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

|                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|-------------------------------------------------------|--|---------------------------------------------------------------------|--|------------------------------------------------------------------|--|-------------------------------------------------------------|--|
| <b>Part II Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>1a</b> Name of plan<br><u>U.S. DIGESTIVE HEALTH RETIREMENT PLAN</u>                                                                                                                                                                                                                                                                                              | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/2020</u></td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/><u>83-4061415</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number<br/><u>610-234-7916</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/><u>621111</u></td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | <u>002</u> | <b>1c</b> Effective date of plan<br><u>01/01/2020</u> |  | <b>2b</b> Employer Identification Number (EIN)<br><u>83-4061415</u> |  | <b>2c</b> Plan Sponsor's telephone number<br><u>610-234-7916</u> |  | <b>2d</b> Business code (see instructions)<br><u>621111</u> |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                            | <u>002</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/2020</u>                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>83-4061415</u>                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>610-234-7916</u>                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>621111</u>                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>RGI MANAGEMENT COMPANY LLC</u><br><br><u>2112 HARRISBURG PIKE</u><br><u>LANCASTER, PA 17604</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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 01/13/2023 | ANNE BEESON                                                  |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2021)  
v. 210624

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 705 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 480 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 653 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                         |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4   |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                         |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 169 |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 826 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 826 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 822 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                 |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 79  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                        |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2A 2E 2F 2G 2J 2K 2R 2S 2T 3B 3D 3H                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                              |     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <u>0</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |     |

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

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**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.

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

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**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 \_\_\_\_\_

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

|                                                                                             |                                                             |     |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021  |                                                             |     |
| <b>A</b> Name of plan<br>U.S. DIGESTIVE HEALTH RETIREMENT PLAN                              | <b>B</b> Three-digit plan number (PN) ▶                     | 002 |
|                                                                                             |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>RGI MANAGEMENT COMPANY LLC | <b>D</b> Employer Identification Number (EIN)<br>83-4061415 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                |
| 04-2647786                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</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

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**(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

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**(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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 60 64 65 71            | RECORDKEEPER                                                                                      | 62658                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

WELLS FARGO CLEARING SERVICES LLC

23-2384840

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | ADVISOR                                                                                           | 53753                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                              | 60                                                                                                                                                                 | 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. |                                           |
| INVESCO SENIOR FLOATING RATE Y 11 GREENWAY PLAZA SUITE 100<br>HOUSTON, TX 77046 | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                              | 60                                                                                                                                                                 | 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. |                                           |
| INVESCO DEVELOPING MARKETS A 11 GREENWAY PLAZA SUITE 100<br>HOUSTON, TX 77046   | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                              | 60                                                                                                                                                                 | 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. |                                           |
| ALGER SMALL CAP FOCUS CLASS Z 600 PLAZA ONE 6TH FL<br>JERSEY CITY, NJ 07311     | 0.15%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                      | 60                                                                                                                                                                 | 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. |                                           |
| ARTISAN INTL VALUE FUND ADVISOR 875 EAST WISCONSIN AVENUE SUITE 800 MILWAUKEE, WI 53202 | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                 | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                      | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| BLACKROCK STRATEGIC INCOME OPPRTSI 40 EAST 52ND STREET NEW YORK, NY 10022               | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                 | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                      | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| AMERICAN CAPITAL WORLD GRWTH & INC 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321         | 0.37%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                             | 60                                                                                                                                                                 | 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. |                                           |
| FULLER & THALER BEHV MID CAP VALUE<br>411 BOREL AVENUE SUITE 300<br>SAN MATEO, CA 94402        | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                        | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                             | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                            | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| CARILLON EAGLE MID CAP GROWTH FUND<br>P. O. BOX 33022<br>ST PETERSBURG, FL 33733-8022          | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                        | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                             | 60                                                                                                                                                                 | 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. |                                           |
| CLIFFWATER CORPORATE LENDING FUND<br>4640 ADMIRALTY WAY 11TH FLOOR<br>MARINA DEL REY, CA 90292 | 0.15%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                      | 60                                                                                                                                                                 | 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. |                                           |
| COLUMBIA LARGE CAP GROWTH OPP CL I 225 FRANKLIN ST BX25 10320<br>BOSTON, MA 02110       | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                 | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                      | 60                                                                                                                                                                 | 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. |                                           |
| CONESTOGA SMALL CAP INVESTOR CLASS 225 PICTORIA DRIVE SUITE 450<br>CINCINNATI, OH 45246 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                 | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                      | 60                                                                                                                                                                 | 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. |                                           |
| DELAWARE VALUE FUND INSTITUTIONAL 2005 MARKET STREET<br>PHILADELPHIA, PA 19103          | 0.10%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| EATON VANCE HIGH INCOME OPPT CL I TWO INTERNATIONAL PLACE<br>BOSTON, MA 02110      | \$16.00                                                                                                                                                            |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| EATON VANCE SHT DUR STRATEGIC INC TWO INTERNATIONAL PLACE<br>BOSTON, MA 02110      | \$16.00                                                                                                                                                            |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 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. |                                           |
| FEDERATED HERMES HIGH INC BOND CL 4000 ERICSSON DRIVE<br>WARRENDALE, PA 15086-7515 | 0.10%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                                                                                                                                                 | 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. |                                           |
| FEDERATED HERMES INSTL HIGH YLD BD 4000 ERICSSON DRIVE<br>WARRENDALE, PA 15086-7515 | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| FRANKLIN INCOME CLASS A1 100 FOUNTAIN PARKWAY<br>ST. PETERSBURG, FL 33716           | \$16.00                                                                                                                                                            |                                           |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| FRANKLIN RISING DIVIDENDS CLASS A 100 FOUNTAIN PARKWAY<br>ST. PETERSBURG, FL 33716  | \$16.00                                                                                                                                                            |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation               | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| GOLDMAN SACHS ABSOLURETURN TRACKER 71 S. WACKER DRIVE 4TH FLOOR CHICAGO, IL 60606 | 0.17%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                                                                                                                                                 | 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. |                                           |
| GRIFFIN INSTL ACCESS REAL ESTATE F 1290 BROADWAY STREET STE 1100 DENVER, CO 80203 | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                                                                                                                                                 | 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. |                                           |
| HARBOR LCV INST 111 S. WACKER DR 34TH FLOOR CHICAGO, IL 60606                     | 0.10%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                              | 60                                                                                                                                                                 | 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. |                                           |
| JPMORGAN HEDGED EQUITY CLASS I 1111 POLARIS PARKWAY<br>COLUMBUS, OH 43240       | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                              | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| JOHN HANCOCK INTL GROWTH FUND CL I 601 CONGRESS ST. 9TH FL.<br>BOSTON, MA 02210 | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                              | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| JOHN HANCOCK DISCIPLINED VALUE I 601 CONGRESS ST. 9TH FL.<br>BOSTON, MA 02210   | 0.15%                                                                                                                                                              |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 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. |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| JPMORGAN INTERNATNL FOCUS FUND CL 1111 POLARIS PARKWAY<br>COLUMBUS, OH 43240 | 0.15%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 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. |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| JPMORGAN INTERNATNL FOCUS FUND CL 1111 POLARIS PARKWAY<br>COLUMBUS, OH 43240 | 0.40%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 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. |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| JPMORGAN CORE BOND CLASS I 1111 POLARIS PARKWAY<br>COLUMBUS, OH 43240 | 0.15%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                     | 60                                                                                                                                                                 | 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. |                                           |
| JPMORGAN DIVERS MID CAP GROWTH<br>CLA 1111 POLARIS PARKWAY<br>COLUMBUS, OH 43240       | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                     | 60                                                                                                                                                                 | 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. |                                           |
| KEELEY SMALL CAP DIV VALUE FUND CL 111 WEST JACKSON BLVD.<br>CHICAGO, IL 60604         | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                     | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                    | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| LORD ABBETT SHORT DURATION INCOME 90 HUDSON STREET 10TH FLOOR<br>JERSEY CITY, NJ 07302 | 0.10%                                                                                                                                                              |                                           |

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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 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. |
|---------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| METROPOLITAN WEST TOTAL RETURN<br>CLA                               | 865 SOUTH FIGUEROA ST. #1400<br>LOS ANGELES, CA 90017 | 0.10%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation |                                                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AMERICAN NEW WORLD FUND CL F2                                       | 3500 WISEMAN BLVD<br>SAN ANTONIO, TX 78251-4321 | 0.15%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (d) Enter name and EIN (address) of source of indirect compensation |                                     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PIMCO INCOME FUND CL A                                              | 1633 BROADWAY<br>NEW YORK, NY 10019 | 0.40%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation                | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| T ROWE PRICE GROWTH STOCK<br>4515 PAINTERS MILL RD<br>OWINGS MILLS, MD 21117       | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 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. |                                           |
| PGIM SHORT TERM CORP BOND CL A<br>655 BROAD STREET<br>NEWARK, NJ 07102             | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 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. |                                           |
| TOUCHSTONE FOCUSED CLASS Y<br>303 BROADWAY SUITE 1100<br>CINCINNATI, OH 45202-4203 | 0.25%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                                                                                                                                                 | 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. |                                           |
| VAN ECK EMERGING MARKETS FUND CL I 666 3RD AVENUE 9TH FL<br>NEW YORK, NY 10017      | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                                                                                                                                                 | 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. |                                           |
| VAN ECK EMERGING MARKETS CLASS A 666 3RD AVENUE 9TH FL<br>NEW YORK, NY 10017        | 0.38%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                                                                                                                                                 | 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. |                                           |
| VICTORY TRIVALENT INTL SMALL CAP A 4900 TIEDEMAN RD 4TH FLOOR<br>BROOKLYN, OH 44114 | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                          | 60                                                                                                                                                                 | 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. |                                           |
| VICTORY TRIVALENT INTL SMALL CAP I 4900 TIEDEMAN RD 4TH FLOOR<br>BROOKLYN, OH 44114         | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                     | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                          | 60                                                                                                                                                                 | 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. |                                           |
| VIRTUS NEWFLEET MLT SECTOR SH TERM 101 MUNSON ST. STE. 3<br>GREENFIELD, MA 01301            | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                     | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                          | 60                                                                                                                                                                 | 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. |                                           |
| ALLSPRING SPECIAL MID CAP VLUE INS 525 MARKET ST. MAC #A0103 122<br>SAN FRANCISCO, CA 94105 | 0.10%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                              | 60                                                                                                                                                                 | 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. |                                           |
| ALLSPRING SMALL COMPANY GRTH INST      525 MARKET ST. MAC #A0103 122<br>SAN FRANCISCO, CA 94105 | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                         | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                                                 |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation                             | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                                                 |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2                                         | (b) Service Codes<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <b>01/01/2021</b> and ending <b>12/31/2021</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>U.S. DIGESTIVE HEALTH RETIREMENT PLAN</b>                                    | <b>B</b> Three-digit plan number (PN)                              | <b>002</b> |
|                                                                                                          |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>RGI MANAGEMENT COMPANY LLC</b>       | <b>D</b> Employer Identification Number (EIN)<br><b>83-4061415</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       | 0                     | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 0                     | 2685873         |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    | 96690                 | 31722           |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 1784765               | 1409756         |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> | 372206                | 323832          |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> | 2572789               | 3471709         |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 62527                 | 40227           |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 0                     | 0               |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   | 0                     | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts.....                            | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 53738145              | 70666208        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 0                     | 0               |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   | 537034                | 479854          |

