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

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
- [X] 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
- [X] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] 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
403(B) THRIFT PLAN OF COMMUNITY CARE ALLIANCE

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 02/01/1980

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)
COMMUNITY CARE ALLIANCE

PO BOX 1700
WOONSOCKET, RI 02895-0856

2b Employer Identification Number (EIN) 05-0312278

2c Plan Sponsor's telephone number 401-235-7000

2d Business code (see instructions) 813000

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.	03/06/2024	RITA GANDHI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	601
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)**	456
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	539
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	136
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	675
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	675
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	594
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	5
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:

2F 2G 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [X] 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)** [X] 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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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

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

A Name of plan
403(B) THRIFT PLAN OF COMMUNITY CARE ALLIANCE

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
COMMUNITY CARE ALLIANCE

D Employer Identification Number (EIN)
05-0312278

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.

1 Coverage Information:

(a) Name of insurance carrier
MUTUAL OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1614399	88668	001016I	675	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.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	5142

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

PROVIDENCE REGIONAL OFFICE
500 EXCHANGE ST SUITE 9-200
PROVIDENCE, RI 02903

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	5142	PORTION OF INCENTIVE COMP PROGRAM	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	1742092
5	Current value of plan's interest under this contract in separate accounts at year end	5	15047704

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ N/A

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

b	Balance at the end of the previous year			7b	1534538
c	Additions: (1) Contributions deposited during the year	7c(1)	27589		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	4194		
	(4) Transferred from separate account	7c(4)	201345		
	(5) Other (specify below)	7c(5)	4300		
	▶ ROLLOVER				
	(6) Total additions			7c(6)	237428
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1771966
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	29509		
	(2) Administration charge made by carrier	7e(2)	365		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	29874
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1742092

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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
403(B) THRIFT PLAN OF COMMUNITY CARE ALLIANCE

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
COMMUNITY CARE ALLIANCE

D Employer Identification Number (EIN)
05-0312278

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS
82 DEVONSHIRE STREET
BOSTON, MA 02109

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

VANGUARD
PO BOX 2600
VALLEY FORGE, PA 19482-2600

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

DWS
222 SOUTH RIVERSIDE PLAZA
CHICAGO, IL 60606-5808

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

INVESCO VI MAIN STREET
PO BOX 5270
DENVER, CO 80217-5270

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

AMERICAN CENTURY INVESTMENTS

PO BOX 419786
KANSAS CITY, MO 64141-6786

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

CALVERT

4550 MONTGOMERY AVENUE SUITE 1000N
BETHESDA, MD 20814

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

AMERICAN FUNDS

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071

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

PIMCO

840 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

MFS

111 HUNTINGTON AVENUE
BOSTON, MA 02199

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

VICTORY FUNDS

4900 TIEDEMAN ROAD, 4TH FLOOR
BROOKLYN, OH 44144

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

NEUBERGER BERMAN

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

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

GOLDMAN SACHS VIT FUNDS

200 WEST STREET
NEW YORK, NY 10282

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

DELAWARE FUNDS

ONE COMMERCE SQUARE,
2005 MARKET STREET
PHILADELPHIA, PA 19103

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

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

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

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

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

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 37	INSURANCE CARRIER	3003	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

(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: KAHN, LITWIN, REZNA, & CO. LTD
b EIN: 05-0409384
c Position: PRIOR AUDITORS
d Address: 951 NORT MAIN STREET
PROVIDENCE, RI 02904
e Telephone: 401-274-2001

Explanation: CHANGE OF AUDITOR

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
403(B) THRIFT PLAN OF COMMUNITY CARE ALLIANCE

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
COMMUNITY CARE ALLIANCE

D Employer Identification Number (EIN)
05-0312278

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

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT NUMBER GS2

b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1614399-000	P	15047704

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
403(B) THRIFT PLAN OF COMMUNITY CARE ALLIANCE

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
COMMUNITY CARE ALLIANCE

D Employer Identification Number (EIN)
05-0312278

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6056	6481
(2) Participant contributions	1b(2)	24960	23557
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	18844628	15716138
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	657945	386372
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1632673	1840822
(15) Other	1c(15)	563165	461170

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	21729427	18434540
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	21729427	18434540

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)	169987	
	(B) Participants	2a(1)(B)	924666	
	(C) Others (including rollovers)	2a(1)(C)	661198	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1755851
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	0	
	(F) Other	2b(1)(F)	18885	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		18885
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-3323965
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		-1549229
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1738597	
(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)		1738597
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	7061	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		7061
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1745658
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-3294887
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) [X] 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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: CITRIN COOPERMAN & COMPANY, LLP **(2)** EIN: 22-2428965

