

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>ATLANTIC HEALTH SYSTEM 403(B) RETIREMENT SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>006</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>03/01/2013</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>52-1958352</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>937-451-2023</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>622000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>006</u>	1c Effective date of plan <u>03/01/2013</u>		2b Employer Identification Number (EIN) <u>52-1958352</u>		2c Plan Sponsor's telephone number <u>937-451-2023</u>		2d Business code (see instructions) <u>622000</u>	
1b Three-digit plan number (PN) ▶	<u>006</u>										
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2b Employer Identification Number (EIN) <u>52-1958352</u>											
2c Plan Sponsor's telephone number <u>937-451-2023</u>											
2d Business code (see instructions) <u>622000</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>ATLANTIC HEALTH SYSTEM INC.</u> <u>475 SOUTH STREET</u> <u>MORRISTOWN, NJ 07962</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.	10/17/2022	GENEVIEVE MADUABUM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	20017
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)	18187
a(2) Total number of active participants at the end of the plan year		6a(2)	19030
b Retired or separated participants receiving benefits.....		6b	106
c Other retired or separated participants entitled to future benefits		6c	2417
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	21553
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	17
f Total. Add lines 6d and 6e		6f	21570
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	18556
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	300
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			
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>1</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
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan ATLANTIC HEALTH SYSTEM 403(B) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 ATLANTIC HEALTH SYSTEM INC.	D Employer Identification Number (EIN) 52-1958352

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

(a) Name of insurance carrier
GREAT-WEST LIFE & ANNUITY 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
84-0467907	7692	95895-01	1387	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

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	

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

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

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

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	53120179
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

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

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

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

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

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

b	Balance at the end of the previous year	7b	51614795
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c	Additions: (1) Contributions deposited during the year	7c(1)	7541138	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	854457	
	(4) Transferred from separate account.....	7c(4)	2806421	
	(5) Other (specify below).....	7c(5)	836589	

▶ **LOAN PAYMENTS**

(6) Total additions	7c(6)	12038605
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	63653400
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e Deductions:

	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	6667637	
	(2) Administration charge made by carrier.....	7e(2)	108631	
	(3) Transferred to separate account.....	7e(3)	3756953	
	(4) Other (specify below).....	7e(4)	0	

▶

(5) Total deductions	7e(5)	10533221
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	53120179
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. 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 ATLANTIC HEALTH SYSTEM 403(B) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 ATLANTIC HEALTH SYSTEM INC.	D Employer Identification Number (EIN) 52-1958352	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TD AMERITRADE
82-0543156

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

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

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

ADVISED ASSETS GROUP, LLC

84-1532243

(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?
26	NONE	1052535	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREAT-WEST LIFE & ANNUITY INSURANCE

84-0467907

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 50 64	NONE	168682	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

WISS & COMPANY LLP

22-1732349

(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?
28	NONE	21500	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
TD AMERITRADE, INC.	33	1875
(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.	
TD AMERITRADE, INC. 82-0543156	INCOME FROM MARKET PER QUALIFIED TRADE, BPS ON SWEEP FUNDS, AND MUTUAL FUND FEES DISCLOSED IN TD AMERITRADES 408(B)(2):	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
VANGUARD INDEX FUNDS 23-1999755	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
RYDEX DYNAMIC FUNDS 48-1183041	RANGE FROM 0-100 BPS	

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
TD AMERITRADE, INC.	59	0
(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.	
MUTUAL FUND SERIES TRUST 42-1692370	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
SCHWAB CAPITAL TRUST 94-3106735	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
ADVISORS PREFERRED TRUST 1445 RESEARCH BLVD ROCKVILLE, MA 20850	RANGE FROM 0-100 BPS	

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
TD AMERITRADE, INC.	59	0
(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.	
FIDELITY SELECT PORTFOLIOS 06-1194217	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
MORGAN STANLEY INSTITUTIONAL FUND I 36-3145972	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
VANGUARD SPECIALIZED FUNDS 23-1945930	RANGE FROM 0-100 BPS	

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
TD AMERITRADE, INC.	59	0
(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.	
PROFUNDS 52-2035197	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
VANGUARD SCOTTSDALE FUNDS 23-2439140	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
ALLIED ASSET ADVISORS FUNDS 200 S. 108TH AVENUE OMAHA, NE 68154	RANGE FROM 0-100 BPS	

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
TD AMERITRADE, INC.	59	0
(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.	
JANUS INVESTMENT FUND 84-0592523	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
AIM COUNSELOR SERIES TRUST (INVESCO) 76-0343427	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
HENNESSY FUNDS TRUST 68-0377264	RANGE FROM 0-100 BPS	

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
TD AMERITRADE, INC.	59	0
(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.	
FRANKLIN CUSTODIAN FUNDS 13-2573775	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
FIDELITY ADVISOR SERIES I 06-1194217	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
ALLIANCEBERNSTEIN HIGH INCOME FUND 13-3747683	RANGE FROM 0-100 BPS	

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
TD AMERITRADE, INC.	59	0
(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.	
VANGUARD WHITEHALL FUNDS 23-1945930	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
T. ROWE PRICE REAL ESTATE FUND INC 52-2070587	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
TRANSPARENT VALUE TRUST 330 MADISON AVENUE NEW YORK, NY 10017	RANGE FROM 0-100 BPS	

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
TD AMERITRADE, INC.	59	0
(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.	
NORTHERN FUNDS 36-3608252	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
AMANA MUTUAL FUNDS TRUST 35-6447892	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
DIREXION FUNDS 13-4143904	RANGE FROM 0-100 BPS	

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
TD AMERITRADE, INC.	59	0
(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.	
FIDELITY SALEM STREET TRUST 06-1194217	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
DODGE & COX FUNDS 94-6067274	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
T. ROWE PRICE U.S. LARGE-CAP CORE F 52-0556948	RANGE FROM 0-100 BPS	

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
TD AMERITRADE, INC.	59	0
(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.	
AMERICAN CENTURY QUANTITATIVE EQ FD 43-1819235	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
AZZAD FUNDS 3141 FAIRVIEW PARK DR FALLS CHURCH, VA 22042	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
PARNASSUS INCOME FUNDS 94-6633178	RANGE FROM 0-100 BPS	

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
TD AMERITRADE, INC.	59	0
(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.	
FIDELITY CONCORD STREET TRUST 06-1194217	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
RYDEX SERIES FUNDS 48-1183041	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
AMERICAN CENTURY ASSET ALLOC PORT I 43-0821857	RANGE FROM 0-100 BPS	

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
TD AMERITRADE, INC.	59	0
(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.	
T. ROWE PRICE FINANCIAL SERVS FUND, 52-2024849	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
SCHWAB INVESTMENTS 94-3106735	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
MATTHEWS INTERNATIONAL FUNDS 94-3250972	RANGE FROM 0-100 BPS	

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
TD AMERITRADE, INC.	59	0
(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.	
HARTFORD MUTUAL FUNDS INC/CT 22-2937447	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
FORUM FUNDS (DF DENT) 01-0516963	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
LORD ABBETT INVESTMENT TRUST 13-3731507	RANGE FROM 0-100 BPS	