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                              |              |                       |                 |
| (1) Employer securities.....                                         | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property.....                                      | <b>1d(2)</b> | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 59164156              | 79109181        |

**Liabilities**

|                                                                           |           |       |       |
|---------------------------------------------------------------------------|-----------|-------|-------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 0     | 0     |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 0     | 0     |
| <b>i</b> Acquisition indebtedness.....                                    | <b>1i</b> | 0     | 0     |
| <b>j</b> Other liabilities.....                                           | <b>1j</b> | 70644 | 43220 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 70644 | 43220 |

**Net Assets**

|                                                          |           |          |          |
|----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f)..... | <b>1l</b> | 59093512 | 79065961 |
|----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 4315976    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 3607061    |           |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> | 8722918    |           |
| (2) Noncash contributions.....                                                                             | <b>2a(2)</b>    | 0          | 16645955  |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            |           |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 2646       |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 15965      |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans.....                                                                          | <b>2b(1)(E)</b> | 2646       |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 19227      |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 40484     |
| (2) Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> | 0          | 1364323   |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 14326      |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 1349997    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            |           |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            | 0         |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 2950143    |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....                                               | <b>2b(4)(B)</b> | 3109714    |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | -159571   |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> | 0          | 558208    |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 558208     |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            |           |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            | 0         |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | 2b(8)  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | 2b(9)  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 6986977   |
| c Other income.....                                                                            | 2c     |            | 0         |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 25436376  |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 5376767    |           |
| (2) To insurance carriers for the provision of benefits.....                                   | 2e(2)  | 0          |           |
| (3) Other.....                                                                                 | 2e(3)  | 0          |           |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                                   | 2e(4)  |            | 5376767   |
| f Corrective distributions (see instructions).....                                             | 2f     |            | 0         |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            | 0         |
| h Interest expense.....                                                                        | 2h     |            | 0         |
| i Administrative expenses: (1) Professional fees.....                                          | 2i(1)  | 0          |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  | 0          |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  | 0          |           |
| (4) Other.....                                                                                 | 2i(4)  | 116036     |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 116036    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 5492803   |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 19943573  |
| l Transfers of assets:                                                                         |        |            |           |
| (1) To this plan.....                                                                          | 2l(1)  |            | 28876     |
| (2) From this plan.....                                                                        | 2l(2)  |            | 0         |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: HERBEIN & COMPANY INC.

(2) EIN: 23-2415793

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>b</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.) ..... |     |    |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>c</b> 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.) .....                                                                                                                             |     |    |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>d</b> 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.) .....                                                                                                                  |     |    |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                       |     | X  |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                             |     | X  |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                                                                                                        | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                     |     | X  |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |     | X  |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |     | X  |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |     | X  |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>n</b> 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. ....                                                                                                                         |     | X  |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |

**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 \_\_\_\_\_.

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                                    |                                                                    |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>U.S. DIGESTIVE HEALTH RETIREMENT PLAN</u>                              | <b>B</b> Three-digit plan number (PN) ▶<br><u>002</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>RGI MANAGEMENT COMPANY LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>83-4061415</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> |
| <b>2</b> 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):<br><br>EIN(s): <u>04-6568107</u> |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                    |                              |                             |                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                     | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                         | <b>6b</b>                    |                             |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                                   | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 \_\_\_\_\_



***U.S. DIGESTIVE HEALTH RETIREMENT PLAN***

**FINANCIAL STATEMENTS AND  
SUPPLEMENTARY INFORMATION**

**Year Ended December 31, 2021 and 2020**



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## INDEPENDENT AUDITOR'S REPORT

**To the Administrative Committee and Participants  
U.S. Digestive Health Retirement Plan  
Exton, Pennsylvania**

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

We have performed an audit of the financial statements of U.S. Digestive Health Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 Financial Statements).

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

Management has obtained 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 8 to the financial statements, is complete and accurate.

### **Opinion on the 2021 Financial Statements**

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

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2021 financial statements related to assets held by and certified to by 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 on the 2021 Financial Statements**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of U.S. Digestive Health Retirement 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 2021 Financial Statements**

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

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

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

## **Auditor's Responsibilities for the Audit of the 2021 Financial Statements**

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of U.S. Digestive Health Retirement 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 U.S. Digestive Health Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

## **Other Matters**

### **2021 Supplemental Schedule Required by ERISA**

The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

### **Auditor's Report on the 2020 Financial Statements**

We were engaged to audit the 2020 financial statements of U.S. Digestive Health Retirement Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated March 4, 2022, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Herbein + Company, Inc.*

**Reading, Pennsylvania**

**November 4, 2022**

# U.S. DIGESTIVE HEALTH RETIREMENT PLAN

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

|                                          | December 31          |                      |
|------------------------------------------|----------------------|----------------------|
|                                          | 2021                 | 2020                 |
| <b>ASSETS</b>                            |                      |                      |
| Investments at fair value (see Note 3)   | \$ 76,351,359        | \$ 59,004,939        |
| Receivables:                             |                      |                      |
| Employer contributions                   | 2,685,873            | -                    |
| Participant contributions                | 31,722               | 96,690               |
| Notes receivable from participants       | 40,227               | 62,527               |
|                                          | <u>2,757,822</u>     | <u>159,217</u>       |
| Total receivables                        |                      |                      |
|                                          | <u>2,757,822</u>     | <u>159,217</u>       |
| <b>TOTAL ASSETS</b>                      | <b>79,109,181</b>    | <b>59,164,156</b>    |
| <b>LIABILITIES</b>                       |                      |                      |
| Deferred participant contributions       | 26,723               | 26,723               |
| Excess contributions payable             | 16,497               | 43,921               |
|                                          | <u>43,220</u>        | <u>70,644</u>        |
| <b>TOTAL LIABILITIES</b>                 | <b>43,220</b>        | <b>70,644</b>        |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <b>\$ 79,065,961</b> | <b>\$ 59,093,512</b> |

See accompanying notes.

# U.S. DIGESTIVE HEALTH RETIREMENT PLAN

## STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2021

### ADDITIONS:

Investment income:

|                                               |                  |
|-----------------------------------------------|------------------|
| Net appreciation in fair value of investments | \$ 7,385,614     |
| Interest and dividends                        | <u>1,402,161</u> |

Total investment income 8,787,775

Interest income on notes receivable from participants 2,646

Contributions:

|                       |                  |
|-----------------------|------------------|
| Participants          | 3,607,061        |
| Employer (see Note 1) | 4,315,976        |
| Rollovers             | <u>8,722,918</u> |

Total contributions 16,645,955

Total additions 25,436,376

### DEDUCTIONS:

|                               |                |
|-------------------------------|----------------|
| Benefits paid to participants | 5,376,767      |
| Administrative expenses       | <u>116,036</u> |

Total deductions 5,492,803

NET INCREASE 19,943,573

TRANSFER IN FROM OTHER PLAN (see Note 9) 28,876

NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR 59,093,512

NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR \$ 79,065,961

## **U.S. DIGESTIVE HEALTH RETIREMENT PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

**December 31, 2021 and 2020**

#### **NOTE 1 - DESCRIPTION OF PLAN**

---

The following description of the U.S. Digestive Health Retirement Plan (the “Plan”) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan’s provisions.

##### **General**

The Plan is a safe harbor nonelective contribution plan covering all eligible employees of RGI Management Company LLC (the “Company”). Participants of legacy plans acquired by the Company become employees of the Company at date of acquisition or upon credentialing as applicable. Employees are eligible to participate in the Plan upon date of hire. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Administrative Committee is responsible for oversight of the Plan, the appropriateness of the Plan’s offerings, and monitors investment performance.

##### **Contributions**

Each year participants may contribute up to 80% of eligible compensation, on a pre-tax or after-tax basis in accordance with the Roth provision, as defined in the Plan. Participants who have attained the age of 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing rollover distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3% of eligible compensation with annual 1% increases up to 10%, and their contributions are invested in a designated balanced fund until changed by the participant. The Company makes safe harbor matching contributions equal to 100% of elective salary deferral contributions up to 3%. The Company may make discretionary matching and nonelective profit-sharing contributions for each active participant based on a percentage of the employee’s eligible compensation. In order to participate in the Company’s discretionary matching, an employee must be employed on the last day of the plan year and have completed at least 1,000 hours of service. In order to participate in the Company’s nonelective profit-sharing, an employee must have attained the age of 21 and have completed at least 1,000 hours of service. Additionally, the Company may also make qualified nonelective contributions. Nonelective profit-sharing contributions for 2021 and 2020 were \$2,547,609 and \$0, respectively. Contributions are subject to certain Internal Revenue Service (“IRS”) limitations.

##### **Participant Accounts**

Each participant’s account is credited with the participant’s contributions and the safe harbor matching contributions as well as allocations of the Company’s discretionary matching contributions and nonelective profit-sharing contributions and plan earnings, thereon. Participant accounts are charged with an allocation of certain administrative expenses that are paid by the Plan. Allocations are based on participant account balances or for specific transactions. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

## **U.S. DIGESTIVE HEALTH RETIREMENT PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

**December 31, 2021 and 2020**

#### **NOTE 1 - DESCRIPTION OF PLAN - CONTINUED**

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##### **Vesting**

Participants are immediately vested in their contributions, the safe harbor matching contributions, and qualified nonelective contributions, plus actual earnings thereon. Nonelective profit-sharing contributions plus actual earnings thereon vest based on years of service and are fully vested after two years of service. The Company's discretionary matching contributions plus actual earnings thereon vest based on years of service and are fully vested after three years of service. Participants who had employer contributions under a legacy Plan that subsequently merged into the Plan follow legacy Plan provisions with respect to vesting.

