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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection</b> |
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|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u> |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input checked="" type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                                                                                          |                                          |            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|
| <b>Part II Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                                   |                                          |            |
| <b>1a</b> Name of plan<br><u>PROHEALTH CARE 401K PLAN</u>                                                                                                                                                                                                                                                                                                                                | <b>1b</b> Three-digit plan number (PN) ▶ | <u>001</u> |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>PROHEALTH CARE ASSOCIATES, LLP</u><br><br><u>1 DAKOTA DRIVE</u><br><u>SUITE 320</u><br><u>LAKE SUCCESS, NY 11402</u> |                                          |            |
| <b>1c</b> Effective date of plan<br><u>10/22/2018</u>                                                                                                                                                                                                                                                                                                                                    |                                          |            |
| <b>2b</b> Employer Identification Number (EIN)<br><u>11-3355604</u>                                                                                                                                                                                                                                                                                                                      |                                          |            |
| <b>2c</b> Plan Sponsor's telephone number<br><u>516-622-6000</u>                                                                                                                                                                                                                                                                                                                         |                                          |            |
| <b>2d</b> Business code (see instructions)<br><u>621111</u>                                                                                                                                                                                                                                                                                                                              |                                          |            |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/17/2023 | LISBETH TEEMSMA                                              |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2022)  
v. 220413

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| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                  |                                     | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>5</b></td> <td style="text-align: right;">1386</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>5</b>                            | 1386                                   |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1386                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                                                                                                                                                        |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="background-color: #f2f2f2; height: 20px;"></td> </tr> <tr> <td style="width: 10%; text-align: center;"><b>6a(1)</b></td> <td style="text-align: right;">1193</td> </tr> <tr> <td style="text-align: center;"><b>6a(2)</b></td> <td style="text-align: right;">6</td> </tr> <tr> <td style="text-align: center;"><b>6b</b></td> <td style="text-align: right;">9</td> </tr> <tr> <td style="text-align: center;"><b>6c</b></td> <td style="text-align: right;">739</td> </tr> <tr> <td style="text-align: center;"><b>6d</b></td> <td style="text-align: right;">754</td> </tr> <tr> <td style="text-align: center;"><b>6e</b></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;"><b>6f</b></td> <td style="text-align: right;">754</td> </tr> <tr> <td style="text-align: center;"><b>6g</b></td> <td style="text-align: right;">751</td> </tr> <tr> <td style="text-align: center;"><b>6h</b></td> <td style="text-align: right;">0</td> </tr> </table> |                                     |                                        | <b>6a(1)</b>             | 1193                                       | <b>6a(2)</b>                                                                                                                      | 6                                   | <b>6b</b>                | 9                                                                                                   | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 739                           | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 754                              | <b>6e</b> | 0                        | <b>6f</b>                                     | 754 | <b>6g</b>                | 751                                        | <b>6h</b> | 0                                   |                                         |     |                                     |                                               |     |                          |                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1193                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 6                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 739                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 754                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 754                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 751                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><b>7</b></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7</b>                            |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2T 3B 3D                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>9a</b> Plan funding arrangement (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     | <b>9b</b> Plan benefit arrangement (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 5%;">(1)</td> <td style="width: 5%;"><input type="checkbox"/></td> <td>Insurance</td> </tr> <tr> <td>(2)</td> <td><input type="checkbox"/></td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td>(3)</td> <td><input checked="" type="checkbox"/></td> <td>Trust</td> </tr> <tr> <td>(4)</td> <td><input type="checkbox"/></td> <td>General assets of the sponsor</td> </tr> </table>                                                                                                                  | (1)                                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Insurance                           | (2)                                    | <input type="checkbox"/> | Code section 412(e)(3) insurance contracts | (3)                                                                                                                               | <input checked="" type="checkbox"/> | Trust                    | (4)                                                                                                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | General assets of the sponsor | <table border="0" style="width: 100%;"> <tr> <td style="width: 5%;">(1)</td> <td style="width: 5%;"><input type="checkbox"/></td> <td>Insurance</td> </tr> <tr> <td>(2)</td> <td><input type="checkbox"/></td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td>(3)</td> <td><input checked="" type="checkbox"/></td> <td>Trust</td> </tr> <tr> <td>(4)</td> <td><input type="checkbox"/></td> <td>General assets of the sponsor</td> </tr> </table> |                                  | (1)       | <input type="checkbox"/> | Insurance                                     | (2) | <input type="checkbox"/> | Code section 412(e)(3) insurance contracts | (3)       | <input checked="" type="checkbox"/> | Trust                                   | (4) | <input type="checkbox"/>            | General assets of the sponsor                 |     |                          |                                            |
| (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | Insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | Code section 412(e)(3) insurance contracts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| (3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | Trust                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| (4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | Insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | Code section 412(e)(3) insurance contracts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| (3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | Trust                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| (4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <b>a Pension Schedules</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     | <b>b General Schedules</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 5%;">(1)</td> <td style="width: 5%;"><input checked="" type="checkbox"/></td> <td><b>R</b> (Retirement Plan Information)</td> </tr> <tr> <td>(2)</td> <td><input type="checkbox"/></td> <td><b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</td> </tr> <tr> <td>(3)</td> <td><input type="checkbox"/></td> <td><b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</td> </tr> </table> |                                     | (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> | <b>R</b> (Retirement Plan Information) | (2)                      | <input type="checkbox"/>                   | <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (3)                                 | <input type="checkbox"/> | <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <table border="0" style="width: 100%;"> <tr> <td style="width: 5%;">(1)</td> <td style="width: 5%;"><input checked="" type="checkbox"/></td> <td><b>H</b> (Financial Information)</td> </tr> <tr> <td>(2)</td> <td><input type="checkbox"/></td> <td><b>I</b> (Financial Information – Small Plan)</td> </tr> <tr> <td>(3)</td> <td><input type="checkbox"/></td> <td><b>0 A</b> (Insurance Information)</td> </tr> <tr> <td>(4)</td> <td><input checked="" type="checkbox"/></td> <td><b>C</b> (Service Provider Information)</td> </tr> <tr> <td>(5)</td> <td><input checked="" type="checkbox"/></td> <td><b>D</b> (DFE/Participating Plan Information)</td> </tr> <tr> <td>(6)</td> <td><input type="checkbox"/></td> <td><b>G</b> (Financial Transaction Schedules)</td> </tr> </table> | (1)                           | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>H</b> (Financial Information) | (2)       | <input type="checkbox"/> | <b>I</b> (Financial Information – Small Plan) | (3) | <input type="checkbox"/> | <b>0 A</b> (Insurance Information)         | (4)       | <input checked="" type="checkbox"/> | <b>C</b> (Service Provider Information) | (5) | <input checked="" type="checkbox"/> | <b>D</b> (DFE/Participating Plan Information) | (6) | <input type="checkbox"/> | <b>G</b> (Financial Transaction Schedules) |
| (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <b>R</b> (Retirement Plan Information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| (3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <b>H</b> (Financial Information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | <b>I</b> (Financial Information – Small Plan)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| (3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | <b>0 A</b> (Insurance Information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| (4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <b>C</b> (Service Provider Information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| (5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <b>D</b> (DFE/Participating Plan Information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                        |                          |                                            |                                                                                                                                   |                                     |                          |                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |           |                          |                                               |     |                          |                                            |           |                                     |                                         |     |                                     |                                               |     |                          |                                            |
| (6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>            | <b>G</b> (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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2022                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |     |
| A Name of plan<br>PROHEALTH CARE 401K PLAN                                                 | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>PROHEALTH CARE ASSOCIATES, LLP   | D Employer Identification Number (EIN)<br>11-3355604 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| 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 |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                         |
| 04-2647786                                                                                                 |

