

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 single-employer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☒ an amended return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>COLLEGE HEALTH ENTERPRISES 401(K) SAVINGS PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>002</u>
1c	Effective date of plan <u>07/01/1985</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>COLLEGE HOSPITAL GROUP, INC.</u> <u>11627 TELEGRAPH ROAD, SUITE 200</u> <u>SANTA FE SPRINGS, CA 90670-6814</u>
2b	Employer Identification Number (EIN) <u>20-1514870</u>
2c	Plan Sponsor's telephone number <u>562-923-9449</u>
2d	Business code (see instructions) <u>622000</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.	01/12/2023	HOLLY MCKITTRICK
	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.

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		3c Administrator's telephone number 4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	3729
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)	3402
a(2) Total number of active participants at the end of the plan year		6a(2)	3529
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	411
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	3940
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	3940
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1762
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	100
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2J 2K 2T 3D 3H			
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>7</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 COLLEGE HEALTH ENTERPRISES 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 COLLEGE HOSPITAL GROUP, INC.	D Employer Identification Number (EIN) 20-1514870

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
VOYA RETIREMENT INSURANCE AND ANNUITY CO

(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
71-0294708	86509	PH0615	54	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 20912	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LPA INSURANCE AGENCY, INC. 3800 WATT AVE STE 147
SACRAMENTO, CA 95831

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20912			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	1961562
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	7040437

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 ▶ VARIABLE GROUP ANNUITY

b	Balance at the end of the previous year	7b	1421496
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c	Additions: (1) Contributions deposited during the year	7c(1)	53779	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	35274	
	(4) Transferred from separate account.....	7c(4)	467693	
	(5) Other (specify below)	7c(5)	3417	

▶ LOAN REPAYMENTS

(6) Total additions	7c(6)	560163
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	1981659
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	19967	
	(2) Administration charge made by carrier.....	7e(2)	130	
	(3) Transferred to separate account.....	7e(3)	0	
	(4) Other (specify below)	7e(4)	0	

(5) Total deductions	7e(5)	20097
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1961562
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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 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 COLLEGE HEALTH ENTERPRISES 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 COLLEGE HOSPITAL GROUP, INC.	D Employer Identification Number (EIN) 20-1514870

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
VOYA RETIREMENT INSURANCE AND ANNUITY CO

(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
71-0294708	86509	PH0644	381	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 58906	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LPA INSURANCE AGENCY INC
3800 WATT AVE STE 147
SACRAMENTO, CA 95821

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
58906			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	3493971
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	21778699

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 ▶ VARIABLE GROUP ANNUITY

b	Balance at the end of the previous year	7b	3561305
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c	Additions: (1) Contributions deposited during the year	7c(1)	156903	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	86633	
	(4) Transferred from separate account.....	7c(4)	11582	
	(5) Other (specify below)	7c(5)	14733	

▶ LOAN REPAYMENTS

(6) Total additions	7c(6)	269851
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	3831156
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	312861	
	(2) Administration charge made by carrier.....	7e(2)	966	
	(3) Transferred to separate account.....	7e(3)	0	
	(4) Other (specify below)	7e(4)	23358	

▶ LOAN DISBURSEMENTS

(5) Total deductions	7e(5)	337185
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	3493971
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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 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 COLLEGE HEALTH ENTERPRISES 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 COLLEGE HOSPITAL GROUP, INC.	D Employer Identification Number (EIN) 20-1514870

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
VOYA RETIREMENT INSURANCE AND ANNUITY CO

(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
71-0294708	86509	PH0645	575	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 55300	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LPA INSURANCE AGENCY, INC. 3800 WATT AVE STE 147
SACRAMENTO, CA 95821

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
55300			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	2827876
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	21091813

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 ▶ VARIABLE GROUP ANNUITY

b	Balance at the end of the previous year	7b	2883485
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c	Additions: (1) Contributions deposited during the year	7c(1)	205887	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	59704	
	(4) Transferred from separate account.....	7c(4)	0	
	(5) Other (specify below)	7c(5)	25919	

▶ LOAN REPAYMENTS

(6) Total additions	7c(6)	291510
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	3174995
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e Deductions:

	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	193613	
	(2) Administration charge made by carrier.....	7e(2)	1015	
	(3) Transferred to separate account.....	7e(3)	142843	
	(4) Other (specify below)	7e(4)	9806	

▶ LOAN DISBURSEMENTS

(5) Total deductions	7e(5)	347277
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	2827718
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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 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 COLLEGE HEALTH ENTERPRISES 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 COLLEGE HOSPITAL GROUP, INC.	D Employer Identification Number (EIN) 20-1514870

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
VOYA RETIREMENT INSURANCE AND ANNUITY CO

(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
71-0294708	86509	PHK613	117	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 8997	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LPA INSURANCE AGENCY INC
3800 WATT AVE STE 147
SACRAMENTO, CA 95821

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8997			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	1018961
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	2380017

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 ▶ VARIABLE GROUP ANNUITY

b	Balance at the end of the previous year	7b	1126095
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c	Additions: (1) Contributions deposited during the year	7c(1)	134963	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	24511	
	(4) Transferred from separate account.....	7c(4)	0	
	(5) Other (specify below)	7c(5)	29297	

▶ LOAN REPAYMENTS

(6) Total additions	7c(6)	188771
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	1314866
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e Deductions:

	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	264315	
	(2) Administration charge made by carrier.....	7e(2)	889	
	(3) Transferred to separate account.....	7e(3)	175	
	(4) Other (specify below)	7e(4)	40526	

▶ LOAN DISBURSEMENTS

(5) Total deductions	7e(5)	305905
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1008961
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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 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 COLLEGE HEALTH ENTERPRISES 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 COLLEGE HOSPITAL GROUP, INC.	D Employer Identification Number (EIN) 20-1514870

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
VOYA RETIREMENT INSURANCE AND ANNUITY CO

(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
71-0294708	86509	PHT935	605	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 35803	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LPA INSURANCE AGENCY INC
3800 WATT AVE STE 147
SACRAMENTO, CA 65821

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
35803			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	1154333
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	15524875

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 ▶ VARIABLE GROUP ANNUITY

b Balance at the end of the previous year	7b	1018251
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c Additions: (1) Contributions deposited during the year	7c(1)	186371	
(2) Dividends and credits.....	7c(2)	0	
(3) Interest credited during the year.....	7c(3)	16381	
(4) Transferred from separate account.....	7c(4)	0	
(5) Other (specify below)	7c(5)	40203	

▶ LOAN REPAYMENTS

(6) Total additions	7c(6)	242955
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d Total of balance and additions (add lines 7b and 7c(6))	7d	1261206
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	13570	
(2) Administration charge made by carrier.....	7e(2)	969	
(3) Transferred to separate account.....	7e(3)	42316	
(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	56855
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1204351
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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 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 COLLEGE HEALTH ENTERPRISES 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 COLLEGE HOSPITAL GROUP, INC.	D Employer Identification Number (EIN) 20-1514870

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
VOYA RETIREMENT INSURANCE AND ANNUITY CO

(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
71-0294708	86509	81G064	19	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 618	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LPA INSURANCE AGENCY, INC
3800 WATT AVE STE 147
SACRAMENTO, CA 95821

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
618			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	6549
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	299504

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 ▶ **VARIABLE GROUP ANNUITY**

b	Balance at the end of the previous year	7b	17931
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c	Additions: (1) Contributions deposited during the year	7c(1)	4430	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	59	
	(4) Transferred from separate account.....	7c(4)	348	
	(5) Other (specify below)	7c(5)	124	

▶ **LOAN REPAYMENTS**

(6) Total additions	7c(6)	4961
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	22892
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e Deductions:

	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1407	
	(2) Administration charge made by carrier.....	7e(2)	19	
	(3) Transferred to separate account.....	7e(3)	0	
	(4) Other (specify below)	7e(4)	39	

