

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A	This return/report is for: ☐ a multiemployer plan☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)☒ a single-employer plan☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report☐ the final return/report☒ an amended return/report☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558☐ automatic extension☐ the DFVC program☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan CCSI 403(B) RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 01/01/1997
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) COORDINATED CARE SERVICES, INC WATER TOWER PARK 1099 JAY ST., BLDG ROCHESTER, NY 14611-1153	2b Employer Identification Number (EIN) 22-2573042
		2c Plan Sponsor's telephone number 585-328-5190
		2d Business code (see instructions) 541600

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/29/2024	JASON KUBY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 646
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year		6a(1) 502
a(2) Total number of active participants at the end of the plan year		6a(2) 499
b Retired or separated participants receiving benefits		6b 7
c Other retired or separated participants entitled to future benefits.....		6c 244
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 750
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 750
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 747
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 63
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2L 2M 2S 2T 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 2 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan CCSI 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 COORDINATED CARE SERVICES, INC	D Employer Identification Number (EIN) 22-2573042

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier MASSMUTUAL LIFE INSURANCE CO.
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	780611-01	750	01/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid 415	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid RBC CAPITAL MARKETS LLC 80 LINDEN OAKS STE 220 ROCHESTER, NY 14625
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
415			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	1224439
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

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

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

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

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

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

b	Balance at the end of the previous year	7b	1851524
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c	Additions: (1) Contributions deposited during the year	7c(1)	32942	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	22724	
	(4) Transferred from separate account.....	7c(4)	3679	
	(5) Other (specify below)	7c(5)	8984	

▶ **LOAN PAYMENTS**

(6) Total additions.....	7c(6)	68329
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	1919853
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	693851	
(2) Administration charge made by carrier.....	7e(2)	1477	
(3) Transferred to separate account.....	7e(3)	86	
(4) Other (specify below)	7e(4)		

▶

(5) Total deductions.....	7e(5)	695414
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1224439
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan CCSI 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 COORDINATED CARE SERVICES, INC	D Employer Identification Number (EIN) 22-2573042

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-0832760	60139	89175	62	01/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid 9837	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid HEALTHCARE COMMUNITY SECURITIES 1 EMPIRE DR RENSSELAER, NY 12144
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9837			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end..... **4** 0**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP VARIABLE ANNUITY W/GUAR FUND**b** Balance at the end of the previous year **7b** 1528191**c** Additions: (1) Contributions deposited during the year **7c(1)** 64788
(2) Dividends and credits **7c(2)** 0
(3) Interest credited during the year **7c(3)** 65303
(4) Transferred from separate account **7c(4)** 0
(5) Other (specify below) **7c(5)** 0
▶(6) Total additions **7c(6)** 130091**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 1658282**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 157657
(2) Administration charge made by carrier **7e(2)** 0
(3) Transferred to separate account **7e(3)** 0
(4) Other (specify below) **7e(4)** 0
▶(5) Total deductions **7e(5)** 157657**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 1500625

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 CCSI 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 COORDINATED CARE SERVICES, INC	D Employer Identification Number (EIN) 22-2573042	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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)

RBC CAPITAL MARKETS LLC

60 S 6TH ST COMMISSIONS ACCTG P-14
MINNEAPOLIS, MN 55402

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	BROKER/ADVISER	0	Yes ☒ No ☐	Yes ☐ No ☒	39010	Yes ☐ No ☒

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

EMPOWER LIFE & ANNUITY INSURANCE CO

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	17972	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
RBC CAPITAL MARKETS LLC	55	39010
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EMPOWER LIFE & ANNUITY INSURANCE CO 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	OTHER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>CCSI 403(B) RETIREMENT PLAN</u>		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COORDINATED CARE SERVICES, INC</u>		D Employer Identification Number (EIN) <u>22-2573042</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests.....	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants).....	1c(7)	0	0
(8) Participant loans.....	1c(8)	519512	332712
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	27421733	21820755
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3379715	2725064
(15) Other	1c(15)	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
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	31320960	24878531

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	31320960	24878531
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1310737	
(B) Participants	2a(1)(B)	1484511	
(C) Others (including rollovers)	2a(1)(C)	128840	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2924088
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	18643	
(F) Other	2b(1)(F)	89487	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		108130
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2320222	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2320222
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		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)		-7318218
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-1965778
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4453860	
(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)		4453860
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		4819
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	14267	
(3) Investment advisory and management fees	2i(3)	3268	
(4) Other	2i(4)	437	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		17972
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4476651
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-6442429
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BONADIO & CO., LLP**