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

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

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

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
403(B) THRIFT PLAN OF COMMUNITY CARE ALLIANCE

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
COMMUNITY CARE ALLIANCE

D Employer Identification Number (EIN)
05-0312278

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-3590259 _____

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

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_____

403(B) THRIFT PLAN OF
COMMUNITY CARE ALLIANCE

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

AS OF DECEMBER 31, 2022 AND 2021, AND
FOR THE YEAR ENDED DECEMBER 31, 2022

403(B) THRIFT PLAN OF COMMUNITY CARE ALLIANCE
AS OF DECEMBER 31, 2022 AND 2021, AND
FOR THE YEAR ENDED DECEMBER 31, 2022

Table of Contents

	Page
Independent Auditor's Report	1 - 4
Financial Statements	
Statements of net assets available for benefits	5
Statement of changes in net assets available for benefits	6
Notes to financial statements	7 - 16
Supplemental Schedule	
Schedule H, line 4i - schedule of assets (held at the end of year)	17 - 20

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
403(b) Thrift Plan of Community Care Alliance
Woonsocket, Rhode Island

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2022 Financial Statements

We have performed an audit of the financial statements of 403(b) Thrift Plan of Community Care Alliance (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 statement of net assets available for benefits as of December 31, 2022, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2022 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan ("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 December 31, 2022, and for the year then ended, stating that the certified investment information, as described in Note 3 to the financial statements is complete and accurate.

Opinion on the 2022 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2022 Financial Statements section -

- the amounts and disclosures in the 2022 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 2022 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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Basis for Opinion on the 2022 Financial Statements

We conducted our audit 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 2022 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2022 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 2022 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 Financial Statements 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.

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Auditor's Responsibilities for the Audit of the 2022 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 audit 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 2022 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.

2022 Supplemental Information Required by ERISA

The supplemental Schedule H - Line 4i - Schedule of Assets (Held at End of Year) 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.

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.

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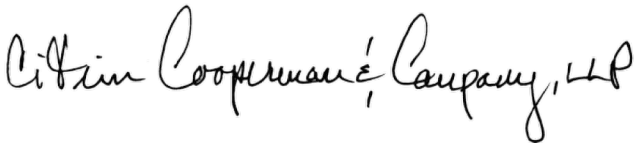
2022 Supplemental Information Required by ERISA (Continued)

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 a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2021 Financial Statements

Predecessor auditors performed an audit of the 2021 financial statements of the Plan. 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, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by a qualified institution. Their report dated September 26, 2022, indicated that (a) the amounts and disclosures in the 2021 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C). Their report also indicated that the form and content of the 2021 supplemental schedule, other than the information in the 2021 supplemental schedule that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2021 supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determines meets the requirements of ERISA Section 103(a)(3)(C).



Providence, Rhode Island
March 5, 2024

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403(B) THRIFT PLAN OF COMMUNITY CARE ALLIANCE
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2022 AND 2021

	2022	2021
Assets:		
Investments at fair value	$ 16,563,680	$ 20,065,738
Investments at contract value	1,840,822	1,632,673
Total investments	18,404,502	21,698,411
Receivables:		
Employer contributions	6,481	6,056
Participant contributions	23,557	24,960
Total receivables	30,038	31,016
NET ASSETS AVAILABLE FOR BENEFITS	$ 18,434,540	$ 21,729,427

See accompanying notes to financial statements.

403(B) THRIFT PLAN OF COMMUNITY CARE ALLIANCE
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2022

Additions (reductions) to net assets attributed to:	
Investment income (loss):	
Net depreciation in fair value of investments	$ (3,323,965)
Interest and dividends	18,885
	(3,305,080)
Contributions:	
Participant, including rollovers of $661,198	1,585,864
Employer	169,987
	1,755,851
Total reductions	(1,549,229)
Deductions from net assets attributed to:	
Benefits paid to participants	1,738,597
Administrative expenses	7,061
Total deductions	1,745,658
Net decrease	(3,294,887)
Net assets available for benefits - beginning	21,729,427
NET ASSETS AVAILABLE FOR BENEFITS - ENDING	$ 18,434,540

See accompanying notes to financial statements.

NOTE 1. DESCRIPTION OF PLAN

The following description of the 403(b) Thrift Plan of Community Care Alliance (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was established by Community Care Alliance (the "Employer") on February 1, 1980, for the benefit of qualifying employees of the Employer. The purpose of the Plan is to accumulate retirement income for its participants which will supplement retirement benefits provided them by Social Security. The Plan is a contributory multiple-employer defined contribution plan under Section 403(b) of the Internal Revenue Code ("IRC") and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective November 1, 2018, the Plan was amended to accept Newport County Community Mental Health Care, Inc. ("NCCMHC") as an affiliated employer.

