EMPLOYEES' SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC

D Employer Identification Number (EIN)
54-2113873

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: STABLE RETURN FUND F

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
46-3933767-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE RETURN F FD

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
46-6933767-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO BLKRCK SP MC IDX N

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
52-2265235-001	C	59997

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO BLACKROCK SP 500 N

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
94-3224211-001	C	321300

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE RETURN N FD

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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)
41-6202499-001	C	385365

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC EMPLOYEES' SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC

D Employer Identification Number (EIN)
54-2113873

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)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	34839	20925
(9) Value of interest in common/collective trusts	1c(9)	712499	766662
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2432398	1990035
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	3179736	2777622
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3179736	2777622

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)	19457	
	(B) Participants	2a(1)(B)	176740	
	(C) Others (including rollovers)	2a(1)(C)	13509	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		209706
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	3624	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3624
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	30736	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		30736
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		96391
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(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)		296501
c Other income	2c		370
d Total income. Add all **income** amounts in column (b) and enter total	2d		637328
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	968994	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		968994
f Corrective distributions (see instructions)	2f		34454
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	2991	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	33003	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		35994
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1039442
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-402114
l Transfers of assets:			
(1) To this plan	2l(1)		
(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)** [X] 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) [X] 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: HOWARD & COMPANY **(2)** EIN: 47-0916323

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:

		Yes	No	Amount
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.)	4a		X	

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC EMPLOYEES' SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC

D Employer Identification Number (EIN)
54-2113873

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): 42-0127290 41-3257133

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC
EMPLOYEES' SAVINGS AND RETIREMENT PLAN

FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC
EMPLOYEES' SAVINGS AND RETIREMENT PLAN

FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

TABLE OF CONTENTS

	PAGE NO.
INDEPENDENT AUDITOR'S REPORT	1 – 2
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
NOTES TO FINANCIAL STATEMENTS	5 – 13
SUPPLEMENTAL INFORMATION	14
INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTAL INFORMATION	15
Statements of Assets Held for Investment Purposes	16 – 17
Schedule of Delinquent Participant Contributions	18

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

John W. Howard
CPA/ABV/CFF, CVA

CPA Designation regulated By State of Florida

INDEPENDENT AUDITOR'S REPORT

TO THE TRUSTEE
FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC
EMPLOYEES' SAVINGS AND RETIREMENT PLAN

Report on the Financial Statements

We were engaged to audit the accompanying financial statements and supplemental information of Family Care Partners of Northeast Florida, LLC Employees' Savings and Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019 and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 6 and 9, which was certified by Wells Fargo Bank, N.A. and The Principal Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2020 and 2019, that the information provided to the Plan administrator by the custodian is complete and accurate.

American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants
CPACONNECT

4745 Sutton Park Court
Suite 102
Jacksonville, FL 32224

Phone 904.421.0690
Fax 904.421.0691

Disclaimer of Opinion

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

Other Matters

Other Information

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

Report on Form and Content in Compliance With DOL Rules and Regulations

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

Howard & Company, CPAs, P.A.

Jacksonville, Florida
February 18, 2022

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC
EMPLOYEES' SAVINGS AND RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS

	December 31, 2020	December 31, 2019
INVESTMENTS, AT FAIR VALUE		
Common collective trusts	$ 766,662	$ 712,499
Mutual Funds	1,990,035	2,432,398
	2,756,697	3,144,897
RECEIVABLES:		
Sponsor contributions receivable	-	50,308
Notes receivable from participants	20,925	34,839
	20,925	85,147
TOTAL ASSETS	2,777,622	3,230,044

LIABILITIES

CURRENT LIABILITIES		
Excess contributions payable	52,064	26,021
TOTAL LIABILITIES	52,064	26,021
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,725,558	$ 3,204,023

See independent auditor's report and notes to financial statements.