(2) EIN: **16-1131146**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 CCSI 403(B) RETIREMENT PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 COORDINATED CARE SERVICES, INC		D Employer Identification Number (EIN) 22-2573042
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 20-3691708 04-1590850		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 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): _____

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:	
a	The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a
b	The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b
c	The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:	
a	The corresponding number for the plan year immediately preceding the current plan year.....	15a
b	The corresponding number for the second preceding plan year.....	15b
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:	
a	Enter the number of employers who withdrew during the preceding plan year	16a
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐	

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**COORDINATED CARE SERVICES, INC.
403(b) RETIREMENT PLAN**

**Financial Statements as of
December 31, 2022 and 2021
Together with
Independent Auditor's Report**

Bonadio & Co., LLP
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

February 13, 2024

To the Plan Administrator of
Coordinated Care Services, Inc. 403(b) Retirement Plan:

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

We have performed audits of the financial statements of Coordinated Care Services, Inc. 403(b) Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, 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 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the years ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note 3 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 Auditor's Responsibilities for the Audit of the Financial Statements section:

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

(Continued)

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INDEPENDENT AUDITOR'S REPORT

(Continued)

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 Auditor's 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.

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.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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.

(Continued)

INDEPENDENT AUDITOR'S REPORT

(Continued)

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

- 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 certifications, 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 Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

(Continued)

INDEPENDENT AUDITOR'S REPORT

(Continued)

Other Matter - Supplemental Schedule Required by ERISA (Continued)

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

In our opinion:

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

COORDINATED CARE SERVICES, INC. 403(b) RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ASSETS		
INVESTMENTS, at fair value:		
Mutual funds	\$ 20,361,664	\$ 25,230,915
Separate accounts	<u>1,459,089</u>	<u>2,190,818</u>
	<u>21,820,753</u>	<u>27,421,733</u>
INVESTMENTS, at contract value:		
Fixed annuity contract	1,500,626	1,528,191
Guaranteed interest contract	<u>1,224,440</u>	<u>1,851,524</u>
	<u>2,725,066</u>	<u>3,379,715</u>
Total investments	<u>24,545,819</u>	<u>30,801,448</u>
RECEIVABLES:		
Participant contributions	30,500	78,377
Employer contributions	28,872	49,688
Notes receivable from participants	<u>332,712</u>	<u>519,512</u>
Total receivables	<u>392,084</u>	<u>647,577</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 24,937,903</u>	<u>\$ 31,449,025</u>

The accompanying notes are an integral part of these statements.

COORDINATED CARE SERVICES, INC. 403(b) RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ADDITIONS:		
Contributions -		
Participant	\$ 1,432,748	\$ 1,385,135
Employer	1,292,772	1,134,320
Rollover	<u>65,087</u>	<u>112,066</u>
Total contributions	<u>2,790,607</u>	<u>2,631,521</u>
Investment income (loss) -		
Interest income	87,876	91,201
Net appreciation (depreciation) in fair value of investments	(5,001,258)	3,503,964
Notes receivable interest income	<u>20,601</u>	<u>23,329</u>
Net investment income (loss)	<u>(4,892,781)</u>	<u>3,618,494</u>
Total additions	<u>(2,102,174)</u>	<u>6,250,015</u>
DEDUCTIONS:		
Benefits paid to participants	4,390,427	2,249,574
Administrative expenses	<u>18,521</u>	<u>26,140</u>
Total deductions	<u>4,408,948</u>	<u>2,275,714</u>
CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	(6,511,122)	3,974,301
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	<u>31,449,025</u>	<u>27,474,724</u>
NET ASSETS AVAILABLE FOR BENEFITS - end of year	<u>\$ 24,937,903</u>	<u>\$ 31,449,025</u>

The accompanying notes are an integral part of these statements.

COORDINATED CARE SERVICES, INC. 403(b) RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

1. DESCRIPTION OF PLAN

The following brief description of the Coordinated Care Services, Inc. 403(b) Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more information and a complete description of the Plan's provisions.

General

The Plan is a defined contribution plan available to all employees of Coordinated Care Services, Inc. (CCSI) who meet certain eligibility requirements. The Plan is administered by CCSI. Lincoln Life and Annuity Company of New York (Lincoln) is a custodian and recordkeeper of the Plan.