Eligibility

All employees, excluding non-resident aliens, are eligible to participate in the Plan as of the first day of employment.

Employees that are 18 years of age with at least six months of service are eligible for employer matching contributions. Employees that are 18 years of age with at least one year (1,000 hours) of service are eligible for employer base contributions.

Effective January 1, 2021, the Plan was amended for employees of NCCMHC such that there is no minimum age requirement for employer matching contributions, there is a minimum service requirement of one year (1,000 hours), and the employer match is a discretionary percentage with NCCMHC having the sole right to determine it for each plan year.

Effective June 1, 2021, the Plan was amended for employees of NCCMHC whereby the Plan has an automatic enrollment under which eligible employees will contribute pre-tax contributions as follows: 1% for the first plan year, 2% for the second plan year, and 3% for the third plan year. Participants have the option to opt out of the automatic deferrals.

NOTE 1. DESCRIPTION OF PLAN (CONTINUED)

Contributions

Participants may elect to contribute to the Plan any dollar amount or percentage of eligible compensation on a pre-tax or after-tax Roth basis up to 100% of eligible compensation, as defined in the Plan ("elective deferrals"). Participants who are at least age 50 before the end of the Plan year may make catch-up contributions equal to any whole number percentage of their eligible compensation or whole dollar amount. Participants may not contribute more than the maximum allowed by the IRC.

The Employer makes matching contributions equal to the sum of 100% of contributions a participant defers into the Plan up to 1% of eligible compensation and 25% of contributions a participant defers into the Plan that exceed 1% up to 5% of eligible compensation. The Employer may also make discretionary base contributions each year equal to a percentage of participants' eligible compensation. For the year ended December 31, 2022, there were no discretionary base contributions. Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

Rollovers and transfers of funds from other qualified plans in which employees cease to participate are permitted and are fully vested.

Vesting

Participants are fully vested in their contributions and employer contributions to the Plan plus earnings thereon.

As of January 1, 2021, the plan was amended for employees of NCCMHC whereby participants become vested in the NCCMHC matching contributions in accordance with the following schedule:

Years of Service	Percent Vested
Less than two years	0%
Two years	50%
Three years or more	100%

Plan loans

Plan loans are available to participants through Mutual of America Life Insurance Company ("Mutual of America"), subject to certain limitations. Plan loans are issued directly from the funds owned by Mutual of America, and loan proceeds are not removed from a participant's account.

However, a portion of a participant's account balance is reserved, or held in collateral, in the Mutual of America Interest Accumulation Account to cover the outstanding loan amount for the period of time the loan is outstanding. Active loans are collateralized by 100% of the participant's account. If a participant ceases to make loan repayments there is no foreclosure on the loan until a distributable event occurs. Interest on the loan will continue to accrue and is compounded until the earlier of repayment of the loan by the participant or a distributable event occurs. When a distributable event occurs, an amount equal to the outstanding loan principal and interest are deducted from the account and the loan is repaid. Investments underlying defaulted loan balances are reflected in the statements of net assets available for benefits until a distribution event occurs.

NOTE 1. DESCRIPTION OF PLAN (CONTINUED)

Plan loans (continued)

At of December 31, 2022 and 2021, $158,924 and $205,400, respectively, was pledged as collateral for loans to participants from Mutual of America. Plan loans are not reflected in the statements of net assets available for benefits.

Participant accounts

Contributions are paid to the trust, which is administered by the custodians who are responsible for receiving contributions, making distributions, maintaining accounts and records, and rendering an annual report. Participants designate their desired allocation of contributions to the Plan's investment funds and retain the right to change their investment allocation on a daily basis.

Participants' accounts are credited with their elective deferrals and Employer contributions made on their behalf and charged with an allocation of administrative expenses. The earnings (losses) generated by the trust investments and administrative expenses are allocated to participants' accounts daily, based upon the proportionate value of all active accounts to accounts participating in the fund as of the valuation date, as defined in the Plan. The benefit to which the participant is entitled is the benefit that can be provided from the participant's vested account balance.

Payment of benefits

Upon termination of employment by reason of normal retirement, death or disability, participants will be entitled to 100% of the amounts credited to their accounts. Upon termination of employment for other than normal retirement, death or disability, participants will be entitled to the vested amounts credited to their accounts.

Upon termination, participants will receive an amount equal to the vested value of their accounts in either a lump-sum payment, partial distribution, or installments over a period of time not to exceed the life or life expectancy of the participant.

