

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	

A This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)

☒ a single-employer plan ☐ a DFE (specify) _____

B This return/report is: ☐ the first return/report ☐ the final return/report

☐ an amended return/report ☐ a short plan year return/report (less than 12 months)

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

D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program

☐ special extension (enter description) _____

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information —enter all requested information	
1a Name of plan <u>HARBOR HEALTH SERVICES, INC. 403(B) PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
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) <u>HARBOR HEALTH SERVICES, INC.</u> <u>1135 MORTON STREET</u> <u>MATTAPAN, MA 02126</u>	1c Effective date of plan <u>07/01/1985</u>	2b Employer Identification Number (EIN) <u>23-7100550</u>
	2c Plan Sponsor's telephone number <u>617-533-2300</u>	2d Business code (see instructions) <u>621498</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/25/2022	CHARLES JONES
	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

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	701
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)	548
a(2) Total number of active participants at the end of the plan year		6a(2)	535
b Retired or separated participants receiving benefits.....		6b	3
c Other retired or separated participants entitled to future benefits		6c	150
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	688
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	688
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	445
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2L 2M 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) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan HARBOR HEALTH SERVICES, INC. 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HARBOR HEALTH SERVICES, INC.	D Employer Identification Number (EIN) 23-7100550	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FID INV INSTL OPERATIONS CO., INC.
04-2647786

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

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

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

SENTINEL BENEFITS GROUP, INC.

04-3015875

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	N/A	53164	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SENTINEL PENSION ADVISORS, INC.

04-3422848

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	N/A	41564	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FID INV INSTL OPERATIONS CO., INC.

04-2647786

(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?
50 64 65	RECORDKEEPER	1452	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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)

(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 ☐

(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:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>HARBOR HEALTH SERVICES, INC. 403(B) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HARBOR HEALTH SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>23-7100550</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	
(2) Participant contributions.....	1b(2)	9	0
(3) Other	1b(3)	8976	41457
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	251000	221365
(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)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	35651418	39722165
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	35911403	39984987

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	300	914
k Total liabilities (add all amounts in lines 1g through 1j)	1k	300	914

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	35911103	39984073
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	372401	
(B) Participants	2a(1)(B)	2091315	
(C) Others (including rollovers).....	2a(1)(C)	374801	
(2) Noncash contributions.....	2a(2)		2838517
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	24	
(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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		24
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		1683114
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1683114	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1683114
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		0
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		0
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(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)		
(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)		3852579
c Other income.....	2c		5988
d Total income. Add all income amounts in column (b) and enter total.....	2d		8380222
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4209697	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		4209697
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	55991	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	41564	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		97555
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4307252
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		4072970
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: AAFCPA'S INC.

(2) EIN: 04-2571780

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

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

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan HARBOR HEALTH SERVICES, INC. 403(B) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 HARBOR HEALTH SERVICES, INC.	D Employer Identification Number (EIN) 23-7100550

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): 75-3169253 27-2037969		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year.....

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____



HARBOR HEALTH SERVICES, INC. 403(B) PLAN

**FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2021 AND 2020 AND
FOR THE YEAR ENDED DECEMBER 31, 2021**

HARBOR HEALTH SERVICES, INC. 403(B) PLAN

Contents
December 31, 2021 and 2020

	<u>Pages</u>
Independent Auditor's Report	1 - 1B
Financial Statements:	
Statements of Net Assets Available for Benefits	2
Statement of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4 - 8
Supplemental Schedule:	
Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year	9 - 11



50 Washington Street
Westborough, MA 01581
508.366.9100
aafcpa.com

Independent Auditor's Report

To the Plan Administrator of
Harbor Health Services, Inc. 403(b) Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of Harbor Health Services, Inc. 403(b) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, 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 (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 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 and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2021 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 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 Financial Statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2021 Financial Statements related to assets held by and certified to by the qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 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 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, 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 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 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.
- 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 2021 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.

Auditor's Responsibilities for the Audit of the 2021 Financial Statements (Continued)

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

Other Matters

2021 Supplemental Schedule Required by ERISA

The 2021 supplemental schedule, Form 5500, Schedule H, Part IV, 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 the form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is 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 the qualified institutions agrees to or is derived from, in all material respects, the information prepared and certified by the institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of Harbor Health Services, Inc. 403(b) Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by the qualified institutions. In our report dated July 27, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and, accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

AAFCPA, Inc.