Massachusetts Mutual Life Insurance Company (Mass Mutual) was the insurance company of the Plan and an authorized agent of Reliance Trust Company (Reliance), a directed custodian of certain assets of the Plan recordkept by Mass Mutual prior to 2021. On December 31, 2020, Empower Retirement LLC (Empower) acquired the retirement business of Mass Mutual. Following an initial transition period, Empower became the sole administrator of this business in 2021. Empower was a recordkeeper of the Plan during 2021 and 2022 and an authorized agent of Reliance Trust Company (Reliance), a directed custodian of certain assets of the Plan recordkept by Empower during 2021 and through October 28, 2022. Great-West Life & Annuity Insurance Company (Great-West) was an agent acting on behalf of Empower during 2021. Empower Life & Annuity Insurance Company of New York (ELAINY) was the insurance company of the Plan during the year ended December 31, 2022 and an authorized agent of Empower Trust Company (ETC), a directed custodian of certain assets of the Plan recordkept by Empower during the period from October 29, 2022 through December 31, 2022. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

All employees are eligible to participate in the Plan. All eligible employees are able to begin salary deferrals on the first day of the first payroll period pursuant to a properly completed and valid salary deferral agreement entered into by the employee. Eligible employees, except for part-time employees who normally work less than 20 hours per week, are eligible to receive CCSI contributions upon reaching age 18.

Contributions

Active participants may make voluntary contributions in the form of salary reductions. Pre-tax contributions are limited to a maximum contribution of the lesser of 100% of the participant's total compensation for the Plan year or the maximum amount permitted by the Internal Revenue Code (IRC) and any applicable rollovers from other qualified plans, subject to certain limitations of the Plan and the IRC. Eligible participants, who attain the age of 50 before the end of the Plan year, are eligible to make catch-up contributions, subject to certain limitations of the IRC. The Plan has a 4% automatic deferral election provision, which is effective as of the first day of the first pay period that occurs on or after the 30th day following the later of (a) the employee's entry date; or (b) the date on which the employee is provided notice of such automatic reduction by the Plan Administrator.

1. DESCRIPTION OF PLAN (Continued)

Contributions (Continued)

CCSI's contributions to the Plan are discretionary and reviewed annually for changes by the Board of Directors. During 2022 and 2021, CCSI made non-elective contributions to participant accounts, calculated as 4% of eligible participant compensation for staff scheduled to work more than 20 hours per week. In addition, during 2022 and 2021, CCSI matched an amount equal to 50% of employee deferrals, up to 4% of eligible compensation, for a maximum match of 2%.

Participant Accounts

Each participant's account is credited with the participant's contribution, CCSI's contribution and an allocation of Plan earnings/losses on all contributions, and administrative expenses. Allocations are based on participant earnings/losses or account balances, according to specific terms provided by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are fully vested in their elective deferrals, CCSI's matching contributions and actual earnings/losses thereon, immediately upon participation in the Plan. Participants hired prior to December 31, 2012 are fully vested in CCSI's non-elective contributions, immediately upon participation in the Plan. Participants hired after December 31, 2012 are subject to a vesting schedule relative to CCSI's non-elective contributions - 25% each year, over a four-year span, at which time they are 100% vested.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued interest.

Participants may borrow from the funds attributable to the participant's employee elective deferral contributions, vested CCSI contributions and rollover contributions. Beginning on January 1, 2013, participants may only borrow against their respective balances recordkept by Empower (formerly, Mass Mutual). Participants are allowed to borrow up to the lesser of 50% of their vested account balances, or \$50,000 reduced by the excess of: (1) the participant's highest outstanding loan balance during the preceding one-year period over (2) the participant's loan balance outstanding before the loan is made. A participant may borrow a minimum of \$1,000. Loans are repayable through electronic fund transfers over not more than five years except in the case of a loan taken for the purpose of purchasing a primary residence. All loans bear interest at a reasonable rate as determined by the Plan Administrator. Defaulted loans are deemed as distributions to the extent the law allows.

Payment of Benefits

Vested funds are paid to participants when they retire or terminate employment with CCSI, upon attaining early retirement age of 55, or normal retirement age of 65. Benefits may be paid out in a single lump sum or in periodic installments over a period that is not greater than or equal to the life expectancy of the participant.

Hardship Withdrawals

Prior to age 59 ½, a participant may withdraw their participant and employer Plan contributions for reasons of hardship. All hardship withdrawals must comply with the rules relating to hardships, which are uniformly applicable to all participants.