##### **Notes Receivable from Participants**

Participant from a legacy plan were able to borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate was based on the rates available for similar loans from commercial lending institutions, as defined. Principal and interest are paid ratably through bi-weekly payroll deductions. The Plan does not allow for new loans to be issued to participants.

##### **Payment of Benefits**

On termination of service for any reason, a participant may elect to receive either a lump-sum amount up to the value of the participant's vested interest in his or her account in a, or as a monthly annuity. In addition, the Plan allows for hardship distributions if certain criteria are met.

##### **Forfeited Accounts**

At December 31, 2021 and 2020, forfeited nonvested accounts totaled \$47,319 and \$12,271, respectively. These accounts will be used to pay future administrative expenses of the Plan. No forfeitures were used during 2021.

#### **NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

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##### **Basis of Accounting**

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

##### **Use of Estimates**

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

## U.S. DIGESTIVE HEALTH RETIREMENT PLAN

### NOTES TO FINANCIAL STATEMENTS

December 31, 2021 and 2020

#### NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

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##### Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Administrative Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and trustee. See Note 3 for discussion of fair value measurements.

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

##### Investment Concentration

The Plan holds certain investments that represent 10% or more of the Plan's total investments at December 31:

|                                      | 2021         | 2020 |
|--------------------------------------|--------------|------|
| <i>Mutual funds:</i>                 |              |      |
| Fidelity Freedom Index 2040 Investor | \$ 7,658,040 | *    |
| Fidelity 500 Index Fund              | 7,857,447    | *    |

\*Investment did not represent 10% or more of the Plan's investments in respective year.

##### Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. No allowance for credit losses has been recorded as of December 31, 2021 and 2020. Delinquent participant loans are recorded as distributions based on the terms of the Plan.

##### Excess Contributions Payable

At December 31, 2021 and 2020, liabilities of \$16,497 and \$43,921, respectively, were recorded for the amount refundable by the Plan to participants for contributions made in excess of amounts allowed by the IRS. The Plan did not distribute the 2021 or 2020 excess contributions to the applicable participants prior to March 15, 2022 or 2021, respectively.

##### Payment of Benefits

Benefits are recorded when paid.

## U.S. DIGESTIVE HEALTH RETIREMENT PLAN

### NOTES TO FINANCIAL STATEMENTS

December 31, 2021 and 2020

#### NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

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##### **Administrative Expenses**

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments.

##### **Subsequent Events**

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through November 4, 2022, the date the financial statements were available to be issued.

The Plan was amended effective May 31, 2022 to allow acquired practices through the Plan amendment date to participate in the Plan.

#### NOTE 3 - FAIR VALUE MEASUREMENTS

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The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

*Level 2:* Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets.
- quoted prices for identical or similar assets or liabilities in inactive markets.
- inputs other than quoted prices that are observable for the asset or liability.
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

## U.S. DIGESTIVE HEALTH RETIREMENT PLAN

### NOTES TO FINANCIAL STATEMENTS

December 31, 2021 and 2020

#### NOTE 3 - FAIR VALUE MEASUREMENTS - CONTINUED

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

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

*Common stock:* Valued at closing price reported on the active market on which the individual securities are traded.

*Corporate bonds:* Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

*Money market funds:* Valued at a stable \$1.00 per share which approximates fair value. The money market funds held by the Plan are actively traded.

*Municipal bonds:* Valued on the basis of a compilation of primarily observable market information or a broker quote in a nonactive market.

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

# U.S. DIGESTIVE HEALTH RETIREMENT PLAN

## NOTES TO FINANCIAL STATEMENTS

December 31, 2021 and 2020

### NOTE 3 - FAIR VALUE MEASUREMENTS - CONTINUED

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

|                           | Assets at Fair Value as of December 31, 2021 |                   |             |                      |
|---------------------------|----------------------------------------------|-------------------|-------------|----------------------|
|                           | Level 1                                      | Level 2           | Level 3     | Total                |
| Common stock              | \$ 3,471,709                                 | \$ -              | \$ -        | \$ 3,471,709         |
| Corporate bonds           | -                                            | 323,832           | -           | 323,832              |
| Money market funds        | 1,409,756                                    | -                 | -           | 1,409,756            |
| Municipal bonds           | -                                            | 479,854           | -           | 479,854              |
| Mutual funds              | 70,666,208                                   | -                 | -           | 70,666,208           |
| Investments at fair value | <u>\$ 75,547,673</u>                         | <u>\$ 803,686</u> | <u>\$ -</u> | <u>\$ 76,351,359</u> |

|                           | Assets at Fair Value as of December 31, 2020 |                   |             |                      |
|---------------------------|----------------------------------------------|-------------------|-------------|----------------------|
|                           | Level 1                                      | Level 2           | Level 3     | Total                |
| Common stock              | \$ 2,572,800                                 | \$ -              | \$ -        | \$ 2,572,800         |
| Corporate bonds           | -                                            | 372,203           | -           | 372,203              |
| Money market funds        | 1,784,751                                    | -                 | -           | 1,784,751            |
| Municipal bonds           | -                                            | 537,036           | -           | 537,036              |
| Mutual funds              | 53,738,149                                   | -                 | -           | 53,738,149           |
| Investments at fair value | <u>\$ 58,095,700</u>                         | <u>\$ 909,239</u> | <u>\$ -</u> | <u>\$ 59,004,939</u> |

#### Transfers Between Levels

For the years ended December 31, 2021 and 2020, there were no significant transfers between levels.

## **U.S. DIGESTIVE HEALTH RETIREMENT PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

**December 31, 2021 and 2020**

#### **NOTE 4 - RELATED-PARTY TRANSACTIONS AND PARTY-IN-INTEREST TRANSACTIONS**

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Certain plan investments are shares of mutual funds and money market accounts managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Other transactions, which may have been considered related-party or party-in-interest transactions, related to normal plan management and administrative services.

#### **NOTE 5 - PLAN TERMINATION**

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Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

#### **NOTE 6 - TAX STATUS**

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The Company has adopted a non-standardized pre-approved profit-sharing plan with a cash or deferred arrangement in consultation with Fidelity Management and Research Company. The non-standardized pre-approved profit-sharing plan has received an opinion letter from the IRS dated June 30, 2020, as to the non-standardized pre-approved profit-sharing plan's qualified status. The non-standardized pre-approved profit-sharing plan opinion letter has been relied upon by the Plan. The Administrative Committee and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believe the Plan is qualified, and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## **U.S. DIGESTIVE HEALTH RETIREMENT PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

**December 31, 2021 and 2020**

#### **NOTE 7 - RISKS AND UNCERTAINTIES**

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

#### **NOTE 8 - CERTIFIED INFORMATION**

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Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments at fair value and notes receivable from participants at December 31, 2021 and 2020, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2021, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity Management Trust Company, the trustee of the Plan.

#### **NOTE 9 - TRANSFER IN FROM OTHER PLAN**

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On January 1, 2020, the Main Line Gastroenterology Associates P.C. 401(k) Profit Sharing Plan merged into the Plan. An aggregate of \$28,876 was transferred into the Plan on January 13, 2021.

## **SUPPLEMENTARY INFORMATION**

**U.S. DIGESTIVE HEALTH RETIREMENT PLAN**

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

**December 31, 2021**

| EIN 83-4061415                     |                                                          | PLAN NO. 002                                                                                                     |              |                          |
|------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------|--------------------------|
| (a)                                | (b)                                                      | (c)                                                                                                              | (d)          | (e)                      |
|                                    | Identity of Issue, Borrower,<br>Lessor, or Similar Party | Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par, or Maturity Value | Cost<br>(\$) | Current<br>Value<br>(\$) |
| <b>MONEY MARKET ACCOUNTS</b>       |                                                          |                                                                                                                  |              |                          |
| *                                  | Fidelity Cash Reserves                                   | Money Market                                                                                                     | **           | \$ 728,497               |
| *                                  | Fidelity Government Money Market K6                      | Money Market                                                                                                     | **           | 681,259                  |
| <b>TOTAL MONEY MARKET ACCOUNTS</b> |                                                          |                                                                                                                  |              | 1,409,756                |
| <b>COMMON STOCK</b>                |                                                          |                                                                                                                  |              |                          |
|                                    | E Health Inc                                             | Common Stock                                                                                                     | **           | 255                      |
|                                    | Figs Inc Class A                                         | Common Stock                                                                                                     | **           | 31,143                   |
|                                    | First Solar Inc                                          | Common Stock                                                                                                     | **           | 1,307                    |
|                                    | General Motors Company                                   | Common Stock                                                                                                     | **           | 4,104                    |
|                                    | Hut 8 Mining Corporation                                 | Common Stock                                                                                                     | **           | 1,977                    |
|                                    | Intuit Inc                                               | Common Stock                                                                                                     | **           | 1,288                    |
|                                    | MP Materials Corporation Class A                         | Common Stock                                                                                                     | **           | 1,817                    |
|                                    | Madison Square Garden Entertainment Corporation Class A  | Common Stock                                                                                                     | **           | 2,462                    |
|                                    | Marathon Digital Holdings Inc                            | Common Stock                                                                                                     | **           | 1,225                    |
|                                    | Marvell Technology Inc                                   | Common Stock                                                                                                     | **           | 2,016                    |
|                                    | The Trade Desk Inc                                       | Common Stock                                                                                                     | **           | 1,833                    |
|                                    | The Toro Company                                         | Common Stock                                                                                                     | **           | 1,004                    |
|                                    | Trimble Inc                                              | Common Stock                                                                                                     | **           | 1,046                    |
|                                    | Uber Technologies Inc                                    | Common Stock                                                                                                     | **           | 839                      |
|                                    | Upstart Holdings Inc                                     | Common Stock                                                                                                     | **           | 908                      |
|                                    | Upwork Inc                                               | Common Stock                                                                                                     | **           | 1,708                    |
|                                    | Voyager Digital Ltd                                      | Common Stock                                                                                                     | **           | 4,063                    |
|                                    | Wesco International Inc                                  | Common Stock                                                                                                     | **           | 1,316                    |
|                                    | Xpeng Inc                                                | Common Stock                                                                                                     | **           | 1,258                    |
|                                    | Airbnb inc                                               | Common Stock                                                                                                     | **           | 1,332                    |
|                                    | AppHarvest inc                                           | Common Stock                                                                                                     | **           | 584                      |
|                                    | Asana Inc Class A                                        | Common Stock                                                                                                     | **           | 746                      |
|                                    | AstraZeneca Plc                                          | Common Stock                                                                                                     | **           | 9,844                    |
|                                    | Atkore Inc                                               | Common Stock                                                                                                     | **           | 5,560                    |
|                                    | Blackline Inc                                            | Common Stock                                                                                                     | **           | 2,071                    |
|                                    | Bilibili Inc Class A                                     | Common Stock                                                                                                     | **           | 464                      |
|                                    | Biogen Inc                                               | Common Stock                                                                                                     | **           | 2,399                    |
|                                    | Brookfield Renewable Corp                                | Common Stock                                                                                                     | **           | 737                      |
|                                    | Builders Firstsource Inc                                 | Common Stock                                                                                                     | **           | 17,142                   |
|                                    | C3 ai Inc Class A                                        | Common Stock                                                                                                     | **           | 625                      |
|                                    | CF Acquisition Corporation Class A                       | Common Stock                                                                                                     | **           | 917                      |
|                                    | Castle Bioscience Inc                                    | Common Stock                                                                                                     | **           | 429                      |
|                                    | Ceva Inc                                                 | Common Stock                                                                                                     | **           | 865                      |
|                                    | Cognex Corp                                              | Common Stock                                                                                                     | **           | 1,169                    |
|                                    | Coinbase Global Inc Class A                              | Common Stock                                                                                                     | **           | 42,903                   |
|                                    | Compass Pathways Plc                                     | Common Stock                                                                                                     | **           | 442                      |
|                                    | CuriosityStream Inc Class A                              | Common Stock                                                                                                     | **           | 297                      |
|                                    | DermTech Inc                                             | Common Stock                                                                                                     | **           | 237                      |
|                                    | Digital World Acquisition Corp                           | Common Stock                                                                                                     | **           | 4,199                    |
|                                    | Digital Turbine Inc                                      | Common Stock                                                                                                     | **           | 20,127                   |
|                                    | DigitalOcean Holdings Inc                                | Common Stock                                                                                                     | **           | 803                      |
|                                    | Docebo Inc                                               | Common Stock                                                                                                     | **           | 674                      |
|                                    | Maxlinear Inc                                            | Common Stock                                                                                                     | **           | 3,770                    |
|                                    | Mercadolibre Inc                                         | Common Stock                                                                                                     | **           | 4,045                    |
|                                    | Nextera Energy Inc                                       | Common Stock                                                                                                     | **           | 1,427                    |
|                                    | On Semiconductor Corp                                    | Common Stock                                                                                                     | **           | 1,358                    |
|                                    | Ondas Holdings Inc                                       | Common Stock                                                                                                     | **           | 46,299                   |