▶ **LOAN DISBURSEMENTS**

(5) Total deductions	7e(5)	1465
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	21427
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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 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 COLLEGE HEALTH ENTERPRISES 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 COLLEGE HOSPITAL GROUP, INC.	D Employer Identification Number (EIN) 20-1514870

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
VOYA RETIREMENT INSURANCE AND ANNUITY CO

(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
71-0294708	86509	81G063	2	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 12	(b) Total amount of fees paid 0
--	------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LPA INSURANCE AGENCY, INC
3800 WATT AVE STE 147
SACRAMENTO, CA 95821

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	290
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	9453

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 ▶ VARIABLE GROUP ANNUITY

b	Balance at the end of the previous year	7b	91
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c	Additions: (1) Contributions deposited during the year	7c(1)	178	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	2	
	(4) Transferred from separate account.....	7c(4)	21	
	(5) Other (specify below)	7c(5)	0	

(6) Total additions	7c(6)	201
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	292
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0	
	(2) Administration charge made by carrier.....	7e(2)	2	
	(3) Transferred to separate account.....	7e(3)	0	
	(4) Other (specify below)	7e(4)	0	

(5) Total deductions	7e(5)	2
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	290
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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 COLLEGE HEALTH ENTERPRISES 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 COLLEGE HOSPITAL GROUP, INC.	D Employer Identification Number (EIN) 20-1514870	

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

VOYA RETIREMENT INSURANCE AND ANNUI

71-0294708

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

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

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

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

VOYA RETIREMENT INSURANCE AND ANNUITY

71-0294708

(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 27	SERVICE PROVIDER	0	Yes ☒ No ☐	Yes ☒ No ☐	36459	Yes ☐ No ☒

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

MORNING STAR

36-3297908

(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 27	SERVICE PROVIDER	0	Yes ☒ No ☐	Yes ☒ No ☐	19243	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
VOYA RETIREMENT INSURANCE AND ANNUITY	27	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.
VOYA RETIREMENT INSURANCE AND ANNUITY 71-0294708	INVESTMENT ADVISORY

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORNINGSTAR	27	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.
VOYA RETIREMENT INSURANCE AND ANNUITY 36-3297908	INVESTMENT ADVISORY

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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 01/01/2021 and ending 12/31/2021

A Name of plan <u>COLLEGE HEALTH ENTERPRISES 401(K) SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">B Three-digit plan number (PN) ►</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>	B Three-digit plan number (PN) ►	<u>002</u>		
B Three-digit plan number (PN) ►	<u>002</u>				
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COLLEGE HOSPITAL GROUP, INC.</u>	D Employer Identification Number (EIN) <u>20-1514870</u>				

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4296	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1700112	2283283
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1267401	1212150
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	67045307	68124797
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	16462	10463543
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	70033578 82083773
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	16462 7967
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	16462 7967
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	70017116 82075806

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1365535
	(B) Participants	2a(1)(B)	5690883
	(C) Others (including rollovers).....	2a(1)(C)	135193
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	7191611
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	76560
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	76560
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	547106
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	547106
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		8488165
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		16303442
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4208977	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		4208977
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	6058	
(2) Contract administrator fees.....	2i(2)	29717	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		35775
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4244752
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		12058690
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **FOSTER & LAWRENCE ACCOUNTANCY CORP**

(2) EIN: **41-2100638**

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 COLLEGE HEALTH ENTERPRISES 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 COLLEGE HOSPITAL GROUP, INC.	D Employer Identification Number (EIN) 20-1514870

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 71-0294708		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

COLLEGE HEALTH ENTERPRISES
401(K) SAVINGS PLAN
FINANCIAL STATEMENT AND AUDITORS' REPORT
AS OF DECEMBER 31, 2021 and 2020

COLLEGE HEALTH ENTERPRISES
401(K) SAVINGS PLAN
ORDER TO FINANCIAL STATEMENTS

INDEPENDENT AUDITORS' REPORT

FINANCIAL STATEMENTS:

STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS AS OF
DECEMBER 31, 2021 AND 2020

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2021

NOTES TO FINANCIAL STATEMENTS

SCHEDULES:

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES



Kevin D. Lawrence, CPA
Ronald H. Foster, CPA, *Founder*

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
the College Health Enterprises 401(K) Savings Plan

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

We have performed an audit of the accompanying financial statements of College Health Enterprises 401(K) Savings 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.

Management, having determined it is permissible in the circumstances, has elected to have the audit of College Health Enterprises 401(K) Savings Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note D to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by 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).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of College Health Enterprises 401(K) Savings Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about College Health Enterprises 401(K) Savings Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 College Health Enterprises 401(K) Savings 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 College Health Enterprises 401(K) Savings 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 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.

Supplemental Schedules Required by ERISA

The supplemental schedules of College Health Enterprises 401(K) Savings Plan attachment in support of Schedule H, Part IV line 4i of form 5500 for the year ended December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are 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

schedules, 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 generally accepted auditing standards. For information included in the supplemental schedules 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 schedules, we evaluated whether the supplemental schedules, 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 schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules 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).

A handwritten signature in blue ink, appearing to read "Fathi & Son", with a long horizontal flourish extending to the right.

Eastvale, Ca
January 12, 2023



Kevin D. Lawrence, CPA
Ronald H. Foster, CPA, *Founder*

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FandL@FosterAndLawrence.com

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
College Health Enterprises
401(K) Savings Plan

We were engaged to audit the accompanying financial statements of College Health Enterprises 401(K) Savings Plan, as of December 31, 2021, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is reasonable for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations of Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by Voya Retirement Insurance and Annuity Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the custodians of and for the year ended December 31, 2021, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the 2021 financial statement. Accordingly, we do not express an opinion on the 2020 financial statements.

Report on Form and Content in Compliance with DOL Rules and Regulations for 2020 Financial Statement

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



January 12, 2023

COLLEGE HEALTH ENTERPRISES
401(K) SAVINGS PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
Participant loan receivable	\$ 1,212,150	\$ 1,267,401
Interest in Investment Company (Mutual Funds), at fair value	70,408,080	58,742,546
Interest in Insurance Company Fixed Account, at fair value	10,463,542	10,023,631
Total assets	<u>82,083,773</u>	<u>70,033,578</u>
LIABILITIES		
EASE Payable		32
Forfeitures Payable	7,967	16,430
	<u>7,967</u>	<u>16,462</u>
Net Assets Available for Plan Benefits at Fair Value	<u>\$ 82,075,806</u>	<u>\$ 70,017,116</u>
Add: Adjustment from Fair Value to Contract Value for Benefit-Responsive Investment Contract	None	None
Net Assets Availabe for Plan Benefits	<u>\$ 82,075,806</u>	<u>\$ 70,017,116</u>

See Independent auditors' report and accompanying notes to financial statements.

COLLEGE HEALTH ENTERPRISES
401(K) SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR PLAN BENEFITS
For the year ended December 31, 2019

	2021
Additions to net assets attributed to:	
Contributions of participants payroll withholding	\$ 5,690,883
Contributions from employer match	1,365,535
Transfers from outside plans	135,193
Interest income - Participant Loans	76,560
Dividend Income	547,106
Unrealized appreciation/(depreciation) of assets	8,488,165
Total additions	<u>16,303,442</u>
Deductions from assets attributed to:	
Benefit payments to participants or beneficiaries	4,208,977
Administrative fees	<u>35,775</u>
Total deductions	<u>4,244,752</u>
Increase (decrease) in net assets available for plan benefits	12,058,690
Net assets available for plan benefits at beginning of year	<u>70,017,116</u>
Net assets available for plan benefits at end of year	\$ <u><u>82,075,806</u></u>

See Independent auditors' report and accompanying notes to financial statements.