1. DESCRIPTION OF PLAN (Continued)

Forfeited Accounts

Forfeitures may be used to pay Plan expense or to reduce employer non-elective and matching contributions. Forfeited balances totaling \$86,088 and \$101,404 for the years ended December 31, 2022 and 2021, respectively, were used to reduce employer contributions. Unallocated forfeitures amounted to approximately \$12,500 and \$24,200 at December 31, 2022 and 2021, respectively.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's financial statements are prepared in accordance with accounting principles generally accepted (GAAP) in the United States.

Investments

The Plan invests in mutual funds, separate accounts, and fixed annuity and guaranteed interest contracts. Investments are reported at fair value, except for fully-benefit responsive fixed and guaranteed contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are reflected on a trade date basis. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. All investments are participant directed.

The Plan's fixed and guaranteed contracts are comprised of a fixed annuity account and a capital preservation account. Contract value is calculated as accumulated cash contributions and interest credited to the Plan's contracts, less any withdrawals. Contract value is the relevant measure for the portion of net assets available for benefits attributable to fully-benefit responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

The guaranteed minimum contract rate for the fixed annuity account was 1.25% for the years ended December 31, 2022 and 2021. The contract rate is evaluated quarterly based on current economic rates. Participant accounts are credited with the greater of the guaranteed minimum contract rate or the declared contract rate. Funds deposited in the fixed annuity account after April 30, 2019 earned a declared contract rate of 1.60% in 2022 and 2021. Funds deposited in the fixed annuity account prior to April 30, 2019 earned a declared contract rate of 3% in 2022 and 2021.

The capital preservation investment account is a market value separate account investment option with a general investment account guarantee that provides a stated rate of return and insulates participants' accounts from daily fluctuations in the market. The crediting rate for the account is established for a six-month period of time and all assets invested in the account are credited with that rate.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Investments (Continued)

Certain events, which Plan management believes are not probable of occurring, may limit the ability of the Plan to currently transact at contract value and may result in a deferral of the payment at contract value for up to twelve months. Such events include but may not be limited to a participant termination of employment due to: (1) removal of a group of participants from Plan coverage as a result of temporary absence, change in position or other occurrence qualifying as a temporary break in service under the Plan; (2) transfer or other change of position resulting in employment by an entity controlling, controlled by, or under other common control with the employer; or (3) cessation of an employment relationship resulting from a reorganization, merger, layoff or the sale or discontinuance of all or any part of the Plan sponsor's business. Such events also include: (1) removal from the Plan of one or more groups or classifications of participants; (2) partial or complete plan and contract termination of the contract (3) partial or complete Plan terminations; or (4) Plan disqualification.

Fair Value Measurement - Definition and Hierarchy

GAAP provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair market value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under GAAP are described below:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets and liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
 - 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.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodology used at December 31, 2022 and 2021.

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

Mutual funds: Valued using daily net asset values obtained from observable markets.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurement - Definition and Hierarchy (Continued)

Separate Accounts: Separate accounts purchase specific equity and fixed income mutual funds. These investments are valued using the net asset value (NAV) of the participation units as a practical expedient to estimate fair value. The unit values of participation units in the subaccounts are determined by Lincoln based on the value of the underlying mutual fund held in the subaccount, minus the fund's liabilities, which are the contract charges imposed by Lincoln, divided by the number of participation units outstanding. The pooled separate account NAV is not a publicly quoted price in an active market. This NAV calculation is in accordance with the AICPA Audit and Accounting Guide, *Investment Companies*. The separate accounts do not have a market value adjustment and are redeemable daily at NAV.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. Currently, there are no lockout provisions or restrictions on these investments.

Risks and Uncertainties

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 amount reported in the financial statements.

Participant Rollover Contributions

Participants are allowed to transfer or rollover funds into the Plan subject to approval by the Plan administrator.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Administrative Expenses

Substantially all administrative expenses associated with the Plan are paid by the Plan participants.

Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States requires the Plan administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates and such differences may be significant.