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
TD AMERITRADE, INC.	59	0
(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.	
FIDELITY SUMMER STREET TRUST 06-1194217	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
MORGAN STANLEY INSTITUTIONAL FUND T 36-3145972	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
JOHN HANCOCK INVESTMENT TRUST II 04-3279774	RANGE FROM 0-100 BPS	

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
TD AMERITRADE, INC.	59	0

(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.
AIM SECTOR FUNDS (INVESCO SECTOR FU 84-0933032	RANGE FROM 0-100 BPS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0

(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.
ALLIANZ FUNDS MULTI-STRATEGY TRUST 06-1349805	RANGE FROM 0-100 BPS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0

(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.
BLACKROCK FUNDS 04-6171663	RANGE FROM 0-100 BPS

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
TD AMERITRADE, INC.	59	0

(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.
NORTHERN LIGHTS FUND TRUST 77-0625792	RANGE FROM 0-100 BPS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0

(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.
T. ROWE PRICE MEDIA & TELECOMMUNICA 52-1840883	RANGE FROM 0-100 BPS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0

(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.
T ROWE PRICE CAPITAL OPPOR FUND INC 52-1905304	RANGE FROM 0-100 BPS

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
TD AMERITRADE, INC.	59	0
(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.	
AMERICAN BEACON FUNDS 75-2401150	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
VANGUARD BOND INDEX FUNDS 23-1945930	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
FIDELITY CONTRAFUND 06-1194217	RANGE FROM 0-100 BPS	

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
TD AMERITRADE, INC.	59	0

(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.
GOLDMAN SACHS TRUST 46-5215217	RANGE FROM 0-100 BPS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0

(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.
PARNASSUS FUNDS 94-6579180	RANGE FROM 0-100 BPS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0

(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.
T ROWE PRICE US TREASURY FUNDS INC 52-2264646	RANGE FROM 0-100 BPS

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
TD AMERITRADE, INC.	59	0
(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.	
FIDELITY SECURITIES FUND 04-3022712	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
FIDELITY INVESTMENT TRUST 04-3022712	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
MORGAN STANLEY CAPITAL OPPORTUNITIE 36-3145972	RANGE FROM 0-100 BPS	

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
TD AMERITRADE, INC.	59	0
(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.	
EATON VANCE MUTUAL FUNDS TRUST 04-2718215	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
INTERNATIONAL GROWTH & INCOME FUND 26-2949731	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
CARILLON SERIES TRUST 59-1237041	RANGE FROM 0-100 BPS	

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
TD AMERITRADE, INC.	59	0
(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.	
PIMCO FUNDS 95-2632339	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
VANGUARD WORLD FUND 04-6035483	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
SMEAD FUNDS TRUST 26-0218243	RANGE FROM 0-100 BPS	

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
TD AMERITRADE, INC.	59	0
(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.	
T ROWE PRICE GLOBAL TECH FUND INC 52-2024849	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
BROWN ADVISORY FUNDS 52-1952888	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
SHELTON FUNDS 94-6736048	RANGE FROM 0-100 BPS	

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
TD AMERITRADE, INC.	59	0
(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.	
T ROWE PRICE HIGH YIELD FUND INC 52-1371712	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
USAA MUTUAL FUNDS TRUST 16-1643253	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(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.	
T ROWE PRICE INTERNATIONAL FUNDS IN 52-1175211	RANGE FROM 0-100 BPS	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>ATLANTIC HEALTH SYSTEM 403(B) RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ATLANTIC HEALTH SYSTEM INC.</u>	D Employer Identification Number (EIN) <u>52-1958352</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	9496943	10551333
(2) Participant contributions.....	1b(2)	0	272
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	5766872	7794731
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	569048567	734189206
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	51614795	53120179
(15) Other.....	1c(15)	2473739	3343989

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1) 0	0
(2)	Employer real property.....	1d(2) 0	0
e	Buildings and other property used in plan operation	1e 0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f 638400916	808999710
Liabilities			
g	Benefit claims payable	1g 0	0
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i 0	0
j	Other liabilities.....	1j 0	0
k	Total liabilities (add all amounts in lines 1g through 1j)	1k 0	0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l 638400916	808999710

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
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A) 17116273	
	(B) Participants	2a(1)(B) 82453141	
	(C) Others (including rollovers).....	2a(1)(C) 22472880	
(2)	Noncash contributions.....	2a(2) 0	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	122042294
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A) 0	
	(B) U.S. Government securities	2b(1)(B) 0	
	(C) Corporate debt instruments	2b(1)(C) 0	
	(D) Loans (other than to participants)	2b(1)(D) 0	
	(E) Participant loans.....	2b(1)(E) 313464	
	(F) Other	2b(1)(F) 854457	
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	1167921
(2)	Dividends: (A) Preferred stock.....	2b(2)(A) 0	
	(B) Common stock	2b(2)(B) 0	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C) 21364304	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	21364304
(3)	Rents	2b(3)	0
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A) 0	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B) 0	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A) 0	
	(B) Other	2b(5)(B) 0	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		76120944
c Other income.....	2c		316739
d Total income. Add all income amounts in column (b) and enter total.....	2d		221012202
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	48942355	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		48942355
f Corrective distributions (see instructions).....	2f		5924
g Certain deemed distributions of participant loans (see instructions).....	2g		221514
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	1074996	
(4) Other.....	2i(4)	168619	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1243615
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		50413408
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		170598794
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **WISS & COMPANY, LLP**

(2) EIN: **22-1732349**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>ATLANTIC HEALTH SYSTEM 403(B) RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ATLANTIC HEALTH SYSTEM INC.</u>	D Employer Identification Number (EIN) <u>52-1958352</u>

Part I	Distributions
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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	<u>0</u>
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): <u>84-1455663</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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



**ATLANTIC HEALTH SYSTEM
403(b) RETIREMENT SAVINGS PLAN**

**FINANCIAL REPORT
DECEMBER 31, 2021**



WISS & COMPANY, LLP
100 Campus Drive, Suite 400
Florham Park, NJ 07932
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INDEPENDENT AUDITORS' REPORT

To the Plan Trustees of
Atlantic Health System 403(b) Retirement Savings Plan

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

We have performed an audit of the accompanying financial statements of Atlantic Health System 403(b) Retirement 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, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements ("2021 Financial Statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules ("DOL") and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institutions").

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 5 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements:

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

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matter – 2021 Supplemental Schedules Required by ERISA

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

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

In our opinion:

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

Other Matter - Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of Atlantic Health System 403(b) Retirement Savings 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 the qualified institution. In our audit report, dated October 12, 2021 we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the information certified by the qualified institution were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink that reads "Wiss & Company". The script is cursive and fluid, with the ampersand being particularly stylized.