Westborough, Massachusetts
July 27, 2022

HARBOR HEALTH SERVICES, INC. 403(B) PLANStatements of Net Assets Available for Benefits
December 31, 2021 and 2020

Assets	2021	2020
Investments, at fair value:		
Mutual funds	\$ 39,722,165	\$ 35,651,418
Money market funds	221,365	251,000
Total investments, at fair value	39,943,530	35,902,418
Receivables:		
Other	41,457	8,976
Participant contributions	-	9
Total receivables	41,457	8,985
Total assets	39,984,987	35,911,403
Liabilities		
Excess contribution payable	914	300
Net Assets Available for Benefits	\$ 39,984,073	\$ 35,911,103

HARBOR HEALTH SERVICES, INC. 403(B) PLANStatement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2021

Additions to Net Assets Attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 3,852,579
Interest and dividends	<u>1,689,126</u>

Total investment income	<u>5,541,705</u>
-------------------------	------------------

Contributions:

Participant	2,091,315
Rollover	374,801
Employer	<u>372,401</u>

Total contributions	<u>2,838,517</u>
---------------------	------------------

Total additions	<u>8,380,222</u>
-----------------	------------------

Deductions from Net Assets Attributed to:

Benefits paid to participants	4,209,697
Administrative expenses	<u>97,555</u>

Total deductions	<u>4,307,252</u>
------------------	------------------

Net increase	4,072,970
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Net Assets Available for Benefits:

Beginning of year	<u>35,911,103</u>
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End of year	<u><u>\$ 39,984,073</u></u>
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HARBOR HEALTH SERVICES, INC. 403(B) PLAN

Notes to Financial Statements
December 31, 2021 and 2020

1. DESCRIPTION OF PLAN

The following description of the Harbor Health Services, Inc. 403(b) Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

- a. **General** - The Plan is a defined contribution plan covering substantially all employees of Harbor Health Services, Inc. (the Agency) (Plan Sponsor). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).
- b. **Eligibility** - All employees are eligible to participate in the Plan and contribute pre-tax annual contributions upon hire. The employees will become eligible for the Agency's discretionary matching and non-elective contributions when they have completed one year of service. Participants become eligible to participate in the Agency's discretionary matching and non-elective contributions after completion of one year of service. Per diem employees are excluded from the Agency's discretionary matching and non-elective contributions.
- c. **Contributions** - Participants can contribute 100% of pre-tax annual compensation, subject to annual limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan also allows for rollover contributions with the approval of the plan administrator.

During 2021, the Agency elected to make a discretionary matching contribution of 2% of eligible participants' compensation totaling \$372,401. The Plan also provides for the Agency to make discretionary non-elective contributions. For the year ended December 31, 2021, the Agency elected not to make any discretionary non-elective contributions.

- d. **Participant Accounts** - Each participant's account is credited with the participant's contribution, the Agency's contributions, and an allocation of Plan earnings, and is charged with an allocation of expenses paid by the Plan. Allocations are based on participant earnings or account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. The accounts are participant directed.
- e. **Vesting** - Participants are vested immediately in their contributions, all Agency's contributions and earnings thereon.
- f. **Payment of Benefits** - The Plan provides for a retirement benefit to be paid to participants who have reached the age of 65, or in-service withdrawals for active employees over the age of 59 ½. There are also retirement benefits available upon disability or death. Upon termination of service, a participant may elect to receive either a lump-sum amount equal to the value of their account balance or transfer the amount to another qualified plan. The Plan provides for the direct rollover to an individual retirement account for terminated participants with balances greater than \$1,000 and not more than \$5,000, unless directed otherwise by the participant. In addition, the Plan allows the plan administrator to automatically distribute to terminated participants their entire vested balance which does not exceed \$1,000.

A participant may also request a withdrawal upon demonstration to the plan administrator that they are suffering a "hardship". Hardship is defined in applicable regulations promulgated or to be promulgated pursuant to the applicable section of the Internal Revenue Code (IRC) or standards established by the Secretary of the Treasury or his delegate.