*See independent auditor's report.*

**U.S. DIGESTIVE HEALTH RETIREMENT PLAN**

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

**December 31, 2021**

| EIN 83-4061415 |                                                          | PLAN NO. 002                                                                                                     |              |                          |
|----------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------|--------------------------|
| (a)            | (b)                                                      | (c)                                                                                                              | (d)          | (e)                      |
|                | Identity of Issue, Borrower,<br>Lessor, or Similar Party | Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par, or Maturity Value | Cost<br>(\$) | Current<br>Value<br>(\$) |
|                | Kyndryl Holdings Inc                                     | Common Stock                                                                                                     | **           | 724                      |
|                | Outset Medical Inc                                       | Common Stock                                                                                                     | **           | 461                      |
|                | Palo Alto Networks Inc                                   | Common Stock                                                                                                     | **           | 2,227                    |
|                | Procore Technologies Inc                                 | Common Stock                                                                                                     | **           | 800                      |
|                | Progyny Inc                                              | Common Stock                                                                                                     | **           | 504                      |
|                | Electronic Arts Inc                                      | Common Stock                                                                                                     | **           | 941                      |
|                | Dlocal Ltd                                               | Common Stock                                                                                                     | **           | 22,306                   |
|                | Signet Jewelers Limited                                  | Common Stock                                                                                                     | **           | 8,703                    |
|                | Vinci Partners Investments Ltd                           | Common Stock                                                                                                     | **           | 555                      |
|                | Monday.com Ltd                                           | Common Stock                                                                                                     | **           | 1,544                    |
|                | ASML Holding NV                                          | Common Stock                                                                                                     | **           | 1,599                    |
|                | The Scotts Miracle-Gro Company                           | Common Stock                                                                                                     | **           | 814                      |
|                | SolarEdge Technologies                                   | Common Stock                                                                                                     | **           | 1,122                    |
|                | Synaptics Inc                                            | Common Stock                                                                                                     | **           | 2,895                    |
|                | TPI Composites Inc                                       | Common Stock                                                                                                     | **           | 509                      |
|                | East West Ban Corporation Inc                            | Common Stock                                                                                                     | **           | 3,934                    |
|                | Electronics Arts                                         | Common Stock                                                                                                     | **           | 11,884                   |
|                | Endava                                                   | Common Stock                                                                                                     | **           | 8,396                    |
|                | Epam Sys Inc                                             | Common Stock                                                                                                     | **           | 3,342                    |
|                | Facebook Inc                                             | Common Stock                                                                                                     | **           | 36,999                   |
|                | Fastly Inc                                               | Common Stock                                                                                                     | **           | 8,154                    |
| *              | Fidelity National Information Services                   | Common Stock                                                                                                     | **           | 5,458                    |
|                | First Republic Bank San Francisco                        | Common Stock                                                                                                     | **           | 20,651                   |
|                | Fiserv Inc                                               | Common Stock                                                                                                     | **           | 10,379                   |
|                | fuboTV Inc                                               | Common Stock                                                                                                     | **           | 466                      |
|                | Fulgent Genetics Inc                                     | Common Stock                                                                                                     | **           | 2,012                    |
|                | Generac Holdings Inc                                     | Common Stock                                                                                                     | **           | 10,206                   |
|                | General Electric Co                                      | Common Stock                                                                                                     | **           | 7,085                    |
|                | Gilead Sciences Inc                                      | Common Stock                                                                                                     | **           | 4,655                    |
|                | Global Payments Inc                                      | Common Stock                                                                                                     | **           | 6,759                    |
|                | Guidewire Software Inc                                   | Common Stock                                                                                                     | **           | 5,677                    |
|                | Heico Corporation                                        | Common Stock                                                                                                     | **           | 7,211                    |
|                | Home Depot Inc                                           | Common Stock                                                                                                     | **           | 6,513                    |
|                | Honeywell International Inc                              | Common Stock                                                                                                     | **           | 2,155                    |
|                | Hubspot Inc                                              | Common Stock                                                                                                     | **           | 6,592                    |
|                | Intel Corporation                                        | Common Stock                                                                                                     | **           | 2,690                    |
|                | International Business Machinery                         | Common Stock                                                                                                     | **           | 26,732                   |
|                | JPMorgan Chase & Co                                      | Common Stock                                                                                                     | **           | 6,674                    |
|                | Johnson & Johnson                                        | Common Stock                                                                                                     | **           | 3,581                    |
|                | Lam Research Corporation                                 | Common Stock                                                                                                     | **           | 8,755                    |
|                | Lemonade Inc                                             | Common Stock                                                                                                     | **           | 1,474                    |
|                | Liveperson Inc                                           | Common Stock                                                                                                     | **           | 1,607                    |
|                | Luckin Coffee Inc                                        | Common Stock                                                                                                     | **           | 472                      |
|                | Lumentum Holdings Inc                                    | Common Stock                                                                                                     | **           | 4,760                    |
|                | Twilio Inc Class A                                       | Common Stock                                                                                                     | **           | 1,317                    |
|                | United Bankshares Inc                                    | Common Stock                                                                                                     | **           | 3,628                    |
|                | Unity Software Inc                                       | Common Stock                                                                                                     | **           | 3,432                    |
|                | Universal Display Corporation                            | Common Stock                                                                                                     | **           | 3,326                    |
|                | Vail Resorts Inc                                         | Common Stock                                                                                                     | **           | 4,931                    |
|                | Verizon Communications                                   | Common Stock                                                                                                     | **           | 19,225                   |
|                | Viavi Solutions Inc                                      | Common Stock                                                                                                     | **           | 881                      |
|                | Viatis Inc                                               | Common Stock                                                                                                     | **           | 1,827                    |
|                | Visa Inc Class A                                         | Common Stock                                                                                                     | **           | 32,507                   |
|                | VMware Inc Class A                                       | Common Stock                                                                                                     | **           | 5,794                    |