Hardship withdrawals

A hardship withdrawal may be authorized by the Employer in an amount up to 100% of the participant's vested account balance.

In-service withdrawals

Participants who have attained age 59 1/2 are permitted to take in-service withdrawals up to their vested account balance.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The accompanying financial statements were prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

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

Use of estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and changes in net assets available for benefits during the year. Accordingly, actual results could differ from those estimates. Any adjustments applied to estimated amounts are recognized in the year such adjustments are determined.

Investment valuation and income recognition

The Plan's investments are stated at fair value, except for the fully benefit-responsive investment 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. The Plan determines its valuation policies utilizing information provided by the custodians.

The investment in pooled separate accounts is valued at the net asset value (the "NAV") per unit, as determined by the custodians at year-end. The NAV is used as the practical expedient to estimate fair value and is based on the fair value of the underlying investment held by the fund, less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Investments valued at NAV used as the practical expedient are excluded from the fair value hierarchy.

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

Payment of benefits

Benefits are recorded when paid.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Expenses

Certain expenses of maintaining the Plan are paid directly by the Employer and are excluded from these financial statements. Fees related to the administration of the Plan, including loan initiation fees, check fees, and fees paid to service providers, are included in administrative expenses. Investment-related expenses are included in net depreciation in fair value of investments.

Subsequent events

The Plan has evaluated subsequent events through March 5, 2024, the date on which these financial statements were available to be issued. There were no material subsequent events that required disclosure under Financial Accounting Standards Board Accounting Standards Codification 855 *Subsequent Events*.

NOTE 3. INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIANS

The following tables summarize information regarding the Plan as of December 31, 2022 and 2021, and for the year ended December 31, 2022, included in the Plan's financial statements and supplemental schedule, that was prepared by or derived from information prepared by Mutual of America Life Insurance Company ("Mutual of America"), Nationwide Life Insurance Company ("Nationwide"), and Ameriprise Trust Company and RiverSource Life Insurance Company ("Ameriprise and RiverSource") (collectively, the "custodians"), without audit, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the custodians that such information is complete and accurate.

	2022	2021
Investments:		
Variable annuities	$ 461,170	$ 563,165
Pooled separate accounts	15,716,138	18,016,582
Guaranteed investment contracts	1,776,493	1,568,149
Total certified assets	17,953,801	20,147,896
Net depreciation in fair value of investments	$ (3,189,633)	

MFS Heritage Trust Co. ("MFS") and Massachusetts Mutual Life Insurance Company ("MassMutual") did not provide certifications to the Plan administrator for investments totaling $386,372 and $64,329, respectively, for the year ended December 31, 2022 and $657,945 and $64,524, respectively, for the year ended December 31, 2021.

NOTE 4. GUARANTEED INVESTMENT CONTRACTS

The Plan's investments at contract value consist of traditional fully benefit-responsive guaranteed investment contracts with Mutual of America, Ameriprise and RiverSource, MassMutual, and Nationwide. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

NOTE 4. GUARANTEED INVESTMENT CONTRACTS (CONTINUED)

The investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

The guaranteed investment contract does not permit termination prior to the scheduled maturity date.

Certain events may limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemptions from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with participants are probable of occurring.

NOTE 5. FAIR VALUE MEASUREMENTS

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

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

Level 2 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.

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

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

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

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

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

Variable annuities: Variable annuities include investments provided through Ameriprise. The accounts are invested in mutual funds that are reinvested under the Investment Company Act of 1940. These funds are required to publish their daily NAV and to transact at that price.

Mutual funds: Valued at the daily closing prices as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, while the Plan believes its valuation method is 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.

Assets measured at fair value are based on one or more of the following valuation techniques:

(a) *Market approach*: Prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities;

(b) *Cost approach*: Amount that would be required to replace the service capacity of an asset (replacement cost); and

(c) *Income approach*: Techniques to convert future amounts to a single present amount based on market expectations (including present value techniques, option-pricing and excess earnings models).

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables summarize the Plan's investments measured at fair value on a recurring basis as of December 31, 2022 and 2021:

	December 31, 2022				
	Level 1	Level 2	Level 3	Total	Valuation Technique
Assets in fair value hierarchy:					
Variable annuities	$ 461,170	$ -	$ -	$ 461,170	(a)
Mutual funds	$ 386,372	$ -	$ -	$ 386,372	(a)
Total assets in fair value hierarchy	$ 847,542	$ -	$ -	$ 847,542	
Investments measured at NAV (1)				$ 15,716,138	
Investments at fair value				$ 16,563,680	

	December 31, 2021				
	Level 1	Level 2	Level 3	Total	Valuation Technique
Assets in fair value hierarchy:					
Variable annuities	$ 563,165	$ -	$ -	$ 563,165	(a)
Mutual funds	$ 657,945	$ -	$ -	$ 657,945	(a)
Total assets in fair value hierarchy	$ -	$ -	$ -	$ 1,221,110	
Investments measured at NAV (1)				$ 18,844,628	
Investments at fair value				$ 20,065,738	

During the years ended December 31, 2022 and 2021, there were no transfers between levels of the fair value hierarchy.