- g. **Participant Loans** - The Plan does not allow for participant loans.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The Plan prepares its financial statements in accordance with generally accepted accounting principles established by the Financial Accounting Standards Board (FASB). References to generally accepted accounting principles (U.S. GAAP) in these notes are to the FASB Accounting Standards Codification (ASC).

Use of Estimates

The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair 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. See Note 4 for discussion on fair value measurements.

Purchases and sales of investments 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 in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Plan's investment transaction and asset management fees along with administrative expenses not relating to the annual base fee are allocated to the individual participant accounts in accordance with the Plan document and are reflected in the accompanying statement of changes in net assets available for benefits. The administrative annual base fee and accounting fees are paid by the Agency and, accordingly, are not reflected in the accompanying statements of changes in net assets available for benefits.

Subsequent Events

Subsequent events have been evaluated through July 27, 2022, which is the date the financial statements were available to be issued. There were no events that met the criteria for recognition or disclosure in the financial statements.

HARBOR HEALTH SERVICES, INC. 403(B) PLAN

Notes to Financial Statements
December 31, 2021 and 2020

3. INFORMATION PREPARED AND CERTIFIED BY THE PLAN'S QUALIFIED INSTITUTIONS

The plan administrator has elected the method of annual reporting compliance permitted by 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. Accordingly, Fidelity Management Trust Company, Newport Trust Company, and Matrix Trust Company, the qualified institutions, have certified to the completeness and accuracy of all investments reported in the accompanying statements of net assets available for benefits as of December 31, 2021 and 2020, and the supplemental schedule, Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year as of December 31, 2021, and the related investment transactions and investment income reported in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2021.

At the request of the plan administrator, the Plan's independent auditors did not perform auditing procedures with respect to certified investment information, except for comparing such certified investment information included in the accompanying financial statements and supplemental schedule.

4. FAIR VALUE MEASUREMENT

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date. ASC 820, *Fair Value Measurement*, establishes a hierarchy of the valuation techniques based upon whether the inputs to those valuation techniques reflect assumptions other market participants would use based upon market data obtained from independent sources (also referred to as observable inputs). The fair value hierarchy is 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 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.

HARBOR HEALTH SERVICES, INC. 403(B) PLAN

Notes to Financial Statements
December 31, 2021 and 2020

4. FAIR VALUE MEASUREMENT (Continued)

The following are descriptions of the valuation methodology used for assets measured at fair value:

Mutual funds and money market funds: Valued at the daily closing price as reported by the funds. Mutual funds and money market 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 net asset value (NAV) and to transact at that price, and are valued using observable inputs. The mutual funds and money market funds held by the Plan are deemed to be actively traded.

There has been no change in the methodology used as of December 31, 2021 and 2020.

The following tables present by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31:

Description	2021			Total
	Level 1	Level 2	Level 3	
Mutual funds	\$ 39,722,165	\$ -	\$ -	\$ 39,722,165
Money market funds	221,365	-	-	221,365
Total investments, at fair value	<u>\$ 39,943,530</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 39,943,530</u>

Description	2020			Total
	Level 1	Level 2	Level 3	
Mutual funds	\$ 35,651,418	\$ -	\$ -	\$ 35,651,418
Money market funds	251,000	-	-	251,000
Total investments, at fair value	<u>\$ 35,902,418</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 35,902,418</u>

5. PLAN TERMINATION

Although it has not expressed any intent to do so, the Agency has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, all benefits shall be paid to participants in accordance with the provisions of the Plan.

6. PARTY-IN-INTEREST TRANSACTIONS

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan or an employer whose employees are covered by the Plan. Accordingly, transactions with investment funds managed and held by the qualified institutions are considered party-in-interest transactions. During 2021, the Plan paid transaction, recordkeeping and plan service fees charged by the Plan's qualified institutions of \$53,164 and paid the third-party administrator investment advisory fees of \$44,391.

HARBOR HEALTH SERVICES, INC. 403(B) PLAN

Notes to Financial Statements
December 31, 2021 and 2020

7. TAX STATUS

The Plan has been designed to qualify under Section 403(b) of the IRC. The Plan has adopted a prototype plan and the Internal Revenue Service (IRS) has determined and informed the Plan Sponsor by a letter dated January 2, 2018, that the Plan is designed in accordance with applicable sections of the IRC. The Plan is required to operate in conformity with the IRC to maintain the tax-exempt status for plan participants under Section 403(b). Although the Plan has been amended since receiving the letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified.