*See independent auditor's report.*

**U.S. DIGESTIVE HEALTH RETIREMENT PLAN**

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

**December 31, 2021**

| EIN 83-4061415 |                                                          | PLAN NO. 002                                                                                                     |              |                          |
|----------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------|--------------------------|
| (a)            | (b)                                                      | (c)                                                                                                              | (d)          | (e)                      |
|                | Identity of Issue, Borrower,<br>Lessor, or Similar Party | Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par, or Maturity Value | Cost<br>(\$) | Current<br>Value<br>(\$) |
|                | Vulcan Materials Co                                      | Common Stock                                                                                                     | **           | 10,379                   |
|                | Wal-Mart Stores Inc                                      | Common Stock                                                                                                     | **           | 3,720                    |
|                | Wingstop Inc                                             | Common Stock                                                                                                     | **           | 1,805                    |
|                | Xilinx Inc                                               | Common Stock                                                                                                     | **           | 2,137                    |
|                | Yum! Brands Inc                                          | Common Stock                                                                                                     | **           | 6,943                    |
|                | Zebra Technologies Corporation Class A                   | Common Stock                                                                                                     | **           | 1,786                    |
|                | Zscaler Inc                                              | Common Stock                                                                                                     | **           | 19,280                   |
|                | Zoom Video Communications Inc                            | Common Stock                                                                                                     | **           | 4,966                    |
|                | Adobe Systems Inc                                        | Common Stock                                                                                                     | **           | 3,969                    |
|                | Advanced Micro Devices Inc                               | Common Stock                                                                                                     | **           | 30,219                   |
|                | Alarm.com Holdings Inc                                   | Common Stock                                                                                                     | **           | 1,696                    |
|                | Alibaba Group Holding Ltd                                | Common Stock                                                                                                     | **           | 3,801                    |
|                | Alphabet Inc Capital Stock Class C                       | Common Stock                                                                                                     | **           | 8,681                    |
|                | Alphabet Inc Capital Stock Class A                       | Common Stock                                                                                                     | **           | 66,632                   |
|                | Alteryx Inc Class A                                      | Common Stock                                                                                                     | **           | 303                      |
|                | Amazon Inc                                               | Common Stock                                                                                                     | **           | 121,037                  |
|                | Anaplan Inc                                              | Common Stock                                                                                                     | **           | 2,293                    |
|                | Appian Corporation Class A                               | Common Stock                                                                                                     | **           | 3,717                    |
|                | Appfolio Inc Class A                                     | Common Stock                                                                                                     | **           | 2,421                    |
|                | Apple Computer Inc                                       | Common Stock                                                                                                     | **           | 186,642                  |
|                | Aurora Cannabis Inc                                      | Common Stock                                                                                                     | **           | 541                      |
|                | Autodesk Inc                                             | Common Stock                                                                                                     | **           | 5,061                    |
|                | Autohome Inc                                             | Common Stock                                                                                                     | **           | 1,474                    |
|                | Avalara Inc                                              | Common Stock                                                                                                     | **           | 3,228                    |
|                | Axon Enterprise Inc                                      | Common Stock                                                                                                     | **           | 3,454                    |
|                | Bandwidth Inc Class A                                    | Common Stock                                                                                                     | **           | 502                      |
|                | Barrick Gold Corporation                                 | Common Stock                                                                                                     | **           | 3,989                    |
|                | Berkshire Hathaway Inc Del Class B New                   | Common Stock                                                                                                     | **           | 28,106                   |
|                | Blackstone Group Inc Class A                             | Common Stock                                                                                                     | **           | 12,939                   |
|                | Boston Omaha Corporation                                 | Common Stock                                                                                                     | **           | 2,873                    |
|                | CDW Corporation                                          | Common Stock                                                                                                     | **           | 5,120                    |
|                | CVS Corporation                                          | Common Stock                                                                                                     | **           | 10,316                   |
|                | Cadence Design Systems Inc                               | Common Stock                                                                                                     | **           | 1,864                    |
|                | Canadian National Railway Co                             | Common Stock                                                                                                     | **           | 1,250                    |
|                | Canopy Growth Corporation                                | Common Stock                                                                                                     | **           | 873                      |
|                | Carrier Global Corporation                               | Common Stock                                                                                                     | **           | 1,627                    |
|                | Cerence Inc                                              | Common Stock                                                                                                     | **           | 1,916                    |
|                | Chegg Inc                                                | Common Stock                                                                                                     | **           | 461                      |
|                | Citigroup Inc                                            | Common Stock                                                                                                     | **           | 3,020                    |
|                | Clorox Co Del                                            | Common Stock                                                                                                     | **           | 1,808                    |
|                | Cloudflare Inc Class A                                   | Common Stock                                                                                                     | **           | 9,074                    |
|                | Copart Inc                                               | Common Stock                                                                                                     | **           | 15,162                   |
|                | Costco Wholesale Corporation                             | Common Stock                                                                                                     | **           | 8,862                    |
|                | Crowdstrike Holdings Inc Class A                         | Common Stock                                                                                                     | **           | 13,514                   |
|                | Datadog Inc Class A                                      | Common Stock                                                                                                     | **           | 13,536                   |
|                | Disney Walt Co Del (Holding Company)                     | Common Stock                                                                                                     | **           | 19,361                   |
|                | Docusign Inc                                             | Common Stock                                                                                                     | **           | 3,808                    |
|                | Draftkings Inc Class A                                   | Common Stock                                                                                                     | **           | 4,121                    |
|                | Mastercard Inc Class A                                   | Common Stock                                                                                                     | **           | 16,215                   |
|                | Mckesson Corporation                                     | Common Stock                                                                                                     | **           | 2,522                    |
|                | Merck & Co Inc                                           | Common Stock                                                                                                     | **           | 11,496                   |
|                | Microsoft Corporation                                    | Common Stock                                                                                                     | **           | 64,119                   |
|                | Moderna Inc                                              | Common Stock                                                                                                     | **           | 10,159                   |
|                | MongoDB Inc Class A                                      | Common Stock                                                                                                     | **           | 8,999                    |

*See independent auditor's report.*

**U.S. DIGESTIVE HEALTH RETIREMENT PLAN**

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

**December 31, 2021**

| EIN 83-4061415            |                                                          | PLAN NO. 002                                                                                                     |              |                          |
|---------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------|--------------------------|
| (a)                       | (b)                                                      | (c)                                                                                                              | (d)          | (e)                      |
|                           | Identity of Issue, Borrower,<br>Lessor, or Similar Party | Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par, or Maturity Value | Cost<br>(\$) | Current<br>Value<br>(\$) |
|                           | nCino Inc                                                | Common Stock                                                                                                     | **           | 1,097                    |
|                           | Netflix Inc                                              | Common Stock                                                                                                     | **           | 6,024                    |
|                           | New Oriental Education & Technology Group Inc            | Common Stock                                                                                                     | **           | 1,575                    |
|                           | NVIDIA Corporation                                       | Common Stock                                                                                                     | **           | 141,210                  |
|                           | Occidental Petroleum Corporation                         | Common Stock                                                                                                     | **           | 2,899                    |
|                           | Okta Inc Class A                                         | Common Stock                                                                                                     | **           | 3,138                    |
|                           | Old Dominion Freight Lines Inc                           | Common Stock                                                                                                     | **           | 1,797                    |
|                           | Paylocity Holding Corporation                            | Common Stock                                                                                                     | **           | 23,616                   |
|                           | Paypal Holdings Inc                                      | Common Stock                                                                                                     | **           | 34,699                   |
|                           | Penn National Gaming Inc                                 | Common Stock                                                                                                     | **           | 3,889                    |
|                           | Perficient Inc                                           | Common Stock                                                                                                     | **           | 25,858                   |
|                           | Qorvo Inc                                                | Common Stock                                                                                                     | **           | 3,753                    |
|                           | Raytheon Technologies Corporation                        | Common Stock                                                                                                     | **           | 2,582                    |
|                           | Redfin Corporation                                       | Common Stock                                                                                                     | **           | 1,152                    |
|                           | Regeneron Pharmaceuticals                                | Common Stock                                                                                                     | **           | 1,263                    |
|                           | Ringcentral Inc                                          | Common Stock                                                                                                     | **           | 12,178                   |
|                           | Roche Holding Ltd Adr                                    | Common Stock                                                                                                     | **           | 1,040                    |
|                           | Atlassian Corporation PLC                                | Common Stock                                                                                                     | **           | 41,942                   |
|                           | Accenture PLC Class A                                    | Common Stock                                                                                                     | **           | 8,483                    |
|                           | Mimecast Limited                                         | Common Stock                                                                                                     | **           | 7,957                    |
|                           | Medtronic PLC                                            | Common Stock                                                                                                     | **           | 10,345                   |
|                           | Crispr Therapeutics AG                                   | Common Stock                                                                                                     | **           | 758                      |
|                           | Logitech International S.A.                              | Common Stock                                                                                                     | **           | 831                      |
|                           | Globant SA                                               | Common Stock                                                                                                     | **           | 7,538                    |
|                           | Spotify Technology S.A.                                  | Common Stock                                                                                                     | **           | 2,340                    |
|                           | Fiverr International Ltd                                 | Common Stock                                                                                                     | **           | 5,571                    |
|                           | Wix.com Ltd                                              | Common Stock                                                                                                     | **           | 789                      |
|                           | Elastic N V                                              | Common Stock                                                                                                     | **           | 2,462                    |
|                           | AT&T Inc                                                 | Common Stock                                                                                                     | **           | 43,075                   |
|                           | Abbott Laboratories                                      | Common Stock                                                                                                     | **           | 2,887                    |
|                           | Abbvie Inc                                               | Common Stock                                                                                                     | **           | 13,540                   |
|                           | Activision Blizzard Inc                                  | Common Stock                                                                                                     | **           | 8,982                    |
|                           | Occidental Petroleum Corporation Wts Exp 08/03/2027      | Common Stock                                                                                                     | **           | 150                      |
|                           | Schrodinger Inc                                          | Common Stock                                                                                                     | **           | 522                      |
|                           | Roku Inc Class A                                         | Common Stock                                                                                                     | **           | 17,115                   |
|                           | SS&C Technologies Holdings Inc                           | Common Stock                                                                                                     | **           | 24,594                   |
|                           | Salesforce Inc                                           | Common Stock                                                                                                     | **           | 7,370                    |
|                           | Sea Limited                                              | Common Stock                                                                                                     | **           | 4,474                    |
|                           | Servicenow Inc                                           | Common Stock                                                                                                     | **           | 19,473                   |
|                           | Shopify Inc                                              | Common Stock                                                                                                     | **           | 13,774                   |
|                           | Snowflake Inc Class A                                    | Common Stock                                                                                                     | **           | 7,114                    |
|                           | Splunk Inc                                               | Common Stock                                                                                                     | **           | 2,314                    |
|                           | Square Inc Class A                                       | Common Stock                                                                                                     | **           | 17,766                   |
|                           | Synopsys Inc                                             | Common Stock                                                                                                     | **           | 18,425                   |
|                           | Taiwan Semiconductor Manufacturing Co Ltd.               | Common Stock                                                                                                     | **           | 7,381                    |
|                           | Target Corporation                                       | Common Stock                                                                                                     | **           | 8,332                    |
|                           | Teladoc Inc                                              | Common Stock                                                                                                     | **           | 1,836                    |
|                           | Tencent Holdings Limited                                 | Common Stock                                                                                                     | **           | 3,516                    |
|                           | Teradyne Inc                                             | Common Stock                                                                                                     | **           | 6,571                    |
|                           | Tesla Motors Inc                                         | Common Stock                                                                                                     | **           | 1,521,265                |
|                           | 3M Company                                               | Common Stock                                                                                                     | **           | 8,468                    |
|                           | Trulieve Cannabis Corporation                            | Common Stock                                                                                                     | **           | 1,303                    |
| <b>TOTAL COMMON STOCK</b> |                                                          |                                                                                                                  |              | <b>3,471,709</b>         |

See independent auditor's report.

