

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
---	---	---

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 single-employer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final 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 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program
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>AMERICAN COLLEGE OF SURGEONS LONG TERM SAVINGS PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>010</u>
1c	Effective date of plan <u>06/01/1987</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>AMERICAN COLLEGE OF SURGEONS</u> <u>633 N SAINT CLAIR ST.</u> <u>CHICAGO, IL 60611-3234</u>
2b	Employer Identification Number (EIN) <u>36-2192800</u>
2c	Plan Sponsor's telephone number <u>312-202-5000</u>
2d	Business code (see instructions) <u>813000</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.	09/01/2022	DANIEL MCGEE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/01/2022	DANIEL MCGEE
	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	
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		3c Administrator's telephone number 4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	504
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)	425
a(2) Total number of active participants at the end of the plan year		6a(2)	424
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	105
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	529
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	529
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	507
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: 2F 2G 2L 2M 2S 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> 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 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 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 AMERICAN COLLEGE OF SURGEONS LONG TERM SAVINGS PLAN	B Three-digit plan number (PN) ▶ 010
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN COLLEGE OF SURGEONS	D Employer Identification Number (EIN) 36-2192800

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
PRINCIPAL LIFE INSURANCE COMPANY

(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
42-0127290	61271	613953	529	01/01/2021	12/31/2021

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	0

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

(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	

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ CUSTODIAL GUARANTEED INTEREST CONTRACT

b	Balance at the end of the previous year	7b	2193057
----------	---	-----------	---------

c	Additions: (1) Contributions deposited during the year	7c(1)	226726	
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	33407	
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)	101151	

▶ LOAN PAYMENT, OUTSIDE INVESTMENT TRANSFER

(6) Total additions	7c(6)	361284
---------------------------	--------------	--------

d	Total of balance and additions (add lines 7b and 7c(6))	7d	2554341
----------	--	-----------	---------

e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	204560	
	(2) Administration charge made by carrier.....	7e(2)	4039	
	(3) Transferred to separate account.....	7e(3)		
	(4) Other (specify below)	7e(4)	113032	

▶ LOAN WITHDRAWAL, OUTSIDE INVESTMENT TRANSFER

(5) Total deductions	7e(5)	321631
----------------------------	--------------	--------

f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	2232710
----------	--	-----------	---------

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)	
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)	
(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)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE 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 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 AMERICAN COLLEGE OF SURGEONS LONG TERM SAVINGS PLAN	B Three-digit plan number (PN) ▶	010
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN COLLEGE OF SURGEONS	D Employer Identification Number (EIN) 36-2192800	

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 THE LINCOLN NATIONAL LIFE INSURANCE COMPANY
--

(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
35-0472300	65676	CR14157	68	01/01/2021	12/31/2021

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 11875	(b) Total amount of fees paid 0
---	------------------------------------

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 LINCOLN FINANCIAL ADVISORS PO BOX 2239 FORT WAYNE, IN 46801-2239
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11875	0		4

(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	3028569
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

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

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

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

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

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

b	Balance at the end of the previous year	7b	3039521
----------	---	-----------	---------

c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	105429	
	(4) Transferred from separate account.....	7c(4)	41714	
	(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	147143
---------------------------	--------------	--------

d	Total of balance and additions (add lines 7b and 7c(6))	7d	3186664
----------	--	-----------	---------

e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	118338	
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account.....	7e(3)	39757	
	(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	158095
----------------------------	--------------	--------

f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	3028569
----------	--	-----------	---------

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)	
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)	
(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)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 AMERICAN COLLEGE OF SURGEONS LONG TERM SAVINGS PLAN	B Three-digit plan number (PN) ▶	010
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN COLLEGE OF SURGEONS	D Employer Identification Number (EIN) 36-2192800	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRINCIPAL LIFE INSURANCE COMPANY
42-0127290

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

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

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

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

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

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

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

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

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

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	90378	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

(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 ☐

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
--	--	--

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>AMERICAN COLLEGE OF SURGEONS LONG TERM SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>010</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMERICAN COLLEGE OF SURGEONS</u>	D Employer Identification Number (EIN) <u>36-2192800</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	222787	220084
(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)	585040	610607
(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)	48452970	57239537
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	5232579	5261279
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	54493376 63331507
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 through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	54493376 63331507

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1094501
	(B) Participants	2a(1)(B)	3681080
	(C) Others (including rollovers).....	2a(1)(C)	577381
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	5352962
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	22
	(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)	30043
	(F) Other	2b(1)(F)	138836
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	168901
(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)	1388137
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1388137
(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)		
(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)		5911516
c Other income.....	2c		7
d Total income. Add all income amounts in column (b) and enter total.....	2d		12821523
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3892129	
(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)		3892129
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)		
(2) Contract administrator fees.....	2i(2)	91263	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		91263
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3983392
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		8838131
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: RSM US LLP

(2) EIN: 42-0714325

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		5000000
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?		X	
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?		X	
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 AMERICAN COLLEGE OF SURGEONS LONG TERM SAVINGS PLAN	B Three-digit plan number (PN) ▶ 010
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN COLLEGE OF SURGEONS	D Employer Identification Number (EIN) 36-2192800

Part I	Distributions
--------	---------------

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 42-0127290 35-1140070		
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	28

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 _____

American College of Surgeons Long Term Savings Plan

Financial Report
December 31, 2021

Contents

Independent auditor's report	1-3
Financial statements	
Statements of net assets available for benefits	4
Statement of changes in net assets available for benefits	5
Notes to financial statements	6-13
Supplemental schedule	
Schedule of assets (held at end of year)	14-16

Independent Auditor's Report

Participants and Employee Benefits Committee
American College of Surgeons Long Term Savings Plan

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

We were engaged to perform an audit of the financial statements of American College of Surgeons Long Term Savings 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, 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 Plan's 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 (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification 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.