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

NOTE 6. FAIR VALUE OF INVESTMENTS IN ENTITIES THAT USE NAV

The following tables summarize the Plan's investments measured at fair value based upon NAV per unit as of December 31, 2022 and 2021:

	December 31, 2022				
Investment	Fair Value	Unfunded Commitments	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Pooled separate accounts:					
Retirement (a)	$ 8,921,361	$ -	Daily	None	None
Asset allocation (b)	2,579,526	-	Daily	None	None
Fixed income (c)	878,981	-	Daily	None	None
Real estate (d)	61,201	-	Daily	None	None
Balanced (e)	367,745	-	Daily	None	None
Equity (f)	2,907,324	-	Daily	None	None
Total	$15,716,138	$ -			

	December 31, 2021				
Investment	Fair Value	Unfunded Commitments	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Pooled separate accounts:					
Retirement (a)	$10,084,409	$ -	Daily	None	None
Asset allocation (b)	3,608,686	-	Daily	None	None
Fixed income (c)	980,841	-	Daily	None	None
Real estate (d)	108,712	-	Daily	None	None
Balanced (e)	421,449	-	Daily	None	None
Equity (f)	3,640,531	-	Daily	None	None
Total	$18,844,628	$ -			

The investment strategies for the pooled separate accounts are as follows:

(a) Current income and capital appreciation associated with a specific retirement date
(b) To provide total return and stability of principal consistent with an asset allocation
(c) To maximize total return through steady income and capital appreciation
(d) Total return through investments in real estate emphasizing both capital appreciation and current income
(e) Balance between current income and growth of capital
(f) Long-term growth of capital or a combination of growth and income by investing in stocks of mature companies indiscriminate of size

NOTE 7. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are in the custody of Mutual of America, Nationwide, Ameriprise and RiverSource, MFS, and MassMutual, the custodians; therefore, any transactions between the Plan and the custodians qualify as party-in-interest transactions. Fees incurred by the Plan for investment management services are included in net depreciation in fair value of investments.

NOTE 8. PLAN TERMINATION

Although the Employer has not expressed any intention to do so, it has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become fully vested in their account balances.

NOTE 9. TAX STATUS

The Plan is required to operate in conformity with the IRC to maintain the exclusion from tax for Plan participants. Plan management believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods.

NOTE 10. 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 amounts reported in the statements of net assets available for benefits.

SUPPLEMENTAL SCHEDULE

403(B) THRIFT PLAN OF COMMUNITY CARE ALLIANCE
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2022
EIN: 05-0312278
PN: 003

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d)** Cost	(e) Current Value
	Variable Annuities:			
*	Ameriprise	Columbia VP Disciplined Core Fund		$ 102,075
*	Ameriprise	Columbia VP Dividend Opportunity Fund		56,301
*	Ameriprise	Columbia VP Government Money Market Fund		16,528
*	Ameriprise	Columbia VP Large Cap Growth Fund		16,342
*	Ameriprise	Columbia VP Overseas Core Fund		47,306
*	Ameriprise	Put VT Sustan Lead IA		70,910
*	Ameriprise	Putnam VT Sustainable Leaders FD		20,523
*	Ameriprise	VP - Moderate Portfolio Class		77,084
*	Ameriprise	VP - US Flexible Growth Fund		54,101
	Total Variable Annuities			461,170
	Mutual Funds:			
*	MFS Investment Management	Aggressive Growth Allocation Fund A		83,366
*	MFS Investment Management	Growth Allocation Fund A		188,991
*	MFS Investment Management	Moderate Allocation Fund A		114,015
	Total Mutual Funds			386,372
	Insurance Companies' Separate Accounts:			
*	Mutual of America	Aggressive Allocation Fund		204,693
*	Mutual of America	Conservative Allocation Fund		533,273
*	Mutual of America	Moderate Allocation Fund		1,627,142
*	Mutual of America	American Bond Fund		547,668
*	Mutual of America	T. Rowe Price Blue Chip Growth Portfolio		189,513
*	Mutual of America	Composite Fund		3,749
*	Mutual of America	Calvert VP SRI Balanced Portfolio		291,540
*	Mutual of America	Delaware VIP Small Cap Value Series		715
*	Mutual of America	Equity Index Fund		401,003
*	Mutual of America	Fidelity VIP Mid Cap Portfolio		210,573
*	Mutual of America	Fidelity VIP Asset Manager Portfolio		72,456
*	Mutual of America	Fidelity VIP Contrafund Portfolio		279,081
*	Mutual of America	Fidelity VIP Equity-Income Portfolio		49,841
*	Mutual of America	Goldman Sachs VIT US Equity Insights		824
*	Mutual of America	Goldman Sachs VIT Small Cap Eq Insights		217
*	Mutual of America	American Funds IS New World Fund		420
*	Mutual of America	Money Market Fund		7,059
*	Mutual of America	Mid-Term Bond Fund		86,600
*	Mutual of America	Mid-Cap Equity Index		258,976
*	Mutual of America	MFS VIT III Mid Cap Value Portfolio		1,482
*	Mutual of America	Mid Cap Value Fund		31,549
*	Mutual of America	Neuberger Berman AMT Sustainable Equity		2,316
*	Mutual of America	International Fund		52,507
*	Mutual of America	Invesco V.I. Main Street		1,828
*	Mutual of America	Retirement Income Fund		84,923
*	Mutual of America	Vanguard VIF Real Estate Index Portfolio		45,170
*	Mutual of America	PIMCO VIT Real Return Portfolio		8,521
*	Mutual of America	Victory RS Small Cap Growth Equity VIP		1,657