3. CERTIFIED INVESTMENT INFORMATION

The following information was certified as accurate and complete by Great-West on behalf of Empower for the year ended December 31, 2021, ELAINY for the year ended December 31, 2022, Reliance for the year ended December 31, 2021 and through October 28, 2022, ETC for the period October 29, 2022 through December 31, 2022, and Lincoln for the years ended December 31, 2022 and 2021 and is included in the financial statements and accompanying supplemental schedule at December 31:

	<u>2022</u>	<u>2021</u>
Investments	\$ <u>24,545,819</u>	\$ <u>30,801,448</u>
Notes receivable from participants	\$ <u>332,712</u>	\$ <u>519,512</u>
Interest income	\$ <u>87,876</u>	\$ <u>91,201</u>
Net appreciation (depreciation) in fair value of investments	\$ <u>(5,001,258)</u>	\$ <u>3,503,964</u>
Notes receivable interest income	\$ <u>20,601</u>	\$ <u>23,329</u>
Schedule of Assets (Held at End of Year)	Schedule I	

4. FAIR VALUE MEASUREMENTS

The Plan's assets at fair value, within the fair value hierarchy, were as follows at December 31:

<u>2022</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ <u>20,361,664</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>20,361,664</u>
Investments, at net asset value				<u>1,459,089</u>
Investments, at fair value				<u>\$ 21,820,753</u>
 <u>2021</u>	 <u>Level 1</u>	 <u>Level 2</u>	 <u>Level 3</u>	 <u>Total</u>
Mutual funds	\$ <u>25,230,915</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>25,230,915</u>
Investments, at net asset value				<u>2,190,818</u>
Investments, at fair value				<u>\$ 27,421,733</u>

5. PARTY-IN-INTEREST TRANSACTIONS

Lincoln is a custodian and recordkeeper of the Plan. Empower is the recordkeeper of the Plan. Reliance was the custodian of certain Plan assets recordkept by Empower through October 28, 2022. ETC was the custodian of certain Plan assets recordkept by Empower for the period October 29, 2022 through December 31, 2022. Great-West was an agent acting on behalf of Empower for the year ended December 2021. ELAINY was the insurance company of the Plan for year ended December 31, 2022. As such, transactions between Lincoln, Empower, Reliance, ETC, Great-West, ELAINY and the Plan qualify as party-in-interest transactions. Additionally, notes receivable from participants are party-in-interest transactions.

6. TAX STATUS

The Plan is exempt from federal income tax under Section 403(b) of the IRC. The Plan is required to operate in conformity with the IRC to maintain its tax-exempt status for Plan participants. The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

7. PLAN TERMINATION

Although it has not expressed any intent to do so, CCSI has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of the Plan's termination, participants will become fully vested in their account balances.

8. RECONCILIATION TO FORM 5500

Certain items have been classified differently between the financial statements and Form 5500. The following table reconciles the Plan's net assets available for benefits per the financial statements to Form 5500 for the years ended December 31:

	<u>2022</u>	<u>2021</u>
Net assets available for benefits, per the financial statements	\$ 24,937,903	\$ 31,449,025
Contributions receivable	<u>(59,372)</u>	<u>(128,065)</u>
Net assets available for benefits per Form 5500	<u>\$ 24,878,531</u>	<u>\$ 31,320,960</u>

The following table reconciles the Plan's change in net assets available for benefits per the financial statements to Form 5500 for the years ended December 31:

	<u>2022</u>	<u>2021</u>
Change in net assets available for benefits, per the financial statements	\$ (6,511,122)	\$ 3,974,301
Change in contributions receivable	<u>68,693</u>	<u>(14,886)</u>
Change in net assets available for benefits, per Form 5500	<u>\$ (6,442,429)</u>	<u>\$ 3,959,415</u>

9. SUBSEQUENT EVENTS

Subsequent events have been evaluated through February 13, 2024, which is the date the financial statements were available to be issued.