Disclaimer of Opinion on the 2021 Financial Statements

We do not express an opinion on the accompanying 2021 financial statements of the Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion on the 2021 Financial Statements section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion on the 2021 Financial Statements

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Further, as described in Note 11 to the financial statements, the Plan has excluded from investments in the accompanying statement of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the DOL's Field Assistance Bulletin No. 2009-02, Annual Reporting Requirements for 403(b) Plans. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably determinable. Accounting principles generally accepted in the United States of America (U.S. GAAP) require that these accounts and the related income and distributions be included in the accompanying financial statements.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, 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 within one year after the date that the financial statements are issued or 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

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matters described in the Basis for Disclaimer of Opinion on the 2021 Financial Statements section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

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.

Other Matters

2021 Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion on the 2021 Financial Statements section of our report, it is inappropriate to and we do not express an opinion on this supplemental schedule.

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL'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 qualified institutions. Further, the Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

The Plan has excluded from the 2020 financial statements certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the DOL's Field Assistance Bulletin No. 2009-02, Annual Reporting Requirements for 403(b) Plans. The investment income and distributions related to such accounts have also been excluded from the 2020 financial statements. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not determinable. U.S. GAAP require that these accounts and the related income and distributions be included in the 2020 financial statements.

In our report dated August 12, 2021, we indicated that 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.

RSM VS LLP

Schaumburg, Illinois
August 22, 2022

American College of Surgeons Long Term Savings Plan

**Statements of Net Assets Available for Benefits
December 31, 2021 and 2020**

	2021	2020
Assets		
Investments, at fair value:		
Shares of registered investment companies	\$ 54,842,517	\$ 46,257,335
Units of pooled separate accounts	<u>2,617,110</u>	<u>2,418,427</u>
	<u>57,459,627</u>	<u>48,675,762</u>
Investments, at contract value:		
Guaranteed investment contracts	<u>5,261,279</u>	<u>5,232,578</u>
Receivables:		
Notes receivable from participants	<u>610,419</u>	<u>584,518</u>
Net assets available for benefits	<u><u>\$ 63,331,325</u></u>	<u><u>\$ 54,492,858</u></u>

See notes to financial statements.

American College of Surgeons Long Term Savings Plan

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2021

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	\$ 1,790,608
Interest and dividends	5,648,138
	<u>7,438,746</u>
 Interest income on notes receivable from participants	 <u>30,079</u>
 Contributions:	
Participants	3,681,080
Organization	1,094,508
Rollovers	577,381
	<u>5,352,969</u>
 Total additions	 <u>12,821,794</u>
 Deductions from net assets attributed to:	
Benefits paid directly to participants	3,891,832
Administrative expenses	91,495
	<u>3,983,327</u>
 Total deductions	 <u>3,983,327</u>
 Net increase	 8,838,467
 Net assets available for benefits:	
Beginning of year	<u>54,492,858</u>
 End of year	 <u>\$ 63,331,325</u>

See notes to financial statements.

American College of Surgeons Long Term Savings Plan

Notes to Financial Statements

Note 1. Plan Description

The following brief description of American College of Surgeons Long Term Savings Plan (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 is a defined contribution plan covering all eligible employees of American College of Surgeons (the Organization). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions: Eligible employees may contribute up to 100% of pre-tax annual compensation, as defined by the Plan. Newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate. Automatically enrolled participants have their deferral rates set at 3% of compensation until changed. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Organization contributes a matching contribution to the Plan equal to 50% of each participant's contribution up to 6% of eligible compensation, as defined. Contributions are subject to Internal Revenue Service (IRS) limitations.

Participant accounts: Each participant's account is credited with the participant's contribution and Organization matching contributions as well as allocation of plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant account balances or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are immediately vested in their contributions and the Organization contributions, plus actual earnings thereon.

Investment options: Upon enrollment in the Plan, a participant may direct their account balance in a variety of investment choices as more fully described in the Plan's literature. Participants may change their investment options at any time.

Payment of benefits: On termination of service, death, disability, or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account, installment payments or an annuity. The Plan also permits hardship withdrawals and in-service distributions in certain circumstances.

Notes receivable from participants: Participants may borrow from their fund accounts at Delaware Charter Guarantee and Trust Company (d/b/a Principal Trust Company) a minimum of \$1,000 and up to a maximum equal to the lesser of \$50,000 (reduced by the highest outstanding loan balance of all loans from the employer's qualified plans during the 12-month period immediately preceding the date of the loan) or 50% of their vested account balance (reduced by the current outstanding balance of all loans from the employer's qualified plans as of the date of the loan). A participant may only have one loan outstanding at any point in time. Notes receivable terms range from one to five years; however, longer repayment periods are permitted when the borrowing is used for the purchase of a primary residence. The notes receivable are collateralized by the balance in the participant's account and bear interest of 1% above the current prime interest rate as published from time to time in the Wall Street Journal. Principal and interest payments are paid through payroll deductions.