See independent auditor's report.

403(B) THRIFT PLAN OF COMMUNITY CARE ALLIANCE
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(CONTINUED)
DECEMBER 31, 2022
EIN: 05-0312278
PN: 003

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d)** Cost	(e) Current Value
	Insurance Companies' Separate Accounts (continued):			
*	Mutual of America	2015 Retirement Fund		11,002
*	Mutual of America	2020 Retirement Fund		2,253,159
*	Mutual of America	2025 Retirement Fund		1,041,368
*	Mutual of America	2030 Retirement Fund		889,696
*	Mutual of America	2035 Retirement Fund		1,304,979
*	Mutual of America	2040 Retirement Fund		820,762
*	Mutual of America	2045 Retirement Fund		1,679,340
*	Mutual of America	2050 Retirement Fund		643,664
*	Mutual of America	2055 Retirement Fund		130,947
*	Mutual of America	2060 Retirement Fund		141,365
*	Mutual of America	2065 Retirement Fund		5,079
*	Mutual of America	All America Fund		51,224
*	Mutual of America	Small Cap Equity Index Fund		3,240
*	Mutual of America	DWS Capital Growth VIP		65,873
*	Mutual of America	Small Cap Growth Fund		109,870
*	Mutual of America	Small Cap Value Fund		40,003
*	Mutual of America	American Century VP Capital Appreciation		184,637
*	Mutual of America	Vanguard VIF Diversified Value Portfolio		156,994
*	Mutual of America	Vanguard VIF International Portfolio		507,656
*	Mutual of America	Vanguard Total Bond MTK I Prt		11,552
*	Nationwide Variable Insurance Trust	All SPR DISC I		7,024
*	Nationwide Variable Insurance Trust	American Century VP Inflation Protection II Fund		1,884
*	Nationwide Variable Insurance Trust	American Funds Growth II Fund		32,741
*	Nationwide Variable Insurance Trust	American Funds NVIT Bond II Fund		3,830
*	Nationwide Variable Insurance Trust	Amundi Strategic Income I Fund		1,781
*	Nationwide Variable Insurance Trust	AQR Large Cap Defensive Style Fund		2,327
*	Nationwide Variable Insurance Trust	BlackRock Global Allocation V.I III Fund		726
*	Nationwide Variable Insurance Trust	Blueprint Capital Appreciation Fund		4,516
*	Nationwide Variable Insurance Trust	Blueprint Moderate Fund		5,821
*	Nationwide Variable Insurance Trust	BNY Mellon Dynamic US Core Fund		131,623
*	Nationwide Variable Insurance Trust	BNY Mellon Dynamic US Equity Income Fund		21,957
*	Nationwide Variable Insurance Trust	BNY Mellon Investment Small Cap Fund		104
*	Nationwide Variable Insurance Trust	BNY Mellon Stock Index Initial		46,967

403(B) THRIFT PLAN OF COMMUNITY CARE ALLIANCE
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(CONTINUED)
DECEMBER 31, 2022
EIN: 05-0312278
PN: 003