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC
EMPLOYEES' SAVINGS AND RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

	Contributions Receivable	Notes Receivable From Participant Loans	Excess Contributions Payable	Participant-directed Investment Funds	2020 Total	2019 Total
ADDITIONS						
Contributions						
Participants	$ -	$ -	$ (26.043)	$ 92.907	$ 66.864	$ 188.423
Employer, net of forfeitures	(50.308)	-	-	69.765	19.457	18.860
Rollovers	-	-	-	13.509	13.509	-
Participant loans	-	2.636	-	9.578	12.214	65.537
Dividends and interest	-	-	-	34.360	34.360	44.698
Other income	-	-	-	370	370	7
Net appreciation in fair market value of investments	-	-	-	392.892	392.892	555.517
Total additions	(50.308)	2.636	(26.043)	613.381	539.666	873.042
DEDUCTIONS						
Benefits paid to participants	-	6.972	-	962.022	968.994	591.419
Expenses and fees	-	-	-	36.923	36.923	59.158
Participant loans	-	9.578	-	2.636	12.214	65.537
Net depreciation in fair market value of investments	-	-	-	-	-	-
Total deductions	-	16.550	-	1.001.581	1.018.131	716.114
NET (DECREASE) INCREASE PRIOR TO INTERFUND TRANSFERS	(50.308)	(13.914)	(26.043)	(388.200)	(478.465)	156.928
Transfers in	-	-	-	843.712	843.712	197.125
Transfers out	-	-	-	(843.712)	(843.712)	(197.125)
	-	-	-	-	-	-
NET (DECREASE) INCREASE	(50.308)	(13.914)	(26.043)	(388.200)	(478.465)	156.928
NET ASSETS AVAILABLE FOR PLAN BENEFITS						
Beginning of year	50.308	34.839	(26.021)	3.144.897	3.204.023	3.047.095
End of year	$ -	$ 20.925	$ (52.064)	$ 2.756.697	$ 2.725.558	$ 3.204.023

See independent auditor's report and notes to financial statements.

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

1. DESCRIPTION OF PLAN

The following description of the Family Care Partners of Northeast Florida, LLC Employees' Savings and Retirement Plan provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Pl1an's provisions.

General

The Plan is a defined contribution plan (401(k)) covering all full-time employees who have satisfied eligibility requirements which include six (6) months of service and no minimum age requirement. The Plan is intended to comply with Section 404(c) of ERISA (The Employee Retirement Income Security Act of 1974).

Contributions

Each year participants may contribute a percentage of their compensation, not to exceed a certain dollar limit which is set by law. The Plan Sponsor (Family Care Partners of Northeast Florida, LLC) contributes a discretionary matching contribution equal to a 25% of the salary reduction up to 4% of total payroll compensation (a total match of up to 1%). In addition, the Plan Sponsor shall have the right to make additional discretionary contributions which shall be allocated to each eligible employee in proportion to their compensation as a percentage of the compensation of all eligible employees. Contributions are subjected to limitations. Participants direct the investment of contributions made by them on their behalf to the Plan.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Plan Sponsor's contribution and, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined in the preceding paragraph. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

1. **DESCRIPTION OF PLAN** – (Continued)

Vesting Participants

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after six (6) years of credited service, based on the six (6) year graded provision of the Plan. However, a participant is 100% vested upon early or normal retirement age. The vesting schedule is as follows:

Years of Service	Vesting %
Less than 2 years	0
2	20
3	40
4	60
5	80
6 or more	100

Distributions

On termination of service due to death, disability or retirement, participants are entitled to 100% of their account balance. On termination of service due to other reasons, a participant may receive the value of their vested balance.

Expenses and Fees

Expenses and fees associated with the Plan are paid with Plan assets. Such expenses and fees include the compensation of investment managers, brokers' fees, and costs related to Plan administration. During the years ended December 31, 2020 and 2019, expenses and fees were $36,923 and $59,158, respectively. Fees associated with the audit for the Plan were paid by the Plan and are included in expenses in these financial statements.