**U.S. DIGESTIVE HEALTH RETIREMENT PLAN**

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

**December 31, 2021**

| EIN 83-4061415         |                                                          | PLAN NO. 002                                                                                                     |              |                          |
|------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------|--------------------------|
| (a)                    | (b)                                                      | (c)                                                                                                              | (d)          | (e)                      |
|                        | Identity of Issue, Borrower,<br>Lessor, or Similar Party | Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par, or Maturity Value | Cost<br>(\$) | Current<br>Value<br>(\$) |
| <b>CORPORATE BONDS</b> |                                                          |                                                                                                                  |              |                          |
|                        | Boeing Compny Note                                       | Corporate Bond, 2.200%<br>maturing 10/30/2022<br>Par Value \$20,000                                              | **           | 17,608                   |
|                        | Citigroup Inc Notes                                      | Corporate Bond, 7.000%<br>maturing 12/1/2025<br>Par Value \$2,000                                                | **           | 2,386                    |
|                        | Citigroup Inc Bonds                                      | Corporate Bond, 4.400%<br>maturing 6/10/2025<br>Par Value \$10,000                                               | **           | 10,894                   |
|                        | Citizens Financial Group Inc Note                        | Corporate Bond, 4.350%<br>maturing 8/1/2025<br>Par Value \$5,000                                                 | **           | 5,373                    |
|                        | General Electric Capital Corporation                     | Corporate Bond, 3.000%<br>maturing 8/15/2025<br>Par Value \$11,000                                               | **           | 11,280                   |
|                        | General Electric Capital Corporation                     | Corporate Bond, 3.100%<br>maturing 5/15/2026<br>Par Value \$20,000                                               | **           | 20,596                   |
|                        | Morgan Stanley                                           | Corporate Bond, 5.050%<br>maturing 9/1/2022<br>Par Value \$6,000                                                 | **           | 6,121                    |
|                        | Weyerhaeuser Company                                     | Corporate Bond, 7.950%<br>maturing 3/15/2025<br>Par Value \$4,000                                                | **           | 4,758                    |
|                        | Wachovia Corporation                                     | Corporate Bond, 6.605%<br>maturing 10/1/2025<br>Par Value \$11,000                                               | **           | 12,816                   |
|                        | Bank of America Corporation                              | Corporate Bond, 4.200%<br>maturing 8/2/2024<br>Par Value \$16,000                                                | **           | 17,154                   |
|                        | Boeing Company                                           | Corporate Bond, 2.200%<br>maturing 10/30/2022<br>Par Value \$20,000                                              | **           | 20,195                   |
|                        | Catholic Health Initiatives Bond                         | Corporate Bond, 4.200%<br>maturing 8/1/2023<br>Par Value \$9,000                                                 | **           | 9,412                    |
|                        | Brunswick Corporation                                    | Corporate Bond, 7.375%<br>maturing 9/1/2023<br>Par Value \$10,000                                                | **           | 10,957                   |

*See independent auditor's report.*

**U.S. DIGESTIVE HEALTH RETIREMENT PLAN**

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

**December 31, 2021**

| EIN 83-4061415      |                                                                 | PLAN NO. 002                                                                                                     |              |                          |
|---------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------|--------------------------|
| (a)                 | (b)                                                             | (c)                                                                                                              | (d)          | (e)                      |
|                     | Identity of Issue, Borrower,<br>Lessor, or Similar Party        | Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par, or Maturity Value | Cost<br>(\$) | Current<br>Value<br>(\$) |
|                     | Capital One Financial Corporation                               | Corporate Bond, 3.300%<br>maturing 10/30/2024<br>Par Value \$30,000                                              | **           | 31,581                   |
|                     | Commonspirit Health                                             | Corporate Bond, 2.760%<br>maturing 10/1/2024<br>Par Value \$10,000                                               | **           | 10,315                   |
|                     | Enstar Group Ltd                                                | Corporate Bond, 4.500%<br>maturing 3/10/2022<br>Par Value \$10,000                                               | **           | 10,028                   |
|                     | First American Financial Corporation                            | Corporate Bond, 4.300%<br>maturing 2/1/2023<br>Par Value \$15,000                                                | **           | 15,456                   |
|                     | General Motors Financial Company Inc                            | Corporate Bond, 4.150%<br>maturing 6/19/2023<br>Par Value \$20,000                                               | **           | 20,802                   |
|                     | L-3 Communications Corporation                                  | Corporate Bond, 3.950<br>maturing 5/28/2024<br>Par Value \$25,000                                                | **           | 26,143                   |
|                     | Morgan Stanley                                                  | Corporate Bond, 4.350%<br>maturing 9/8/2026<br>Par Value \$14,000                                                | **           | 15,465                   |
|                     | Netapp Inc Bond                                                 | Corporate Bond, 3.250%<br>maturing 12/15/2022<br>Par Value \$15,000                                              | **           | 15,224                   |
|                     | Symetra Financial Corporation                                   | Corporate Bond , 4.250%<br>maturing 7/15/2024<br>Par Value \$15,000                                              | **           | 15,927                   |
|                     | Time Warner Cable Bond                                          | Corporate Bond, 7.570%<br>maturing 2/1/2024<br>Par Value \$12,000                                                | **           | 13,341                   |
|                     |                                                                 | <b>TOTAL CORPORATE BONDS</b>                                                                                     |              | <b>323,832</b>           |
| <b>MUTUAL FUNDS</b> |                                                                 |                                                                                                                  |              |                          |
|                     | Blackrock Strategic Income Opportunities Portfolio              | Mutual Fund                                                                                                      | **           | 164,276                  |
|                     | Fuller & Thaler Behavioral Mid-Cap Value Fund                   | Mutual Fund                                                                                                      | **           | 317,637                  |
|                     | Vanguard Cash Reserves Federal Money Market Fund Admiral Shares | Mutual Fund                                                                                                      | **           | 7,411                    |
|                     | Energy Select Sector SPDR Fund                                  | Mutual Fund                                                                                                      | **           | 19,425                   |
|                     | Consumer Staples Select Sector SPDR Fund                        | Mutual Fund                                                                                                      | **           | 24,829                   |
|                     | Financial Select Sector SPDR Fund                               | Mutual Fund                                                                                                      | **           | 75,015                   |
|                     | Utilities Select Sector SPDR Fund                               | Mutual Fund                                                                                                      | **           | 46,241                   |
|                     | Vanguard Intermediate-Term Bond Index Fund                      | Mutual Fund                                                                                                      | **           | 124,859                  |
|                     | Federated Hermes High Income Bond Fund Class IS Shares          | Mutual Fund                                                                                                      | **           | 60,882                   |

*See independent auditor's report.*

**U.S. DIGESTIVE HEALTH RETIREMENT PLAN**

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

**December 31, 2021**

| EIN 83-4061415 |                                                                     | PLAN NO. 002                                                                                                     |              |                          |
|----------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------|--------------------------|
| (a)            | (b)                                                                 | (c)                                                                                                              | (d)          | (e)                      |
|                | Identity of Issue, Borrower,<br>Lessor, or Similar Party            | Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par, or Maturity Value | Cost<br>(\$) | Current<br>Value<br>(\$) |
|                | Vanguard Intermediate-Term Treasury Index Fund                      | Mutual Fund                                                                                                      | **           | 36,293                   |
|                | Vanguard Emerging Markets Stock Index Fund                          | Mutual Fund                                                                                                      | **           | 27,653                   |
|                | Vanguard Russell 1000 Growth Index Fund                             | Mutual Fund                                                                                                      | **           | 537,777                  |
|                | Vanguard Long-Term Corporate Bond Index Fund                        | Mutual Fund                                                                                                      | **           | 14,606                   |
|                | FlexShares Morningstar Global Upstream Natural Resources Index Fund | Mutual Fund                                                                                                      | **           | 29,973                   |
|                | Innovator U.S. Equity Buffer ETF                                    | Mutual Fund                                                                                                      | **           | 29,358                   |
|                | SPDR S&P Global Infrastructure ETF                                  | Mutual Fund                                                                                                      | **           | 29,621                   |
| *              | Fidelity Emerging Markets                                           | Mutual Fund                                                                                                      | **           | 118,600                  |
|                | Victory Trivalent International Small-Cap Fund                      | Mutual Fund                                                                                                      | **           | 15,108                   |
|                | Virtus Newfleet Multi-Sector Short Term Bond Fund                   | Mutual Fund                                                                                                      | **           | 40,753                   |
|                | Allspring Special Mid Cap Value Fund                                | Mutual Fund                                                                                                      | **           | 290,616                  |
|                | Griffin Institutional Access Real Estate Fund                       | Mutual Fund                                                                                                      | **           | 375,239                  |
|                | JPMorgan Hedged Equity Fund                                         | Mutual Fund                                                                                                      | **           | 139,190                  |
|                | Invesco Oppenheimer Developing Markets Fund                         | Mutual Fund                                                                                                      | **           | 163,936                  |
|                | Artisan International Value Fund Advisor                            | Mutual Fund                                                                                                      | **           | 154,422                  |
|                | American Capital World Growth & Income Fund                         | Mutual Fund                                                                                                      | **           | 47,452                   |
|                | Delaware Value Fund Institutional                                   | Mutual Fund                                                                                                      | **           | 11                       |
|                | Columbia Marsico Focused Equity Class Z Fund                        | Mutual Fund                                                                                                      | **           | 56,268                   |
|                | Conestoga Small-Cap Fund                                            | Mutual Fund                                                                                                      | **           | 57,661                   |
|                | Dodge & Cox Income Fund                                             | Mutual Fund                                                                                                      | **           | 113,624                  |
|                | Europacific Growth Fund F3                                          | Mutual Fund                                                                                                      | **           | 230,708                  |
| *              | Fidelity Advisor New Insights Class A Fund                          | Mutual Fund                                                                                                      | **           | 29,157                   |
| *              | Fidelity Advisor New Insights Class T Fund                          | Mutual Fund                                                                                                      | **           | 34,289                   |
|                | Franklin Income Class A Fund                                        | Mutual Fund                                                                                                      | **           | 45,515                   |
|                | Franklin Rising Dividends Class A Fund                              | Mutual Fund                                                                                                      | **           | 142,040                  |
|                | John Hancock International Growth Fund Class I Fund                 | Mutual Fund                                                                                                      | **           | 286,658                  |
|                | John Hancock Disciplined Value I Fund                               | Mutual Fund                                                                                                      | **           | 60,730                   |
|                | JPMorgan Divers Mid-Cap Growth Select Fund                          | Mutual Fund                                                                                                      | **           | 229,621                  |
|                | JPMorgan International Unconstrained Equity A Fund                  | Mutual Fund                                                                                                      | **           | 127,170                  |
|                | Keeley Small-Cap Dividend Value Fund Class I                        | Mutual Fund                                                                                                      | **           | 103,043                  |
|                | American New World Fund Class F2                                    | Mutual Fund                                                                                                      | **           | 124,359                  |
|                | T. Rowe Price Growth Stock                                          | Mutual Fund                                                                                                      | **           | 92,232                   |
|                | Touchstone Focused Class Y                                          | Mutual Fund                                                                                                      | **           | 37,339                   |
|                | Vanguard STAR Fund                                                  | Mutual Fund                                                                                                      | **           | 6,167                    |
|                | Vanguard Primecap Core Fund Investor Class                          | Mutual Fund                                                                                                      | **           | 67,098                   |
|                | Invesco Oppenheimer Developing Markets A                            | Mutual Fund                                                                                                      | **           | 20,121                   |
|                | Schwab Strategic Trust U.S. Mid-Cap ETF                             | Mutual Fund                                                                                                      | **           | 29,707                   |
|                | Schwab Strategic Trust U.S. Small-Cap ETF                           | Mutual Fund                                                                                                      | **           | 17,782                   |
|                | Schwab Strategic Trust Emerging Markets ETF                         | Mutual Fund                                                                                                      | **           | 42,979                   |
|                | Schwab Strategic Trust International Equity ETF                     | Mutual Fund                                                                                                      | **           | 83,959                   |
|                | Vanguard STAR Fund - Vanguard Total International Stock ETF         | Mutual Fund                                                                                                      | **           | 31,814                   |
|                | Vanguard Index Trust Vanguard Total Stock ETF                       | Mutual Fund                                                                                                      | **           | 479,221                  |
|                | Invesco QQQ Trust Unit Series 1 ETF                                 | Mutual Fund                                                                                                      | **           | 1,101,609                |
|                | iShares Trust S&P Midcap 400 Index Fund ETF                         | Mutual Fund                                                                                                      | **           | 14,154                   |
|                | iShares Trust Core MSCI Total International Stock ETF               | Mutual Fund                                                                                                      | **           | 4,062                    |
|                | Vanguard Index Funds Formerly Vanguard Growth ETF                   | Mutual Fund                                                                                                      | **           | 79,102                   |
|                | Vanguard Index Funds Vanguard Small-Cap Index Fund                  | Mutual Fund                                                                                                      | **           | 19,674                   |
|                | Vanguard Index Funds Vanguard Mid-Cap Index Fund                    | Mutual Fund                                                                                                      | **           | 63,693                   |
|                | Vanguard Index Funds Vanguard Growth Index Fund                     | Mutual Fund                                                                                                      | **           | 38,508                   |
|                | Vanguard Index Funds Vanguard Value Index Fund                      | Mutual Fund                                                                                                      | **           | 36,042                   |
|                | Equinix Inc Par \$0.001                                             | Mutual Fund                                                                                                      | **           | 5,209                    |
|                | Eaton Vance High Income Opportunity Class I                         | Mutual Fund                                                                                                      | **           | 52,039                   |
|                | Eaton Vance Short Duration Strategic Income Fund I                  | Mutual Fund                                                                                                      | **           | 25,268                   |
|                | Federated Institutional High Yield Bond Fund                        | Mutual Fund                                                                                                      | **           | 49,069                   |