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

8. RISKS AND UNCERTAINTIES

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

COVID-19 was recognized as a global pandemic in 2020 which has continued to evolve into 2022. This pandemic has adversely affected global economic activity and has contributed to significant volatility in financial markets. Since the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, the magnitude of losses that will be recognized in subsequent periods, if any, and the related impact on the Plan's liquidity cannot be determined at this time.

HARBOR HEALTH SERVICES, INC. 403(B) PLAN
(PLAN NO. 001, EIN: 23-7100550)

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year
December 31, 2021

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d)	(e)
Party-In- Interest	Identity of Issue, Borrower, Lessor, or Similar Party		Cost	Current Value
**	Fidelity 500 Index Institutional Prem	Mutual Fund	*	\$ 8,537,179
	Principal Blue Chip R-6	Mutual Fund	*	2,127,538
**	Fidelity International Index Instl Premium	Mutual Fund	*	2,067,955
	Columbia Dividend Income Fund	Mutual Fund	*	2,041,810
**	Fidelity Extended Market Index	Mutual Fund	*	1,894,751
**	Fidelity U.S. Bond Index Instl Premium	Mutual Fund	*	1,653,179
**	Fidelity Total Bond Fund	Mutual Fund	*	1,420,299
	ALPS/Smith Total Return Bond	Mutual Fund	*	1,315,927
**	BlackRock Systematic Multi-Strategic Instl	Mutual Fund	*	1,202,929
	Fidelity Conservative Income Bond Instl	Mutual Fund	*	1,193,779
**	Fidelity Growth Company Fund	Mutual Fund	*	1,149,793
	Guaranteed Income Fund	Mutual Fund	*	1,091,612
**	Artisan International Small-Mid Institutional	Mutual Fund	*	1,051,098
	Fid Mid Cap Index Institutional Prem	Mutual Fund	*	973,545
	GQG Partners Emerging Markets	Mutual Fund	*	881,621
	Vanguard 500 Index Fund Admiral	Mutual Fund	*	819,808
**	Vanguard STAR Fund	Mutual Fund	*	621,040
	Fidelity Blue Chip Growth Fund	Mutual Fund	*	616,648
**	Fidelity Contrafund	Mutual Fund	*	585,172
**	Fidelity Selected Software Fund	Mutual Fund	*	456,126
	T.Rowe Price Blue Chip Growth Fund	Mutual Fund	*	413,330
**	Fidelity OTC Portfolio Fund	Mutual Fund	*	366,681
**	Fidelity Select Semiconductors Fund	Mutual Fund	*	354,159
**	Fidelity Selected Computers Fund	Mutual Fund	*	351,775
	Pimco Inflation Response Multi-Asset Fund	Mutual Fund	*	349,855
**	Vanguard PRIMECAP Fund	Mutual Fund	*	335,518
	Fidelity Freedom 2020 Fund	Mutual Fund	*	289,393
**	Fidelity Puritan Fund	Mutual Fund	*	242,918
	Vanguard Total Stock Market Index Fund A	Mutual Fund	*	234,339
**	Fidelity Healthcare Fund	Mutual Fund	*	228,226
	Vanguard Equity Income Fund Admiral Shares	Mutual Fund	*	220,075
**	Fidelity Magellan Fund	Mutual Fund	*	198,479
**	Fidelity Freedom 2030 Fund	Mutual Fund	*	193,721
**	Fidelity Selected Financial Fund	Mutual Fund	*	159,892
**	Fidelity Asset Manager 70% Fund	Mutual Fund	*	157,654
**	Fidelity Freedom 2040 Fund	Mutual Fund	*	154,341
**	Fidelity Small Cap Index Institutional Premium	Mutual Fund	*	147,179
**	Fidelity Selected Pharmaceutical Fund	Mutual Fund	*	146,154
**	Fidelity Overseas Fund	Mutual Fund	*	131,518
**	Fidelity Investors Growth Bond Fund	Mutual Fund	*	131,014
**	Fidelity Select Med Tech & DV	Mutual Fund	*	130,568
**	Fidelity Leveraged Company Stock Fund	Mutual Fund	*	126,120
	Vanguard Wellington Fund Investor	Mutual Fund	*	125,726
**	Carillon Eagle Mid Cap Growth Fund Class R6	Mutual Fund	*	117,119
	Fidelity 500 Index Premium Fund	Mutual Fund	*	109,742
**	Vanguard Inflation Protected Securities Fund	Mutual Fund	*	106,668
	Fidelity Equity Income Fund	Mutual Fund	*	105,790
	Invesco Oppenheimer Developing Markets	Mutual Fund	*	104,818