COLLEGE HEALTH ENTERPRISES
401(K) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2021 and 2020

A. Basis of Presentation

College Hospital, Inc. together with participating affiliates has maintained a qualified profit sharing Plan for many years, known as the College Health Enterprises 401(K) Savings Plan (Plan). Each participating affiliate maintains an account with Voya Retirement Insurance and Annuity Company, the Plan trustee, as described in Note D.

B. Description of Plan

The following description of the College Health Enterprises 401(K) Savings Plan (Plan) provides only general information. The original plan which was effective July 1, 1985 has been amended and restated with the most recent amendment being effective January 1, 2016. These amendments are to revise and update the Plan to reflect changes in the law and plan design. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

- General

The Plan is a qualified section 401(K) plan, funded with employee salary reductions, covering all full-time employees of the company who are age twenty-one or older of the following entities (collectively the "Employer").

College Hospital Group, Inc.

College Health Enterprises

CHCM, Inc.

College Hospital, Inc.

CHE, LTC

- B&E Convalescent Center, Inc. dba Gardena Convalescent Center, Inc.

- Del Amo Gardens Convalescent Center, LLC.

- Gardena Retirement Center, Inc.

College Medical Center

College Coastal Care, LLC.

CSU, LLC.

It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

In 2014, College Medical Center was added into the Plan.

In 2020, College Coastal Care, LLC and CSU, LLC were added into the Plan.

- Contributions

Participants may contribute up to the maximum allowable by law of their earnings on a before-tax basis up to an annual maximum (indexed to the cost of living each year). In addition, provisions were added to allow for catch up contribution for participants that have attained the age 50 before the end of the Plan year. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and insurance investment contracts.

COLLEGE HEALTH ENTERPRISES
401(K) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2021 and 2020

B. Description of Plan (Continued):

The Board of Directors may authorize Employer matching contributions on behalf of any or all participating employers. The Employer matching contributions for each participant can be on all, part, or none of his or her pretax deferrals.

- Participant Accounts

Participant's contributions and matching employer contributions are held under a separate account on their behalf. Their pretax deferral account and rollover accounts, if any, are invested among investment options managed by Voya Retirement Insurance and Annuity Company per the participant's instructions. Plan fiduciaries may be relieved from liability for losses directly resulting from investment directions.

- Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Participants are vested in the employer matching based on years of service per the following schedule:

Years of Service	Vested %
2	20%
3	40%
4	60%
5	80%
6	100%

- Payment of Benefits

On termination of service for other than death, disability or retirement, a participant may receive either a lump-sum amount equal to the value of his or her account or an annuity of installments over a period selected by the participant.

- Participant Loans

The Employer in accordance with a written loan procedure may permit loans to be made from the Trust Fund to Participants and Beneficiaries on a non-discriminatory basis. Participants may borrow from their fund accounts up to an aggregate maximum equal to the lesser of \$50,000 or 50% of their vested account balance. A non-refundable loan set up fee of \$50 also applies. The loans are secured by the balance in the participant's account and bear interest at a prevailing rate as determined by the Plan administrator. Principal and interest are paid through payroll deductions. The loans may be paid in full at any time.

C. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

COLLEGE HEALTH ENTERPRISES
401(K) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2021 and 2020

C. Summary of Accounting Policies (Continued)

Financial Accounting Standards require investment contracts held by a defined-contribution plan be reported at fair value. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts. This is because participants receive contract value if they initiate permitted transactions under the terms of the plan. Therefore, an adjustment from fair value to contract value for the fully benefit-responsive investment contracts is necessary in order for the Statement of Changes in Net Assets Available for Benefits to be stated on a contract value basis.

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are stated at fair value determined by quoted market prices. Participant loans are valued at the balance due which approximates fair value. Mutual funds shares are valued at the net asset value of shares held by the Plan at year end. Guaranteed investment contract fair value is calculated by discounting the related cash flows based on current yields of similar instruments with comparable durations. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Plan Risks and Uncertainties

The Plan allows for various investment options. The investments are subject to risks from interest rates, market conditions and credit issues. Due to the level of risk associated with certain investments it is at least reasonable possible that changes in the value of investments, in the near term, could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

Payment of Benefits

Benefits are recorded when paid.

Management subsequent event evaluation

The corporation has evaluated events and transactions that occurred through January 12, 2023, which is the date the financial statements were available to be issued, for possible disclosure and recognition in the financial statements.

D. Information Prepared and Certified by the Trustee

The Plan maintains Investments with Voya Retirement Insurance and Annuity Company (Voya), the Plan trustee. Voya maintains these investments interests in several accounts for each sponsor. The data used to prepare the financial statements and supplemental schedules at December 31, 2021 was obtained from data that has been prepared and certified to as complete and accurate by Voya. The following are the certified account balances at December 31, 2021:

COLLEGE HEALTH ENTERPRISES
401(K) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2021 and 2020

D. Information Prepared and Certified by the Trustee (Continued):

	CHE, Inc.	College Hospital, Inc.	College Hosp. Costa Mesa	CHE Long Term Care	Sub-Total
General Accts	\$ 1,961,562	3,493,971	2,827,876	1,018,961	9,302,370
Seperate Accts	70,404,367	21,806,186	23,347,609	2,380,017	117,938,179
Rollover Contribution		11,602	28,323		39,925
Employee Pre-Tax Contrib.	269,561	1,334,487	1,222,824	250,875	3,077,747
Employer Matching	81,404	311,193	371,690	66,152	830,439
Roth Contributions	13,331	121,904	186,915	15,830	337,980
Qual Non-Elective Contrib.			432		432
Dividends/Earnings	3,382	28,112	644,993	1,125	677,612
Loan Payments	49,608	139,201	208,298	52,170	449,277
Takeover Contribution	55,013	8,568			63,581
Interfund Exchange	(545,450)	(125,537)	(31,725)		(702,712)
Miscellaneous	1,640	8,630	21,710	651	32,631
Fees	(800)	(8,598)	(11,491)	(1,752)	(22,641)
Forfeiture	(4,431)	(13,624)	(52,601)	(3,264)	(73,920)
Loan Issue	(5,000)	(79,063)	(211,358)	(63,104)	(358,525)
Withdrawals	(113,869)	(1,997,008)	(1,069,926)	(578,130)	(3,758,933)
Gain/Loss	\$ 961,173	2,712,610	2,614,078	350,353	6,638,214
	Sub-Total	College Med. Center	College Coastal	CSU, LLC.	Total
General Accts	\$ 9,302,370	1,154,333	290	6,549	10,463,542
Seperate Accts	117,938,179	15,524,875	9,453	299,504	133,772,011
Rollover Contribution	39,925	95,268			135,193
Employee Pre-Tax Contrib.	3,077,747	2,032,668	4,267	60,266	5,174,948
Employer Matching	830,439	514,813	1,873	17,978	1,365,103
Roth Contributions	337,980	170,537	1,261	6,158	515,936
Qual Non-Elective Contrib.	432				432
Dividends/Earnings	677,612	5,726			683,338
Loan Payments	449,277	208,611		2,020	659,908
Takeover Contribution	63,581	624,515		14,616	702,712
Interfund Exchange	(702,712)				(702,712)
Miscellaneous	32,631	29,334		723	62,688
Fees	(22,641)	(12,433)	(14)	(688)	(35,776)
Forfeiture	(73,920)	(65,117)		(1,564)	(140,601)
Loan Issue	(358,525)	(263,454)		(1,992)	(623,971)
Withdrawals	(3,758,933)	(330,232)		(23,938)	(4,113,103)
Gain/Loss	\$ 6,638,214	1,744,615	485	34,439	8,417,753

COLLEGE HEALTH ENTERPRISES
401(K) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2021 and 2020

D. Information Prepared and Certified by the Trustee (Continued):

The accounts are credited with actual earnings on the underlying investments and charged for plan withdrawals and investment fees charged by Voya. Plan administrative fees are covered by the plan sponsor. These accounts are included in the financial statements at the December 31, 2021 as Mutual Funds, at fair value and as Guaranteed Investment Contract (Fixed) at fair value and adjusted to Contract Value by Adjustment as described in Note E.