American College of Surgeons Long Term Savings Plan

Notes to Financial Statements

Note 2. Significant Accounting Policies

Basis of accounting: The financial statements of the Plan are prepared on the accrual basis of accounting.

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

Investment valuation and income recognition: Investments are reported 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's employee benefits committee determines the Plan's valuation policies utilizing information provided by the investment custodians and insurance company. See Note 4 for discussion of fair value measurements.

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

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Payment of benefits: Benefits are recorded when paid.

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

Subsequent events: The plan administrator has evaluated subsequent events for potential recognition and/or disclosure through August 22, 2022, the date the financial statements were available to be issued.

American College of Surgeons Long Term Savings Plan

Notes to Financial Statements

Note 3. Information Certified or Provided by Delaware Charter Guarantee and Trust Company (d/b/a Principal Trust Company), The Lincoln National Life Insurance Company and Fidelity Management Trust Company (the Custodians)

The following is a summary of the Plan's asset and income information as of December 31, 2021 and 2020, and for the year ended December 31, 2021, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by the custodians and furnished to the plan administrator. The plan administrator has obtained certifications from the custodians that information provided to the plan administrator by the custodians related to the following assets and income is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedule related to the following assets and income.

Delaware Charter Guarantee and Trust Company (d/b/a Principal Trust Company), certified to the completeness and accuracy of the following:

	2021	2020
Shares of registered investment companies, at fair value	\$ 48,504,686	\$ 40,774,968
Guaranteed investment contract, at contract value	\$ 2,232,710	\$ 2,193,057
Notes receivable from participants	\$ 610,419	\$ 584,518
Net appreciation in fair value of investments	\$ 854,756	
Interest and dividends	\$ 5,039,018	
Interest income on notes receivable from participants	\$ 30,079	

The Lincoln National Life Insurance Company certified to the completeness and accuracy of the following:

	2021	2020
Units of pooled separate accounts, at fair value	\$ 2,617,110	\$ 2,418,427
Guaranteed investment contract, at contract value	\$ 3,028,569	\$ 3,039,521
Net appreciation in fair value of investments	\$ 404,023	
Interest and dividends	\$ 105,429	

Fidelity Management Trust Company certified to the completeness and accuracy of the following:

	2021	2020
Shares of registered investment companies, at fair value	\$ 6,337,831	\$ 5,482,367
Net appreciation in fair value of investments	\$ 531,829	
Interest and dividends	\$ 503,691	

American College of Surgeons Long Term Savings Plan

Notes to Financial Statements

Note 4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under Accounting Standards Codification 820 are described below:

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;
- 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 observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There were no changes in the methodologies used at December 31, 2021 and 2020.

Shares of registered investment companies: Valued at the daily closing price 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 net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Units of pooled separate accounts: Valued at the NAV of the units of pooled separate accounts. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The NAV is based upon the fair value of the underlying investments comprising the pooled separate accounts. This practical expedient is not used when it is probable that the fund will sell for an amount different from the reported NAV.

American College of Surgeons Long Term Savings Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

	2021			Total
	Level 1	Level 2	Level 3	
Shares of registered investment companies	\$ 54,842,517	\$ -	\$ -	\$ 54,842,517
Investments measured at net asset value (a)				2,617,110
Investments at fair value				<u>\$ 57,459,627</u>

	2020			Total
	Level 1	Level 2	Level 3	
Shares of registered investment companies	\$ 46,257,335	\$ -	\$ -	\$ 46,257,335
Investments measured at net asset value (a)				2,418,427
Investments at fair value				<u>\$ 48,675,762</u>

(a) In accordance with Subtopic 820-10, 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 statements of net assets available for benefits.

Changes in fair value levels: To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another.

Plan management evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2021, there were no transfers in or out of Level 3.

Investments measured using the net asset value per share practical expedient: The following table summarizes investments measured at fair value based on NAV per share (or its equivalent) as of December 31, 2021 and 2020:

Investment	Fair Value		Unfunded	Redemption	Redemption
	2021	2020	Commitment	Frequency	Notice Period
Units of pooled separate accounts	<u>\$ 2,617,110</u>	<u>\$ 2,418,427</u>	\$ -	Daily - Limited to 12 per year	7 days

American College of Surgeons Long Term Savings Plan

Notes to Financial Statements

Note 5. Fully Benefit-Responsive Investment Contracts with Principal Life Insurance (Principal) and The Lincoln National Life Insurance Company (Lincoln)

The Plan has fixed annuity investment contracts with Principal and Lincoln. These contracts meet the fully benefit-responsive investment criteria and, therefore, are reported at contract value, as reported to the Plan by the issuers. 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. Principal and Lincoln maintain the contributions in a general account.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 1.00% for the Principal investment contract and 1.50% for the Lincoln investment contract. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (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 exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

The contracts do not permit the insurance companies to terminate the agreements prior to the scheduled maturity dates.