HARBOR HEALTH SERVICES, INC. 403(B) PLAN
(PLAN NO. 001, EIN: 23-7100550)

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year
December 31, 2021

(a)	(b)	(c)	(d)	(e)
Party-In-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	American Funds Europacific Growth R6	Mutual Fund	*	102,276
	Loomis Sayles Small Cap Growth Y	Mutual Fund	*	102,124
**	Fidelity Selected Retailing Fund	Mutual Fund	*	94,172
**	Fidelity Government Money Market Premium Fund	Money Market Fund	*	91,179
	Vanguard Growth Index Fund Admiral	Mutual Fund	*	89,462
**	Fidelity Selected Biotechnology Fund	Mutual Fund	*	86,108
	Blackrock Strategic Income Opps Instl	Mutual Fund	*	83,141
**	Fidelity Selected Banking Fund	Mutual Fund	*	81,030
	Vanguard FTSE Social Index Fund	Mutual Fund	*	79,180
**	Fidelity Government Money Market Fund	Money Market Fund	*	78,463
**	Fidelity International Index Instl Premium	Mutual Fund	*	77,733
**	Fidelity Selected Wireless Fund	Mutual Fund	*	68,642
**	Fidelity Selected IT Services Fund	Mutual Fund	*	66,381
**	Fidelity Asset Manager 50% Fund	Mutual Fund	*	64,991
	Vanguard U.S. Growth Fund Admiral	Mutual Fund	*	59,536
	Vanguard GNMA Fund	Mutual Fund	*	53,668
**	Fidelity Balanced Fund	Mutual Fund	*	49,153
	Invesco Oppenheimer International Small - Mid Co	Mutual Fund	*	48,523
	Wells Fargo Advantage Special Small Cap Value Index Fund	Mutual Fund	*	48,074
**	Fidelity Selected Telecommuting Fund	Mutual Fund	*	45,536
**	Fidelity Freedom 2045 Fund	Mutual Fund	*	44,579
**	Fidelity Japan Small Company Fund	Mutual Fund	*	44,489
**	Fidelity Small Cap Growth Fund	Mutual Fund	*	43,501
	MFS Mid Cap Value Fund	Mutual Fund	*	42,488
	Vanguard Long-Term Treasury Fund	Mutual Fund	*	41,700
**	Fidelity Freedom 2025 Fund	Mutual Fund	*	38,065
	Vanguard U.S. Growth Fund Investor	Mutual Fund	*	37,943
**	Fidelity Selected Energy Fund	Mutual Fund	*	37,467
**	Fidelity Europe Fund	Mutual Fund	*	35,245
**	Fidelity Growth and Income Fund	Mutual Fund	*	33,535
**	Fidelity Low Priced Stock Fund	Mutual Fund	*	33,130
**	Fidelity Stock Select All Cap Fund	Mutual Fund	*	31,844
	Vanguard Federal Money Market Fund	Money Market Fund	*	31,163
**	Fidelity Small Cap Value	Mutual Fund	*	30,128
	Vanguard International Growth Fund Investor	Mutual Fund	*	29,679
**	Fidelity NASDAQ Composite Index Fund	Mutual Fund	*	26,023
**	Fidelity Selected Natural Reserves Fund	Mutual Fund	*	25,773
**	Fidelity Capital and Income Fund	Mutual Fund	*	23,582
**	Fidelity Blue Chip Value Fund	Mutual Fund	*	22,453
**	Fidelity International Small Cap Fund	Mutual Fund	*	21,214
**	Fidelity Selected Technology Fund	Mutual Fund	*	20,916
**	Fidelity Real Estate Income Fund	Mutual Fund	*	20,493
**	Fidelity Canada Fund	Mutual Fund	*	20,260
**	Fidelity Value Fund	Mutual Fund	*	17,344
**	Fidelity Government Cash Reserve Fund	Money Market Fund	*	16,414
**	Fidelity Mid Cap Stock Fund	Mutual Fund	*	15,945
**	Fidelity Worldwide Fund	Mutual Fund	*	15,347
	Vanguard Institutional Target Retirement 2035 Fund	Mutual Fund	*	15,200