E. Investment Contract with Insurance Company

The Plan has investments in multiple benefit-responsive investment contracts with Voya Retirement Insurance and Annuity Company (the "Trustee"). The Trustee maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses.

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

As described in Note C, because the guaranteed investment contracts are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contracts. Contract value, as reported to the Plan by the Trustee, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer which approximates 3% for Voya Fixed Account, 1% for Voya Fixed Account A and 1% for Voya Fixed Account 4450. Such interest rates are reviewed periodically for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under Employee Retirement Income Security Act of 1974. The Plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date. Average yields were approximately 3.10% for Voya Fixed Account during the year, 1.20% for Voya Fixed Account A (Annualized) during the year and 1.93% for Voya Fixed Account 4450 during the year.

For 2021 and 2020, The contract value approximates the Fair Market value, as certified by Voya.

COLLEGE HEALTH ENTERPRISES
401(K) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2021 and 2020

F. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan. In the event of plan termination, the company may continue or liquidate the trust. If the trust is continued participants receive benefits when they retire or leave the company. If the trust fund is liquidated the participant's benefits will be distributed to them when the process is completed.

If the contract had been discontinued as of the last day of the reporting period, a contract surrender charge and certain market value adjustments may have applied to the amount withdrawn. The adjusted contract value reflects the approximate amount that would have been paid if the contract had been terminated as of the last day of the period and potential surrender charges and market value adjustments were applied as of such date.

G. Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated July 24, 1995, that the Plan is qualified, and the trust established under the Plan is tax-exempt, under the appropriate sections of the Code. In addition, the Internal Revenue Service issued a favorable determination letter approving the restated plan dated March 24, 2009. Although the Plan has been amended since receiving the determination letter, the Plan administrator and its qualified tax counsel do not anticipate that changes in the Plan after the date of the amendments covered by the Internal Revenue Service determination letter will affect the qualified and tax-exempt status of the Plan and the Trust, respectively.

Accounting principles generally accepted in the United State of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2015.

H. Fair Value Measurement

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available

COLLEGE HEALTH ENTERPRISES
401(K) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2021 and 2020

H. Fair Value Measurement (Continued):

inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair values of participant loans receivable and participant contributions due from the employer are recorded at their cash value.

Level 3 Fair Value Measurements

The guaranteed investment contract with an insurance company is not actively traded and significant other observable inputs are not available. Thus, the fair value of the guaranteed investment contract is determined using present value approach based on the future value as determined by the contract value and annual percentage rate (Fixed Account 3.10% and 3.03% at December 31, 2021 and 2020, respectively, Fixed Account A 1.20% and 1.07% at December 31, 2021 and 2020, respectively and Fixed Account 4450 1.41% and 1.93% at December 31, 2021 and 2020, respectively).

The following tables set forth, by the level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2021 and 2020.

		Fair Value Measurements at the End of the Reporting Period Using:	
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
December 31, 2021			
Participant loan receivable	\$ 1,212,150	\$ 1,212,150	\$ -
Int. in Inv. Co. (Mutual Funds), at fair value	70,408,080	70,408,080	-
Int. in Ins. Co. Fixed Acct., at fair value	10,463,542		\$ 10,463,542
Total investment at fair value	\$ 82,083,772	\$ 71,620,230	\$ 10,463,542
December 31, 2020			
Participant loan receivable	\$ 1,267,401	\$ 1,267,401	\$ -
Int. in Inv. Co. (Mutual Funds), at fair value	58,742,546	58,742,546	-
Int. in Ins. Co. Fixed Acct., at fair value	10,023,631		\$ 10,023,631
Total investment at fair value	\$ 70,033,578	\$ 60,009,947	\$ 10,023,631

The following tables reconcile the beginning and ending balances of fair value measurements using significant unobservable inputs (Level 3) for the guaranteed investment contract with insurance company for the years ended December 31, 2021 and 2020.

COLLEGE HEALTH ENTERPRISES
401(K) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2021 and 2020

H. Fair Value Measurement (Continued):

December 31 ,2021	
2020 Fair Value	\$ 10,023,631
2020 Contract to Fair value Adj.	\$ -
Beginning Balance	\$ 10,023,631
Contributions	737,904
Loan Repay (Principal)	96,062
Loan Repay (Interest)	8,204
Loan Issue	(126,446)
Withdrawals	(804,327)
Fund Transfer	293,940
Forfeitures	(269)
Fees	(3,099)
TPA Fees	(866)
Miscellaneous	9,303
Dividend Earnings	756
Gain/(Loss)	221,910
Ending Balance	\$ 10,456,703
2021 Contract Fair Value Adj. (for 2019 contract value approximates fair value)	\$ -
2021 Fair Value	\$ 10,456,703
December 31 ,2020	
2019 Fair Value	\$ 9,124,290
2019 Contract to Fair value Adj.	\$ -
Beginning Balance	\$ 9,124,290
Contributions	676,218
Loan Repay (Principal)	132,465
Loan Repay (Interest)	11,681
Loan Issue	(84,587)
Withdrawals	(833,595)
Fund Transfer	782,562
Forfeitures	(12,544)
Fees	(2,747)
TPA Fees	(1,170)
Miscellaneous	12,544
Dividend Earnings	(8,868)
Gain/(Loss)	227,382
Ending Balance	\$ 10,023,631
2020 Contract Fair Value Adj. (for 2019 contract value approximates fair value)	\$ -
2020 Fair Value	\$ 10,023,631

COLLEGE HEALTH ENTERPRISES
401(K) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2021 and 2020

H. Fair Value Measurement (Continued):

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2021, are reported in net appreciation in fair value of investments.

The Plan's policy is to recognize transfers into and out of Level 3 at the end of the reporting period. For the year ended December 31, 2021, there were no significant transfers into or out of Level 3.

I. Related Party Transactions

Voya Retirement Insurance and Annuity Company ("Voya") manages the mutual funds and the guaranteed investment contract fund. Voya is the Trustee of the Plan and, therefore, these transactions qualify as party-in-interest. The Plan sponsor paid other administrative expenses on behalf of the Plan.

J. Plan Changes

On July 1, 2017, the Plan made a change to allow participants to make salary deferral changes throughout the year and not only during the quarterly open enrollment periods. The Plan also made changes to allow contributions of any amount up to the maximum allowable by law.

Effective July 1, 2017, the Employer Riviera Nursing & Convalescent Home, Inc. can no longer make employee or employer contributions and participant loans will no longer be granted for the single entity. Effective October 1, 2017, Riviera Nursing & Convalescent Home, Inc. has removed itself from the Plan.

Effective May 1, 2018, Edward J. Grill was removed as a Trustee of the Plan as he has retired.

Effective January 1, 2020, an amendment to remove joint & survivor annuity provisions.

Effective January 1, 2020, a modification to Hardship withdrawals was done to be in compliance with the Bipartisan Budget Act of 2018. This makes modifications to the Necessity Provisions that all other available distributions must be done first, QNEC and QMAC's are available for hardship distributions, and allows for hardship distributions for expenses to repair damage to the Participants principal residence.

Effective February 1, 2020, CSU, LLC was added to the Plan.

Effective June 29, 2020, a new Loan program was adopted.

Effective August 1, 2020, College Coastal Care, LLC was added to the Plan.

COLLEGE HEALTH ENTERPRISES
401(K) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2021 and 2020

K. Subsequent Events

The Plan's operations may be affected by the recent and ongoing outbreaks of the coronavirus disease 2019 (Covid-19) which was declared a pandemic by the World Health Organization in March 2020. The ultimate disruption which may be caused by the outbreak is uncertain; however, it may result in a material adverse impact on the Plan's financial position, operations, and Plan Assets. Possible effects may include, but not limited to, disruption to the Plan Assets investments, through the volatility of the market. The Company's operations could be affected by the absenteeism of its employees, or disruptions in their supply chains.