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

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

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

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

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

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

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

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 60 64 65            | RECORDKEEPER                                                                                      | 40967                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

MERCER DC ADVISORS

30-0282430

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | ACCOUNTANT/AUDITOR                                                                                | 15918                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

**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<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                            |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DODGE & COX INCOME I - DST ASSET M<br><br>31-1663251                | 0.08%                                                                                                                                                                    |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------|-----------------------------------------|----------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                            |

| (d) Enter name and EIN (address) of source of indirect compensation                          | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>for or the amount of the indirect compensation. |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DODGE & COX STOCK I - DST ASSET MA      430 W 7TH STREET STE 219432<br>KANSAS CITY, MO 64105 | 0.10%                                                                                                                                                                    |

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

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any<br>formula used to determine the service provider's eligibility<br>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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                           |                                                                                                                                                                                                                              |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection.</b> |
|                                                                                                                                                                           | For calendar plan year 2022 or fiscal plan year beginning <b>01/01/2022</b> and ending <b>12/31/2022</b>                                                                                                                     |                                                                                            |
|                                                                                                                                                                           |                                                                                                                                                                                                                              |                                                                                            |

|                                                                                                               |  |                                                                    |            |
|---------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><b>PROHEALTH CARE 401K PLAN</b>                                                      |  | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>001</b> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><b>PROHEALTH CARE ASSOCIATES, LLP</b> |  | <b>D</b> Employer Identification Number (EIN)<br><b>11-3355604</b> |            |

|                                                                                         |                                                                                                                                                                                  |                                                                                                                    |  |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--|
| <b>Part I</b>                                                                           | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |                                                                                                                    |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>WT EMRG MKT RESEARCH</b>              |                                                                                                                                                                                  |                                                                                                                    |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>WELLINGTON TRUST COMPANY, N.A.</b> |                                                                                                                                                                                  |                                                                                                                    |  |
| <b>c</b> EIN-PN <b>04-6913417-192</b>                                                   | <b>d</b> Entity code <b>C</b>                                                                                                                                                    | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>340057</b>  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>WF STABLE FUND C</b>                  |                                                                                                                                                                                  |                                                                                                                    |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>WELLS FARGO BANK, N.A.</b>         |                                                                                                                                                                                  |                                                                                                                    |  |
| <b>c</b> EIN-PN <b>52-2250946-001</b>                                                   | <b>d</b> Entity code <b>C</b>                                                                                                                                                    | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>5897154</b> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                          |                                                                                                                                                                                  |                                                                                                                    |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                       |                                                                                                                                                                                  |                                                                                                                    |  |
| <b>c</b> EIN-PN                                                                         | <b>d</b> Entity code                                                                                                                                                             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                          |                                                                                                                                                                                  |                                                                                                                    |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                       |                                                                                                                                                                                  |                                                                                                                    |  |
| <b>c</b> EIN-PN                                                                         | <b>d</b> Entity code                                                                                                                                                             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                          |                                                                                                                                                                                  |                                                                                                                    |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                       |                                                                                                                                                                                  |                                                                                                                    |  |
| <b>c</b> EIN-PN                                                                         | <b>d</b> Entity code                                                                                                                                                             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                          |                                                                                                                                                                                  |                                                                                                                    |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                       |                                                                                                                                                                                  |                                                                                                                    |  |
| <b>c</b> EIN-PN                                                                         | <b>d</b> Entity code                                                                                                                                                             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                          |                                                                                                                                                                                  |                                                                                                                    |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                       |                                                                                                                                                                                  |                                                                                                                    |  |
| <b>c</b> EIN-PN                                                                         | <b>d</b> Entity code                                                                                                                                                             | <b>e</b> 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  
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>PROHEALTH CARE 401K PLAN</u>                                                                                                                                                                                                                 | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>001</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>PROHEALTH CARE ASSOCIATES, LLP</u>                                                                                                                                                                   | <b>D</b> Employer Identification Number (EIN)<br><u>11-3355604</u>                                                                                                                                                                                                           |                                                                                           |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                         |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               | <b>1a</b> 0             | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                         |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1b(1)</b> 0          | 0               |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1b(2)</b> 0          | 0               |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | <b>1b(3)</b> 0          | 0               |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                         |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(1)</b> 0          | 0               |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(2)</b> 0          | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                         |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(A)</b> 0       | 0               |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(B)</b> 0       | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                         |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(4)(A)</b> 0       | 0               |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(4)(B)</b> 0       | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | <b>1c(5)</b> 0          | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(6)</b> 0          | 0               |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <b>1c(7)</b> 0          | 0               |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(8)</b> 499752     | 10000           |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               | <b>1c(9)</b> 7263096    | 6237211         |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(10)</b> 0         | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(11)</b> 0         | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(12)</b> 0         | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(13)</b> 102535687 | 67839630        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(14)</b> 0         | 0               |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(15)</b> 0         | 0               |

**1d** Employer-related investments:

|                                                                      |       | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|-------|-----------------------|-----------------|
| (1) Employer securities .....                                        | 1d(1) | 0                     | 0               |
| (2) Employer real property .....                                     | 1d(2) | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....   | 1e    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | 1f    | 110298535             | 74086841        |

**Liabilities**

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

**Net Assets**

|                                                           |    |           |          |
|-----------------------------------------------------------|----|-----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | 1l | 110298535 | 74086841 |
|-----------------------------------------------------------|----|-----------|----------|

**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 Contributions:**

|                                                                                                            |          | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|----------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | 2a(1)(A) | 1742496    |           |
| <b>(B)</b> Participants .....                                                                              | 2a(1)(B) | 9706101    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | 2a(1)(C) | 591039     |           |
| (2) Noncash contributions .....                                                                            | 2a(2)    | 0          |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | 2a(3)    |            | 12039636  |