HARBOR HEALTH SERVICES, INC. 403(B) PLAN
(PLAN NO. 001, EIN: 23-7100550)

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year
December 31, 2021

(a)	(b)	(c)	(d)	(e)
Party-In-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
**	Fidelity Diversified International Fund	Mutual Fund	*	14,780
**	Fidelity International Value Fund	Mutual Fund	*	14,624
	Vanguard Institutional Target Retirement 2045 Fund	Mutual Fund	*	14,426
	Vanguard Windsor Fund	Mutual Fund	*	14,362
**	Fidelity Emerging Asia Fund	Mutual Fund	*	14,222
**	Fidelity Small Cap Stock Fund	Mutual Fund	*	12,871
	Vanguard Windsor II Fund	Mutual Fund	*	11,125
	Vanguard Mid-Cap Value Index Fund	Mutual Fund	*	10,495
**	Fidelity Multi Asset Index	Mutual Fund	*	10,331
	Vanguard LifeStrategy Growth Fund	Mutual Fund	*	9,601
**	Fidelity Freedom 2035 Fund	Mutual Fund	*	9,418
**	Fidelity Freedom Income Fund	Mutual Fund	*	9,215
**	Fidelity Intermediate Government Income Fund	Mutual Fund	*	8,583
	Vanguard International Growth Fund Admiral	Mutual Fund	*	8,255
**	Fidelity FDM IDX 2050	Mutual Fund	*	8,145
**	Fidelity Freedom 2050 Fund	Mutual Fund	*	7,213
	Vanguard Wellington Fund Admiral	Mutual Fund	*	6,050
**	Fidelity Infl Pr Bd Idx	Mutual Fund	*	5,803
	Vanguard Emerging Markets Stock Index Fund	Mutual Fund	*	5,489
	Vanguard LifeStrategy Moderate Growth Fund	Mutual Fund	*	4,888
**	Fidelity Limited Term Government Fund	Mutual Fund	*	4,385
**	Fidelity Selected Brokerage Fund	Mutual Fund	*	3,726
**	Fidelity Latin American Fund	Mutual Fund	*	3,065
**	Fidelity Selected Consumer Staples Fund	Mutual Fund	*	2,566
**	Fidelity Strategic Income Fund	Mutual Fund	*	2,433
**	Fidelity Dividend Growth Fund	Mutual Fund	*	1,447
**	Fidelity Treasury Only Money Market Fund	Money Market Fund	*	1,308
	Vanguard Cash Reserves Federal Money	Money Market Fund	*	1,115
	Reserve Cash Account	Money Market Fund	*	1,058
**	Fidelity Asset Manager 20% Fund	Mutual Fund	*	902
	Vanguard Treasury Money Market Fund	Money Market Fund	*	665
	Vanguard Institutional Retirement 2015 Fund	Mutual Fund	*	430
	Vanguard Growth and Income Fund Admiral	Mutual Fund	*	364
**	Fidelity Focused Stock Fund	Mutual Fund	*	297
	Total Investments			<u>\$ 39,943,530</u>
*	The cost of participant-directed investments is not required to be disclosed.			
**	Party-In-Interest			