Note 6. Plan Loans with Lincoln

Participants may borrow from Lincoln using a portion of their plan account as security for the loan. The minimum loan is \$1,000 and may be up to the lesser of \$50,000 or 50% of their account balance for employer's plans maintained at Lincoln and other vendors. A participant may have a maximum of two loans outstanding at any point in time. The loans bear interest ranging from 4.50% to 7.00% at December 31, 2021 and 2020, which is commensurate with local prevailing rates as determined periodically by Lincoln. The plan administrator has concluded that these loans are not plan assets and that such arrangements are exempt transactions.

The loan balances as of December 31, 2021 and 2020, were \$44,336 and \$42,209, respectively. Under the borrowing terms, \$44,336 and \$42,209 of plan assets within the Lincoln Fixed Account serve as collateral to these loans. Interest paid by participants on such loans during the plan year ended December 31, 2021, was \$2,472.

In the event of default, such loans are reportable to plan participants as taxable income but remain outstanding and continue to accrue interest until repaid by the plan participant or the participant becomes eligible to receive a distribution under the terms of the Plan. During 2021, no loans went into default. As of December 31, 2021 and 2020, loans in default amounted to \$11,667. Such amount includes the principal and accumulated interest.

American College of Surgeons Long Term Savings Plan

Notes to Financial Statements

Note 7. Related-Party and Party-in-Interest Transactions

Certain Plan investments are managed by Principal Trust Company, Fidelity Management Trust Company and Lincoln, the custodians, as defined by the Plan; therefore, these transactions qualify as party-in-interest. Fees paid by the Plan to these service providers were \$91,495 for the year ended December 31, 2021.

Certain employees of the Organization are performing services for the Plan and are not compensated by the Plan. Certain other expenses of the Plan are paid by the Organization.

Note 8. Plan Termination

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Note 9. Income Tax Status

Effective September 7, 2017, the Plan adopted a non-standardized form of a prototype plan sponsored by Principal Life Insurance Company. The prototype plan provider has received an opinion letter from the IRS as to the prototype plan's compliance with Internal Revenue Code (IRC) section 403(b). The prototype plan opinion letter has been relied upon by this Plan. The Plan has been amended since the volume submitter document provider received the advisory letter. The plan administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the IRC.

Accounting principles generally accepted in the United States of America require 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. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax period in progress.

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.

Approximately 9% and 10% of the Plan's investments are held in contract with Lincoln as of December 31, 2021 and 2020, respectively.

Note 11. Excluded Contracts

The plan administrator has elected to exclude from investments certain annuity and custodial accounts which may have been issued to current and former employees without the plan administrator's knowledge prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such potential accounts have also been excluded from the statement of changes in net assets available for benefits. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements. The plan administrator is not able to determine the amount of these excluded annuity and custodial accounts and the related income and distributions because records relating to these are not available or do not exist.

American College of Surgeons Long Term Savings Plan

Notes to Financial Statements

Note 12. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at December 31, 2021 and 2020:

	2021	2020
Net assets available for benefits per the financial statements	\$ 63,331,325	\$ 54,492,858
Shares of registered investment companies	2,397,020	2,195,635
Interest-bearing cash	220,084	222,787
Units of pooled separate accounts	(2,617,110)	(2,418,427)
Notes receivable from participants	(610,419)	(584,518)
Participant loans	610,607	585,040
Guaranteed investment contracts	-	1
Net assets available for benefits per Form 5500	<u>\$ 63,331,507</u>	<u>\$ 54,493,376</u>

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

Change in net assets available for benefits per the financial statements	\$ 8,838,467
Investment income	(235)
Interest on participant loans	(36)
Other income	7
Organization contributions	(7)
Benefit payments	(297)
Expenses	232
Change in net assets available for benefits per Form 5500	<u>\$ 8,838,131</u>