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

1. **DESCRIPTION OF PLAN** – (Continued)

Forfeited Accounts

Forfeited non-vested accounts totaled $31,808 and $16,926 for the years ended December 31, 2020 and 2019, respectively. These accounts will be used to offset administrative expenses of the Plan. If forfeitures exceed these expenses, forfeitures shall be applied to reduce the Employer's contribution to the Plan.

Participant Loans

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50.000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest at reasonable rates which are commensurate with local prevailing rates as determined by the Plan administrator.

2. **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting

The Plan uses the accrual method of accounting. Under this method of accounting, contributions to the Plan are recognized when approved by the Employer. Revenues are recognized when earned, and expenses are recognized when incurred.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements. Management's estimates and assumptions also affect the reported amounts of additions to and deductions from net assets during the reporting period. Actual results could differ from those estimates.

Investment Valuation

The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at quoted market prices which represent the net asset value held by the Plan at year-end.

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – (Continued)

Risks and Uncertainties

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

3. PLAN TERMINATION

Although it has no intention to do so, the Plan Sponsor has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. Participants are 100% vested in their account balances from the date of participation to termination by the company.

4. TAX STATUS

The Internal Revenue Service has determined and informed the Plan Sponsor by a letter dated September 4, 2001, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax provisions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020 and 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. The tax years 2018, 2019 and 2020 are subject to examination.

5. CONCENTRATION OF CREDIT RISK

Plan assets are currently held by a single financial institution. Contributions receivable from Plan participants as of December 31, 2020 and 2019 were $0. Contributions receivable from the Plan Sponsor as of December 31, 2020 and 2019 were $0 and $50,308, respectively.

6. FAIR VALUE MEASUREMENTS

Fair value as defined under generally accepted accounting principles ("GAAP") is an exit price, representing the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. GAAP establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value.

These tiers include:

- Level 1: Observable inputs such as quoted prices in active markets for identical assets that the Plan has the ability to access at the measurement date.
- Level 2: Inputs other than quoted prices within Level 1 that are observable for valuing the asset or liability, either directly or indirectly. Observable inputs include quoted prices for similar assets or liabilities in active or non-active markets. Level 2 may also include insignificant adjustments to market observable inputs.
- Level 3: Unobservable inputs used for valuing the asset or liability. Unobservable inputs are those that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing the asset, based on the best information available in the circumstances.

Following is a description of the valuation methodologies used for assets measured at fair values. There have been no changes in the methodologies used at December 31, 2020 and 2019.

Mutual funds: Registered investment companies where fair value is the net asset value ("NAV") of shares held by the plan at year end.

Common collective trusts: The estimated fair value is net asset value, exclusive of the adjustment to contract value. The use of net asset value is deemed appropriate as the collective trust funds do not have finite lives, unfunded commitments relating to these types of investments, or significant restrictions on redemptions. Valuation of the remaining investments in collective funds is based on NAV. The unit value of an underlying fund is calculated by dividing the fund's NAV on the calculation date by the number of units of the fund that are outstanding on the calculation date. The collective funds have the ability to redeem its investment in the underlying fund at NAV per unit at the valuation date.

6. FAIR VALUE MEASUREMENTS – (Continued)

For the years ended December 31, 2020 and 2019, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3 and no changes in Fair Value of Level 3 Assets and Related Gains and Losses.

The following tables set forth by level within the fair value hierarchy the Plan's assets accounted for at fair value on a recurring basis as of December 31, 2020 and 2019.