Name of Plan: Harbor Health Services Inc. 403(b) Pan

Three Digit Plan Number: 001

Employer Identification Number: 23-7100550

Schedule H, line 4i - Assets Held at Year End		12/31/2021		
(a)	(b)Identity of issuer, borrowor, lessor or similar party	(c)Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d)Cost*	Current Value
**	MG Trust Company	ALPS SMITH TOTAL RETURN BOND i	*	1,315,927
**		AM FDS EUROPACIFIC GROWTH - R4	*	102,276
**		ARTISAN INTL SMALL-MID INTSL	"	1,051,098
**		BLACKROCK STRATEGIC INCOME OPP	*	83,141
**		BLACKROCK ALTERNATIVE CPTL STRATS INTL	*	1,202,929
**		CARILLON EAGLE MID CAP GROWTH CL R6	*	117,119
**		COLUMBIA DIVIDEND INCOME FUND	*	2,041,810
**		FIDELITY 500 INDEX	*	8,537,179
**		FIDELITY CONSERVATIVE INCOME BOND	*	1,193,779
**		FIDELITY EXTENDED MARKET INDEX	*	1,894,751
**		FIDELITY INTERNATIONAL INDEX	*	2,067,955
**		FIDELITY MID CAP INDEX	*	973,547
**		FIDELITY SMALL CAP INDEX	*	147,179
**		FIDELITY TOTAL BOND	*	1,420,299
**		FIDELITY U.S. BOND INDEX	*	1,653,179
**		GQG PARTNERS EMERGING MARKETS EQUITY R6	*	881,621
**		PRUDENTIAL GUARANTEED INCOME FUND	*	1,091,610
**		INVESCO DEVELOPING MKTS - A	*	104,818
**		INVESCO INTL SMALL CO - Y	*	48,523
**		LOOMIS SAYLES SMALL CAP GROWTH - N	*	102,124
**		MFS MID CAP VALUE R6	*	42,488
**		PIMCO INFLATION RESPONSE MULTI ASSET INSTL	*	349,855
**		PRINCIPAL BLUE CHIP R6	*	2,127,538
**		T ROWE PRICE BLUE CHIP GROWTH	*	413,330
**		VANGUARD EQUITY INCOME ADMIRAL	*	220,075
**		VANGUARD INFLTN-PROTECT SECS FD	*	106,668
**		ALSPRING SP S/C VALUE - I	*	48,074
**		CASH	*	1,058
**	Vanguard	VANGUARD CASH RESERVES FEDERAL MONEY MARKET	*	1,115
**		VANGUARD FEDERAL MONEY MARKET	*	31,163
**		VANGUARD ADMIRAL TREASURY MONEY MARKET	*	665
**		VANGUARD 500 INDEX ADMIRAL SHS	*	819,808
**		VANGUARD EMERGING MARKETS STOCK INDEX INV SHS	*	5,489
**		VANGUARD FTSE SOCIAL INDEX ADMIRAL	*	79,180
**		VANGUARD GNMA ADMIRAL	*	53,668
**		VANGUARD GROWTH & INCOME FUND INV SHS	*	364
**		VANGUARD GROWTH INDEX ADMIRAL	*	89,462
**		VANGUARD INSTL TARGET RETIREMENT 2025	*	430
**		VANGUARD INSTL TARGET RETIREMENT 2035	*	15,200
**		VANGUARD INSTL TARGET RETIREMENT 2045	*	14,426
**		VANGUARD INTERNATIONAL GROWTH ADMIRAL SHS	*	8,255
**		VANGUARD INTERNATIONAL GROWTH INV SHS	*	29,679
**		VANGUARD LIFESTRATEGY GROWTH	*	9,601
**		VANGUARD LIFESTRATEGY MODERATE GROWTH	*	4,888
**		VANGUARD LONG TERM TREASURY ADM SHS	*	41,700
**		VANGUARD MID-CAP VALUE INDEX ADM SHS	*	10,495
**		VANGUARD PRIMECAP ADM SHS	*	335,518
**		VANGUARD STAR FUND	*	621,040
**		VANGUARD TOTAL STOCK MARKET INDEX CL A	*	234,339
**		VANGUARD U.S. GROWTH ADMIRAL SHS	*	59,536
**		VANGUARD U.S. GROWTH INV SHS	*	37,943
**		VANGUARD WELLINGTON FUND ADMIRAL SHS	*	6,050
**		VANGUARD WELLINGTON FUND INV SHS	*	125,726
**		VANGUARD WINDSOR ADM SHS	*	14,362
**		VANGUARD WINDSOR II ADMIRAL	*	11,125