*See independent auditor's report.*

**U.S. DIGESTIVE HEALTH RETIREMENT PLAN**

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

**December 31, 2021**

| EIN 83-4061415 |                                                               | PLAN NO. 002                                                                                                     |              |                          |
|----------------|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------|--------------------------|
| (a)            | (b)                                                           | (c)                                                                                                              | (d)          | (e)                      |
|                | Identity of Issue, Borrower,<br>Lessor, or Similar Party      | Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par, or Maturity Value | Cost<br>(\$) | Current<br>Value<br>(\$) |
|                | JPMorgan Core Bond Select Shares                              | Mutual Fund                                                                                                      | **           | 32,145                   |
|                | Lord Abbett Short Duration Income Class F                     | Mutual Fund                                                                                                      | **           | 40,663                   |
|                | Metropolitan West Total Return Class I                        | Mutual Fund                                                                                                      | **           | 375,712                  |
|                | PIMCO Income Fund Class A                                     | Mutual Fund                                                                                                      | **           | 57,580                   |
|                | PIMCO Income Fund Institutional Fund                          | Mutual Fund                                                                                                      | **           | 5,175                    |
|                | Prudential Short Term Corporation Bond Class A                | Mutual Fund                                                                                                      | **           | 37,729                   |
|                | Vanguard Scottsdale Funds Vanguard Long-Term Treasury ETF     | Mutual Fund                                                                                                      | **           | 425,686                  |
|                | Vanguard Mid-Cap Index Fund Admiral Shares                    | Mutual Fund                                                                                                      | **           | 94,340                   |
|                | Schwab Strategic Trust U.S. Aggregate Bond ETF                | Mutual Fund                                                                                                      | **           | 23,770                   |
| *              | Fidelity MSCI Health Care Index ETF                           | Mutual Fund                                                                                                      | **           | 14,010                   |
| *              | Fidelity MSCI Information Technology Index ETF                | Mutual Fund                                                                                                      | **           | 67,700                   |
|                | First Trust Exchange Traded Fund Dow Jones                    | Mutual Fund                                                                                                      | **           | 56,533                   |
|                | First Trust Exchange Traded Fund II                           | Mutual Fund                                                                                                      | **           | 66,010                   |
|                | iShares Trust MSCI EAFE Index Fund                            | Mutual Fund                                                                                                      | **           | 38,947                   |
|                | iShares Inc Core MSCI Emerging Markets ETF                    | Mutual Fund                                                                                                      | **           | 26,526                   |
|                | S & P 500 Depository Receipt ETF                              | Mutual Fund                                                                                                      | **           | 15,609                   |
|                | SPDR Series Trust S&P 500 Regional Banking ETF                | Mutual Fund                                                                                                      | **           | 7,085                    |
|                | SPDR Series Trust S&P 500 High Dividend ETF                   | Mutual Fund                                                                                                      | **           | 87,001                   |
|                | Schwab Strategic Trust U.S. Large-Cap ETF                     | Mutual Fund                                                                                                      | **           | 35,853                   |
|                | Schwab Strategic Trust U.S. REIT ETF                          | Mutual Fund                                                                                                      | **           | 16,597                   |
|                | Schwab Strategic Trust U.S. TIPS ETF                          | Mutual Fund                                                                                                      | **           | 101,001                  |
|                | Vanguard Charlotte Funds Total International Bond ETF         | Mutual Fund                                                                                                      | **           | 30,062                   |
| *              | Fidelity Zero Large Cap Index Fund                            | Mutual Fund                                                                                                      | **           | 77,274                   |
| *              | Fidelity Total Market Index Institutional I Premium Class     | Mutual Fund                                                                                                      | **           | 747,596                  |
| *              | Fidelity International Index Institutional I Premium Class    | Mutual Fund                                                                                                      | **           | 580,875                  |
| *              | Fidelity Extended Market Index Institutional I Premium Class  | Mutual Fund                                                                                                      | **           | 181,119                  |
| *              | Fidelity Large Cap Growth Index Institutional I Premium Class | Mutual Fund                                                                                                      | **           | 4,201                    |
| *              | Fidelity Puritan Fund                                         | Mutual Fund                                                                                                      | **           | 493,954                  |
| *              | Fidelity Zero Total Market Index Fund                         | Mutual Fund                                                                                                      | **           | 51,919                   |
| *              | Fidelity U.S. Bond Index Institutional Premium                | Mutual Fund                                                                                                      | **           | 86,433                   |
| *              | Fidelity Freedom Index Income Investor Fund                   | Mutual Fund                                                                                                      | **           | 617                      |
| *              | Fidelity Freedom Index 2010 Investor                          | Mutual Fund                                                                                                      | **           | 12,425                   |
| *              | Fidelity Freedom Index 2020 Investor                          | Mutual Fund                                                                                                      | **           | 2,592,463                |
| *              | Fidelity Freedom Index 2025 Investor                          | Mutual Fund                                                                                                      | **           | 5,097,170                |
| *              | Fidelity Freedom Index 2030 Investor                          | Mutual Fund                                                                                                      | **           | 4,782,302                |
| *              | Fidelity Freedom Index 2035 Investor                          | Mutual Fund                                                                                                      | **           | 6,894,620                |
| *              | Fidelity Freedom Index 2040 Investor                          | Mutual Fund                                                                                                      | **           | 7,658,040                |
| *              | Fidelity Freedom Index 2045 Investor                          | Mutual Fund                                                                                                      | **           | 3,946,183                |
| *              | Fidelity Freedom Index 2050 Investor                          | Mutual Fund                                                                                                      | **           | 2,319,042                |
| *              | Fidelity Freedom Index 2015 Investor                          | Mutual Fund                                                                                                      | **           | 5,987,987                |
| *              | Fidelity 500 Index Fund                                       | Mutual Fund                                                                                                      | **           | 7,857,447                |
| *              | Fidelity Freedom Index 2055 Investor                          | Mutual Fund                                                                                                      | **           | 842,396                  |
| *              | Fidelity Emerging Markets Index Fund                          | Mutual Fund                                                                                                      | **           | 89,886                   |
| *              | Fidelity Mid-Cap Index Fund                                   | Mutual Fund                                                                                                      | **           | 1,361,879                |
| *              | Fidelity Small-Cap Index Fund                                 | Mutual Fund                                                                                                      | **           | 875,329                  |
| *              | Fidelity International Index Fund                             | Mutual Fund                                                                                                      | **           | 312,605                  |
| *              | Fidelity Freedom Index 2060 Investor                          | Mutual Fund                                                                                                      | **           | 300,932                  |
| *              | Fidelity Strategic Income Fund                                | Mutual Fund                                                                                                      | **           | 483,379                  |
| *              | Fidelity Freedom Index 2065 Investor                          | Mutual Fund                                                                                                      | **           | 269,883                  |
|                | Harbor Value Large Cap Value Fund Institutional Class         | Mutual Fund                                                                                                      | **           | 95,578                   |
|                | PIMCO Short Term Fund                                         | Mutual Fund                                                                                                      | **           | 24,314                   |
|                | JPMorgan International Unconstrained Equity Select Fund       | Mutual Fund                                                                                                      | **           | 303,865                  |
|                | Van Eck Global Leaders Class A                                | Mutual Fund                                                                                                      | **           | 26,146                   |

See independent auditor's report.