Supplemental Schedule

American College of Surgeons Long Term Savings Plan

Schedule H, Line 4i—Schedule of Assets (Held at End of Year) December 31, 2021

FEIN: 36-2192800

Plan Number: 010

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, par or maturity value	(d) Cost	(e) Current value
		Interest-bearing cash:		
*	Fidelity Management Trust Company	FID Govt Mmkt	**	\$ 220,084
				<u>220,084</u>
		Shares of registered investment companies:		
	DFA	Infl Protected Sec 1 Fund	**	343,428
	Lord Abbett	High Yield R6 Fund	**	186,059
	Vanguard	Int-Tm Bd Idx Adm Fd	**	1,237,671
	Western Asset	Cr Pls Bd IS Fd	**	978,250
	Vanguard	Tgt Rmt Inc Inv Fund	**	1,555,252
	Vanguard	Tgt Rmt 2015 Inv Fund	**	371,349
	Vanguard	Tgt Rmt 2020 Inv Fund	**	2,442,940
	Vanguard	Tgt Rmt 2025 Inv Fund	**	2,708,077
	Vanguard	Tgt Rmt 2030 Inv Fund	**	5,692,565
	Vanguard	Tgt Rmt 2035 Inv Fund	**	1,988,156
	Vanguard	Tgt Rmt 2040 Inv Fund	**	6,160,859
	Vanguard	Tgt Rmt 2045 Inv Fund	**	1,808,197
	Vanguard	Tgt Rmt 2050 Inv Fund	**	3,094,114
	Vanguard	Tgt Rmt 2055 Inv Fund	**	1,427,204
	Vanguard	Tgt Rmt 2060 Inv Fund	**	545,925
	Vanguard	Tgt Rmt 2065 Inv Fund	**	100,024
	Vanguard	Equity-Inc Adm Fund	**	1,948,616
	Vanguard	US Growth Admiral Fd	**	1,883,572
	Vanguard	500 Index Admiral Fd	**	5,063,301
	Franklin	Small Cap Value R6 Fd	**	203,811
	JanusHenderson	Enter N Fund	**	1,164,721
	JanusHenderson	Triton N Fund	**	1,715,483
	Vanguard	Mid Cap Index Adm Fd	**	1,489,850
	Vanguard	REIT Index Adm Fund	**	227,772
	Vanguard	Sm Cap Index Adm Fund	**	1,466,386
	Victory	Sycamore Est Val R6 Fd	**	556,600
	DFA	Emerg Mkt Core Eqty I Fd	**	754,115
	Vanguard	Dev Mkts Index Adm Fd	**	1,390,384
*	Fidelity Management Trust Company	FID Puritan	**	210,373
*	Fidelity Management Trust Company	Sel Tec Hardware	**	44,189
*	Fidelity Management Trust Company	GNMA	**	16,214
*	Fidelity Management Trust Company	Magellan	**	1,516
*	Fidelity Management Trust Company	Contrafund	**	145,727
*	Fidelity Management Trust Company	Equity Income	**	14,547
*	Fidelity Management Trust Company	Growth Company	**	49,360
*	Fidelity Management Trust Company	Invst Gr BD	**	122,352
*	Fidelity Management Trust Company	Growth & Inc	**	62,045
*	Fidelity Management Trust Company	Intermed Bond	**	10,361
*	Fidelity Management Trust Company	Value	**	178,036
*	Fidelity Management Trust Company	Mortgage Sec	**	7,408
*	Fidelity Management Trust Company	Sel Biotech	**	16,555
*	Fidelity Management Trust Company	Sel Leisure	**	9,680
*	Fidelity Management Trust Company	Sel Energy	**	70
*	Fidelity Management Trust Company	Govt Income	**	55,400
*	Fidelity Management Trust Company	Sel Healthcare	**	9,068
*	Fidelity Management Trust Company	Sel Technology	**	26,466

Continued

American College of Surgeons Long Term Savings Plan

Schedule H, Line 4i—Schedule of Assets (Held at End of Year) (Continued) December 31, 2021

FEIN: 36-2192800

Plan Number: 010

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, par or maturity value	(d) Cost	(e) Current value
*	Fidelity Management Trust Company	OTC Portfolio	**	\$ 177,448
*	Fidelity Management Trust Company	Overseas	**	29,851
*	Fidelity Management Trust Company	Sel Telecomm	**	1,143
*	Fidelity Management Trust Company	Levergd Co Stk	**	10,634
*	Fidelity Management Trust Company	Pacific Basin	**	3,947
*	Fidelity Management Trust Company	Balanced	**	42,975
*	Fidelity Management Trust Company	Intl Discovery	**	32,881
*	Fidelity Management Trust Company	Capital Appreciation	**	8,219
*	Fidelity Management Trust Company	Telecom & Util	**	1,399
*	Fidelity Management Trust Company	Blue Chip Growth	**	2,532,079
*	Fidelity Management Trust Company	Low Priced Stk	**	395,481
*	Fidelity Management Trust Company	Asset Mgr 70%	**	103,604
*	Fidelity Management Trust Company	Emerging Markets	**	651
*	Fidelity Management Trust Company	Growth Strategies	**	10,759
*	Fidelity Management Trust Company	Diversifd Intl	**	23,272
*	Fidelity Management Trust Company	Asset Mgr 20%	**	23,629
*	Fidelity Management Trust Company	Focused Stock	**	46,695
*	Fidelity Management Trust Company	Stk Sel SM Cap	**	11,634
*	Fidelity Management Trust Company	Mid Cap Stock	**	8,180
*	Fidelity Management Trust Company	Large Cap Stock	**	47,731
*	Fidelity Management Trust Company	Mega Cap Stock	**	5,157
*	Fidelity Management Trust Company	Freedom Income	**	27,736
*	Fidelity Management Trust Company	Freedom 2020	**	325,626
*	Fidelity Management Trust Company	Sm Cap Discovery	**	750
*	Fidelity Management Trust Company	Short Term Bond	**	54,177
*	Fidelity Management Trust Company	Intm Govt Income	**	22,666
*	Fidelity Management Trust Company	Sel Health Care Svc	**	33,812
*	Fidelity Management Trust Company	Sel Materials	**	10,218
*	Fidelity Management Trust Company	Sel Constr/house	**	46,138
*	Fidelity Management Trust Company	Freedom 2040	**	446,163
*	Fidelity Management Trust Company	Mid Cap Value	**	31,513
*	Fidelity Management Trust Company	Total Bond	**	21,886
*	Fidelity Management Trust Company	Value Discovery	**	23,836
*	Fidelity Management Trust Company	Blue Chip Value	**	6,276
*	Fidelity Management Trust Company	Nasdaq Comp Indx	**	20,481
*	Fidelity Management Trust Company	Freedom 2015	**	10,598
*	Fidelity Management Trust Company	Freedom 2025	**	9,680
*	Fidelity Management Trust Company	Freedom 2035	**	151,508
*	Fidelity Management Trust Company	Small Cap Growth	**	339
*	Fidelity Management Trust Company	Freedom 2045	**	792
*	Fidelity Management Trust Company	Freedom 2050	**	208
*	Fidelity Management Trust Company	Intl Growth	**	5,505
*	Fidelity Management Trust Company	Strategic Income	**	452
*	Fidelity Management Trust Company	500 Index	**	234,309
*	Fidelity Management Trust Company	Mid Cap Idx	**	3,826