**	Fidelity	FIDELITY GOV'T CASH RESERVE	*	16,414
**		FIDELITY TREASURY ONLY MM	*	1,308
**		FIDELITY GOV'T MM	*	78,463
**		FIDELITY GOV'T MMKT PRM	*	91,179
**		FIDELITY PURITAN	*	242,918
**		FIDELITY SEL TECH HARDWARE	*	351,775
**		FIDELITY SEL SEMICONDUCT	*	354,159
**		FIDELITY SEL CONS STAPLES	*	2,566
**		FIDELITY MAGELLAN	*	198,479
**		FIDELITY CONTRAFUND	*	585,172
**		FIDELITY EQUITY INCOME	*	105,790
**		FIDELITY GROWTH COMPANY	*	1,149,793
**		FIDELITY INVESTMENT GRADE BOND	*	131,014
**		FIDELITY GROWTH & INCOME	*	33,535
**		FIDELITY SEL SOFTWARE	*	456,126
**		FIDELITY CAPITAL & INCOME	*	23,582
**		FIDELITY VALUE	*	17,344
**		FIDELITY SEL BIOTECH	*	86,108
**		FIDELITY SEL RETAILING	*	94,172
**		FIDELITY SEL ENERGY	*	37,467
**		FIDELITY SEL HEALTHCARE	*	228,226
**		FIDELITY SEL TECHNOLOGY	*	20,916
**		FIDELITY SEL FINANCIAL	*	159,892
**		FIDELITY SEL BROKERAGE	*	3,726
**		FIDELITY OTC PORTFOLIO	*	366,681
**		FIDELITY OVERSEAS	*	131,518
**		FIDELITY SEL TELECOM	*	45,536
**		FIDELITY LEVERAGED CO STOCK	*	126,120
**		FIDELITY EUROPE	*	35,245
**		FIDELITY BALANCED	*	49,153
**		FIDELITY CANADA	*	20,260
**		FIDELITY BLUE CHIP GROWTH	*	616,648
**		FIDELITY ASSET MANAGER 50%	*	64,991
**		FIDELITY LOW PRICED STOCK	*	33,130
**		FIDELITY WORLDWIDE	*	15,347
**		FIDELITY STOCK SEL ALL CAP	*	31,844
**		FIDELITY ASSET MANAGER 70%	*	157,654
**		FIDELITY DIVERSIFIED INTERNATIONAL	*	14,780
**		FIDELITY ASSET MANAGER 20%	*	902
**		FIDELITY DIVIDEND GROWTH	*	1,447
**		FIDELITY FOCUSED STOCK	*	297
**		FIDELITY MID CAP STOCK	*	15,945
**		FIDELITY SMALL CAP STOCK	*	12,871
**		FIDELITY LATIN AMERICA	*	3,065
**		FIDELITY EMERGING ASIA	*	14,222
**		FIDELITY SEL IT SERVICES	*	66,381
**		FIDELITY SEL MEDICAL TECH & DV	*	130,568
**		FIDELITY MULTI ASSET INDEX	*	10,331
**		FIDELITY JAPAN SMALL CO	*	44,489
**		FIDELITY FREEDOM INCOME	*	9,215
**		FIDELITY FREEDOM 2020	*	289,393
**		FIDELITY FREEDOM 2030	*	193,721
**		FIDELITY INTM GOV'T INCOME	*	8,583
**		FIDELITY SEL BANKING	*	81,030
**		FIDELITY SEL NATURAL RESOURCES	*	25,773
**		FIDELITY SEL PHARMACEUTICALS	*	146,154
**		FIDELITY LTD TERM GOVT	*	4,385
**		FIDELITY FREEDOM 2040	*	154,341
**		FIDELITY INTERNATIONAL SMALL CAP	*	21,214
**		FIDELITY REAL ESTATE INCOME	*	20,493
**		FIDELITY SEL WIRELESS	*	68,642
**		FIDELITY BLUE CHIP VALUE	*	22,453
**		FIDELITY NASDAQ COMPOSITE INDEX	*	26,023
**		FIDELITY FREEDOM 2025	*	38,065
**		FIDELITY FREEDOM 2035	*	9,418
**		FIDELITY SMALL CAP GROWTH	*	43,501
**		FIDELITY SMALL CAP VALUE	*	30,128
**		FIDELITY INTERNATIONAL VALUE	*	14,624
**		FIDELITY FREEDOM 2045	*	44,579
**		FIDELITY FREEDOM 2050	*	7,213
**		FIDELITY US BOND INDEX	*	77,733
**		FIDELITY 500 INDEX	*	109,742
**		FIDELITY INFL PR BOND INDEX	*	5,803
**		FIDELITY FDM INDEX 2050 INV	*	8,145
**		FIDELITY STRATGIC INCOME	*	2,433

TOTALS

39,943,530

* Cost omitted for participant direct investments

**Party-in-interest