Fair Value as of December 31, 2020

	Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 1,990,035	$ 1,990,035	$ -	$ -
Common collective trusts	766,662	-	766,662	-
Total assets in the fair value hierarchy	2,756,697	$ 1,990,035	$ 766,662	$ -
Investments measured at net asset value	-			
Investments at fair value	$ 2,756,697			

Fair Value as of December 31, 2019

	Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 2,432,398	$ 2,432,398	$ -	$ -
Common collective trusts	712,499	-	712,499	-
Total assets in the fair value hierarchy	3,144,897	$ 2,432,398	$ 712,499	$ -
Investments measured at net asset value	-			
Investments at fair value	3,144,897			

In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

7. EXCESS CONTRIBUTION PAYABLE

The Plan must meet certain non-discrimination requirements of the IRC based upon the participants' elective contributions each year. Contributions in excess of the Average Deferral Percentage (ADP) or the Average Contribution Percentage (ACP) test must be refunded to the participant. The excess contributions are recorded as a liability with a corresponding reduction to contributions in the accompanying statements of changes of net assets available for benefits. Excess contributions payable is as follows:

Excess contributions payable - December 31, 2019	$ 26,021
Excess contributions paid in 2020	(34,454)
Estimated excess contributions payable for plan year 2020	60,497
Excess contributions payable - December 31, 2020	$ 52,064

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits according to the financial statements as compared to Form 5500 at December 31, 2020:

Net assets available for benefits per the financial statements	$ 2,725,558
Plus: excess contributions payable	52,064
Less: current year sponsor and participants contributions receivable	-
Net assets available for benefits per Form 5500, Schedule H, Part I, Line l	$ 2,777,622

The following is a reconciliation of contributions according to the financial statements as compared to Form 5500 at December 31, 2020 and 2019:

	2020	2019
Total contributions per the financial statements	$ 99,830	$ 207,283
Plus: prior year sponsor and participants contributions receivable	50,308	16,590
Plus: excess contributions payable minus earnings	52,064	20,016
Plus: forfeitures included in sponsor contribution	7,504	-
Total contributions per Form 5500, Schedule H, Part II, Line 1(a)(b)	$ 209,706	$ 243,889

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

9. CERTIFIED INVESTMENTS

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Investments held at December 31, 2020 and 2019 including investment information related to the 401(k) account (see Note 6), that is disclosed in the accompanying financial statements and supplemental schedules, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the custodian of the Plan.

The following is a summary of information certified:

	December 31, 2020	December 31, 2019
Investments, at fair value:		
Common collective trusts	$ 766,662	$ 712,499
Mutual funds	1,990,035	2,432,398
	$ 2,756,697	$ 3,144,897
Notes receivable from participants	$ 20,925	$ 34,839
Investment income	$ 427,622	$ 600,222

10. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are units of common collective trusts managed by Principal Life Insurance Company and Wells Fargo Bank, N.A. Wells Fargo Bank, N.A. transactions qualify as party-in-interest transactions and have been identified as such within the supplemental information.

During the year ended December 31, 2020 and 2019, Wells Fargo Advisors WBS, Wells Fargo Bank, N.A., Morningstar Investment Management, LLC, Financial Engines, Inc., and Howard & Company, CPAs, P.A. received advisory fees, administrative fees and independent auditor fees. Fees paid for these services are included in plan expenses. These transactions also qualify as party-in-interest transactions for which there is a statutory exemption.

11. PROHIBITED TRANSACTIONS

The Plan Sponsor inadvertently failed to deposit $-0- and $30,145 of participant deferrals in 2020 and 2019, respectively, within the required timeframe as stated by the United States Department of Labor (DOL). The DOL considers such late deposits to be prohibited transactions. The Plan Sponsor is required to file Form 5330 and pay applicable excise taxes. The excise tax payments will be made from the Plan Sponsor's assets rather than from assets of the Plan. Management estimates that the lost income associated with the delays in contributions amounts to $-0- and $979 for the years ending December 31, 2020 and 2019, respectively.

12. SUBSEQUENT EVENTS

The date to which events occurring after December 31, 2020, the date of the most recent balance sheet, have been evaluated for possible adjustment to the financial statements or disclosure is February 18, 2022, which is the date on which the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTAL INFORMATION

TO THE TRUSTEE
FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC
EMPLOYEES' SAVINGS AND RETIREMENT PLAN

Our audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The statement of assets held for investment purposes at the end of the year, referred to as "supplemental information," is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information is the responsibility of the Plan's management.