Continued

American College of Surgeons Long Term Savings Plan

Schedule H, Line 4i—Schedule of Assets (Held at End of Year) (Continued) December 31, 2021

FEIN: 36-2192800

Plan Number: 010

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, par or maturity value	(d) Cost	(e) Current value
*	Fidelity Management Trust Company	Total Mkt Idx	**	\$ 34,600
*	Fidelity Management Trust Company	Intl Index	**	71,790
*	Fidelity Management Trust Company	Extd Mkt Idx	**	16,033
*	Fidelity Management Trust Company	St Tr Bd Idx	**	347
*	Fidelity Management Trust Company	Inf PR BD Idx	**	9,746
*	The Lincoln National Life Insurance Company	American Funds Growth	**	175,581
*	The Lincoln National Life Insurance Company	American Funds Growth-income	**	12,794
*	The Lincoln National Life Insurance Company	American Funds International	**	61,392
*	The Lincoln National Life Insurance Company	Delaware VIP Diversified Income	**	137,460
*	The Lincoln National Life Insurance Company	Delaware VIP Reit	**	152,147
*	The Lincoln National Life Insurance Company	Delaware VIP Small Cap Value	**	17,958
*	The Lincoln National Life Insurance Company	Delaware VIP Smid Cap Core Series	**	150,547
*	The Lincoln National Life Insurance Company	Fidelity VIP Contrafund	**	98,113
*	The Lincoln National Life Insurance Company	Fidelity VIP Growth	**	162,411
*	The Lincoln National Life Insurance Company	LVIP Baron Growth Opportunities	**	266,709
*	The Lincoln National Life Insurance Company	LVIP Blackrock Dividend Value Mngdvltty	**	79,402
*	The Lincoln National Life Insurance Company	LVIP Blackrock Global Real Estate	**	6,139
*	The Lincoln National Life Insurance Company	LVIP Delaware Bond	**	139,357
*	The Lincoln National Life Insurance Company	LVIP Delaware Mid Cap Value Fund	**	84,558
*	The Lincoln National Life Insurance Company	LVIP Delaware Social Awareness	**	40,925
*	The Lincoln National Life Insurance Company	LVIP Dimensional U.S. Core Equity 1	**	208,193
*	The Lincoln National Life Insurance Company	LVIP Global Growth Allocation Mangd Risk	**	196,914
*	The Lincoln National Life Insurance Company	LVIP Global Moderate Allocation Mgd Risk	**	170,105
*	The Lincoln National Life Insurance Company	LVIP Government Money Market	**	186
*	The Lincoln National Life Insurance Company	LVIP Jpmorgan Retirement Income Fund	**	9,278
*	The Lincoln National Life Insurance Company	LVIP Mondrian International Value	**	29,707
*	The Lincoln National Life Insurance Company	LVIP SSGA GLBL Tactical Allocn Mgd Vltty	**	83,331
*	The Lincoln National Life Insurance Company	LVIP SSGA S&P 500 Index	**	204,698
*	The Lincoln National Life Insurance Company	LVIP SSGA Small-Cap Index	**	7,723
*	The Lincoln National Life Insurance Company	LVIP T. Rowe Price 2040 Fund	**	27,981
*	The Lincoln National Life Insurance Company	LVIP T. Rowe Price Structured Mid-Cap	**	39,386
*	The Lincoln National Life Insurance Company	MFS Utilities	**	54,114
				<u>57,239,537</u>
		Insurance company general account:		
*	The Lincoln National Life Insurance Company	Lincoln Fixed Account	**	3,028,569
*	Principal Life Insurance Company	Fixed Income Guaranteed Option	**	2,232,710
				<u>5,261,279</u>
*	Participants	Participant loans (interest rates ranging from 4.25% to 6.50%, maturity dates ranging from January 14, 2022 to February 28, 2051)	**	610,607
				<u>\$ 63,331,507</u>

* Indicates a party-in-interest, as defined by ERISA.

** Cost information is not required for participant-directed investments.

The above information has been certified by Delaware Charter Guarantee and Trust Company (d/b/a Principal Trust Company), The Lincoln National Life Insurance Company and Fidelity Management Trust Company, the custodians, as complete and accurate.