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d)** Cost	(e) Current Value
	Insurance Companies' Separate Accounts (continued):			
*	Nationwide Variable Insurance Trust	Colonial Overseas Value X		3,734
*	Nationwide Variable Insurance Trust	Emerging Markets Debt I Fund		4,679
*	Nationwide Variable Insurance Trust	Federated High Income Bond Fund		2,424
*	Nationwide Variable Insurance Trust	Fidelity VIP Energy Service II Fund		8,084
*	Nationwide Variable Insurance Trust	Fidelity VIP Equity Income Initial Fund		71,050
*	Nationwide Variable Insurance Trust	Fidelity VIP Freedom 2010 Service Fund		766
*	Nationwide Variable Insurance Trust	Fidelity VIP High Income Initial Class Fund		7,579
*	Nationwide Variable Insurance Trust	Fidelity Mid Cap Service Fund		23,855
*	Nationwide Variable Insurance Trust	Fidelity VIP Overseas Initial Fund		14,402
*	Nationwide Variable Insurance Trust	Franklin Templeton VIP Trust Global Bond Fund		2,226
*	Nationwide Variable Insurance Trust	Franklin Templeton VIP Trust Small Cap Value Sec II Fund		6,303
*	Nationwide Variable Insurance Trust	Government Money Market I Fund		5,821
*	Nationwide Variable Insurance Trust	International Equity I Fund		1,257
*	Nationwide Variable Insurance Trust	Invesco Oppenheimer Core Bond I		-
*	Nationwide Variable Insurance Trust	Invesco Oppenheimer Discovery Mid Cap Growth I Fund		22,814
*	Nationwide Variable Insurance Trust	Invesco Oppenheimer Global I Fund		42,910
*	Nationwide Variable Insurance Trust	Invesco VI COR PLS BD I		2,014
*	Nationwide Variable Insurance Trust	Investor Destinations Moderate II Fund		8,593
*	Nationwide Variable Insurance Trust	Investor Destinations Moderately Aggressive II Fund		3,235
*	Nationwide Variable Insurance Trust	Ivy VIP Asset Strategy Fund		1,102
*	Nationwide Variable Insurance Trust	Jacobs Levy Large Cap Growth Fund		19,794
*	Nationwide Variable Insurance Trust	Janus Aspen Overseas Service Fund		11,880
*	Nationwide Variable Insurance Trust	MFS Value Series Service Fund		20,684

403(B) THRIFT PLAN OF COMMUNITY CARE ALLIANCE
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(CONTINUED)
DECEMBER 31, 2022
EIN: 05-0312278
PN: 003

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	(d)** Cost	(e) Current Value
	Insurance Companies' Separate Accounts (continued):			
*	Nationwide Variable Insurance Trust	Mid Cap Index I Fund		36,814
*	Nationwide Variable Insurance Trust	Multi-Manager Small Company I Fund		23,754
*	Nationwide Variable Insurance Trust	Neuberger Berman Multi-Cap Opportunities I Fund		45,326
*	Nationwide Variable Insurance Trust	Real Estate I Fund		16,031
	Total Insurance Companies' Separate Accounts			15,716,138
	Insurance Companies' General Accounts:			
*	Ameriprise	Fixed Account		$ 27,090
*	MassMutual	General Account		64,329
*	Mutual of America	Interest Accumulation Account		1,742,093
*	Nationwide Investments	Fixed Account		7,310
	Total Insurance Companies' General Accounts			1,840,822
	TOTAL			$ 18,404,502

* A party-in-interest as defined by ERISA.
** Cost information has been omitted for participant-directed investments.

Multiple Employer Plan Participating Employer Information

(Insert Name of Plan, and EIN/PN as shown on the Form 5500 or Form 5500-SF)

403(B) Thrift Plan of Community Care	003	05-0312278	100 %
Alliance			
403(B) Thrift Plan of Newport County			
Community Mental Health Center, Inc.	003	05-0374759	100%

Attachment to January 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name 403(B) THRIFT PLAN OF **EIN:** 05-0312278
Plan Sponsor's Name COMMUNITY CARE ALLIANCE **PN:** 003