The recent outbreak of the novel coronavirus ("COVID-19") pandemic and certain developments in the global oil markets are negatively impacting worldwide economic and commercial activity and financial markets, as well as global demand for petroleum and petrochemical products. The COVID-19 pandemic and related governmental responses have also resulted in significant business and operational disruptions, including business closures, supply chain disruptions, travel restrictions, stay-at-home orders and limitations on the availability of workforces and has resulted in significantly lower demand for refined petroleum products. The overall impact of the COVID-19 pandemic on the global economy and business operations has significantly affected the market values of many types of investments over a wide range of industries and investment types and has also caused unprecedented market volatility. This heightened market risk and volatility could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits. Plan management is unable to estimate the total impact the pandemic will have on the Plan and the complete impact of COVID-19 on the Plan's net assets available for benefits, and changes in net assets available for benefits, is unknown and is dependent on the duration of the pandemic and the effectiveness of the actions undertaken by national, regional, state and local governments and health officials to contain the virus or treat its effects, and how quickly and to what extent economic conditions improve and normal business and operating conditions resume.

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act") was passed by Congress. The CARES Act contains several provisions that temporarily impact retirement savings plans. These provisions include waiver of required minimum distributions for 2020, a new hardship withdrawal option related to the COVID-19 pandemic, certain increased loan limits and suspension of certain loan repayments. The provisions of the CARES Act may be effective and operationalized immediately, prior to amending the plan document.

COLLEGE HEALTH ENTERPRISES
401(K) SAVINGS PLAN
December 31, 2021

ATTACHMENT IN SUPPORT OF SCHEDULE H, LINE 4i OF FORM 5500
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	VOYA INSURANCE CO	American Funds EuroPacific R4	+	608,880
*	VOYA INSURANCE CO	Fidelity VIP Eqty-Inc Prt I	+	1,965,974
*	VOYA INSURANCE CO	Franklin Small Cap Val VIP 2	+	663,697
*	VOYA INSURANCE CO	Loomis Sayles Bond Fund Ret	+	70,363
*	VOYA INSURANCE CO	PIMCO VIT Real Return Port Adm	+	451,471
*	VOYA INSURANCE CO	Pioneer Eqty Income VCT Port I	+	326,547
*	VOYA INSURANCE CO	TD AMERITRADE SDBA	+	2,283,283
*	VOYA INSURANCE CO	VY Baron Growth Port I	+	1,816,470
*	VOYA INSURANCE CO	VY Clarion Glb RlEst Port Ins	+	196,717
*	VOYA INSURANCE CO	VY Inv Opp Global Port I	+	2,015,750
*	VOYA INSURANCE CO	VY Invesco Eqty & Inc Pt I	+	2,406,584
*	VOYA INSURANCE CO	VY JPM Emrg Mkts Eq Port Srv	+	454,223
*	VOYA INSURANCE CO	VY JPM MdCp Value Port I	+	323,496
*	VOYA INSURANCE CO	VY TRwPr Grw Eqty Pt I	+	2,180,924
*	VOYA INSURANCE CO	Vangrd Instit Index Fnd Ins	+	3,211,080
*	VOYA INSURANCE CO	VoyIntlHiDivLow Vol Port-In	+	956,945
*	VOYA INSURANCE CO	Voya Fixed Account	+	5,649,509
*	VOYA INSURANCE CO	Voya Fixed Account A	+	4,807,194
*	VOYA INSURANCE CO	Voya Fixed Account (4450)	+	6,839
*	VOYA INSURANCE CO	Voya Gov Money Market Port I	+	2,260,668
*	VOYA INSURANCE CO	Voya High Yield Port Srv	+	253,823
*	VOYA INSURANCE CO	Voya Intermediate Bond Prt I	+	2,108,306
*	VOYA INSURANCE CO	Voya Large Cap Growth Prt Srv	+	8,484,834
*	VOYA INSURANCE CO	Voya Russell MdCp Indx Prt I	+	1,828,428
*	VOYA INSURANCE CO	Voya Russell SmCp Indx Prt I	+	391,524
*	VOYA INSURANCE CO	Voya SmCp Opport Port I	+	536,283
*	VOYA INSURANCE CO	Voya Solution 2025 Port Srv	+	6,462,051
*	VOYA INSURANCE CO	Voya Solution 2030 Port Srv	+	1,941,965
*	VOYA INSURANCE CO	Voya Solution 2035 Port Srv	+	7,046,809
*	VOYA INSURANCE CO	Voya Solution 2040 Port Srv	+	1,520,298
*	VOYA INSURANCE CO	Voya Solution 2045 Port Srv	+	6,167,475
*	VOYA INSURANCE CO	Voya Solution 2050 Port Srv	+	1,269,287
*	VOYA INSURANCE CO	Voya Solution 2055 Port Srv	+	3,114,699
*	VOYA INSURANCE CO	Voya Solution 2060 Port Srv	+	863,186
*	VOYA INSURANCE CO	Voya Solution 2065 Port Srv	+	23,144
*	VOYA INSURANCE CO	Voya Solution Aggress Pt Srv	+	78,963
*	VOYA INSURANCE CO	Voya Solution Balanced Pt Srv	+	59,453
*	VOYA INSURANCE CO	Voya Solution Conserv Pt Srv	+	65,811
*	VOYA INSURANCE CO	Voya Solution Income Pt Srv	+	4,837,896
*	VOYA INSURANCE CO	Voya Solution Mod Agg Pt Srv	+	85,712
*	VOYA INSURANCE CO	Voya Solution Mod Cons Pt Srv	+	22,877
*	VOYA INSURANCE CO	Voya US Stock Index Port Ins	+	1,052,182
				80,871,622
*	Participant Loans	Interest Rates (5% to 8%)		1,212,150
				82,083,773

COLLEGE HEALTH ENTERPRISES
401(K) SAVINGS PLAN
FINANCIAL STATEMENT AND AUDITORS' REPORT
AS OF DECEMBER 31, 2021 and 2020

COLLEGE HEALTH ENTERPRISES
401(K) SAVINGS PLAN
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INDEPENDENT AUDITORS' REPORT

FINANCIAL STATEMENTS:

STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS AS OF
DECEMBER 31, 2021 AND 2020

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2021

NOTES TO FINANCIAL STATEMENTS

SCHEDULES:

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES



Kevin D. Lawrence, CPA
Ronald H. Foster, CPA, *Founder*

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
the College Health Enterprises 401(K) Savings Plan

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

We have performed an audit of the accompanying financial statements of College Health Enterprises 401(K) Savings 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.

Management, having determined it is permissible in the circumstances, has elected to have the audit of College Health Enterprises 401(K) Savings Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note D to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by 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).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of College Health Enterprises 401(K) Savings Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about College Health Enterprises 401(K) Savings Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 College Health Enterprises 401(K) Savings 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 College Health Enterprises 401(K) Savings 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 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.

Supplemental Schedules Required by ERISA

The supplemental schedules of College Health Enterprises 401(K) Savings Plan attachment in support of Schedule H, Part IV line 4i of form 5500 for the year ended December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are 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

schedules, 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 generally accepted auditing standards. For information included in the supplemental schedules 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 schedules, we evaluated whether the supplemental schedules, 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 schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules 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).

A handwritten signature in blue ink, appearing to read "Fathi & Son", with a long horizontal flourish extending to the right.

Eastvale, Ca
January 12, 2023



Kevin D. Lawrence, CPA
Ronald H. Foster, CPA, *Founder*

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
College Health Enterprises
401(K) Savings Plan

We were engaged to audit the accompanying financial statements of College Health Enterprises 401(K) Savings Plan, as of December 31, 2021, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is reasonable for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations of Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by Voya Retirement Insurance and Annuity Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the custodians of and for the year ended December 31, 2021, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the 2021 financial statement. Accordingly, we do not express an opinion on the 2020 financial statements.