American College of Surgeons Long Term Savings Plan
EMPLOYER IDENTIFICATION NUMBER 36 2192800, PLAN 010
Form 5500, Schedule H, Line 4i
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2021

Party in (a) interest	(b) Identity of issue	(c) Description of Investment	(d) Cost	(e) Current Value
		Insurance Company General		
*	Principal Life Insurance Company	Principal Fixed Inc Guar Option	0.00	2,232,709.85
	The Lincoln National Life Insurance	Lincoln Fixed Account	0.00	3,028,569.21
		Total Insurance Company General		5,261,279.06
		Interest-Bearing Cash		
	Fidelity	FID GOVT MMKT	0.00	220,084.12
*	Participant Loans Rates Range from 4.25% to 6.50%		0.00	610,607.00
		Registered Investment Company		
	Dimensional Fund Adviors	DFA EMERG MKT CORE EQTY I FD	0.00	754,115.14
	Dimensional Fund Adviors	DFA INFL PROTECTED SEC I FUND	0.00	343,428.42
	Franklin Templeton Investments	FRANKLIN SMALL CAP VALUE R6 FD	0.00	203,810.76
	Janus International Holdings LLC	JANUSHENDERSON ENTRPRS N	0.00	1,164,720.76
	Janus International Holdings LLC	JANUSHENDERSON TRITON N	0.00	1,715,483.41
	Lord Abbett	LORD ABBETT HIGH YIELD R6 FUND	0.00	186,058.58
	Vanguard Group	VANGUARD DEV MKTS INDEX ADM FD	0.00	1,390,383.67
	Vanguard Group	VANGUARD EQUITY-INC ADM FUND	0.00	1,948,615.52
	Vanguard Group	VANGUARD INT-TM BD IDX ADM FD	0.00	1,237,671.31
	Vanguard Group	VANGUARD MID CAP INDEX ADM FD	0.00	1,489,849.97
	Vanguard Group	VANGUARD REIT INDEX ADM FUND	0.00	227,772.32

Vanguard Group	VANGUARD SM CAP INDEX ADM FUND	0.00	1,466,385.58
Vanguard Group	VANGUARD TGT RMT INC INV FUND	0.00	1,555,251.90
Vanguard Group	VANGUARD TGT RMT 2015 INV FUND	0.00	371,349.03
Vanguard Group	VANGUARD TGT RMT 2020 INV FUND	0.00	2,442,939.68
Vanguard Group	VANGUARD TGT RMT 2025 INV FUND	0.00	2,708,076.59
Vanguard Group	VANGUARD TGT RMT 2030 INV FUND	0.00	5,692,564.60
Vanguard Group	VANGUARD TGT RMT 2035 INV FUND	0.00	1,988,156.46
Vanguard Group	VANGUARD TGT RMT 2040 INV FUND	0.00	6,160,858.88
Vanguard Group	VANGUARD TGT RMT 2045 INV FUND	0.00	1,808,197.30
Vanguard Group	VANGUARD TGT RMT 2050 INV FUND	0.00	3,094,113.55
Vanguard Group	VANGUARD TGT RMT 2055 INV FUND	0.00	1,427,204.27
Vanguard Group	VANGUARD TGT RMT 2060 INV FUND	0.00	545,925.50
Vanguard Group	VANGUARD TGT RMT 2065 INV FUND	0.00	100,023.73
Vanguard Group	VANGUARD US GROWTH ADMIRAL FD	0.00	1,883,571.57
Vanguard Group	VANGUARD 500 INDEX ADMIRAL FD	0.00	5,063,301.05
Victory Funds	VICTORY SYCAMORE EST VAL R6 FD	0.00	556,600.02
Western Asset Management Co	WESTERN ASSET CR PLS BD IS FD	0.00	978,250.47
Lincoln National Life Insurance	American Funds Growth	0.00	175,580.79
Lincoln National Life Insurance	American Funds Growth Income	0.00	12,794.27
Lincoln National Life Insurance	American Funds International	0.00	61,391.79
Lincoln National Life Insurance	LVIP Delaware Diversified Income	0.00	137,459.72
Lincoln National Life Insurance	LVIP Delaware REIT Series	0.00	152,147.36
Lincoln National Life Insurance	Delaware VIP Small Cap Value	0.00	17,957.65
Lincoln National Life Insurance	LVIP Delaware SMID Cap Core Series	0.00	150,547.35
Lincoln National Life Insurance	Fidelity VIP ContraFund	0.00	98,112.87
Lincoln National Life Insurance	Fidelity VIP Growth	0.00	162,411.44
Lincoln National Life Insurance	LVIP Baron Growth Opportunities	0.00	266,709.12
Lincoln National Life Insurance	LVIP Blackrock Dividend Value Mngdvltlty	0.00	79,402.45
Lincoln National Life Insurance	LVIP Blackrock Global Real Estate Fund	0.00	6,139.21
Lincoln National Life Insurance	LVIP Delaware Bond	0.00	139,357.03
Lincoln National Life Insurance	LVIP Delaware Mid Cap Value Fund	0.00	84,557.90
Lincoln National Life Insurance	LVIP Delaware Social Awareness	0.00	40,924.97
Lincoln National Life Insurance	LVIP Dimensional U.S. Core Equity I	0.00	208,193.18
Lincoln National Life Insurance	LVIP Global Growth Alloc Mangd Risk	0.00	196,913.75
Lincoln National Life Insurance	LVIP Global Moderate Alloc Mgd Risk	0.00	170,104.88
Lincoln National Life Insurance	LVIP Government Money Market	0.00	186.42
Lincoln National Life Insurance	LVIP JPMorgan Retirement Income Fund	0.00	9,277.85
Lincoln National Life Insurance	LVIP Mondrian International Value	0.00	29,707.13