WISS & COMPANY, LLP

Florham Park, New Jersey
October 17, 2022

**ATLANTIC HEALTH SYSTEM 403(b)
RETIREMENT SAVINGS PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2021	2020
ASSETS		
Investments, at fair value:		
Mutual funds	\$ 734,189,206	\$ 569,048,567
Individual brokerage balanced funds	<u>3,343,989</u>	<u>2,473,739</u>
	737,533,195	571,522,306
Investments, at contract value -		
Group annuity contract with insurance company	<u>53,120,179</u>	<u>51,614,795</u>
Total Investments	<u>790,653,374</u>	<u>623,137,101</u>
Receivables:		
Employer contribution	11,950,720	9,496,943
Notes receivable from participants	<u>7,794,731</u>	<u>5,766,872</u>
	<u>19,745,451</u>	<u>15,263,815</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 810,398,825</u>	<u>\$ 638,400,916</u>

See accompanying notes to financial statements.

**ATLANTIC HEALTH SYSTEM 403(b)
RETIREMENT 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	\$ 76,437,683
Dividends and interest	<u>22,218,761</u>

\$ 98,656,444

Interest income on notes receivable from participants	313,464
---	---------

Contributions:

Employee	82,452,869
Conversions	3,888,937
Employer	18,515,660
Rollover	<u>18,583,943</u>

123,441,409

Total Additions	222,411,317
-----------------	-------------

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	48,948,279
Deemed distributions	221,514
Administrative expenses	<u>1,243,615</u>

Total Deductions	<u>50,413,408</u>
------------------	-------------------

NET INCREASE	171,997,909
--------------	-------------

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>638,400,916</u>
End of year	<u>\$ 810,398,825</u>

See accompanying notes to financial statements.

ATLANTIC HEALTH SYSTEM 403(b) RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1 - Nature of Business and Summary of Significant Accounting Policies:

The following description of Atlantic Health System (the “Hospital”) 403(b) Retirement Savings Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General - The Plan is a defined contribution plan qualifying under Section 403(b) of the Internal Revenue Code (IRC) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Effective in February 2021, the plan provisions were updated to enable employees of AHS Investments Corp to participate in the Plan.

Plan Administration - The Plan is administered by the Plan Sponsor. The Plan’s assets are held by Great-West Life & Annuity Insurance Company, Great-West Trust Company, LLC, and TD Ameritrade (the “Trustees”), who are responsible for the custody and management of the Plan’s assets.

Eligibility - An employee of the Hospital becomes eligible to make deferral contributions to the Plan starting on the first day of the month coinciding with or immediately following the employee’s date of hire. An employee is eligible to participate in employer contributions upon attaining 21 years of age and completing one year of service as defined in the Plan document.

Employees of certain participating employers are eligible to participate in the Plan and are credited with service requirements to receive employer matching contributions. These participating employers include: Chilton Memorial Hospital, Hackettstown Medical Center, Visiting Nurse Associate of Somerset Hills, Inc., Practice Associates Medical Group, P.A, and AHS Investments Corp.

Automatic Enrollment - The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rates set to 3% for initial enrollment with an additional 1% raise on April 1 of each Plan year until the participant reaches a 10% deferral.

Employee Contributions - An employee participating in the Plan may annually contribute through pre-tax and Roth payroll deductions, up to 100 percent of their compensation up to the maximum amounts as determined by the Internal Revenue Service (IRS). Any participant, age 50 or over, may make an additional “catch-up” contribution as permitted by the IRS. Participants direct the investment of their contributions into various investment options offered by the Plan. A participant may suspend contributions or may increase or decrease their level of participation at any time.

ATLANTIC HEALTH SYSTEM 403(b) RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Employer Contributions - For employees of the Hospital and its participating employers hired or rehired on or after December 15, 2013, the Hospital makes a matching contribution that reflects the participant's years of service as shown in the table below. In addition, the Hospital makes a fixed non-elective contribution to the participants noted above equal to 2 percent of compensation to participants employed at the end of the year.

Years of Service	Employer Matching Contribution Percentage of Compensation
Up to 5	1.00%
6-10	1.50%
11-15	2.00%
16-20	3.00%
21-24	4.00%
25-29	5.00%
30+	6.00%

Participant Accounts - Each participant's account is credited with the participant's contribution and allocation of (a) the Hospital's contribution, if any, (b) Plan earnings or losses, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Plan participants are 100 percent vested in the account balance attributable to their deferred compensation including related earnings therein. A participant becomes fully vested in the employer matching and non-elective contributions based upon the participant's number of vesting years of service. A participant becomes 100 percent vested in matching and non-elective employer contributions after three years of service. Prior to attaining three years of service a participant shall have no vested interest in the employer matching or non-elective contribution accounts.

Payment of Benefits - A participant's normal retirement date is age 65. Upon retirement or termination of service, a participant may elect to receive either a lump-sum or installment payout equal to the value of the participant's vested interest in his or her account. Participants may also elect to make annual withdrawals upon reaching age 59-1/2. If death occurs prior to retirement, the participants account is paid to the designated beneficiary. If a participant is terminated and their vested balance, excluding rollover contributions, is less than \$5,000, the Plan can enforce a mandatory distribution from the Plan.

The age at which required minimum distributions must begin was increased from 70½ to 72 pursuant to the Setting Every Community Up for Retirement Enhancement (SECURE) Act enacted in December 2019.

Forfeitures - If a participant terminates employment with the Hospital and is not fully vested in the employer matching or nonelective contributions, the participant will forfeit the non-vested portion of their employer matching or nonelective contributions. Forfeiture of non-vested employer matching contributions and nonelective contributions will be used to reduce future plan expenses, employer matching contributions, or nonelective contributions. The forfeiture balance at December 31, 2021 and 2020 was \$1,580,224 and \$1,039,331, respectively. Forfeitures of \$23,654 were applied against employer contributions during 2021.

ATLANTIC HEALTH SYSTEM 403(b) RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Note 2 - Summary of Significant Accounting Policies:

Basis of Accounting - The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting.

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

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions in net assets available for benefits during the reporting period. Actual results, as determined at a later date, could differ from those estimates.

Investment Valuation and Income Recognition - Investments are reported at fair value (except for 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. See Note 3 for further 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 any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 and 2020. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Administrative Expenses - Certain expenses of maintaining the Plan are paid directly by the Hospital and are excluded from these financial statements. Fees related to the administration of notes receivable from participants and withdrawal fees are charged directly to the participant's account and are included in administrative expenses. Administrative and investment advisory fees are also included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Payment of Benefits - Benefit payments to participants are recorded when paid.

Hardship Withdrawals - The Plan provides for hardship withdrawals from participants' vested balances, not to exceed an amount required to meet an immediate need created by hardship, and then only to the extent that such immediate need cannot be satisfied by other sources reasonably available to the participant. Permissible circumstances for hardship withdrawals include medical expenses, purchase of a home, tuition payments, amounts necessary to prevent eviction from the participants' personal residence, and such other circumstances as the Plan Administrator may determine in accordance with Internal Revenue Service rules and regulations.

ATLANTIC HEALTH SYSTEM 403(b) RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Subsequent Events - The Plan Administrator has evaluated subsequent events through October 17, 2022, the date the financial statements were available to be issued. The effects of those events and transactions that provide additional pertinent information about conditions that existed at the Statements of Net Assets Available for Benefits date have been recognized in the accompanying financial statements.