Howard & Company, CPAs, P.A.

Jacksonville, Florida
February 18, 2022

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC
EMPLOYEES' SAVINGS AND RETIREMENT PLAN
EIN: 54-2113873 PLAN NUMBER: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
HELD FOR INVESTMENT PURPOSES
AT DECEMBER 31, 2020

(a)	(b) Identity of Issue, 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
	Delaware Diversified Income Inst	Mutual fund	$ -	$ 19,063
*	WF Blackrock S&P 500 N	Common Collective Funds	-	321,300
*	WF Blackrock Midcap Index N	Common Collective Funds	-	59,997
*	WF Stable Return Fund N	Common Collective Funds	-	385,365
	American Century Equity Income	Mutual fund	-	51,356
	American Funds EuroPac Grth	Mutual fund	-	144,786
	Columbia Small Cap Index	Mutual fund	-	598
	Diamond Hill Small Cap	Mutual fund	-	62,586
	Goldman Sachs Growth Opp Fd	Mutual fund	-	38,655
	Invesco Intl Grth FD R5	Mutual fund	-	203
	Janus Henderson Triton Fund	Mutual fund	-	59,288
	Oakmark International Fd	Mutual fund	-	64,673
	Oppenheimer Developing Mkt	Mutual fund	-	39,416
	Oppenheimer Global Opp	Mutual fund	-	19,842
	Janus Henderson Midcap Value	Mutual fund	-	860
	Templeton Global Bond Fund	Mutual fund	-	374
*	Wells Fargo Dow Jones Target 2015	Mutual fund	-	2,108
*	Wells Fargo Dow Jones Target 2020	Mutual fund	-	29,597
*	Wells Fargo Dow Jones Target 2025	Mutual fund	-	350,443
*	Wells Fargo Dow Jones Target 2030	Mutual fund	-	38,878
*	Wells Fargo Dow Jones Target 2035	Mutual fund	-	353,973
*	Wells Fargo Dow Jones Target 2040	Mutual fund	-	194,568
*	Wells Fargo Dow Jones Target 2045	Mutual fund	-	78,065
*	Wells Fargo Dow Jones Target 2050	Mutual fund	-	149,534
*	Wells Fargo Dow Jones Target 2055	Mutual fund	-	82,849
*	Wells Fargo Dow Jones Target 2060	Mutual fund	-	5,066
*	Wells Fargo Growth I Fund	Mutual fund	-	201,068
	Ridgeworth High-Income	Mutual fund	-	2,186
*	Notes receivable	4.25% - 6.50%	-	20,925
			$ -	$ 2,777,622

Note: The above statement is in the form prescribed by the reporting requirements of ERISA. Column (a) is intended to denote each identified person who is known to be a party in interest. Column (d) "Cost" is left blank as permitted by ERISA regulations in the case of participant-directed plans.

See independent auditor's report on supplemental information.

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC
EMPLOYEES' SAVINGS AND RETIREMENT PLAN
EIN: 54-2113873 PLAN NUMBER: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
HELD FOR INVESTMENT PURPOSES
AT DECEMBER 31, 2019