(a)	(b) identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral par, or maturity value.	(d) Cost	(e) Current value
*	Mutual of America	GROUP ANNUITY CONTRACT GENERAL ACCOUNT		1,557,212
*	Mutual of America	GROUP ANNUITY CONTRACT Aggressive Allocation Fund		204,693
*	Mutual of America	GROUP ANNUITY CONTRACT Conservative Allocation Fund		533,273
*	Mutual of America	GROUP ANNUITY CONTRACT Moderate Allocation Fund		1,627,142
*	Mutual of America	GROUP ANNUITY CONTRACT Bond Fund		547,668
*	Mutual of America	GROUP ANNUITY CONTRACT T. Rowe Price Blue Chip Growth		189,513
*	Mutual of America	GROUP ANNUITY CONTRACT Composite Fund		3,749
*	Mutual of America	GROUP ANNUITY CONTRACT Calvert VP SRI Balanced Port.		291,540
*	Mutual of America	GROUP ANNUITY CONTRACT Delaware VIP Small Cap Value S		715
*	Mutual of America	GROUP ANNUITY CONTRACT Equity Index Fund		401,003
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Mid-Cap		210,573
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Asset Manager		72,456
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Contrafund		279,081
*	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Equity Income		49,841
*	Mutual of America	GROUP ANNUITY CONTRACT Goldman Sachs VIT US Equity		824
*	Mutual of America	GROUP ANNUITY CONTRACT Goldman Sachs VIT Small Cap		217
*	Mutual of America	GROUP ANNUITY CONTRACT American Funds IS New World		420
*	Mutual of America	GROUP ANNUITY CONTRACT Money Market Fund		7,059
*	Mutual of America	GROUP ANNUITY CONTRACT Mid-Term Bond Fund		86,600

Attachment to January 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name 403(B) THRIFT PLAN OF **EIN:** 05-0312278
Plan Sponsor's Name COMMUNITY CARE ALLIANCE **PN:** 003

(a)	(b) identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral par, or maturity value.	(d) Cost	(e) Current value
*	Mutual of America	GROUP ANNUITY CONTRACT Mid-Cap Equity Index Fund		258,976
*	Mutual of America	GROUP ANNUITY CONTRACT MFS VIT III Mid Cap Value Port		1,482
*	Mutual of America	GROUP ANNUITY CONTRACT Mid Cap Value Fund		31,549
*	Mutual of America	GROUP ANNUITY CONTRACT Neuberger Berman AMT Sust Eq		2,316
*	Mutual of America	GROUP ANNUITY CONTRACT International Fund		52,507
*	Mutual of America	GROUP ANNUITY CONTRACT Invesco VI Main St		1,828
*	Mutual of America	GROUP ANNUITY CONTRACT Retirement Income Fund		84,923
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Real Estate Index		45,170
*	Mutual of America	GROUP ANNUITY CONTRACT PIMCO VIT Real Return Port.		8,521
*	Mutual of America	GROUP ANNUITY CONTRACT Victory RS Small Cap Growth		1,657
*	Mutual of America	GROUP ANNUITY CONTRACT 2015 Retirement Fund		11,002
*	Mutual of America	GROUP ANNUITY CONTRACT 2020 Retirement Fund		2,253,159
*	Mutual of America	GROUP ANNUITY CONTRACT 2025 Retirement Fund		1,041,368
*	Mutual of America	GROUP ANNUITY CONTRACT 2030 Retirement Fund		889,696
*	Mutual of America	GROUP ANNUITY CONTRACT 2035 Retirement Fund		1,304,979
*	Mutual of America	GROUP ANNUITY CONTRACT 2040 Retirement Fund		820,762
*	Mutual of America	GROUP ANNUITY CONTRACT 2045 Retirement Fund		1,679,340
*	Mutual of America	GROUP ANNUITY CONTRACT 2050 Retirement Fund		643,664
*	Mutual of America	GROUP ANNUITY CONTRACT 2055 Retirement Fund		130,947

Attachment to January 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name 403(B) THRIFT PLAN OF **EIN:** 05-0312278
Plan Sponsor's Name COMMUNITY CARE ALLIANCE **PN:** 003

(a)	(b) identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral par, or maturity value.	(d) Cost	(e) Current value
*	Mutual of America	GROUP ANNUITY CONTRACT 2060 Retirement Fund		141,365
*	Mutual of America	GROUP ANNUITY CONTRACT 2065 Retirement Fund		5,079
*	Mutual of America	GROUP ANNUITY CONTRACT All America Fund		51,224
*	Mutual of America	GROUP ANNUITY CONTRACT Small Cap Equity Index Fund		3,240
*	Mutual of America	GROUP ANNUITY CONTRACT DWS Capital Growth VIP		65,873
*	Mutual of America	GROUP ANNUITY CONTRACT Small Cap Growth Fund		109,870
*	Mutual of America	GROUP ANNUITY CONTRACT Small Cap Value Fund		40,003
*	Mutual of America	GROUP ANNUITY CONTRACT American Century VP Cap Apprec		184,637
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Diversified Value		156,994
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF International		507,656
*	Mutual of America	GROUP ANNUITY CONTRACT Vanguard Total Bond Mkt I Prt		11,551
*	PARTICIPANT LOANS	Represents outstanding Participant Loan Balance		184,880