**b Earnings on investments:****(1) Interest:**

|                                                                                                      |          |       |       |
|------------------------------------------------------------------------------------------------------|----------|-------|-------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | 2b(1)(A) | 0     |       |
| <b>(B)</b> U.S. Government securities .....                                                          | 2b(1)(B) | 0     |       |
| <b>(C)</b> Corporate debt instruments .....                                                          | 2b(1)(C) | 0     |       |
| <b>(D)</b> Loans (other than to participants) .....                                                  | 2b(1)(D) | 0     |       |
| <b>(E)</b> Participant loans .....                                                                   | 2b(1)(E) | 19560 |       |
| <b>(F)</b> Other .....                                                                               | 2b(1)(F) | 0     |       |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | 2b(1)(G) |       | 19560 |

|                                                                                           |          |         |         |
|-------------------------------------------------------------------------------------------|----------|---------|---------|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | 2b(2)(A) | 0       |         |
| <b>(B)</b> Common stock .....                                                             | 2b(2)(B) | 0       |         |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | 2b(2)(C) | 4309560 |         |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | 2b(2)(D) |         | 4309560 |

|                 |       |  |   |
|-----------------|-------|--|---|
| (3) Rents ..... | 2b(3) |  | 0 |
|-----------------|-------|--|---|

|                                                                                           |          |   |   |
|-------------------------------------------------------------------------------------------|----------|---|---|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | 2b(4)(A) | 0 |   |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | 2b(4)(B) | 0 |   |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | 2b(4)(C) |   | 0 |

|                                                                                                    |          |   |   |
|----------------------------------------------------------------------------------------------------|----------|---|---|
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                 | 2b(5)(A) | 0 |   |
| <b>(B)</b> Other .....                                                                             | 2b(5)(B) | 0 |   |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> ..... | 2b(5)(C) |   | 0 |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | -52333    |
| (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) |            | -20597693 |
| c Other income .....                                                                            | 2c     |            | 0         |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -4281270  |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 31834800   |           |
| (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)  |            | 31834800  |
| f Corrective distributions (see instructions) .....                                             | 2f     |            | 0         |
| g Certain deemed distributions of participant loans (see instructions) .....                    | 2g     |            | 38739     |
| h Interest expense .....                                                                        | 2h     |            | 0         |
| i Administrative expenses: (1) Professional fees .....                                          | 2i(1)  | 0          |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  | 0          |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  | 0          |           |
| (4) Other .....                                                                                 | 2i(4)  | 56885      |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 56885     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 31930424  |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -36211694 |
| 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: **BAKER TILLY US, LLP**

(2) EIN: **39-0859910**

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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1030724 |

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>b</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.) |     |    |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>c</b> 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.)                                                                                                                             |     |    |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>d</b> 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.)                                                                                                                  |     |    |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>g</b> 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?                                                                                                                                       |     |    |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>h</b> 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?                                                                                                                             |     |    |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  | X   |    |         |
| <b>j</b> 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.)                                                                                     |     |    |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     |    |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     |    |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     |    |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |
| <b>n</b> 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.                                                                                                                        |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     | X  |         |

**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 \_\_\_\_\_.

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>► <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

|                                                                                                        |                                                                    |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>PROHEALTH CARE 401K PLAN</u>                                               | <b>B</b> Three-digit plan number (PN) ►<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>PROHEALTH CARE ASSOCIATES, LLP</u> | <b>D</b> Employer Identification Number (EIN)<br><u>11-3355604</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> |  |
| <b>2</b> 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):<br><br>EIN(s): <u>04-6568107</u> |          |  |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |  |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> |  |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                    |                              |                             |                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                      | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                          | <b>6b</b>                    |                             |                              |
| <b>c</b> 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).....                                                                                                                                                                                                                    | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock?.....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market?.....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2022  
v. 220413

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                                                                                                 |            |  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | 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:                                                                                                                      |            |  |
|           | <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           | <b>14c</b> |  |
| <b>15</b> | 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:                                                                                                                                                    |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                            |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |  |
|           | <b>b</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.....                                                                                                                                                           | <b>16b</b> |  |
| <b>17</b> | 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 ..... <input type="checkbox"/>                                                                            |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 ..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>19</b> | <p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p><b>a</b> Enter the percentage of plan assets held as:<br/>           Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%</p> <p><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br/> <input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more</p> <p><b>c</b> What duration measure was used to calculate line 19(b)?<br/> <input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____</p>                                                                                                                                                                 |
| <b>20</b> | <p><b>PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>b</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:</p> <p><input type="checkbox"/> Yes.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> No. Other. Provide explanation _____</p> |



## **PROHEALTH CARE 401K PLAN**

Lake Success, New York

### **FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES**

Including Independent Auditors' Report

As of December 31, 2022 and 2021  
and for the Year ended December 31, 2022

# PROHEALTH CARE 401K PLAN

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As of December 31, 2022 and 2021 and for the Year Ended December 31, 2022

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## **Independent Auditors' Report**

To the Participants and Plan Administrator of  
ProHEALTH Care 401K Plan

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

We have performed audits of the financial statements of ProHEALTH Care 401K Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 (liquidation basis) and 2021 (ongoing basis), and the related statement of changes in net assets available for benefits for the year ended December 31, 2022 (liquidation basis) and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

### **Opinion**

In our opinion, based on our audits and on the procedures performed as described in the Auditors' 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.
- the information in the 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**

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

## **Emphasis of Matter**

As discussed in Notes 1 and 2 to the financial statements, effective September 30, 2022, the Plan's sponsor froze the Plan, requiring all participant balances to be distributed no later than May 1, 2023. In accordance with accounting principles generally accepted in the United States of America, the Plan considers liquidation to be imminent and has changed its basis of accounting from the ongoing plan basis used in presenting the 2021 financial statements to the liquidation basis as of December 31, 2022 and for the year then ended. Our disclaimer of opinion is not modified with respect to this matter.

## **Responsibilities of Management for the Financial Statements**

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

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

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

## **Auditors' Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits 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 accounting principles generally accepted in the United States of America.

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

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

#### **Other Matter — Supplemental Schedules Required by ERISA**

The supplemental schedules, Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2022, and Schedule H, Line 4(a) – Schedule of Delinquent Participation Contributions for the year ended December 31, 2022, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL'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).

*Baker Tilly US, LLP*

Minneapolis, Minnesota  
October 16, 2023

## PROHEALTH CARE 401K PLAN

### STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS As of December 31, 2022 (In Liquidation) and 2021 (Ongoing)

---

|                                          | <b>ASSETS</b> |                             |                             |
|------------------------------------------|---------------|-----------------------------|-----------------------------|
|                                          |               | <u>2022</u>                 | <u>2021</u>                 |
| Investments, at fair value               |               | <u>\$ 74,076,841</u>        | <u>\$109,798,783</u>        |
| Receivables                              |               |                             |                             |
| Notes receivable from participants       |               | <u>10,180</u>               | <u>503,632</u>              |
| Total Receivables                        |               | <u>10,180</u>               | <u>503,632</u>              |
| <b>TOTAL ASSETS</b>                      |               | <u>74,087,021</u>           | <u>110,302,415</u>          |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> |               | <u><u>\$ 74,087,021</u></u> | <u><u>\$110,302,415</u></u> |

See accompanying notes to financial statements.

## PROHEALTH CARE 401K PLAN

### STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS For the Year Ended December 31, 2022 (In Liquidation)

---

#### ADDITIONS

Additions to net assets attributed to

Investment income

Interest and dividends

\$ 4,323,025

Total Investment Income

4,323,025

Interest on notes receivable from participants

19,777

Contributions

Participant

9,706,101

Company

1,742,496

Rollover

591,039

Total Contributions

12,039,636

Total Additions

16,382,438

#### DEDUCTIONS

Deductions from net assets attributed to

Net depreciation in fair value of investments

20,663,491

Benefits paid to participants

31,877,456

Administrative expenses

56,885

Total Deductions

52,597,832

Net Decrease

(36,215,394)

**NET ASSETS AVAILABLE FOR BENEFITS - Beginning of Year**

110,302,415

**NET ASSETS AVAILABLE FOR BENEFITS - End of Year**

\$ 74,087,021

See accompanying notes to financial statements.