(a)	(b) Identity of Issue, 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
	Delaware Diversified Income Inst	Mutual fund	$ -	$ 15,989
*	WF S&P MidCap Index Fund	Common Collective Funds	-	53,938
*	WF S&P 500 Index Fund	Common Collective Funds	-	362,752
*	WF Stable Return Fund	Common Collective Funds	-	295,809
	American Century Equity Income	Mutual fund	-	99,403
	American Funds EuroPac Grth	Mutual fund	-	106,687
	Columbia Small Cap Index	Mutual fund	-	57,256
	Diamond Hill Small Cap	Mutual fund	-	57,453
	Goldman Sachs Growth Opp Fd	Mutual fund	-	24,958
	Invesco Intl Grth FD R5	Mutual fund	-	470
	Janus Henderson Triton Fund	Mutual fund	-	244,652
	Oakmark International Fd	Mutual fund	-	58,999
	Oppenheimer Developing Mkt	Mutual fund	-	32,109
	Oppenheimer Global Opp	Mutual fund	-	12,712
	Janus Henderson Mid Cap Value I	Mutual fund	-	1,095
	Templeton Global Bond Fund	Mutual fund	-	642
*	Wells Fargo Dow Jones Target 2015	Mutual fund	-	3,068
*	Wells Fargo Dow Jones Target 2020	Mutual fund	-	65,125
*	Wells Fargo Dow Jones Target 2025	Mutual fund	-	370,584
*	Wells Fargo Dow Jones Target 2030	Mutual fund	-	41,857
*	Wells Fargo Dow Jones Target 2035	Mutual fund	-	504,031
*	Wells Fargo Dow Jones Target 2040	Mutual fund	-	198,422
*	Wells Fargo Dow Jones Target 2045	Mutual fund	-	95,943
*	Wells Fargo Dow Jones Target 2050	Mutual fund	-	128,253
*	Wells Fargo Dow Jones Target 2055	Mutual fund	-	80,146
*	Wells Fargo Dow Jones Target 2060	Mutual fund	-	2,681
*	Wells Fargo Growth Fund	Mutual fund	-	229,051
	Virtus Seix High Income	Mutual fund	-	812
*	Notes receivable	4.00% - 5.25%	-	34,839
			$ -	$ 3,179,736

Note: The above statement is in the form prescribed by the reporting requirements of ERISA. Column (a) is intended to denote each identified person who is known to be a party in interest. Column (d) "Cost" is left blank as permitted by ERISA regulations in the case of participant-directed plans.

See independent auditor's report on supplemental information.

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC
EMPLOYEES' SAVINGS AND RETIREMENT PLAN
EIN: 54-2113873 PLAN NUMBER: 001

SCHEDULE H Line 4a
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

AT DECEMBER 31, 2020

Participant Contributions Transferred Late To The Plan	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction VFCP	
$ -	$ -	$ -	$ -	$ -

AT DECEMBER 31, 2019

Participant Contributions Transferred Late To The Plan	Total That Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction VFCP	
$ 30,145	$ -	$ -	$ -	$ -

See independent auditor's report on supplemental information.

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC
EMPLOYEES' SAVINGS AND RETIREMENT PLAN
EIN: 54-2113873 PLAN NUMBER: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
HELD FOR INVESTMENT PURPOSES
AT DECEMBER 31, 2020

(a)	(b) Identity of Issue, 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
	Delaware Diversified Income Inst	Mutual fund	$ -	$ 19,063
*	WF Blackrock S&P 500 N	Common Collective Funds	-	321,300
*	WF Blackrock Midcap Index N	Common Collective Funds	-	59,997
*	WF Stable Return Fund N	Common Collective Funds	-	385,365
	American Century Equity Income	Mutual fund	-	51,356
	American Funds EuroPac Grth	Mutual fund	-	144,786
	Columbia Small Cap Index	Mutual fund	-	598
	Diamond Hill Small Cap	Mutual fund	-	62,586
	Goldman Sachs Growth Opp Fd	Mutual fund	-	38,655
	Invesco Intl Grth FD R5	Mutual fund	-	203
	Janus Henderson Triton Fund	Mutual fund	-	59,288
	Oakmark International Fd	Mutual fund	-	64,673
	Oppenheimer Developing Mkt	Mutual fund	-	39,416
	Oppenheimer Global Opp	Mutual fund	-	19,842
	Janus Henderson Midcap Value	Mutual fund	-	860
	Templeton Global Bond Fund	Mutual fund	-	374
*	Wells Fargo Dow Jones Target 2015	Mutual fund	-	2,108
*	Wells Fargo Dow Jones Target 2020	Mutual fund	-	29,597
*	Wells Fargo Dow Jones Target 2025	Mutual fund	-	350,443
*	Wells Fargo Dow Jones Target 2030	Mutual fund	-	38,878
*	Wells Fargo Dow Jones Target 2035	Mutual fund	-	353,973
*	Wells Fargo Dow Jones Target 2040	Mutual fund	-	194,568
*	Wells Fargo Dow Jones Target 2045	Mutual fund	-	78,065
*	Wells Fargo Dow Jones Target 2050	Mutual fund	-	149,534
*	Wells Fargo Dow Jones Target 2055	Mutual fund	-	82,849
*	Wells Fargo Dow Jones Target 2060	Mutual fund	-	5,066
*	Wells Fargo Growth I Fund	Mutual fund	-	201,068
	Ridgeworth High-Income	Mutual fund	-	2,186
*	Notes receivable	4.25% - 6.50%	-	20,925
			$ -	$ 2,777,622