Report on Form and Content in Compliance with DOL Rules and Regulations for 2020 Financial Statement

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



January 12, 2023

COLLEGE HEALTH ENTERPRISES
401(K) SAVINGS PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
Participant loan receivable	\$ 1,212,150	\$ 1,267,401
Interest in Investment Company (Mutual Funds), at fair value	70,408,080	58,742,546
Interest in Insurance Company Fixed Account, at fair value	10,463,542	10,023,631
Total assets	<u>82,083,773</u>	<u>70,033,578</u>
LIABILITIES		
EASE Payable		32
Forfeitures Payable	7,967	16,430
	<u>7,967</u>	<u>16,462</u>
Net Assets Available for Plan Benefits at Fair Value	<u>\$ 82,075,806</u>	<u>\$ 70,017,116</u>
Add: Adjustment from Fair Value to Contract Value for Benefit-Responsive Investment Contract	None	None
Net Assets Availabe for Plan Benefits	<u>\$ 82,075,806</u>	<u>\$ 70,017,116</u>

See Independent auditors' report and accompanying notes to financial statements.

COLLEGE HEALTH ENTERPRISES
401(K) SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR PLAN BENEFITS
For the year ended December 31, 2019

	2021
Additions to net assets attributed to:	
Contributions of participants payroll withholding	\$ 5,690,883
Contributions from employer match	1,365,535
Transfers from outside plans	135,193
Interest income - Participant Loans	76,560
Dividend Income	547,106
Unrealized appreciation/(depreciation) of assets	8,488,165
Total additions	<u>16,303,442</u>
Deductions from assets attributed to:	
Benefit payments to participants or beneficiaries	4,208,977
Administrative fees	<u>35,775</u>
Total deductions	<u>4,244,752</u>
Increase (decrease) in net assets available for plan benefits	12,058,690
Net assets available for plan benefits at beginning of year	<u>70,017,116</u>
Net assets available for plan benefits at end of year	\$ <u><u>82,075,806</u></u>

See Independent auditors' report and accompanying notes to financial statements.

COLLEGE HEALTH ENTERPRISES
401(K) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2021 and 2020

A. Basis of Presentation

College Hospital, Inc. together with participating affiliates has maintained a qualified profit sharing Plan for many years, known as the College Health Enterprises 401(K) Savings Plan (Plan). Each participating affiliate maintains an account with Voya Retirement Insurance and Annuity Company, the Plan trustee, as described in Note D.

B. Description of Plan

The following description of the College Health Enterprises 401(K) Savings Plan (Plan) provides only general information. The original plan which was effective July 1, 1985 has been amended and restated with the most recent amendment being effective January 1, 2016. These amendments are to revise and update the Plan to reflect changes in the law and plan design. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

- General

The Plan is a qualified section 401(K) plan, funded with employee salary reductions, covering all full-time employees of the company who are age twenty-one or older of the following entities (collectively the "Employer").

College Hospital Group, Inc.

College Health Enterprises

CHCM, Inc.

College Hospital, Inc.

CHE, LTC

- B&E Convalescent Center, Inc. dba Gardena Convalescent Center, Inc.

- Del Amo Gardens Convalescent Center, LLC.

- Gardena Retirement Center, Inc.

College Medical Center

College Coastal Care, LLC.

CSU, LLC.

It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

In 2014, College Medical Center was added into the Plan.

In 2020, College Coastal Care, LLC and CSU, LLC were added into the Plan.

- Contributions

Participants may contribute up to the maximum allowable by law of their earnings on a before-tax basis up to an annual maximum (indexed to the cost of living each year). In addition, provisions were added to allow for catch up contribution for participants that have attained the age 50 before the end of the Plan year. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and insurance investment contracts.

COLLEGE HEALTH ENTERPRISES
401(K) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2021 and 2020

B. Description of Plan (Continued):

The Board of Directors may authorize Employer matching contributions on behalf of any or all participating employers. The Employer matching contributions for each participant can be on all, part, or none of his or her pretax deferrals.

- Participant Accounts

Participant's contributions and matching employer contributions are held under a separate account on their behalf. Their pretax deferral account and rollover accounts, if any, are invested among investment options managed by Voya Retirement Insurance and Annuity Company per the participant's instructions. Plan fiduciaries may be relieved from liability for losses directly resulting from investment directions.

- Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Participants are vested in the employer matching based on years of service per the following schedule:

Years of Service	Vested %
2	20%
3	40%
4	60%
5	80%
6	100%

- Payment of Benefits

On termination of service for other than death, disability or retirement, a participant may receive either a lump-sum amount equal to the value of his or her account or an annuity of installments over a period selected by the participant.

- Participant Loans

The Employer in accordance with a written loan procedure may permit loans to be made from the Trust Fund to Participants and Beneficiaries on a non-discriminatory basis. Participants may borrow from their fund accounts up to an aggregate maximum equal to the lesser of \$50,000 or 50% of their vested account balance. A non-refundable loan set up fee of \$50 also applies. The loans are secured by the balance in the participant's account and bear interest at a prevailing rate as determined by the Plan administrator. Principal and interest are paid through payroll deductions. The loans may be paid in full at any time.

C. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

COLLEGE HEALTH ENTERPRISES
401(K) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2021 and 2020

C. Summary of Accounting Policies (Continued)

Financial Accounting Standards require investment contracts held by a defined-contribution plan be reported at fair value. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts. This is because participants receive contract value if they initiate permitted transactions under the terms of the plan. Therefore, an adjustment from fair value to contract value for the fully benefit-responsive investment contracts is necessary in order for the Statement of Changes in Net Assets Available for Benefits to be stated on a contract value basis.

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are stated at fair value determined by quoted market prices. Participant loans are valued at the balance due which approximates fair value. Mutual funds shares are valued at the net asset value of shares held by the Plan at year end. Guaranteed investment contract fair value is calculated by discounting the related cash flows based on current yields of similar instruments with comparable durations. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Plan Risks and Uncertainties

The Plan allows for various investment options. The investments are subject to risks from interest rates, market conditions and credit issues. Due to the level of risk associated with certain investments it is at least reasonable possible that changes in the value of investments, in the near term, could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

Payment of Benefits

Benefits are recorded when paid.

Management subsequent event evaluation

The corporation has evaluated events and transactions that occurred through January 12, 2023, which is the date the financial statements were available to be issued, for possible disclosure and recognition in the financial statements.

D. Information Prepared and Certified by the Trustee

The Plan maintains Investments with Voya Retirement Insurance and Annuity Company (Voya), the Plan trustee. Voya maintains these investments interests in several accounts for each sponsor. The data used to prepare the financial statements and supplemental schedules at December 31, 2021 was obtained from data that has been prepared and certified to as complete and accurate by Voya. The following are the certified account balances at December 31, 2021:

COLLEGE HEALTH ENTERPRISES
401(K) SAVINGS PLAN
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AS OF DECEMBER 31, 2021 and 2020