# PROHEALTH CARE 401K PLAN

## NOTES TO FINANCIAL STATEMENTS

As of December 31, 2022 (Liquidation Basis) and 2021 (Ongoing) and  
for the Year Ended December 31, 2022 (In Liquidation)

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### NOTE 1 - Description of the Plan

---

The following description of the ProHEALTH Care 401k Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

#### *General*

The Plan is a defined contribution plan established by ProHEALTH Care Associates, LLP (the "Company"). The Plan is a multiple employer plan available to all employees of ProHEALTH Care Associates, LLP, ProHEALTH Ambulatory Surgery Center, Inc., Mobile Medical Services, P.C., Waypoint, Minnesota, and unrelated companies ProHEALTH Dental Management, LLC, and ProHEALTH Care Associates of New Jersey, LLP (together the "participating employers"), excluding employees subject to collective bargaining agreements, non-resident aliens, and per diem employees.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). ProHEALTH Care Associates, LLP, is the administrator and sponsor of the Plan and has appointed Fidelity Management Trust Company (the "trustee") as the trustee of the Plan. The Plan's Investment Committee is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Governance Committee.

Effective September 30, 2022, the Plan was frozen to new participation and all future contributions. Participants became 100% vested in all balances as of the Plan freeze date. The Plan allowed participants the ability to request distributions of account balances before market close on May 1, 2023. All participants remaining in the plan after this date will be deemed to have elected to rollover their account to an IRA, with Millennium Trust Company, with certain exceptions, on May 2, 2023, or as soon as administratively feasible thereafter.

#### *Contributions*

Prior to the Plan freeze, the Plan allowed participants to contribute up to 100% of pretax annual compensation (salary reduction contributions), as defined in the Plan document, up to the maximum limits of the Internal Revenue Code ("Code"). Participants could designate all or a portion of their deferral contributions as after-tax contributions into a Roth account. Participants who had attained age 50 before the end of the Plan year were eligible to make catch-up contributions. Participants could also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover).

The Company matched contributions for eligible employees equal to 100% of the participant's pre-tax and Roth deferrals for each pay period that, which combined, did not exceed 1% of the participant's eligible pay for such pay period, plus 50% of the participant's pre-tax and Roth deferrals for each pay period, that, when combined, exceed 1% but did not exceed 6% of the participant's eligible pay for such pay period.

The Company could make a discretionary matching contribution. To be eligible for the discretionary matching contribution, participants must have been employed at the end of the Plan year. There were no discretionary contributions for the year ended December 31, 2022. Contributions were subject to certain Internal Revenue Service ("IRS") limitations.

## PROHEALTH CARE 401K PLAN

### NOTES TO FINANCIAL STATEMENTS

As of December 31, 2022 (Liquidation Basis) and 2021 (Ongoing) and  
for the Year Ended December 31, 2022 (In Liquidation)

---

#### NOTE 1 - Description of the Plan (cont.)

---

##### *Participant Accounts*

Each participant's account was credited with the participant's salary reduction contributions, rollover contributions and an allocation of the Company's contributions and Plan earnings (net of administrative expenses). Allocations were based on the participant's earnings, account balance, or specific transactions, as defined in the Plan document. The benefit to which a participant was entitled was the benefit that could be provided from the participant's vested account.

##### *Investments Classification*

All investments were participant directed. The Plan was intended to comply with ERISA section 404(c). Participants had the right to individually select the percentage of their accounts to be invested among different classifications of investments made available to them through a registered investment company.

##### *Vesting*

Prior to the Plan freeze, and all participants becoming 100% vested in all balances, participants were immediately vested in their salary reduction and rollover contributions plus earnings thereon. Participants who left the Plan because of death, retirement, or disability retirement, as defined in the Plan document, were considered 100% vested. Employer matching contributions vested in accordance with the provisions of the Plan as follows:

| <u>Vesting Years of Service</u> | <u>Percentage Vested</u> |
|---------------------------------|--------------------------|
| Less than 2                     | 0%                       |
| 2 years or more                 | 100%                     |

Discretionary matching contributions and earnings thereon vested in accordance with provisions of the Plan as follows:

| <u>Vesting Years of Service</u> | <u>Percentage Vested</u> |
|---------------------------------|--------------------------|
| Less than 2                     | 0%                       |
| 2                               | 20%                      |
| 3                               | 40%                      |
| 4                               | 60%                      |
| 5                               | 80%                      |
| 6                               | 100%                     |

##### *Notes Receivable from Participants*

Effective September 30, 2022, the Plan disallowed the issuance of any new loans. Prior to September 30, 2022, participants could borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. These loans were secured by the balance in the participants' account and bore interest at rates that ranged from 5.25% to 6.50% as of December 31, 2022, and 3.25% to 6.50% as of December 31, 2021, which were commensurate with local prevailing rates at inception of loan as determined by the Plan administrator. Principal and interest were paid ratably through payroll deductions. Terms ranged from 0 to 5 years or greater for the purchase of a primary residence.

## PROHEALTH CARE 401K PLAN

### NOTES TO FINANCIAL STATEMENTS

As of December 31, 2022 (Liquidation Basis) and 2021 (Ongoing) and  
for the Year Ended December 31, 2022 (In Liquidation)

---

#### **NOTE 1 - Description of the Plan (cont.)**

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##### *Payment of Benefits*

Benefits were paid to the participant or beneficiary upon death, disability, retirement or termination of employment, as defined in the Plan agreement. The Plan provided for retirement at age 65. The total vested portion of a participant's account balance was distributed in the form of a lump-sum payment. Participants experiencing financial hardship could withdraw a portion of this account balance as defined in the Plan.

##### *Forfeited Accounts*

As of December 31, 2022 and 2021, there were \$15,047 and \$21,723 in forfeited nonvested accounts, respectively. Forfeitures could be used to reduce future employer contributions or to pay certain administrative expenses. For the year ended December 31, 2022, \$13,852 of forfeitures were used to pay administrative expenses. No forfeitures were used to reduce employer contributions for the year ended December 31, 2022.

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#### **NOTE 2 - Summary of Significant Accounting Policies**

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##### *Liquidation Basis of Accounting*

As the Company elected to freeze the Plan as of September 30, 2022, and require all participant balances to be distributed by May 1, 2023, the Plan adopted the liquidation basis of accounting as of and for the year ended December 31, 2022. Under liquidation accounting, assets are stated at their estimated net realizable value and liabilities are stated at their estimated settlement amounts. The fair value of the Plan's assets is considered to approximate liquidation value, as the Plan plans to complete an orderly liquidation of investments as participant accounts are paid out. The Statement of Net Assets Available for Benefits of the Plan as of December 31, 2021 is presented on the ongoing basis of accounting.

##### *Investment Valuation and Income Recognition*

Investments are reported at liquidation value as of December 31, 2022. Fair value of the Plan's assets is considered to approximate liquidation value. The Plan's assets are reported at fair value as of December 31, 2021. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and trustee. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net depreciation in fair value of investments includes the gains and losses on investments bought and sold as well as held during the year.