PLAN #001

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

DECEMBER 31, 2022

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issuer</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
	MUTUAL FUNDS:			
*	MM Sclt T.Rowe Pr Rtmt 2045 Fd	Mutual Fund		\$ 2,841,951
*	MM Sclt T.Rowe Pr Rtmt 2040 Fd	Mutual Fund		2,487,496
*	MM Sclt T.Rowe Pr Rtmt 2030 Fd	Mutual Fund		2,450,222
*	MM Sclt T.Rowe Pr Rtmt 2035 Fd	Mutual Fund		1,904,854
*	MM Sclt T.Rowe Pr Rtmt 2050 Fd	Mutual Fund		1,689,821
*	MM Sclt T.Rowe Pr Rtmt 2055 Fd	Mutual Fund		1,619,285
*	MM Sclt T.Rowe Pr Rtmt 2025 Fd	Mutual Fund		1,565,484
*	MM S&P 500 Index Fund	Mutual Fund		1,054,194
	Loomis Sayles Core Plus Bond A	Mutual Fund		781,489
*	MM Sclt T.Rowe Pr Rtmt 2060 Fd	Mutual Fund		673,235
	American Funds Balanced Fund	Mutual Fund		546,270
*	MM Sclt T.Rowe Pr Rtmt 2020 Fd	Mutual Fund		514,623
	Invesco Discovery Fund	Mutual Fund		363,271
	ClearBridge Int'l Growth Fd	Mutual Fund		360,537
*	MM Sclt T.Rowe Pr Rtmt 2015 Fd	Mutual Fund		285,358
	American Funds Amer Mutual Fd	Mutual Fund		269,598
	Invesco Developing Markets	Mutual Fund		143,289
	ClearBridge Large Cap Gr Fd	Mutual Fund		131,121
*	MassMutual Mid Cap Growth Fund	Mutual Fund		129,823
	PIMCO Commodity Real Rtn Strat Fd	Mutual Fund		129,530
*	Empower S&P Mid Cap 400 Index Fund L	Mutual Fund		120,550
	MFS Mid Cap Value Fund	Mutual Fund		105,461
*	Empower S&P Small Cap 600 Index Fund L	Mutual Fund		74,433
*	MM Sclt T.Rowe Pr Rtmt 2010 Fd	Mutual Fund		66,262
	Franklin Small Cap Value Fund	Mutual Fund		48,527
	Calvert Balanced A	Mutual Fund		4,231
*	MM US Government Mny Mkt Fd	Mutual Fund		403
	IMPAX Elevate Gbl Women's Leader	Mutual Fund		339
*	MM Sclt T.Rowe Pr Rtmt 2005 Fd	Mutual Fund		7
				20,361,664
	SEPARATE ACCOUNTS:			
*	LVIP SSGA S&P 500 Index	Separate Accounts		353,015
	American Funds Growth Fund	Separate Accounts		166,821
	Fidelity Growth Portfolio	Separate Accounts		115,025
	AB VPS Large CAP Growth Port	Separate Accounts		113,682
	NB Amt Sustainable Eq Port	Separate Accounts		79,714
*	LVIP T. Rowe Price Structured	Separate Accounts		68,334
*	LVIP Baron Grth Opportunities	Separate Accounts		64,750
	T. Rowe Price INTL Stock	Separate Accounts		64,028
	Delaware VIP Small Cap Value	Separate Accounts		59,159
	Fidelity Asset Manager	Separate Accounts		49,569
	American Funds International	Separate Accounts		41,123
	American Funds Growth-Income	Separate Accounts		39,250
*	LVIP SSGA Small Cap Index	Separate Accounts		37,488
	Fidelity ContraFund Portfolio	Separate Accounts		36,643
*	LVIP Delaware Smid Cap Core Fund	Separate Accounts		34,807
	Balance forward			1,323,408

(Continued)

COORDINATED CARE SERVICES, INC. 403(b) RETIREMENT PLAN**EMPLOYER IDENTIFICATION NUMBER #22-2573042****PLAN #001****SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)****DECEMBER 31, 2022**

(a)	(b) Identity of Issuer	(c) Description of Investment	** (d) Cost	(e) Current Value
SEPARATE ACCOUNTS (Continued):				
	Balance from previous page			1,323,408
*	LVIP Delaware Dvrs Income Fund	Separate Accounts		31,468
*	LVIP Delaware REIT Fund	Separate Accounts		22,942
	Janus Henderson Global Research	Separate Accounts		19,864
	AB VPS Global Thematic Growth	Separate Accounts		17,355
*	Lincoln VP Social Awareness	Separate Accounts		8,592
	American Century VP Balanced	Separate Accounts		7,584
*	LVIP Blended LC Growth Mngd Vol	Separate Accounts		6,324
*	LVIP Delaware High Yield Fund	Separate Accounts		6,316
	American Funds Global Growth	Separate Accounts		4,969
*	LVIP Global Moderate Allocation Mr	Separate Accounts		3,892
*	LVIP Dimensional US Core Equity	Separate Accounts		2,839
*	Lincoln VIP Bond Fund	Separate Accounts		1,656
*	LVIP Mondrian Int'l Value	Separate Accounts		801
*	LVIP Blackrock Global Alloc	Separate Accounts		410
*	LVIP Global Growth Allocation Mr	Separate Accounts		365
*	LVIP BR Inflation Protected	Separate Accounts		304
				<u>1,459,089</u>
FIXED AND GUARANTEED CONTRACTS:				
*	Lincoln Fixed Account	Fixed Annuity Contract		1,500,626
*	Capital Preservation Account	Guaranteed Interest Contract		<u>1,224,440</u>
				<u>2,725,066</u>
NOTES RECEIVABLE FROM PARTICIPANTS:				
		Interest rates between 4.25% and 8% and maturing at various dates through 2027		
*	Notes Receivable from Participants			<u>332,712</u>
				<u>\$ 24,878,531</u>

* Denotes party-in-interest.