D. Information Prepared and Certified by the Trustee (Continued):

	CHE, Inc.	College Hospital, Inc.	College Hosp. Costa Mesa	CHE Long Term Care	Sub-Total
General Accts	\$ 1,961,562	3,493,971	2,827,876	1,018,961	9,302,370
Seperate Accts	70,404,367	21,806,186	23,347,609	2,380,017	117,938,179
Rollover Contribution		11,602	28,323		39,925
Employee Pre-Tax Contrib.	269,561	1,334,487	1,222,824	250,875	3,077,747
Employer Matching	81,404	311,193	371,690	66,152	830,439
Roth Contributions	13,331	121,904	186,915	15,830	337,980
Qual Non-Elective Contrib.			432		432
Dividends/Earnings	3,382	28,112	644,993	1,125	677,612
Loan Payments	49,608	139,201	208,298	52,170	449,277
Takeover Contribution	55,013	8,568			63,581
Interfund Exchange	(545,450)	(125,537)	(31,725)		(702,712)
Miscellaneous	1,640	8,630	21,710	651	32,631
Fees	(800)	(8,598)	(11,491)	(1,752)	(22,641)
Forfeiture	(4,431)	(13,624)	(52,601)	(3,264)	(73,920)
Loan Issue	(5,000)	(79,063)	(211,358)	(63,104)	(358,525)
Withdrawals	(113,869)	(1,997,008)	(1,069,926)	(578,130)	(3,758,933)
Gain/Loss	\$ 961,173	2,712,610	2,614,078	350,353	6,638,214
	Sub-Total	College Med. Center	College Coastal	CSU, LLC.	Total
General Accts	\$ 9,302,370	1,154,333	290	6,549	10,463,542
Seperate Accts	117,938,179	15,524,875	9,453	299,504	133,772,011
Rollover Contribution	39,925	95,268			135,193
Employee Pre-Tax Contrib.	3,077,747	2,032,668	4,267	60,266	5,174,948
Employer Matching	830,439	514,813	1,873	17,978	1,365,103
Roth Contributions	337,980	170,537	1,261	6,158	515,936
Qual Non-Elective Contrib.	432				432
Dividends/Earnings	677,612	5,726			683,338
Loan Payments	449,277	208,611		2,020	659,908
Takeover Contribution	63,581	624,515		14,616	702,712
Interfund Exchange	(702,712)				(702,712)
Miscellaneous	32,631	29,334		723	62,688
Fees	(22,641)	(12,433)	(14)	(688)	(35,776)
Forfeiture	(73,920)	(65,117)		(1,564)	(140,601)
Loan Issue	(358,525)	(263,454)		(1,992)	(623,971)
Withdrawals	(3,758,933)	(330,232)		(23,938)	(4,113,103)
Gain/Loss	\$ 6,638,214	1,744,615	485	34,439	8,417,753

COLLEGE HEALTH ENTERPRISES
401(K) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2021 and 2020

D. Information Prepared and Certified by the Trustee (Continued):

The accounts are credited with actual earnings on the underlying investments and charged for plan withdrawals and investment fees charged by Voya. Plan administrative fees are covered by the plan sponsor. These accounts are included in the financial statements at the December 31, 2021 as Mutual Funds, at fair value and as Guaranteed Investment Contract (Fixed) at fair value and adjusted to Contract Value by Adjustment as described in Note E.

E. Investment Contract with Insurance Company

The Plan has investments in multiple benefit-responsive investment contracts with Voya Retirement Insurance and Annuity Company (the "Trustee"). The Trustee maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses.

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

As described in Note C, because the guaranteed investment contracts are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contracts. Contract value, as reported to the Plan by the Trustee, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer which approximates 3% for Voya Fixed Account, 1% for Voya Fixed Account A and 1% for Voya Fixed Account 4450. Such interest rates are reviewed periodically for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under Employee Retirement Income Security Act of 1974. The Plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date. Average yields were approximately 3.10% for Voya Fixed Account during the year, 1.20% for Voya Fixed Account A (Annualized) during the year and 1.93% for Voya Fixed Account 4450 during the year.

For 2021 and 2020, The contract value approximates the Fair Market value, as certified by Voya.

COLLEGE HEALTH ENTERPRISES
401(K) SAVINGS PLAN
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F. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan. In the event of plan termination, the company may continue or liquidate the trust. If the trust is continued participants receive benefits when they retire or leave the company. If the trust fund is liquidated the participant's benefits will be distributed to them when the process is completed.

If the contract had been discontinued as of the last day of the reporting period, a contract surrender charge and certain market value adjustments may have applied to the amount withdrawn. The adjusted contract value reflects the approximate amount that would have been paid if the contract had been terminated as of the last day of the period and potential surrender charges and market value adjustments were applied as of such date.

G. Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated July 24, 1995, that the Plan is qualified, and the trust established under the Plan is tax-exempt, under the appropriate sections of the Code. In addition, the Internal Revenue Service issued a favorable determination letter approving the restated plan dated March 24, 2009. Although the Plan has been amended since receiving the determination letter, the Plan administrator and its qualified tax counsel do not anticipate that changes in the Plan after the date of the amendments covered by the Internal Revenue Service determination letter will affect the qualified and tax-exempt status of the Plan and the Trust, respectively.

Accounting principles generally accepted in the United State of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2015.

H. Fair Value Measurement

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available

COLLEGE HEALTH ENTERPRISES
401(K) SAVINGS PLAN
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H. Fair Value Measurement (Continued):

inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair values of participant loans receivable and participant contributions due from the employer are recorded at their cash value.

Level 3 Fair Value Measurements

The guaranteed investment contract with an insurance company is not actively traded and significant other observable inputs are not available. Thus, the fair value of the guaranteed investment contract is determined using present value approach based on the future value as determined by the contract value and annual percentage rate (Fixed Account 3.10% and 3.03% at December 31, 2021 and 2020, respectively, Fixed Account A 1.20% and 1.07% at December 31, 2021 and 2020, respectively and Fixed Account 4450 1.41% and 1.93% at December 31, 2021 and 2020, respectively).

The following tables set forth, by the level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2021 and 2020.

		Fair Value Measurements at the End of the Reporting Period Using:	
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
December 31, 2021			
Participant loan receivable	\$ 1,212,150	\$ 1,212,150	\$ -
Int. in Inv. Co. (Mutual Funds), at fair value	70,408,080	70,408,080	-
Int. in Ins. Co. Fixed Acct., at fair value	10,463,542		\$ 10,463,542
Total investment at fair value	\$ 82,083,772	\$ 71,620,230	\$ 10,463,542
December 31, 2020			
Participant loan receivable	\$ 1,267,401	\$ 1,267,401	\$ -
Int. in Inv. Co. (Mutual Funds), at fair value	58,742,546	58,742,546	-
Int. in Ins. Co. Fixed Acct., at fair value	10,023,631		\$ 10,023,631
Total investment at fair value	\$ 70,033,578	\$ 60,009,947	\$ 10,023,631

The following tables reconcile the beginning and ending balances of fair value measurements using significant unobservable inputs (Level 3) for the guaranteed investment contract with insurance company for the years ended December 31, 2021 and 2020.

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H. Fair Value Measurement (Continued):

December 31 ,2021	
2020 Fair Value	\$ 10,023,631
2020 Contract to Fair value Adj.	\$ -
Beginning Balance	\$ 10,023,631
Contributions	737,904
Loan Repay (Principal)	96,062
Loan Repay (Interest)	8,204
Loan Issue	(126,446)
Withdrawals	(804,327)
Fund Transfer	293,940
Forfeitures	(269)
Fees	(3,099)
TPA Fees	(866)
Miscellaneous	9,303
Dividend Earnings	756
Gain/(Loss)	221,910
Ending Balance	\$ 10,456,703
2021 Contract Fair Value Adj. (for 2019 contract value approximates fair value)	\$ -
2021 Fair Value	\$ 10,456,703
December 31 ,2020	
2019 Fair Value	\$ 9,124,290
2019 Contract to Fair value Adj.	\$ -
Beginning Balance	\$ 9,124,290
Contributions	676,218
Loan Repay (Principal)	132,465
Loan Repay (Interest)	11,681
Loan Issue	(84,587)
Withdrawals	(833,595)
Fund Transfer	782,562
Forfeitures	(12,544)
Fees	(2,747)
TPA Fees	(1,170)
Miscellaneous	12,544
Dividend Earnings	(8,868)
Gain/(Loss)	227,382
Ending Balance	\$ 10,023,631
2020 Contract Fair Value Adj. (for 2019 contract value approximates fair value)	\$ -
2020 Fair Value	\$ 10,023,631

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H. Fair Value Measurement (Continued):

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2021, are reported in net appreciation in fair value of investments.