## PROHEALTH CARE 401K PLAN

### NOTES TO FINANCIAL STATEMENTS

As of December 31, 2022 (Liquidation Basis) and 2021 (Ongoing) and  
for the Year Ended December 31, 2022 (In Liquidation)

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#### **NOTE 2 - Summary of Significant Accounting Policies (cont.)**

---

##### *Use of Estimates*

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

##### *Notes Receivable from Participants*

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2022 or 2021. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

##### *Administrative Expenses*

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

##### *Payment of Benefits*

Benefits are recorded when paid.

##### *Subsequent Events*

The Plan has evaluated subsequent events for recognition or disclosure through October 16, 2023, the date the financial statements were available to be issued.

---

#### **NOTE 3 - Fair Value Measurements**

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

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

## PROHEALTH CARE 401K PLAN

### NOTES TO FINANCIAL STATEMENTS

As of December 31, 2022 (Liquidation Basis) and 2021 (Ongoing) and  
for the Year Ended December 31, 2022 (In Liquidation)

---

#### NOTE 3 - Fair Value Measurements (cont.)

---

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

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

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

*Common collective trusts:* Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the funds less their liabilities. The practical expedient is not used when it is determined to be probable that the funds will sell the investments for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trusts, the investment advisor reserves the right to temporarily delay the withdrawal from the trusts in order to ensure that securities liquidations will be carried out in an orderly business manner.

## PROHEALTH CARE 401K PLAN

### NOTES TO FINANCIAL STATEMENTS

As of December 31, 2022 (Liquidation Basis) and 2021 (Ongoing) and  
for the Year Ended December 31, 2022 (In Liquidation)

---

#### NOTE 3 - Fair Value Measurements (cont.)

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The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021:

| Assets at Fair Value as of December 31, 2022 |                      |                      |             |             |
|----------------------------------------------|----------------------|----------------------|-------------|-------------|
|                                              | Total                | Level 1              | Level 2     | Level 3     |
| Mutual funds                                 | \$ 67,839,630        | \$ 67,839,630        | \$ -        | \$ -        |
| Total assets in the fair value hierarchy     | 67,839,630           | <u>\$ 67,839,630</u> | <u>\$ -</u> | <u>\$ -</u> |
| Investments measured at net asset value (a)  | <u>6,237,211</u>     |                      |             |             |
| Investments at fair value                    | <u>\$ 74,076,841</u> |                      |             |             |
| Assets at Fair Value as of December 31, 2021 |                      |                      |             |             |
|                                              | Total                | Level 1              | Level 2     | Level 3     |
| Mutual funds                                 | \$102,535,687        | \$102,535,687        | \$ -        | \$ -        |
| Total assets in the fair value hierarchy     | 102,535,687          | <u>\$102,535,687</u> | <u>\$ -</u> | <u>\$ -</u> |
| Investments measured at net asset value (a)  | <u>7,263,096</u>     |                      |             |             |
| Investments at fair value                    | <u>\$109,798,783</u> |                      |             |             |

(a) 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 Statements of Net Assets Available for Benefits.

For the year ended December 31, 2022, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

## PROHEALTH CARE 401K PLAN

### NOTES TO FINANCIAL STATEMENTS

As of December 31, 2022 (Liquidation Basis) and 2021 (Ongoing) and  
for the Year Ended December 31, 2022 (In Liquidation)

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#### NOTE 3 - Fair Value Measurements (cont.)

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##### *Investments Measured Using NAV per Share Practical Expedient*

The following tables summarize investments for which fair value is measured using NAV per share as a practical expedient as of December 31, 2022 and 2021. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan:

|                          | December 31, 2022 |                             |                                                     |                                 |
|--------------------------|-------------------|-----------------------------|-----------------------------------------------------|---------------------------------|
|                          | <u>Fair Value</u> | <u>Unfunded Commitments</u> | <u>Redemption Frequency (if currently eligible)</u> | <u>Redemption Notice Period</u> |
| Common collective trusts | \$ 6,237,211      | \$ -                        | Immediate                                           | Various                         |
|                          | December 31, 2021 |                             |                                                     |                                 |
|                          | <u>Fair Value</u> | <u>Unfunded Commitments</u> | <u>Redemption Frequency (if currently eligible)</u> | <u>Redemption Notice Period</u> |
| Common collective trust  | \$ 7,263,096      | \$ -                        | Immediate                                           | Various                         |

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#### NOTE 4 - Administration of Plan Assets

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The Plan's assets are administered under a contract with the trustee of the Plan. The trustee invests funds received from contributions, investment sales, interest, and dividend income and makes distribution payments to participants.

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#### NOTE 5 - Related-Party and Party in Interest Transactions

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Fees incurred by the Plan for the investment manager services are included in net depreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. Additionally, the Plan issues loans to participants, which are secured by the participant's account balances. These transactions qualify as party in interest transactions.

Certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

## **PROHEALTH CARE 401K PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

As of December 31, 2022 (Liquidation Basis) and 2021 (Ongoing) and  
for the Year Ended December 31, 2022 (In Liquidation)

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#### **NOTE 6 - Tax Status**

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The Plan uses a volume submitter plan document sponsored by Fidelity Management & Research Company. The volume submitter sponsor received an opinion letter from the Internal Revenue Service (IRS) dated March 31, 2014, which states the volume submitter document satisfies the applicable provisions of the Code. The Plan Administrator and the Plan's tax counsel believe the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Code and, therefore, believe the Plan is qualified, and the related trust is tax exempt.

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

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#### **NOTE 7 - Risks and Uncertainties**

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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 Statements of Net Assets Available for Benefits.

As of December 31, 2022 and 2021, the Plan had investments of \$23,256,308 and \$26,022,357 that were concentrated in two funds and one fund, respectively.

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#### **NOTE 8 - Information Certified by Trustee**

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The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2022 and 2021. Accordingly, the trustee, has certified to the completeness and accuracy of all investments and notes receivable from participants reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2022 and 2021 and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2022, and the related investment activity and interest income on notes receivable from participants reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2022.

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#### **NOTE 9 - Delinquent Participant Contributions**

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For the year ended December 31, 2020, the Company did not remit certain participant contributions to the Plan on a timely basis as defined by the Department of Labor's Rules and Regulations for Reporting and Delinquent Participant Contributions Disclosure under ERISA. Untimely remittances identified on the Schedule of Delinquent Participant Contributions totaled \$1,030,724. The Company compensated participants for lost earnings resulting from the delay in contributions in 2022.