Note 3 - Fair Value Measurements:

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements, provides the framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- *Level 1* - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
- *Level 2* - Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

The following is a description of the valuation methodologies used for the Plan's investments measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Mutual funds: Valued at the closing price in the active market in which the fund is traded.

Individual brokerage balanced funds: Valued at the closing price in the active market in which the fund is traded.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

ATLANTIC HEALTH SYSTEM 403(b) RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value are as follows:

Investments at Fair Value as of December 31, 2021

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 734,189,206	\$ -	\$ -	\$ 734,189,206
Individual brokerage balanced funds	<u>3,343,989</u>	<u>-</u>	<u>-</u>	<u>3,343,989</u>
Investments at fair value	<u>\$ 737,533,195</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 737,533,195</u>

Investments at Fair Value as of December 31, 2020

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 569,048,567	\$ -	\$ -	\$ 569,048,567
Individual brokerage balanced funds	<u>2,473,739</u>	<u>-</u>	<u>-</u>	<u>2,473,739</u>
Investments at fair value	<u>\$ 571,522,306</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 571,522,306</u>

Transfers Between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the years ended December 31, 2021 and 2020, there were no significant transfers in or out of levels 1, 2, or 3.

Note 4 - Group Annuity Contract with Insurance Company:

The Plan holds a group annuity contract with Great-West Life & Annuity Insurance Company for the year ended December 31, 2021 and 2020. The contract meets the fully benefit-responsive investment criteria and therefore is reported at contract value. 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. Participants may ordinarily direct the withdrawal or transfer all or a portion of their investment at contract value. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses. The balance of the contract was \$53,120,179 and \$51,614,795 at December 31, 2021 and 2020, respectively.

The insurance company maintains the funds in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals. The group annuity contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The contract cannot be terminated before the scheduled maturity date.

The Plan's ability to receive amounts due in accordance with group annuity contract is dependent on the third-party issuers' ability to meet its financial obligations. The issuers' ability to meet its contractual obligations may be affected by economic and regulatory developments.

ATLANTIC HEALTH SYSTEM 403(b) RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Certain events might limit the ability of the Plan to transact at contract value with the contract issuers. These events may be different under each contract. Examples of such events include the following:

1. The Plan's failure to qualify under Section 401(a) of the IRC.
2. Premature termination of the contracts
3. Plan termination or merger
4. Changes to the Plan's prohibition on competing investment options
5. Bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events that allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines
2. A breach of material obligation under the contract
3. A material misrepresentation
4. A material amendment to the agreements without the consent of the issuers.

The group annuity contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

Note 5 - Certified Investment Information:

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA. Accordingly, the Trustees, qualified institutions, have certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

- a) Investments, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2021 and 2020.
- b) Investment income, as shown in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2021.
- c) Investment information included in the Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2021, as shown on the ERISA-required supplemental schedule of assets held (at end of year).

At the request of the Plan Administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedule of assets (held at end of year).

ATLANTIC HEALTH SYSTEM 403(b) RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Note 6 - Risks and Uncertainties and Concentration of Investment Risk:

Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect participant's account balances and the amounts reported in the financial statements.

The Plan may allow participants to invest in securities with contractual cash flows, such as asset backed securities, collateralized mortgage obligations and commercial mortgage backed securities, including securities backed by sub-prime mortgage loans. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

The full impact of the COVID-19 outbreak continues to evolve as of the date the financial statements were available to be issued. This pandemic has adversely affected global economic activity and greatly contributed to deterioration and instability in financial markets. Because the values of the Plan's individual investments have and will fluctuate in response to changing market conditions, the amount of potential losses that will be recognized in subsequent periods, if any, and related impact on the Plan's liquidity, cannot be determined at this time.

There were no investments in excess of 10% of total investments at December 31, 2021 or 2020.

Note 7 - Plan Termination:

Although it has not expressed any intent to do so, the Hospital has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of the IRC. In the event of Plan termination, participants' contributions remain fully vested. Under no circumstances may the Hospital take ownership of any of the Plan's assets as a result of such termination.

Note 8 - Notes Receivable from Participants:

The Plan allows for loans to be extended to participants for financial hardship or financial needs. All loans are considered a direct investment of the participant and payments of principal and interest are credited to the participant's account. The minimum a participant may borrow is \$1,000 and the maximum is 50 percent of their vested account balance, not to exceed \$50,000. At no time may a participant have more than one loan outstanding. All loans shall bear a fixed interest rate, based on the prime rate as of the date of the loan plus one percent. Loans are payable through payroll deductions and are generally paid back within five years.

Note 9 - Tax Status:

The Plan has been designed to qualify under Section 403(b) of the IRC. The terms of the Plan have been prepared to conform with the sample language provided by the IRS in Revenue Procedure 2007-71 [or the draft Listing of Required Modifications issued April 4, 2009]. The Plan is required to operate in conformity with the IRC to maintain the tax-exempt status for plan participants under Section 403(b).

ATLANTIC HEALTH SYSTEM 403(b) RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Note 10 - Party-in-Interest Transactions:

Certain investments are managed and record kept by the Trustees, and therefore these investments and related transactions qualify as party-in-interest transactions. Fees paid by the Plan for distributions, notes receivable, and administrative and investment advisory fees for 2021 totaled \$1,243,615.

Note 11 - Commitments and Contingencies:

During the Plan year, the Company discovered certain instances whereby the Plan's operations were inconsistent with the terms of the Plan. The Company consulted with outside legal counsel to determine the proper methods of correction in accordance with the IRS under the Employee Plans Compliance Resolution System ("EPCRS"). All employees who were incorrectly excluded from receiving the employer matching and non-elective contributions during the affected period are to be credited with the contribution plus any missed earnings. The Company intends to correct the issue by April 30, 2022. The amount of the adjustment, including missed earnings on the contributions, totaled \$1,399,387, and is recorded as an employer contribution receivable at December 31, 2021.

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:

	December 31,	
	2021	2020
Net assets available for benefits, per the financial statements	\$ 810,398,825	\$ 638,400,916
Add-		
Participant contribution receivable	272	-
Less-		
Employer contribution receivable	(1,399,387)	-
Net assets available for benefits, per Schedule H of Form 5500	<u>\$ 808,999,710</u>	<u>\$ 638,400,916</u>

The following is a reconciliation of net increase per the financial statements to Form 5500 for the year ended December 31, 2021:

Net increase, per the financial statements	\$ 171,997,909
Add-	
Current year participant contribution receivable	272
Less-	
Current year employer contribution receivable	(1,399,387)
Net increase, per Form 5500	<u>\$ 170,598,794</u>