Lincoln National Life Insurance	LVIP SSGA Gbl Tactical Allocn Mgd Vlt	0.00	83,331.49
Lincoln National Life Insurance	LVIP SSGA S&P 500 Index	0.00	204,697.91
Lincoln National Life Insurance	LVIP SSGA Small Cap Index	0.00	7,722.60
Lincoln National Life Insurance	LVIP T Rowe Price 2040 Fund	0.00	27,980.86
Lincoln National Life Insurance	LVIP T. Rowe Price Structured Mid Cap Gr	0.00	39,386.08
Lincoln National Life Insurance	MFS Utilities	0.00	54,113.66
Fidelity	FID 500 INDEX	0.00	234,308.86
Fidelity	FID ASSET MGR 20%	0.00	23,628.72
Fidelity	FID ASSET MGR 70%	0.00	103,603.82
Fidelity	FID BALANCED	0.00	42,974.55
Fidelity	FID BLUE CHIP GR	0.00	2,532,079.04
Fidelity	FID BLUE CHIP VALUE	0.00	6,276.50
Fidelity	FID CAPITAL APPREC	0.00	8,218.91
Fidelity	FID CONTRAFUND	0.00	145,726.93
Fidelity	FID DIVERSIFD INTL	0.00	23,272.09
Fidelity	FID EMERGING MKTS	0.00	651.08
Fidelity	FID EQUITY INC	0.00	14,546.91
Fidelity	FID EXTD MKT IDX	0.00	16,032.60
Fidelity	FID FOCUSED STOCK	0.00	46,694.68
Fidelity	FID FREEDOM 2015	0.00	10,597.89
Fidelity	FID FREEDOM 2020	0.00	325,625.88
Fidelity	FID FREEDOM 2025	0.00	9,679.53
Fidelity	FID FREEDOM 2035	0.00	151,508.48
Fidelity	FID FREEDOM 2040	0.00	446,162.86
Fidelity	FID FREEDOM 2045	0.00	792.44
Fidelity	FID FREEDOM 2050	0.00	207.81
Fidelity	FID FREEDOM INCOME	0.00	27,735.62
Fidelity	FID GNMA	0.00	16,213.86
Fidelity	FID GROWTH & INC	0.00	62,045.06
Fidelity	FID GROWTH COMPANY	0.00	49,360.43
Fidelity	FID GROWTH STRAT	0.00	10,758.83
Fidelity	FID INFL PR BD IDX	0.00	9,745.86
Fidelity	FID INTERMED BOND	0.00	10,360.72
Fidelity	FID INTL DISCOVERY	0.00	32,881.44
Fidelity	FID INTL GROWTH	0.00	5,505.44
Fidelity	FID INTL INDEX	0.00	71,790.19
Fidelity	FID INTM GOVT INCOME	0.00	22,665.58
Fidelity	FID INVST GR BD	0.00	122,352.16

Fidelity	FID LARGE CAP STOCK	0.00	47,730.52
Fidelity	FID LEVERGD CO STK	0.00	10,633.88
Fidelity	FID LOW PRICED STK	0.00	395,481.40
Fidelity	FID MAGELLAN	0.00	1,515.64
Fidelity	FID MEGA CAP STOCK	0.00	5,156.73
Fidelity	FID MID CAP IDX	0.00	3,826.42
Fidelity	FID MID CAP STOCK	0.00	8,180.09
Fidelity	FID MID CAP VALUE	0.00	31,512.94
Fidelity	FID MORTGAGE SEC	0.00	7,407.83
Fidelity	FID NASDAQ COMP INDX	0.00	20,480.70
Fidelity	FID OTC PORTFOLIO	0.00	177,448.17
Fidelity	FID OVERSEAS	0.00	29,851.31
Fidelity	FID PACIFIC BASIN	0.00	3,946.87
Fidelity	FID PURITAN	0.00	210,372.91
Fidelity	FID SEL BIOTECH	0.00	16,555.40
Fidelity	FID SEL CONSTR/HOUSE	0.00	46,137.88
Fidelity	FID SEL ENERGY	0.00	70.07
Fidelity	FID SEL HEALTHCARE	0.00	9,067.77
Fidelity	FID SEL HTH CARE SVC	0.00	33,811.80
Fidelity	FID SEL LEISURE	0.00	9,680.00
Fidelity	FID SEL MATERIALS	0.00	10,218.32
Fidelity	FID SEL TEC HARDWARE	0.00	44,189.11
Fidelity	FID SEL TECHNOLOGY	0.00	26,466.26
Fidelity	FID SEL TELECOMM	0.00	1,143.21
Fidelity	FID SHORT TERM BOND	0.00	54,176.69
Fidelity	FID SM CAP DISCOVERY	0.00	749.85
Fidelity	FID SMALL CAP GROWTH	0.00	339.40
Fidelity	FID ST TR BD IDX	0.00	346.51
Fidelity	FID STK SEL SM CAP	0.00	11,634.20
Fidelity	FID STRATEGIC INCOME	0.00	451.87
Fidelity	FID TELECOM & UTIL	0.00	1,399.46
Fidelity	FID TOTAL BOND	0.00	21,886.25
Fidelity	FID TOTAL MKT IDX	0.00	34,600.19
Fidelity	FID VALUE	0.00	178,036.42
Fidelity	FID VALUE DISCOV	0.00	23,835.88
Fidelity	FIDELITY GOVT INCOME	0.00	55,400.27
	Total Registered Investment Comp		57,239,536.76