## PROHEALTH CARE 401K PLAN

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### NOTE 10 - Reconciliation of Financial Statements to Schedule H Form 5500

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The following is a reconciliation of net assets available for benefits and net decrease in net assets available for benefits per the financial statements to net assets and net loss per the Form 5500 as of December 31, 2022 and 2021, and for the year ended December 31, 2022:

|                                                                                | <u>2022</u>            | <u>2021</u>           |
|--------------------------------------------------------------------------------|------------------------|-----------------------|
| Net assets available for benefits per the financial statements                 | \$ 74,087,021          | \$ 110,302,415        |
| Deemed distribution of participant loans                                       | (180)                  | (3,880)               |
| Net assets available for benefits per Form 5500                                | <u>\$ 74,086,841</u>   | <u>\$ 110,298,535</u> |
| <br>Decrease in net assets available for benefits per the financial statements | <br>\$ (36,215,394)    |                       |
| Deemed distribution activity                                                   | 3,700                  |                       |
| Net loss per the Form 5500                                                     | <u>\$ (36,211,694)</u> |                       |

# PROHEALTH CARE 401K PLAN

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

Plan 001

EIN 11-3355604

As of December 31, 2022

| (a)                              | (b)<br>Identity of Issue, Borrower, Lessor, or Similar Party | (c)<br>Description of Investment<br>Including Maturity Date, Rate of<br>Interest, Collateral, Par or<br>Maturity Value | (d)<br>Cost | (e)<br>Current Value |
|----------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| <b>Mutual Funds:</b>             |                                                              |                                                                                                                        |             |                      |
|                                  | Vanguard Institutional Index Fund                            | Mutual Fund                                                                                                            | N/R         | \$ 15,049,852        |
|                                  | Allspring Dynamic Target 2030                                | Mutual Fund                                                                                                            | N/R         | 8,206,455            |
|                                  | Allspring Dynamic Target 2035                                | Mutual Fund                                                                                                            | N/R         | 5,928,855            |
|                                  | Dodge & Cox Stock Fund                                       | Mutual Fund                                                                                                            | N/R         | 5,791,592            |
|                                  | Allspring Dynamic Target 2025                                | Mutual Fund                                                                                                            | N/R         | 5,239,204            |
|                                  | Allspring Dynamic Target 2045                                | Mutual Fund                                                                                                            | N/R         | 4,400,423            |
|                                  | Allspring Dynamic Target 2040                                | Mutual Fund                                                                                                            | N/R         | 3,876,152            |
|                                  | Allspring Dynamic Target 2050                                | Mutual Fund                                                                                                            | N/R         | 3,308,817            |
|                                  | Vanguard Mid-Cap Index Fund                                  | Mutual Fund                                                                                                            | N/R         | 2,442,987            |
|                                  | Vanguard Small-Cap Index Fund                                | Mutual Fund                                                                                                            | N/R         | 2,220,511            |
|                                  | American Funds EuroPacific Growth Fund                       | Mutual Fund                                                                                                            | N/R         | 1,470,979            |
|                                  | Allspring Dynamic Target 2020                                | Mutual Fund                                                                                                            | N/R         | 1,367,142            |
|                                  | Allspring Dynamic Target 2055                                | Mutual Fund                                                                                                            | N/R         | 1,358,708            |
|                                  | Dodge & Cox Income Fund                                      | Mutual Fund                                                                                                            | N/R         | 1,239,812            |
|                                  | DFA U.S. Small Cap Portfolio                                 | Mutual Fund                                                                                                            | N/R         | 1,114,941            |
|                                  | Allspring Dynamic Target Today                               | Mutual Fund                                                                                                            | N/R         | 887,305              |
|                                  | Vanguard Total International Stock Index Fund                | Mutual Fund                                                                                                            | N/R         | 788,688              |
|                                  | The Hartford MidCap                                          | Mutual Fund                                                                                                            | N/R         | 783,887              |
|                                  | Allspring Dynamic Target 2060                                | Mutual Fund                                                                                                            | N/R         | 617,967              |
|                                  | Vanguard Total Bond Market Index Fund                        | Mutual Fund                                                                                                            | N/R         | 564,376              |
|                                  | Allspring Dynamic Target 2015                                | Mutual Fund                                                                                                            | N/R         | 560,456              |
|                                  | Vanguard Inflation-Protected Securities Fund                 | Mutual Fund                                                                                                            | N/R         | 527,553              |
|                                  | PIMCO All Asset Fund                                         | Mutual Fund                                                                                                            | N/R         | 92,968               |
| <b>Common Collective Trusts:</b> |                                                              |                                                                                                                        |             |                      |
|                                  | Galliard Stable Return                                       | Common Collective Trust                                                                                                | N/R         | 5,897,154            |
|                                  | WT Emerging Markets Research                                 | Common Collective Trust                                                                                                | N/R         | 340,057              |
|                                  |                                                              | Maturities varying from 0 to 2<br>years and interest rates ranging<br>from 5.25% to 6.50%                              | -0-         | 10,000               |
| *                                | <b>Participant Loans</b>                                     |                                                                                                                        |             |                      |
|                                  |                                                              |                                                                                                                        |             | <u>\$ 74,086,841</u> |
| *                                | A party in interest as defined by ERISA.                     |                                                                                                                        |             |                      |
| N/R                              | Cost omitted for participant directed investments.           |                                                                                                                        |             |                      |

# **PROHEALTH CARE 401K PLAN**

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

Plan 001

EIN 11-3355604

For the Year Ended December 31, 2022

| Participant Contributions Transferred Late<br>to the Plan |                  |                  | Check here if<br>Participant<br>Loan<br>Repayments<br>are Included | Totals That Constitute Nonexempt<br>Prohibited Transactions |                                                   |                                                   | Total Fully<br>Corrected Under<br>VFCP and PTE<br>2002-51 |
|-----------------------------------------------------------|------------------|------------------|--------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------|
|                                                           |                  |                  |                                                                    | Contributions<br>Not<br>Corrected                           | Contributions<br>Corrected<br>Outside the<br>VFCP | Contributions<br>Pending<br>Correction in<br>VFCP |                                                           |
| Amount<br>Withheld                                        | Date<br>Withheld | Date<br>Remitted |                                                                    |                                                             |                                                   |                                                   |                                                           |
| \$ 578,424                                                | 2/7/2020         | 2/13/2020        | <input checked="" type="checkbox"/>                                | \$ -                                                        | \$ 578,424                                        | \$ -                                              | \$ -                                                      |
| 452,300                                                   | 4/3/2020         | 4/14/2020        | <input checked="" type="checkbox"/>                                | -                                                           | 452,300                                           | -                                                 | -                                                         |

Plan: 88360

ProHEALTH Care 401k Plan  
SUMMARY OF NET TRUST ASSETS  
Total Plan Assets as of 12/31/2022