**ATLANTIC HEALTH SYSTEM 403(b)
RETIREMENT SAVINGS PLAN**

Schedule 1

SUPPLEMENTAL INFORMATION

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

DECEMBER 31, 2021

**EIN: 52-1958352
PLAN NUMBER: 006**

(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment		Fair Value
Mutual Funds:			
The Vanguard Group	The Vanguard Group Instl Target Retirement 2030 Instl	\$	73,024,725
Fidelity Investments	Fidelity Investments 500 Index		71,343,142
T. Rowe Price Investments	T. Rowe Price Investments Instl Large Cap Growth		69,949,930
The Vanguard Group	The Vanguard Group Instl Target Retirement 2025 Instl		64,008,754
The Vanguard Group	The Vanguard Group Instl Target Retirement 2040 Instl		58,957,259
The Vanguard Group	The Vanguard Group Instl Target Retirement 2055 Instl		54,893,263
The Vanguard Group	The Vanguard Group Instl Target Retirement 2035 Instl		51,845,106
The Vanguard Group	The Vanguard Group Instl Target Retirement 2045 Instl		48,460,379
The Vanguard Group	The Vanguard Group Instl Target Retirement 2050 Instl		45,844,472
The Vanguard Group	The Vanguard Group Instl Target Retirement 2020 Instl		42,711,966
Dimensional Fund Advisors	DFA US Targeted Value I		26,808,418
Dodge & Cox Funds	Dodge & Cox Stock Fund		23,815,260
PIMCO	Pimco Total Return Indstl		23,324,616
MFS	MFS Instl International Equity		21,162,820
Meridan	Meridian Growth Institutional		15,844,232
Fidelity Investments	Fidelity Investments Extended Market Index		12,217,886
State Street	State Street Aggregate Bond Index K		6,608,923
The Vanguard Group	The Vanguard Group Instl Target Retirement 2015 Instl		5,645,216
The Vanguard Group	The Vanguard Group Target Retirement Inc Instl		4,472,909
Dimensional Fund Advisors	DFA Emerging Markets Core Equity I		4,060,386
The Vanguard Group	The Vanguard Group Instl Target Retirement 2060 Instl		3,499,048
PIMCO	PIMCO Inflation Response Multiasst Instl		2,304,991
Fidelity Investments	Fidelity Investments Total Intl Index Instl Premium		2,253,533
The Vanguard Group	The Vanguard Group Instl Target Retirement 2065 Instl		1,131,972
			<u>734,189,206</u>

See independent auditors' report.

**ATLANTIC HEALTH SYSTEM 403(b)
RETIREMENT SAVINGS PLAN**

Schedule 1

SUPPLEMENTAL INFORMATION

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

DECEMBER 31, 2021

**EIN: 52-1958352
PLAN NUMBER: 006**

(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment		Fair Value
Individual Brokerage Balanced Funds:			
T. Rowe Price Investments	T.Rowe Price Funds US Equity Research Investor	\$	673,831
Federated Investors	Federal Government Obligation Fund		439,083
T. Rowe Price Investments	T.Rowe Price Funds US High Yield Investor		270,840
The Vanguard Group	The Vanguard Group Sm Cap Index Admiral		237,419
Fidelity Investments	Fidelity Investments Investments Gold Retail		144,429
Fidelity Investments	Fidelity Investments Investments Contrafund Retail		126,852
Guggenheim Investments	Guggenheim/Rydex Inverse S&P 500 Strat Investor		119,720
Fidelity Investments	Fidelity Investments Investments Semiconductors Retail		69,591
T. Rowe Price Investments	T.Rowe Price Funds US Treasury Long Term Indx Inv		58,904
Matthews Asia	Matthews Asia Funds China Sm Companies Investor		55,433
Eaton Vance	Eaton Vance Funds Parametric Commodity Strat I		54,004
Saturna Capital	Amana Growth Investor		53,459
Azzad Asset Management	Azzad Funds Ethical Investor		42,910
Carillon Tower	Carillon Family of Funds Eagle Mid Cap Growth A		32,789
Fidelity Investments	Fidelity Investments Investments Banking Retail		31,616
Invesco Funds	Invesco Funds Funds Equally-Weighted S&P 500 A		30,685
Parnassus Investments	Parnassus Investments Core Equity Investor		28,536
Advisors Preferred	Advisors Preferred Quantified Market Leaders Inv		28,244
The Vanguard Group	The Vanguard Group Small Cap Growth Index Admiral		26,702
Morgan Stanley	Morgan Stanley Institutional Funds Growth A		26,306
Fidelity Investments	Fidelity Investments Investments Health Care Retail		26,015
Foreside Funds	Foreside Fd Svcs LLC Df Dent Premier Gr Fd		24,679
Invesco Funds	Invesco Funds Funds Gold & Special Minerals A		23,955
Lord Abbett	Lord Abbett Funds High Yield A		22,758
American Beacon Funds	American Beacon Funds Ark Transf Innovation C		22,471
Fidelity Investments	Fidelity Investments Investments Leisure Retail		22,302
Fidelity Investments	Fidelity Investments Investments Infra Retail		21,563
Northern Trust	Northern Lights TR PFG American Growth Strat R		20,946
AllianceBernstein	AllianceBernstein Funds High Income A		20,488
Guggenheim Investments	Guggenheim/Rydex NASDAQ-100 2x Strat H		20,442
T. Rowe Price Investments	T.Rowe Price Funds Media & Telecommunications Inv		20,187
Morgan Stanley	Morgan Stanley Insight A		19,215
The Vanguard Group	The Vanguard Group Total Stock Mkt Index Admiral		18,797
Fidelity Investments	Allied Asst Advisors Funds Iman Fund K		18,701
John Hancock Investments	John Hancock Investments Funds Regional Bank A		16,103
Fidelity Investments	Fidelity Investments Investments Brokerage & Invmt Mgmt Retai		15,820
USAA	USAA Funds Growth Retail		15,231
Virtus Opportunities	Virtus Funds Allianzgi Water A		14,934
Hartford Funds	Hartford Mutual Funds Core Equity A		14,906
Fidelity Investments	Fidelity Investments Investments Consumer Discretionary Retail		13,921
Fidelity Investments	Fidelity Investments Investments China Region C		13,642
Fidelity Investments	Fidelity Investments Investments real Estate Index Inst		12,399
Advisors Preferred	Advisors Preferred Gold Bullion Strategy Inv		11,884
The Vanguard Group	The Vanguard Group Growth Index Admiral		11,683
The Vanguard Group	The Vanguard Group Mid Cap Value Index Admiral		11,533
Fidelity Investments	Fidelity Investments Investments Insurance Retail		11,335
Fidelity Investments	Fidelity Investments Investments Medical Equip & Devices Retai		11,199
Northern Trust	Northern Funds Global Real Estate Index Inv		11,143
Advisors Preferred	Advisors Preferred Quantified Tactcl Fixd Inc Inv		11,047
Fidelity Investments	Fidelity Investments Investments Sm Cap Index Retail		11,034
Advisors Preferred	Advisors Preferred Quantified Common Ground Inv		10,413
ProFunds	Profunds Bitcoin Strat Investor		10,064
Advisors Preferred	Advisors Preferred Quantified Evolution Plus Inv		9,994