** Cost omitted as these investments are participant-directed.

The accompanying notes are an integral part of this schedule.

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SCHEDULE OF ASSETS (HELD AT END OF YEAR)
CCSI 403(b) Retirement Plan
29-OCT-22 to 31-DEC-22

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INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IMMSGX			717,165.40	673,234.76
IMMDMX			1,752,250.99	1,619,285.34
IMMDGX			1,865,343.73	1,689,820.54
IMMFWX			3,108,322.08	2,841,953.46
IMMFQX			2,768,312.18	2,487,495.92
IMMTLX			2,083,304.80	1,904,853.56
IMMTPX			2,709,516.53	2,450,222.12
IMMTHX			1,731,568.68	1,565,483.89
IMMTUX			569,441.80	514,623.32
IMMFKX			310,414.22	285,358.18
IMMXDX			72,102.11	66,261.74
IMMFEX			7.98	7.51
ILGGAX			339,731.80	360,537.46
IODMAX			126,975.11	143,288.81
IPXWEX			343.78	338.69
IPCRAI			139,342.14	129,530.25
IFRVLX			49,806.40	48,526.73
IMXNSX			78,787.13	74,432.53
IOPOCX			386,057.12	363,270.60
IMXBUX			128,650.11	120,550.43
IMEFAX			151,131.16	129,822.87
IMVCHX			109,376.48	105,460.68
IRMFEX			274,034.53	269,598.45
ISBLGX			145,281.36	131,120.80
IMIEAX			1,336,384.04	1,054,193.67
IRLBCX			537,854.49	546,269.97
ICSIFX			4,193.15	4,230.85
INEFRX			761,383.66	781,488.57
IMKSXX			403.41	403.41
ICNPJQ		1.700	1,208,424.62	1,211,980.10
			23,465,910.99	21,573,645.21
PARTICIPANT LOANS	VARIOUS	4.250-8.000	297,841.09	297,744.45
FORFEITURES			12,435.69	12,460.11

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SCHEDULE OF ASSETS (HELD AT END OF YEAR)

CCSI 403(b) Retirement Plan
29-OCT-22 to 31-DEC-22

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INVESTMENT OPTION

MATURITY DATE

INTEREST RATE

COST OF ASSETS

CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1MMSGX	MassMutual Select TRP Retirement 2060 M4
1MMDGX	MassMutual Select TRP Retirement 2050 M4
1MMFOX	MassMutual Select TRP Retirement 2040 M4
1MMTPX	MassMutual Select TRP Retirement 2030 M4
1MMTUX	MassMutual Select TRP Retirement 2020 M4
1MMXDX	MassMutual Select TRP Retirement 2010 M4
1LGGAX	ClearBridge International Growth A
1PXWEX	Impax Ellevest Gbl Women's Lead Invst
1FRVLX	Franklin Small Cap Value Fund A
1OPOCX	Invesco Discovery A
1MEFAX	MassMutual Mid Cap Growth A
1RMFCX	American Funds American Mutual - R3
1MIEAX	MM S&P 500 Index R4
1CSIFX	Calvert Balanced A
1MKSXX	MassMutual US Government Mny Mkt Fd

1MMDMX	MassMutual Select TRP Retirement 2055 M4
1MMFWX	MassMutual Select TRP Retirement 2045 M4
1MMTLX	MassMutual Select TRP Retirement 2035 M4
1MMTHX	MassMutual Select TRP Retirement 2025 M4
1MMFKX	MassMutual Select TRP Retirement 2015 M4
1MMFEX	MassMutual Select TRP Retirement 2005 M4
1ODMAX	Invesco Developing Markets A
1PCRAX1	PIMCO Commodity Real Ret Strat A
1MXNSX	Empower S&P SmallCap 600 Index Fund L
1MXBUX	Empower S&P Mid Cap 400 Index Fund L
1MVCHX	MFS Mid Cap Value R3
1SBLGX	ClearBridge Large Cap Growth A
1RLBCX	American Funds American Balanced R3
1NEFRX	Loomis Sayles Core Plus Bond A
1CNPJQ0	Capital Preservation Account