| <u>Fund Name</u>         | <u>Share Balance 12/31/2022</u> | <u>Historical Cost</u> |
|--------------------------|---------------------------------|------------------------|
| WT EMRG MKT RESEARCH     | 37,995.181                      | \$407,080.44           |
| AS TARGET 2015 R6        | 0.000                           | \$0.00                 |
| AS TARGET 2025 R6        | 0.000                           | \$0.00                 |
| AS TARGET 2035 R6        | 0.000                           | \$0.00                 |
| AS TARGET 2045 R6        | 0.000                           | \$0.00                 |
| AS DYN TRGT TODAY R6     | 93,400.513                      | \$917,706.70           |
| AS DYN TRGT 2015 R6      | 58,871.434                      | \$578,504.58           |
| AS DYN TRGT 2020 R6      | 141,526.137                     | \$1,413,095.48         |
| AS DYN TRGT 2025 R6      | 513,647.430                     | \$5,389,117.38         |
| AS DYN TRGT 2030 R6      | 799,849.376                     | \$8,445,055.63         |
| AS DYN TRGT 2035 R6      | 578,989.761                     | \$6,071,125.57         |
| AS DYN TRGT 2040 R6      | 386,455.799                     | \$3,990,760.45         |
| AS DYN TRGT 2045 R6      | 436,549.863                     | \$4,520,776.40         |
| AS DYN TRGT 2050 R6      | 325,350.772                     | \$3,401,918.00         |
| AS DYN TRGT 2055 R6      | 131,913.393                     | \$1,377,350.76         |
| AS DYN TRGT 2060 R6      | 59,706.952                      | \$626,956.40           |
| DODGE & COX INCOME I     | 101,707.277                     | \$1,382,417.21         |
| VANGUARD INST INDEX      | 46,792.443                      | \$13,647,269.45        |
| DFA US SMALL CAP I       | 28,802.393                      | \$1,085,702.71         |
| HARTFORD MID CAP R6      | 25,709.642                      | \$986,909.45           |
| DODGE & COX STOCK I      | 26,848.973                      | \$5,458,266.42         |
| GALLIARD STBLE RTN C     | 101,412.797                     | \$5,595,996.14         |
| VANG TOT BD MKT ADM      | 59,533.302                      | \$644,084.39           |
| VANG SM CAP IDX ADM      | 25,250.299                      | \$2,094,697.98         |
| VANG MIDCAP IDX ADM      | 9,676.346                       | \$2,214,665.68         |
| VANG TOT INTL STK AD     | 28,308.986                      | \$850,246.49           |
| PIM ALL ASSET INST       | 8,845.662                       | \$110,306.37           |
| VANG INFL PROT ADM       | 22,788.474                      | \$592,018.11           |
| AF EUROPAC GROWTH R6     | 30,001.604                      | \$1,584,366.27         |
| AS TARGET TODAY R6       | 0.000                           | \$0.00                 |
| AS TARGET 2010 R6        | 0.000                           | \$0.00                 |
| AS TARGET 2020 R6        | 0.000                           | \$0.00                 |
| AS TARGET 2030 R6        | 0.000                           | \$0.00                 |
| AS TARGET 2040 R6        | 0.000                           | \$0.00                 |
| AS TARGET 2050 R6        | 0.000                           | \$0.00                 |
| AS TARGET 2060 R6        | 0.000                           | \$0.00                 |
| AS TARGET 2055 R6        | 0.000                           | \$0.00                 |
| OUTSTANDING LOAN BALANCE |                                 |                        |

Assets are presented at fair value with the exception to fully benefit responsive investment contracts which are presented at contra Auditor's Guide for financial statement presentation and disclosure information.

Run Date: 03/18/2023

| <u>Price</u> | <u>Total Market Value</u> |
|--------------|---------------------------|
| \$8.95       | \$340,056.87              |
| \$5.97       | \$0.00                    |
| \$4.64       | \$0.00                    |
| \$6.48       | \$0.00                    |
| \$6.85       | \$0.00                    |
| \$9.50       | \$887,304.87              |
| \$9.52       | \$560,456.05              |
| \$9.66       | \$1,367,142.48            |
| \$10.20      | \$5,239,203.79            |
| \$10.26      | \$8,206,454.60            |
| \$10.24      | \$5,928,855.15            |
| \$10.03      | \$3,876,151.66            |
| \$10.08      | \$4,400,422.62            |
| \$10.17      | \$3,308,817.35            |
| \$10.30      | \$1,358,707.95            |
| \$10.35      | \$617,966.95              |
| \$12.19      | \$1,239,811.71            |
| \$321.63     | \$15,049,853.44           |
| \$38.71      | \$1,114,940.63            |
| \$30.49      | \$783,886.98              |
| \$215.71     | \$5,791,591.97            |
| \$58.15      | \$5,897,154.15            |
| \$9.48       | \$564,375.70              |
| \$87.94      | \$2,220,511.29            |
| \$252.47     | \$2,442,987.07            |
| \$27.86      | \$788,688.35              |
| \$10.51      | \$92,967.91               |
| \$23.15      | \$527,553.17              |
| \$49.03      | \$1,470,978.64            |
| \$8.02       | \$0.00                    |
| \$9.22       | \$0.00                    |
| \$10.57      | \$0.00                    |
| \$10.88      | \$0.00                    |
| \$13.16      | \$0.00                    |
| \$6.00       | \$0.00                    |
| \$11.32      | \$0.00                    |
| \$10.55      | \$0.00                    |
|              | \$10,000.00               |

NET ASSETS 12/31/2022:

-----  
\$74,086,841.35

ict value as in previous years. See Chapter 7 of the Fidelity

## 2022 Form M-1

## MEWA-ECE Form

This Form is Open to Public  
Inspection

**Report for Multiple Employer Welfare Arrangements (MEWAs) and  
Certain Entities Claiming Exception (ECEs)**

This filing is required to be filed under section 101(g) of the Employee  
Retirement Income Security Act of 1974, as amended by the Patient  
Protection and Affordable Care Act.

OMB No. 1210-0116

Department of Labor  
Employee Benefits Security  
Administration

**PART I PURPOSE OF FILING**

Complete as applicable:

**A**

Identify the type of filing:

(1) ☒ Annual Report:☐ Calendar Year☒ or the fiscal year beginning 01/01/2022 and ending

09/30/2022

(2) ☐ MEWA RegistrationDate: (3) ☐ ECE OriginationDate: (4) ☐ ECE Special FilingDate: **B** Check if any of the following:Check here if this is a final report ☒Check here if this is an amended report ☐Check here if this is a request for an extension ☐**C** Identify the type of entity:(1) ☒ A Plan MEWA(2) ☐ A Non-Plan MEWA(3) ☐ An Entity Claiming Exception (ECE)**D** Enter the most recent date the MEWA or ECE filed the Form M-1:☐ Check the box if this is the first filing or enter the date below.

02/13/2021

**PART II CUSTODIAL & FINANCIAL INFORMATION****1a** Name and address of the MEWA or ECE

ProHEALTH Care Associates LLP

1 Dakota Drive

Suite 320

Lake Success, NY 11042

**1b** Telephone number of the MEWA or ECE (516) 622-6000**1c** Employer Identification Number (EIN) 11-3355604**1d** Plan Number (PN) 501**2a** Name and address of the administrator of the MEWA or ECE

ProHEALTH Care Associates LLP

1 Dakota Drive

Suite 320

Lake Success, NY 11042

**2b** Telephone number of the administrator (516) 622-6000**2c** EIN 11-3355604**2d** E-mail address of the administrator

lteemsma@prohealthcare.com

**3a** Name and address of the entity or entities sponsoring the MEWA or ECE

ProHEALTH Care Associates LLP

1 Dakota Drive

Suite 320

Lake Success, NY 11042

**3b** Telephone number of the sponsor (516) 622-6000**3c** EIN 11-3355604**4a** Name and address of the agent for service of process or registered agent