**U.S. DIGESTIVE HEALTH RETIREMENT PLAN**

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

**December 31, 2021**

| EIN 83-4061415         |                                                               | PLAN NO. 002                                                                                                     |              |                          |
|------------------------|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------|--------------------------|
| (a)                    | (b)                                                           | (c)                                                                                                              | (d)          | (e)                      |
|                        | Identity of Issue, Borrower,<br>Lessor, or Similar Party      | Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par, or Maturity Value | Cost<br>(\$) | Current<br>Value<br>(\$) |
|                        | Carillon Eagle Mid-Cap Growth Fund Class Y                    | Mutual Fund                                                                                                      | **           | 48,238                   |
|                        | Victory Munder International Small-Cap A                      | Mutual Fund                                                                                                      | **           | 129,207                  |
|                        | Vanguard 500 Index Admiral                                    | Mutual Fund                                                                                                      | **           | 151,115                  |
|                        | Cliffwater Corporation Lending Fund I                         | Mutual Fund                                                                                                      | **           | 326,758                  |
|                        | Alger Small-Cap Focus Class Z                                 | Mutual Fund                                                                                                      | **           | 193,628                  |
|                        | Invesco Oppenheimer Senior Float Rate Y                       | Mutual Fund                                                                                                      | **           | 44,152                   |
|                        | Vanguard Total Stock Market Index Admiral                     | Mutual Fund                                                                                                      | **           | 47,861                   |
|                        | Wells Fargo Advantage Small Company Growth Institutional Fund | Mutual Fund                                                                                                      | **           | 166,091                  |
|                        | Goldman Sachs Absolute Return Tracker Institutional I Fund    | Mutual Fund                                                                                                      | **           | 113,392                  |
|                        | Van Eck Emerging Markets Fund Class I                         | Mutual Fund                                                                                                      | **           | 98,943                   |
|                        | Delaware Small Cap Core Fund R6                               | Mutual Fund                                                                                                      | **           | 334,533                  |
|                        | T. Rowe Price Blue Chip Growth Fund                           | Mutual Fund                                                                                                      | **           | 1,578,353                |
|                        | JPMorgan Mid-Cap Value Fund R6                                | Mutual Fund                                                                                                      | **           | 273,023                  |
|                        | Vanguard Short-Term Investment Grade Admiral                  | Mutual Fund                                                                                                      | **           | 319,292                  |
|                        | JPMorgan Core Bond Fund R6                                    | Mutual Fund                                                                                                      | **           | 534,942                  |
|                        | MFS Value Fund R6                                             | Mutual Fund                                                                                                      | **           | 766,278                  |
|                        | American Funds New World Fund R6                              | Mutual Fund                                                                                                      | **           | 356,334                  |
|                        | American Funds Capital World Bond Fund R6                     | Mutual Fund                                                                                                      | **           | 268,010                  |
|                        | MFS Mid-Cap Growth Fund R6                                    | Mutual Fund                                                                                                      | **           | 858,584                  |
|                        | MFS International Diversification Fund R6                     | Mutual Fund                                                                                                      | **           | 258,419                  |
|                        | Vanguard Small-Cap Value Index Fund Admiral                   | Mutual Fund                                                                                                      | **           | 401,397                  |
|                        | Vanguard Index Funds Formerly Vanguard Growth ETF             | Mutual Fund                                                                                                      | **           | 23,550                   |
|                        | Crown Castle International Corporation                        | Mutual Fund                                                                                                      | **           | 3,275                    |
|                        | Digital Realty Trust Inc                                      | Mutual Fund                                                                                                      | **           | 3,709                    |
|                        | Principal Real Estate Securities Fund R6                      | Mutual Fund                                                                                                      | **           | 424,657                  |
|                        | <b>TOTAL MUTUAL FUNDS</b>                                     |                                                                                                                  |              | <b>70,666,208</b>        |
| <b>MUNICIPAL BONDS</b> |                                                               |                                                                                                                  |              |                          |
|                        | Akron Ohio Ctfs Partn Taxable Ref                             | Municipal Bond, 2.600%<br>maturing 12/1/2025<br>Par Value \$15,000                                               | **           | 15,264                   |
|                        | York PA Suburban School District                              | Municipal Bond , 4.000%<br>maturing 5/1/2030<br>Par Value \$20,000                                               | **           | 21,581                   |
|                        | Bessemer Alabama Governmental Utilities                       | Municipal Bond, 5.000%<br>maturing 6/1/2028<br>Par Value \$15,000                                                | **           | 18,369                   |
|                        | Cook County Illinois High School Dist No 209                  | Municipal Bond, 5.000%<br>maturing 12/1/2030<br>Par Value \$20,000                                               | **           | 25,260                   |
|                        | Corpus Christi Texas Regional Trans Auth Sys                  | Municipal Bond, 2.867%<br>maturing 12/1/2031<br>Par Value \$10,000                                               | **           | 10,350                   |
|                        | Fort Bend County Tex Municipal Utilities Dist No 58           | Municipal Bond, 3.000%<br>maturing 4/1/2027<br>Par Value \$25,000                                                | **           | 26,146                   |

*See independent auditor's report.*

**U.S. DIGESTIVE HEALTH RETIREMENT PLAN**

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

**December 31, 2021**

| EIN 83-4061415 |                                                                                                                                  | PLAN NO. 002                                                                                                     |              |                          |
|----------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------|--------------------------|
| (a)            | (b)                                                                                                                              | (c)                                                                                                              | (d)          | (e)                      |
|                | Identity of Issue, Borrower,<br>Lessor, or Similar Party                                                                         | Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par, or Maturity Value | Cost<br>(\$) | Current<br>Value<br>(\$) |
|                | Kansas Municipal Energy Agy Pwr Proj Rev                                                                                         | Municipal Bond, 5.000%<br>maturing 4/1/2028<br>Par Value \$20,000                                                | **           | 23,578                   |
|                | Kentucky State Turnpike Authority Economic Development Rd Rev                                                                    | Municipal Bond, 5.000%<br>maturing 7/1/2029<br>Par Value \$15,000                                                | **           | 17,757                   |
|                | Louisiana Local Government Environmental Facilities & Community<br>Development Authority Rev Taxable-New Orleans Military & (LA) | Municipal Bond, 4.000%<br>maturing 8/1/2032<br>Par Value \$20,000                                                | **           | 23,537                   |
|                | Lynn Haven Florida Rev Taxable Bonds                                                                                             | Municipal Bond, 3.000%<br>maturing 8/1/2033<br>Par Value \$25,000                                                | **           | 25,135                   |
|                | Madison & Jersey Counties Ill Cmnty                                                                                              | Municipal Bond, 4.000%<br>maturing 12/1/2023<br>Par Value \$10,000                                               | **           | 10,565                   |
|                | Michigan Fin Authority Rev Hosp Rev Ref Bonds                                                                                    | Municipal Bond, 5.000%<br>maturing 5/15/2027<br>Par Value \$10,000                                               | **           | 11,413                   |
|                | Milan Michigan Area Schs Go Un Ltd Tax Ref                                                                                       | Municipal Bond, 5.000%<br>maturing 5/1/2027<br>Par Value \$20,000                                                | **           | 24,151                   |
|                | New Britain Conn Go Bonds Ser. 2018 B                                                                                            | Municipal Bond, 5.250%<br>maturing 9/1/2028<br>Par Value \$20,000                                                | **           | 25,324                   |
|                | New Jersey Economic Development Authority St Lease                                                                               | Municipal Bond, 5.000%<br>maturing 6/15/2025<br>Par Value \$10,000                                               | **           | 11,448                   |
|                | New Mexico Mtg Fin Auth Sing Fam Prog                                                                                            | Municipal Bond, 3.100%<br>maturing 7/1/2030<br>Par Value \$5,000                                                 | **           | 5,341                    |
|                | New York St Dorm Auth Revs                                                                                                       | Municipal Bond , 5.096%<br>maturing 8/1/2034<br>Par Value \$15,000                                               | **           | 18,830                   |
|                | Norristown Pa Area Sch Dist Taxable Go                                                                                           | Municipal Bond, 2.650%<br>maturing 10/1/2025<br>Par Value \$20,000                                               | **           | 20,862                   |
|                | Park 70 Met Dist Colo Go Bonds Ser.                                                                                              | Municipal Bond, 5.000%<br>maturing 12/1/2034<br>Par Value \$20,000                                               | **           | 24,537                   |

*See independent auditor's report.*

**U.S. DIGESTIVE HEALTH RETIREMENT PLAN**

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

**December 31, 2021**

| EIN 83-4061415 |                                                                                           | PLAN NO. 002                                                                                                     |              |                             |
|----------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------|
| (a)            | (b)                                                                                       | (c)                                                                                                              | (d)          | (e)                         |
|                | Identity of Issue, Borrower,<br>Lessor, or Similar Party                                  | Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par, or Maturity Value | Cost<br>(\$) | Current<br>Value<br>(\$)    |
|                | Pomona Calif Pub Fing Auth Lease Rev                                                      | Municipal Bond, 2.981%<br>maturing 4/1/2024<br>Par Value \$10,000                                                | **           | 10,260                      |
|                | Ruston LA Sales Tax Rev Rev Bonds Ser.                                                    | Municipal Bond, 5.000%<br>maturing 6/1/2026<br>Par Value \$20,000                                                | **           | 23,716                      |
|                | Southern Illinois University Revenues Housing<br>and Auxiliary Facilities System Series A | Municipal Bond, 5.500%<br>maturing 4/1/2022<br>Par Value \$20,000                                                | **           | 20,256                      |
|                | Temple Tex bi Tax And Rev Ctfs Of                                                         | Municipal Bond, 5.000%<br>maturing 8/1/2029<br>Par Value \$15,000                                                | **           | 17,307                      |
|                | Walker County GA Development Authority Economic Development                               | Municipal Bond, 2.800%<br>maturing 8/1/2031<br>Par Value \$25,000                                                | **           | 25,030                      |
|                | Bellwood Ill Go Ref Bds Ser. 2016 B                                                       | Municipal Bond, 5.000%<br>maturing 12/1/2026<br>Par Value \$20,000                                               | **           | 23,837                      |
|                |                                                                                           | <b>TOTAL MUNICIPAL BONDS</b>                                                                                     |              | <u>479,854</u>              |
|                |                                                                                           | <b>TOTAL INVESTMENTS</b>                                                                                         |              | 76,351,359                  |
| *              | Participant loans                                                                         | 4.00% - 6.50%<br>Maturing 2022 - 2024                                                                            |              | <u>40,227</u>               |
|                |                                                                                           |                                                                                                                  |              | <u><u>\$ 76,391,586</u></u> |

\* A party-in-interest as defined by ERISA.

\*\* Cost omitted for participant-directed investments.