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**ATLANTIC HEALTH SYSTEM 403(b)
RETIREMENT SAVINGS PLAN**

Schedule 1

SUPPLEMENTAL INFORMATION

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

DECEMBER 31, 2021

**EIN: 52-1958352
PLAN NUMBER: 006**

(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Fair Value	
Dodge & Cox Funds	Dodge & Cox Funds Stock Investor	\$ 9,383	
T. Rowe Price Investments	T. Rowe Price Investments Funds US Lg Cap Core Investor	9,319	
Invesco Funds	Invesco Funds Funds American Franchise A	8,931	
The Vanguard Group	Vanguard Energy Investor	8,480	
PIMCO	PIMCO Investments Infln Response Multi-Asset I	8,222	
Fidelity Investments	Fidelity Investments Investments Sel Software & IT SVCS Retail	7,852	
Hennessy Funds	Hennessy Funds GAS Utility Investor	7,394	
T. Rowe Price Investments	T. Rowe Price Funds Real Estate Investor	7,130	
T. Rowe Price Investments	T. Rowe Price Funds Global Tech Investor	7,011	
Guggenheim Investments	Guggenheim/Rydex Govt Long Bond 1.2X Strat H	6,778	
Morgan Stanley	Morgan Stanley Institutional Funds Mid Cap Growth A	6,670	
T. Rowe Price Investments	T. Rowe Price Funds Finl Svc Investor	6,357	
Fidelity Investments	Fidelity Investments Investments Transportation Retail	6,339	
Fidelity Investments	Fidelity Investments Investments Disruptive Comm Retail	6,254	
Janus Henderson	Janus Henderson Funds Global Life Scis T	6,213	
Eventide Funds	Mutual Fund Ser Tr Eventide Healthcare Life Sci N	5,839	
Fidelity Investments	Fidelity Investments Investments Disruptive Automation Investor	5,724	
Franklin Templeton Investments Investments	Franklin Templeton Investments Investments Utilities A	5,516	
Guggenheim Investments	Guggenheim/Rydex Precious Metals A	5,288	
American Century	American Century Investments Utilities Investor	5,245	
Direxion	Direxion Funds Monthly S&P 500 Bull 2X Inv	5,161	
Fidelity Investments	Fidelity Investments Investments Blue Chip Growth Retail	5,160	
The Vanguard Group	The Vanguard Group IGlobal Cap Cycles Investor	5,048	
The Vanguard Group	The Vanguard Group Info Technology Idx Admiral	4,876	
Shelton Funds	Shelton Capital Management NASDAQ-100 Index Direct	4,795	
Fidelity Investments	Fidelity Investments Investments Disruptive Tech Retail	4,659	
The Vanguard Group	The Vanguard Group High Div Yield Index Admiral	4,380	
Fidelity Investments	Fidelity Investments Investments 500 Index Retail	4,295	
Advisors Preferred	Advisors Preferred Quantified Stf Inv	4,235	
Direxion	Direxion Funds Monthly High-Yd Bull 1.2X Inv	4,114	
ProFunds	Profunds Ultralatin America Investor	3,905	
T. Rowe Price Investments	T. Rowe Price Funds Overseas Stock Investor	3,856	
ProFunds	Profunds Ultralatin America Service	3,843	
Goldman Sachs	Goldman Sachs Trust China Eqty A	3,654	
Smead Capital Management	Smead Funds Value A	3,561	
Fidelity Investments	Fidelity Investments Nasdaq Composite Index Retail	3,210	
The Vanguard Group	The Vanguard Group Long Term Corp Bond Idx Admrl	3,173	
The Vanguard Group	The Vanguard Group Inflation Protected Sec Inv	3,037	
Advisors Preferred	Advisors Preferred Quantified Managed Income Fund	3,029	
Blackrock Financial	Blackrock Funds Sci & Technology Opps A	2,890	
Brown Advisory	Brown Advisory Funds Sustainable Growth Advisor	2,518	
Charles Schwab Index Funds	Schwab Funds Trsry Infln Prctcd Sec Idx Sel	2,462	
Fidelity Investments	Fidelity Investments Investments Adv Consumer Staples retail	2,402	
Fidelity Investments	Fidelity Investments Investments Advisor Growth Opp A	2,384	
American Century	American Century Investments One Choice Conservative Inv	2,383	
The Vanguard Group	The Vanguard Group Health Care Investor	2,335	
Advisors Preferred	Advisors Preferred Quantified Pattern Recognn Inv	2,324	
Parnassus Investments	Parnassus Investments Mid Cap Investor	2,047	
ProFunds	Profunds Banks Ultrasector Investor	1,888	
ProFunds	Profunds Banks Ultrasector Service	1,858	

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RETIREMENT SAVINGS PLAN**

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SUPPLEMENTAL INFORMATION

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

DECEMBER 31, 2021

**EIN: 52-1958352
PLAN NUMBER: 006**

(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Fair Value	
Fidelity Investments	Fidelity Investments Investments Total Mkt Index Retail	\$ 1,348	
American Funds	American Funds New World F1	993	
The Vanguard Group	The Vanguard Group 500 Index Admiral	991	
Direxion	Direxion Funds Mo Nasdaq-100 Bull 1.25x IV	918	
Advisors Preferred	Advisors Preferred Quantieid All Cap Eq Inv	803	
Charles Schwab Index Funds	Schwab Funds Fundmntl Intl Sm Co Index I	671	
Guggenheim Investments	Guggenheim/Rydex RBP LG Cap Value P	607	
Charles Schwab Index Funds	Schwab Funds S&P 500 Index Select	243	
Charles Schwab Index Funds	Schwab Funds Intl Core Equity Inst	215	
Charles Schwab Index Funds	Schwab Funds Balanced Investor	210	
Northern Trust	Northern Lights TR PFG Amer Conserv Inc Strat R	199	
Guggenheim Investments	Guggenheim/Rydex Mo Rebal NASDAQ-100 2X Strat H	139	
ProFunds	Profunds Ultra Mid Cap Investor	124	
ProFunds	Profunds Ultra Mid Cap Service	123	
Direxion	Direxion Funds Monthly NASDAQ-100 Bull 2X inv	122	
Guggenheim Investments	Guggenheim/Rydex S&P Sm Cap 600 Pure Value H	120	
Guggenheim Investments	Guggenheim/Rydex Russell 2000 H	99	
Direxion	Direxion Funds Monthly Sm Cap Bull 2x Inv	98	
Guggenheim Investments	Guggenheim/Rydex Russell 2000 1.5x Strat H	98	
Guggenheim Investments	Guggenheim/Rydex Russell 2000 2x Strat H	95	
ProFunds	Profunds Ultra Sm Cap Investor	95	
ProFunds	Profunds Ultra Sm Cap Service	94	
		<u>3,343,989</u>	
* Group Annuity Contract with Insurance Company - Great-West Life and Annuity Insurance Company	Great-West Guaranteed Interest Fund	<u>53,120,179</u>	
* Notes receivable from participants	Interest rate - 4.25% - 6.50%	<u>7,794,731</u>	
		<u>\$ 798,448,105</u>	

*Indicates party-in-interest to the Plan.

See independent auditors' report.