ProHEALTH Care Associates LLP

1 Dakota Drive

Suite 320

Lake Success, NY 11042

**4b** Telephone number of such person (516) 622-6000**4c** E-mail address of such person

lteemsma@prohealthcare.com

**5a** Name and address of each member of the Board, officer, trustee, or custodian of the MEWA or ECE

**5b** Telephone number of each such person

**5c** E-mail address of such person

**6a** Name and address of all promoters and/or agents responsible for marketing the MEWA or ECE

**6b** Telephone number of each promoter or agent

**6c** E-mail address of such person

**6d** EIN of each promoter or agent

**7a** Name and address of any person, financial institution(s), or other entity holding assets for the MEWA or ECE

**7b** Telephone Number of person, financial institution, or entity

**8a** Name and address of any actuary(ies) providing services to the MEWA or ECE

**8b** Telephone number of each actuary

**8c** E-mail address of each actuary

**8d** EIN of each actuary

**9a** If the MEWA or ECE has a contract with a third party administrator (TPA) the name and address of the third party administrator(s)

**9b** Telephone number of each TPA

**9c** E-mail address of each TPA

**9d** EIN of each TPA

**10a** Name and address of any person or entity that has authority or control over the MEWA's or ECE's assets or over assets paid to the entity by plans or employers for the provision of benefits

**10b** Telephone number of each such person or entity

**10c** E-mail address of such person or entity

**10d** EIN of each such person or entity

**11a** Name and address of any person or entity that has discretionary authority, control, or responsibility with respect to the administration of the MEWA or ECE or any benefit program offered by it

**11b** Telephone number of each such person or entity

**11c** E-mail address of such person or entity

**11d** EIN of each such person or entity

**12a** Names and addresses of the MEWAs or ECEs that merged

**12b** Telephone number of the entities

**12c** EINs

**12d** PNs

**13** Do you have an opinion from an actuary assessing the MEWA's or ECE's actuarial soundness, including the adequacy of contribution rates? **No**

**14a** Are you, your entity, and/or its officers, directors, and employees covered by fiduciary liability policies? Please identify the carrier that issued the fiduciary liability policy(ies) in the space provided. **Yes**  
RLI Insurance Company 4/24/20 to 4/23/21; 4/24/21 to 4/23/2022; 4/24/2022 to 10/01/2022

**14b** Are the fiduciaries of each of the plans whose participants are receiving benefits from the entity covered by a fiduciary liability policy? **Yes**

**15** Are all assets in the possession of the MEWA or ECE maintained consistent with section 403 of ERISA and 29 CFR 2550.403a-1 and 2550.403b-1? **Yes**  
If no, please explain.

**16a** Within the past five years, has any litigation or other enforcement proceeding (including any administrative proceeding) regarding any MEWA, ECE, or Group Health Plan been instituted by a Federal or State agency against the MEWA or ECE, a trustee, or a director, owner, partner, senior manager, or officer of the sponsoring entity? **No**  
If yes, please identify each litigation or enforcement proceeding to include (if applicable): (1) the case number, (2) the date, (3) the nature of the proceedings, (4) the court, (5) all parties (for example, plaintiffs and defendants or petitioners and respondents), and (6) the disposition.

**16b** Have any of the persons or entities listed in this Part II ever been the subject of any criminal or civil investigation or action involving dishonesty or breach of trust or been convicted of a felony? **No**  
If yes, please explain.

**16c** Have any cease and desist orders been issued by a Federal or State agency against any of the entities listed in this Part II? **No**  
If so, please list the issuing entities and the year in which each order was issued.

| Entity | Year |
|--------|------|
|--------|------|

17 Complete a separate row for each state in which the entity operates in the following chart. (Note: Only entities that provide medical care (within the meaning of ERISA section 733(a) (2)) are required to file the Form M-1.):

| 17a                                                  | 17b                   | 17c                        | 17d                                                   | 17e                                                    | 17f                               | 17g                                        | 17h                                                   | 17i                                          | 17j                                                       |
|------------------------------------------------------|-----------------------|----------------------------|-------------------------------------------------------|--------------------------------------------------------|-----------------------------------|--------------------------------------------|-------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------|
| Enter all States where the MEWA or ECE is operating. | Is coverage provided? | State registration number. | Name of state agent or entity for service of process. | Is the entity a licensed health insurer in this State? | If yes to 17e, enter NAIC number. | If no to 17e, is the entity fully insured? | If yes to 17g, enter name and NAIC number of insurer. | Does the entity purchase stop loss coverage? | If yes to 17i, enter the name and NAIC number of insurer. |
| NY<br><input type="checkbox"/> New State             | Yes                   |                            |                                                       | No                                                     |                                   | Yes                                        | SELF-FUNDED                                           | No                                           |                                                           |

18 Of the States identified in box 17a, identify those States in which the entity conducted 20 percent or more of its business (based on the number of participants receiving coverage for medical care). NY

19 Total number of participants covered under the entity. 983

### PART III

## INFORMATION FOR COMPLIANCE WITH PART 7 OF ERISA

20 If you answered yes to box 16a, in reference to any State or Federal litigation or other enforcement proceeding (including any administrative proceeding), check yes below if the allegation concerns a provision under part 7 of ERISA, a corresponding provision under the Internal Revenue Code or Public Health Service Act, a breach of any duty under Title I of ERISA if the underlying violation relates to a requirement under part 7 of ERISA, or a breach of a contractual obligation if the contract provision relates to a requirement under part 7 of ERISA. N/A

21 Is the MEWA subject to part 7 of ERISA on the date of the filing? (Note: The Self-Compliance Tool at [www.dol.gov/ebsa/pdf/cagappa.pdf](http://www.dol.gov/ebsa/pdf/cagappa.pdf) may be helpful in answering Boxes 21-21f.) If "yes," complete the following. Yes

21a Is the coverage provided by the MEWA or ECE in compliance with the portability and nondiscrimination provisions of the Health Insurance Portability and Accountability Act of 1996, including Title I of the Genetic Information Nondiscrimination Act of 2008, and the Department of Labor's (Department's) regulations issued thereunder? Yes

21b Is the coverage provided by the MEWA or ECE in compliance with the Mental Health Parity Act of 1996 and the Mental Health Parity and Addiction Equity Act of 2008 and the Department's regulations issued thereunder? Yes

21c Is the coverage provided by the MEWA or ECE in compliance with the Newborns' and Mothers' Health Protection Act of 1996 and the Department's regulations issued thereunder? Yes

21d Is the coverage provided by the MEWA or ECE in compliance with the Women's Health and Cancer Rights Act of 1998? Yes

21e Is the coverage provided by the MEWA or ECE in compliance with Michelle's Law? Yes

21f Is the coverage provided by the MEWA or ECE in compliance with the Patient Protection and Affordable Care Act of 2010 and the Department's regulations issued thereunder that are applicable as of the date signed at the bottom of this form? Yes

## ATTACHMENTS

## SIGNATURE

Under penalty of perjury and other penalties set forth in the instructions, I declare that I have examined this report, including any accompanying attachments, and to the best of my knowledge and belief, it is true and correct. Under penalty of perjury and other penalties set forth in the instructions, I also declare that, unless this is an extension request, this report is complete.

Signature of Administrator:

Lisbeth Teemsma

Address of Administrator:

lteemsma@prohealthcar

Date:

02/02/2023