The Plan's policy is to recognize transfers into and out of Level 3 at the end of the reporting period. For the year ended December 31, 2021, there were no significant transfers into or out of Level 3.

I. Related Party Transactions

Voya Retirement Insurance and Annuity Company ("Voya") manages the mutual funds and the guaranteed investment contract fund. Voya is the Trustee of the Plan and, therefore, these transactions qualify as party-in-interest. The Plan sponsor paid other administrative expenses on behalf of the Plan.

J. Plan Changes

On July 1, 2017, the Plan made a change to allow participants to make salary deferral changes throughout the year and not only during the quarterly open enrollment periods. The Plan also made changes to allow contributions of any amount up to the maximum allowable by law.

Effective July 1, 2017, the Employer Riviera Nursing & Convalescent Home, Inc. can no longer make employee or employer contributions and participant loans will no longer be granted for the single entity. Effective October 1, 2017, Riviera Nursing & Convalescent Home, Inc. has removed itself from the Plan.

Effective May 1, 2018, Edward J. Grill was removed as a Trustee of the Plan as he has retired.

Effective January 1, 2020, an amendment to remove joint & survivor annuity provisions.

Effective January 1, 2020, a modification to Hardship withdrawals was done to be in compliance with the Bipartisan Budget Act of 2018. This makes modifications to the Necessity Provisions that all other available distributions must be done first, QNEC and QMAC's are available for hardship distributions, and allows for hardship distributions for expenses to repair damage to the Participants principal residence.

Effective February 1, 2020, CSU, LLC was added to the Plan.

Effective June 29, 2020, a new Loan program was adopted.

Effective August 1, 2020, College Coastal Care, LLC was added to the Plan.

COLLEGE HEALTH ENTERPRISES
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K. Subsequent Events

The Plan's operations may be affected by the recent and ongoing outbreaks of the coronavirus disease 2019 (Covid-19) which was declared a pandemic by the World Health Organization in March 2020. The ultimate disruption which may be caused by the outbreak is uncertain; however, it may result in a material adverse impact on the Plan's financial position, operations, and Plan Assets. Possible effects may include, but not limited to, disruption to the Plan Assets investments, through the volatility of the market. The Company's operations could be affected by the absenteeism of its employees, or disruptions in their supply chains.

The recent outbreak of the novel coronavirus ("COVID-19") pandemic and certain developments in the global oil markets are negatively impacting worldwide economic and commercial activity and financial markets, as well as global demand for petroleum and petrochemical products. The COVID-19 pandemic and related governmental responses have also resulted in significant business and operational disruptions, including business closures, supply chain disruptions, travel restrictions, stay-at-home orders and limitations on the availability of workforces and has resulted in significantly lower demand for refined petroleum products. The overall impact of the COVID-19 pandemic on the global economy and business operations has significantly affected the market values of many types of investments over a wide range of industries and investment types and has also caused unprecedented market volatility. This heightened market risk and volatility could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits. Plan management is unable to estimate the total impact the pandemic will have on the Plan and the complete impact of COVID-19 on the Plan's net assets available for benefits, and changes in net assets available for benefits, is unknown and is dependent on the duration of the pandemic and the effectiveness of the actions undertaken by national, regional, state and local governments and health officials to contain the virus or treat its effects, and how quickly and to what extent economic conditions improve and normal business and operating conditions resume.

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act") was passed by Congress. The CARES Act contains several provisions that temporarily impact retirement savings plans. These provisions include waiver of required minimum distributions for 2020, a new hardship withdrawal option related to the COVID-19 pandemic, certain increased loan limits and suspension of certain loan repayments. The provisions of the CARES Act may be effective and operationalized immediately, prior to amending the plan document.

COLLEGE HEALTH ENTERPRISES
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December 31, 2021

ATTACHMENT IN SUPPORT OF SCHEDULE H, LINE 4i OF FORM 5500
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	VOYA INSURANCE CO	American Funds EuroPacific R4	+	608,880
*	VOYA INSURANCE CO	Fidelity VIP Eqty-Inc Prt I	+	1,965,974
*	VOYA INSURANCE CO	Franklin Small Cap Val VIP 2	+	663,697
*	VOYA INSURANCE CO	Loomis Sayles Bond Fund Ret	+	70,363
*	VOYA INSURANCE CO	PIMCO VIT Real Return Port Adm	+	451,471
*	VOYA INSURANCE CO	Pioneer Eqty Income VCT Port I	+	326,547
*	VOYA INSURANCE CO	TD AMERITRADE SDBA	+	2,283,283
*	VOYA INSURANCE CO	VY Baron Growth Port I	+	1,816,470
*	VOYA INSURANCE CO	VY Clarion Glb RlEst Port Ins	+	196,717
*	VOYA INSURANCE CO	VY Inv Opp Global Port I	+	2,015,750
*	VOYA INSURANCE CO	VY Invesco Eqty & Inc Pt I	+	2,406,584
*	VOYA INSURANCE CO	VY JPM Emrg Mkts Eq Port Srv	+	454,223
*	VOYA INSURANCE CO	VY JPM MdCp Value Port I	+	323,496
*	VOYA INSURANCE CO	VY TRwPr Grw Eqty Pt I	+	2,180,924
*	VOYA INSURANCE CO	Vangrd Instit Index Fnd Ins	+	3,211,080
*	VOYA INSURANCE CO	VoyIntlHiDivLow Vol Port-In	+	956,945
*	VOYA INSURANCE CO	Voya Fixed Account	+	5,649,509
*	VOYA INSURANCE CO	Voya Fixed Account A	+	4,807,194
*	VOYA INSURANCE CO	Voya Fixed Account (4450)	+	6,839
*	VOYA INSURANCE CO	Voya Gov Money Market Port I	+	2,260,668
*	VOYA INSURANCE CO	Voya High Yield Port Srv	+	253,823
*	VOYA INSURANCE CO	Voya Intermediate Bond Prt I	+	2,108,306
*	VOYA INSURANCE CO	Voya Large Cap Growth Prt Srv	+	8,484,834
*	VOYA INSURANCE CO	Voya Russell MdCp Indx Prt I	+	1,828,428
*	VOYA INSURANCE CO	Voya Russell SmCp Indx Prt I	+	391,524
*	VOYA INSURANCE CO	Voya SmCp Opport Port I	+	536,283
*	VOYA INSURANCE CO	Voya Solution 2025 Port Srv	+	6,462,051
*	VOYA INSURANCE CO	Voya Solution 2030 Port Srv	+	1,941,965
*	VOYA INSURANCE CO	Voya Solution 2035 Port Srv	+	7,046,809
*	VOYA INSURANCE CO	Voya Solution 2040 Port Srv	+	1,520,298
*	VOYA INSURANCE CO	Voya Solution 2045 Port Srv	+	6,167,475
*	VOYA INSURANCE CO	Voya Solution 2050 Port Srv	+	1,269,287
*	VOYA INSURANCE CO	Voya Solution 2055 Port Srv	+	3,114,699
*	VOYA INSURANCE CO	Voya Solution 2060 Port Srv	+	863,186
*	VOYA INSURANCE CO	Voya Solution 2065 Port Srv	+	23,144
*	VOYA INSURANCE CO	Voya Solution Aggress Pt Srv	+	78,963
*	VOYA INSURANCE CO	Voya Solution Balanced Pt Srv	+	59,453
*	VOYA INSURANCE CO	Voya Solution Conserv Pt Srv	+	65,811
*	VOYA INSURANCE CO	Voya Solution Income Pt Srv	+	4,837,896
*	VOYA INSURANCE CO	Voya Solution Mod Agg Pt Srv	+	85,712
*	VOYA INSURANCE CO	Voya Solution Mod Cons Pt Srv	+	22,877
*	VOYA INSURANCE CO	Voya US Stock Index Port Ins	+	1,052,182
				80,871,622
*	Participant Loans	Interest Rates (5% to 8%)		1,212,150
				82,083,773