**ATLANTIC HEALTH SYSTEM 403(b)
RETIREMENT SAVINGS PLAN**

Schedule 1

SUPPLEMENTAL INFORMATION

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

DECEMBER 31, 2021

**EIN: 52-1958352
PLAN NUMBER: 006**

(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment		Fair Value
Mutual Funds:			
The Vanguard Group	The Vanguard Group Instl Target Retirement 2030 Instl	\$	73,024,725
Fidelity Investments	Fidelity Investments 500 Index		71,343,142
T. Rowe Price Investments	T. Rowe Price Investments Instl Large Cap Growth		69,949,930
The Vanguard Group	The Vanguard Group Instl Target Retirement 2025 Instl		64,008,754
The Vanguard Group	The Vanguard Group Instl Target Retirement 2040 Instl		58,957,259
The Vanguard Group	The Vanguard Group Instl Target Retirement 2055 Instl		54,893,263
The Vanguard Group	The Vanguard Group Instl Target Retirement 2035 Instl		51,845,106
The Vanguard Group	The Vanguard Group Instl Target Retirement 2045 Instl		48,460,379
The Vanguard Group	The Vanguard Group Instl Target Retirement 2050 Instl		45,844,472
The Vanguard Group	The Vanguard Group Instl Target Retirement 2020 Instl		42,711,966
Dimensional Fund Advisors	DFA US Targeted Value I		26,808,418
Dodge & Cox Funds	Dodge & Cox Stock Fund		23,815,260
PIMCO	Pimco Total Return Indstl		23,324,616
MFS	MFS Instl International Equity		21,162,820
Meridan	Meridian Growth Institutional		15,844,232
Fidelity Investments	Fidelity Investments Extended Market Index		12,217,886
State Street	State Street Aggregate Bond Index K		6,608,923
The Vanguard Group	The Vanguard Group Instl Target Retirement 2015 Instl		5,645,216
The Vanguard Group	The Vanguard Group Target Retirement Inc Instl		4,472,909
Dimensional Fund Advisors	DFA Emerging Markets Core Equity I		4,060,386
The Vanguard Group	The Vanguard Group Instl Target Retirement 2060 Instl		3,499,048
PIMCO	PIMCO Inflation Response Multiasst Instl		2,304,991
Fidelity Investments	Fidelity Investments Total Intl Index Instl Premium		2,253,533
The Vanguard Group	The Vanguard Group Instl Target Retirement 2065 Instl		1,131,972
			<u>734,189,206</u>

See independent auditors' report.

**ATLANTIC HEALTH SYSTEM 403(b)
RETIREMENT SAVINGS PLAN**

Schedule 1

SUPPLEMENTAL INFORMATION

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

DECEMBER 31, 2021

**EIN: 52-1958352
PLAN NUMBER: 006**

(a)	(b)	(c)	(e)
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T. Rowe Price Investments	T.Rowe Price Funds US Equity Research Investor	\$	673,831
Federated Investors	Federal Government Obligation Fund		439,083
T. Rowe Price Investments	T.Rowe Price Funds US High Yield Investor		270,840
The Vanguard Group	The Vanguard Group Sm Cap Index Admiral		237,419
Fidelity Investments	Fidelity Investments Investments Gold Retail		144,429
Fidelity Investments	Fidelity Investments Investments Contrafund Retail		126,852
Guggenheim Investments	Guggenheim/Rydex Inverse S&P 500 Strat Investor		119,720
Fidelity Investments	Fidelity Investments Investments Semiconductors Retail		69,591
T. Rowe Price Investments	T.Rowe Price Funds US Treasury Long Term Indx Inv		58,904
Matthews Asia	Matthews Asia Funds China Sm Companies Investor		55,433
Eaton Vance	Eaton Vance Funds Parametric Commodity Strat I		54,004
Saturna Capital	Amana Growth Investor		53,459
Azzad Asset Management	Azzad Funds Ethical Investor		42,910
Carillon Tower	Carillon Family of Funds Eagle Mid Cap Growth A		32,789
Fidelity Investments	Fidelity Investments Investments Banking Retail		31,616
Invesco Funds	Invesco Funds Funds Equally-Weighted S&P 500 A		30,685
Parnassus Investments	Parnassus Investments Core Equity Investor		28,536
Advisors Preferred	Advisors Preferred Quantified Market Leaders Inv		28,244
The Vanguard Group	The Vanguard Group Small Cap Growth Index Admiral		26,702
Morgan Stanley	Morgan Stanley Institutional Funds Growth A		26,306
Fidelity Investments	Fidelity Investments Investments Health Care Retail		26,015
Foreside Funds	Foreside Fd Svcs LLC Df Dent Premier Gr Fd		24,679
Invesco Funds	Invesco Funds Funds Gold & Special Minerals A		23,955
Lord Abbett	Lord Abbett Funds High Yield A		22,758
American Beacon Funds	American Beacon Funds Ark Transf Innovation C		22,471
Fidelity Investments	Fidelity Investments Investments Leisure Retail		22,302
Fidelity Investments	Fidelity Investments Investments Infra Retail		21,563
Northern Trust	Northern Lights TR PFG American Growth Strat R		20,946
AllianceBernstein	AllianceBernstein Funds High Income A		20,488
Guggenheim Investments	Guggenheim/Rydex NASDAQ-100 2x Strat H		20,442
T. Rowe Price Investments	T.Rowe Price Funds Media & Telecommunications Inv		20,187
Morgan Stanley	Morgan Stanley Insight A		19,215
The Vanguard Group	The Vanguard Group Total Stock Mkt Index Admiral		18,797
Fidelity Investments	Allied Asst Advisors Funds Iman Fund K		18,701
John Hancock Investments	John Hancock Investments Funds Regional Bank A		16,103
Fidelity Investments	Fidelity Investments Investments Brokerage & Invmt Mgmt Retai		15,820
USAA	USAA Funds Growth Retail		15,231
Virtus Opportunities	Virtus Funds Allianzgi Water A		14,934
Hartford Funds	Hartford Mutual Funds Core Equity A		14,906
Fidelity Investments	Fidelity Investments Investments Consumer Discretionary Retail		13,921
Fidelity Investments	Fidelity Investments Investments China Region C		13,642
Fidelity Investments	Fidelity Investments Investments real Estate Index Inst		12,399
Advisors Preferred	Advisors Preferred Gold Bullion Strategy Inv		11,884
The Vanguard Group	The Vanguard Group Growth Index Admiral		11,683
The Vanguard Group	The Vanguard Group Mid Cap Value Index Admiral		11,533
Fidelity Investments	Fidelity Investments Investments Insurance Retail		11,335
Fidelity Investments	Fidelity Investments Investments Medical Equip & Devices Retai		11,199
Northern Trust	Northern Funds Global Real Estate Index Inv		11,143
Advisors Preferred	Advisors Preferred Quantified Tactcl Fixd Inc Inv		11,047
Fidelity Investments	Fidelity Investments Investments Sm Cap Index Retail		11,034
Advisors Preferred	Advisors Preferred Quantified Common Ground Inv		10,413
ProFunds	Profunds Bitcoin Strat Investor		10,064
Advisors Preferred	Advisors Preferred Quantified Evolution Plus Inv		9,994

See independent auditors' report.