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year



Schedule H, line 4i--Schedule of Assets (held at End of Year) For Plan: Coordinated Care Services

Date Range Requested: 01/01/2022 - 12/31/2022 Data Extracted: 02/09/2023
Plan Information

Vendor System	Plan ID	Plan Name	Plan Identification Number	Employer Number (EIN)	Plan Type	Full Service	Plan Sponsor/ Employer Name	Plan Sponsor / Employer Address	Plan Sponsor / Plan Admin Phone
Lincoln - Penfacts	0002593002777001	COORDINATED CARE SERVICES INC TAX SHELTERED ANNUITY PLAN	001	22-2573042	403(b)	N	COORDINATED CARE SERVICES INC.	WATER TOWER PARK, 1099 JAY STREET BUILDING J, ROCHESTER, NY 14611-1153	585-328-5211

Plan Assets

(A)	(B) Identity of Issue	(C) Description of Investment	(D) Historical Cost	(E) Current Value
*	LINCOLN NAT'L LIFE - MULTIFUND	AB VPS LARGE CAP GROWTH PORT		113,681.98
*	LINCOLN NAT'L LIFE - MULTIFUND	AB VPS SUST GL THEMATIC PORT		17,355.25
*	LINCOLN NAT'L LIFE - MULTIFUND	AMERICAN CENTURY VP BALANCED		7,583.62
*	LINCOLN NAT'L LIFE - MULTIFUND	AMERICAN FUNDS GLOBAL GROWTH		4,968.87
*	LINCOLN NAT'L LIFE - MULTIFUND	AMERICAN FUNDS GROWTH FUND		166,821.38
*	LINCOLN NAT'L LIFE - MULTIFUND	AMERICAN FUNDS GROWTH-INCOME		39,250.13
*	LINCOLN NAT'L LIFE - MULTIFUND	AMERICAN FUNDS INTERNATIONAL		41,122.83
*	LINCOLN NAT'L LIFE - MULTIFUND	BLACKROCK GLOBAL ALLOCATION		0.00
*	LINCOLN NAT'L LIFE - MULTIFUND	DELAWARE VIP SMALL CAP VALUE		59,159.25
*	LINCOLN NAT'L LIFE - MULTIFUND	FIDELITY ASSET MANAGER		49,569.42
*	LINCOLN NAT'L LIFE - MULTIFUND	FIDELITY CONTRAFUND PORTFOLIO		36,642.91
*	LINCOLN NAT'L LIFE - MULTIFUND	FIDELITY GROWTH PORTFOLIO		115,025.18

*	LINCOLN NAT'L LIFE - MULTIFUND	FIXED ACCT	1,500,625.57
*	LINCOLN NAT'L LIFE - MULTIFUND	JANUS HENDERSON GLB RESEARCH	19,864.21
*	LINCOLN NAT'L LIFE - MULTIFUND	LINCOLN VIP BOND FUND	1,655.68
*	LINCOLN NAT'L LIFE - MULTIFUND	LINCOLN VIP SOCIAL AWARENESS	8,591.94
*	LINCOLN NAT'L LIFE - MULTIFUND	LOAN RESRV	34,967.55
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP BARON GRTH OPPORTUNITIES	64,749.61
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP BLACKROCK GLOBAL ALLOC	409.79
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP BLENDED LC GRTH MNGD VOL	6,324.36
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP BR INFLATION PROTECTED	303.61
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP DEL SMID CAP CORE FUND	34,807.45
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP DELAWARE DVRS INCOME FND	31,467.53
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP DELAWARE HIGH YIELD FUND	6,315.72
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP DELAWARE REIT FUND	22,942.13
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP DIMENSIONAL US CORE EQTY1	2,838.87
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP GLBAL MODERATE ALLOCTN MR	3,892.05
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP GLOBAL GROWTH ALLOCTN MR	364.66
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP MONDRIAN INT'L VALUE	800.85
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP SSGA S&P 500 INDEX	353,016.07
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP SSGA SMALL-CAP INDEX	37,487.98
*	LINCOLN NAT'L LIFE - MULTIFUND	LVIP T. ROWE PRICE STRUCTURED	68,333.52
*	LINCOLN NAT'L LIFE - MULTIFUND	NB AMT SUSTAINABLE EQ PORT	79,713.85

*	LINCOLN NAT'L LIFE - MULTIFUND	T. ROWE PRICE INT'L STOCK	64,027.99
Total			2,994,681.81