Note: The above statement is in the form prescribed by the reporting requirements of ERISA. Column (a) is intended to denote each identified person who is known to be a party in interest. Column (d) "Cost" is left blank as permitted by ERISA regulations in the case of participant-directed plans.

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.

FAMILY CARE PARTNERS OF NORTHEAST FLORIDA, LLC
EMPLOYEES' SAVINGS AND RETIREMENT PLAN
EIN: 54-2113873 PLAN NUMBER: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
HELD FOR INVESTMENT PURPOSES
AT DECEMBER 31, 2019

(a)	(b) Identity of Issue, 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
	Delaware Diversified Income Inst	Mutual fund	$ -	$ 15,989
*	WF S&P MidCap Index Fund	Common Collective Funds	-	53,938
*	WF S&P 500 Index Fund	Common Collective Funds	-	362,752
*	WF Stable Return Fund	Common Collective Funds	-	295,809
	American Century Equity Income	Mutual fund	-	99,403
	American Funds EuroPac Grth	Mutual fund	-	106,687
	Columbia Small Cap Index	Mutual fund	-	57,256
	Diamond Hill Small Cap	Mutual fund	-	57,453
	Goldman Sachs Growth Opp Fd	Mutual fund	-	24,958
	Invesco Intl Grth FD R5	Mutual fund	-	470
	Janus Henderson Triton Fund	Mutual fund	-	244,652
	Oakmark International Fd	Mutual fund	-	58,999
	Oppenheimer Developing Mkt	Mutual fund	-	32,109
	Oppenheimer Global Opp	Mutual fund	-	12,712
	Janus Henderson Mid Cap Value I	Mutual fund	-	1,095
	Templeton Global Bond Fund	Mutual fund	-	642
*	Wells Fargo Dow Jones Target 2015	Mutual fund	-	3,068
*	Wells Fargo Dow Jones Target 2020	Mutual fund	-	65,125
*	Wells Fargo Dow Jones Target 2025	Mutual fund	-	370,584
*	Wells Fargo Dow Jones Target 2030	Mutual fund	-	41,857
*	Wells Fargo Dow Jones Target 2035	Mutual fund	-	504,031
*	Wells Fargo Dow Jones Target 2040	Mutual fund	-	198,422
*	Wells Fargo Dow Jones Target 2045	Mutual fund	-	95,943
*	Wells Fargo Dow Jones Target 2050	Mutual fund	-	128,253
*	Wells Fargo Dow Jones Target 2055	Mutual fund	-	80,146
*	Wells Fargo Dow Jones Target 2060	Mutual fund	-	2,681
*	Wells Fargo Growth Fund	Mutual fund	-	229,051
	Virtus Seix High Income	Mutual fund	-	812
*	Notes receivable	4.00% - 5.25%	-	34,839
			$ -	$ 3,179,736

Note: The above statement is in the form prescribed by the reporting requirements of ERISA. Column (a) is intended to denote each identified person who is known to be a party in interest. Column (d) "Cost" is left blank as permitted by ERISA regulations in the case of participant-directed plans.

Howard & Company
CERTIFIED PUBLIC ACCOUNTANTS, P.A.