**ATLANTIC HEALTH SYSTEM 403(b)
RETIREMENT SAVINGS PLAN**

Schedule 1

SUPPLEMENTAL INFORMATION

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

DECEMBER 31, 2021

**EIN: 52-1958352
PLAN NUMBER: 006**

(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Fair Value	
Dodge & Cox Funds	Dodge & Cox Funds Stock Investor	\$ 9,383	
T. Rowe Price Investments	T. Rowe Price Investments Funds US Lg Cap Core Investor	9,319	
Invesco Funds	Invesco Funds Funds American Franchise A	8,931	
The Vanguard Group	Vanguard Energy Investor	8,480	
PIMCO	PIMCO Investments Infln Response Multi-Asset I	8,222	
Fidelity Investments	Fidelity Investments Investments Sel Software & IT SVCS Retail	7,852	
Hennessy Funds	Hennessy Funds GAS Utility Investor	7,394	
T. Rowe Price Investments	T. Rowe Price Funds Real Estate Investor	7,130	
T. Rowe Price Investments	T. Rowe Price Funds Global Tech Investor	7,011	
Guggenheim Investments	Guggenheim/Rydex Govt Long Bond 1.2X Strat H	6,778	
Morgan Stanley	Morgan Stanley Institutional Funds Mid Cap Growth A	6,670	
T. Rowe Price Investments	T. Rowe Price Funds Finl Svc Investor	6,357	
Fidelity Investments	Fidelity Investments Investments Transportation Retail	6,339	
Fidelity Investments	Fidelity Investments Investments Disruptive Comm Retail	6,254	
Janus Henderson	Janus Henderson Funds Global Life Scis T	6,213	
Eventide Funds	Mutual Fund Ser Tr Eventide Healthcare Life Sci N	5,839	
Fidelity Investments	Fidelity Investments Investments Disruptive Automation Investor	5,724	
Franklin Templeton Investments Investments	Franklin Templeton Investments Investments Utilities A	5,516	
Guggenheim Investments	Guggenheim/Rydex Precious Metals A	5,288	
American Century	American Century Investments Utilities Investor	5,245	
Direxion	Direxion Funds Monthly S&P 500 Bull 2X Inv	5,161	
Fidelity Investments	Fidelity Investments Investments Blue Chip Growth Retail	5,160	
The Vanguard Group	The Vanguard Group IGlobal Cap Cycles Investor	5,048	
The Vanguard Group	The Vanguard Group Info Technology Idx Admiral	4,876	
Shelton Funds	Shelton Capital Management NASDAQ-100 Index Direct	4,795	
Fidelity Investments	Fidelity Investments Investments Disruptive Tech Retail	4,659	
The Vanguard Group	The Vanguard Group High Div Yield Index Admiral	4,380	
Fidelity Investments	Fidelity Investments Investments 500 Index Retail	4,295	
Advisors Preferred	Advisors Preferred Quantified Stf Inv	4,235	
Direxion	Direxion Funds Monthly High-Yd Bull 1.2X Inv	4,114	
ProFunds	Profunds Ultralatin America Investor	3,905	
T. Rowe Price Investments	T. Rowe Price Funds Overseas Stock Investor	3,856	
ProFunds	Profunds Ultralatin America Service	3,843	
Goldman Sachs	Goldman Sachs Trust China Eqty A	3,654	
Smead Capital Management	Smead Funds Value A	3,561	
Fidelity Investments	Fidelity Investments Nasdaq Composite Index Retail	3,210	
The Vanguard Group	The Vanguard Group Long Term Corp Bond Idx Admrl	3,173	
The Vanguard Group	The Vanguard Group Inflation Protected Sec Inv	3,037	
Advisors Preferred	Advisors Preferred Quantified Managed Income Fund	3,029	
Blackrock Financial	Blackrock Funds Sci & Technology Opps A	2,890	
Brown Advisory	Brown Advisory Funds Sustainable Growth Advisor	2,518	
Charles Schwab Index Funds	Schwab Funds Trsry Infln Prctcd Sec Idx Sel	2,462	
Fidelity Investments	Fidelity Investments Investments Adv Consumer Staples retail	2,402	
Fidelity Investments	Fidelity Investments Investments Advisor Growth Opp A	2,384	
American Century	American Century Investments One Choice Conservative Inv	2,383	
The Vanguard Group	The Vanguard Group Health Care Investor	2,335	
Advisors Preferred	Advisors Preferred Quantified Pattern Recognn Inv	2,324	
Parnassus Investments	Parnassus Investments Mid Cap Investor	2,047	
ProFunds	Profunds Banks Ultrasector Investor	1,888	
ProFunds	Profunds Banks Ultrasector Service	1,858	

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**ATLANTIC HEALTH SYSTEM 403(b)
RETIREMENT SAVINGS PLAN**

Schedule 1

SUPPLEMENTAL INFORMATION

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

DECEMBER 31, 2021

**EIN: 52-1958352
PLAN NUMBER: 006**

(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Fair Value	
Fidelity Investments	Fidelity Investments Investments Total Mkt Index Retail	\$ 1,348	
American Funds	American Funds New World F1	993	
The Vanguard Group	The Vanguard Group 500 Index Admiral	991	
Direxion	Direxion Funds Mo Nasdaq-100 Bull 1.25x IV	918	
Advisors Preferred	Advisors Preferred Quantieid All Cap Eq Inv	803	
Charles Schwab Index Funds	Schwab Funds Fundmntl Intl Sm Co Index I	671	
Guggenheim Investments	Guggenheim/Rydex RBP LG Cap Value P	607	
Charles Schwab Index Funds	Schwab Funds S&P 500 Index Select	243	
Charles Schwab Index Funds	Schwab Funds Intl Core Equity Inst	215	
Charles Schwab Index Funds	Schwab Funds Balanced Investor	210	
Northern Trust	Northern Lights TR PFG Amer Conserv Inc Strat R	199	
Guggenheim Investments	Guggenheim/Rydex Mo Rebal NASDAQ-100 2X Strat H	139	
ProFunds	Profunds Ultra Mid Cap Investor	124	
ProFunds	Profunds Ultra Mid Cap Service	123	
Direxion	Direxion Funds Monthly NASDAQ-100 Bull 2X inv	122	
Guggenheim Investments	Guggenheim/Rydex S&P Sm Cap 600 Pure Value H	120	
Guggenheim Investments	Guggenheim/Rydex Russell 2000 H	99	
Direxion	Direxion Funds Monthly Sm Cap Bull 2x Inv	98	
Guggenheim Investments	Guggenheim/Rydex Russell 2000 1.5x Strat H	98	
Guggenheim Investments	Guggenheim/Rydex Russell 2000 2x Strat H	95	
ProFunds	Profunds Ultra Sm Cap Investor	95	
ProFunds	Profunds Ultra Sm Cap Service	94	
		<u>3,343,989</u>	
* Group Annuity Contract with Insurance Company - Great-West Life and Annuity Insurance Company	Great-West Guaranteed Interest Fund	<u>53,120,179</u>	
* Notes receivable from participants	Interest rate - 4.25% - 6.50%	<u>7,794,731</u>	
		<u>\$ 798,448,105</u>	

*Indicates party-in-interest to the Plan.

See independent auditors' report.