Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
NUVANCE HEALTH 401(K) PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/2012

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
NUVANCE HEALTH

100 RESERVE ROAD
DANBURY, CT 06810

2b Employer Identification Number (EIN) 83-4214573

2c Plan Sponsor's telephone number 203-739-7047

2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/13/2023	DANIEL COX
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name WESTERN CONNECTICUT HEALTH NETWORK, INC.

c Plan Name WESTERN CONNECTICUT HEALTH NETWORK 401(K) RETIREMENT SAVINGS PLAN

4b EIN 22-2594977

4d PN 003

5 Total number of participants at the beginning of the plan year	**5**	7274
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	5776
a(2) Total number of active participants at the end of the plan year	**6a(2)**	9468
b Retired or separated participants receiving benefits	**6b**	52
c Other retired or separated participants entitled to future benefits	**6c**	2162
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	11682
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	14
f Total. Add lines **6d** and **6e**	**6f**	11696
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	10170
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	549
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

3H 2F 2J 2E 3D 2T 2S

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) [X] **R** (Retirement Plan Information)
- (2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [X] 1 **A** (Insurance Information)
- (4) [X] **C** (Service Provider Information)
- (5) [X] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

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

A Name of plan
NUVANCE HEALTH 401(K) PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
NUVANCE HEALTH

D Employer Identification Number (EIN)
83-4214573

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	041872	0	01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GUARANTEED GENERAL ACCOUNT CONTRACT

b	Balance at the end of the previous year			7b	27230015
c	Additions: (1) Contributions deposited during the year	7c(1)	3193324		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	15853177		
	▶ MISC/LOAN ACTIVITY				
	(6) Total additions			7c(6)	19046501
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	46276516
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2500538		
	(2) Administration charge made by carrier	7e(2)	-15701		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	6344171		
	▶ MISC/LOAN ACTIVITY				
	(5) Total deductions			7e(5)	8829008
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	37447508

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan
NUVANCE HEALTH 401(K) PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
NUVANCE HEALTH

D Employer Identification Number (EIN)
83-4214573

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

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

FID INV INSTL OPS CO

04-2647786

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

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

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

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

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

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

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

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

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

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

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

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

FID INV INTL OPS CO

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 64 65 99	NONE	533263	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

STRATEGIC ADVISORS, INC

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	63831	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MARCUM LLP

11-1986323

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	45445	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FID INV INSTL OPS CO	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.
GS INFL PRO SECS IS 13-5108880	0.12%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FID INV INSTL OPS CO	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.
GS SMMD CAP GRTH IS 13-5108880	0.12%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FID INV INSTL OPS CO	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.
LZRD INTL STR EQ IS 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	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 (see instructions)	**(c)** Enter amount of indirect compensation
FID INV INSTL OPS CO	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.
BLKRK HI YLD BD INST 301 BELLEVUE PKY WILMINGTON, DE 19809	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FID INV INSTL OPS CO	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.
COHEN & STEERS RLTY 430 W 7TH STREET STE219432 KANSAS CITY, MO 64105	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FID INV INSTL OPS CO	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.
GS SM/MD CAP GR INV - 13-5108880	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 (see instructions)	**(c)** Enter amount of indirect compensation
FID INV INSTL OPS CO	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 CENTURY DIS GRTH FD INVT 4400 MAIN ST 1ST FL KANSAS CITY, MO 64105	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FID INV INSTL OPS CO	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 CENTURY ULTRA INVESTOR CL 4400 MAIN ST 1ST FL KANSAS CITY, MO 64105	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FID INV INSTL OPS CO	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.
WCM FOCUS INTL GRWTH FD INSTL 2220 EAST RTE 66 STE 226 GLENDORA, CA 91740	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 (see instructions)	**(c)** Enter amount of indirect compensation
FID INV INSTL OPS CO	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.
HODGES FUND 2905 MAPLE AVE DALLAS, TX 75201	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FID INV INSTL OPS CO	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.
SOUND SHORE FD INC 8 SOUND SHORE DR STE 180 GREENWICH, CT 06830	0.40%

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

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

A Name of plan
NUVANCE HEALTH 401(K) PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
NUVANCE HEALTH

D Employer Identification Number (EIN)
83-4214573

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE:	CAPITAL GRP 2010 TARGET DATE RET TR		
b Name of sponsor of entity listed in (a):	CAPITAL BANK AND TRUST CO		
c EIN-PN 95-6597294-510	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1696481
a Name of MTIA, CCT, PSA, or 103-12 IE:	CAPITAL GRP 2015 TARGET DATE RET TR		
b Name of sponsor of entity listed in (a):	CAPITAL BANK AND TRUST CO		
c EIN-PN 95-6597294-515	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7128941
a Name of MTIA, CCT, PSA, or 103-12 IE:	CAPITAL GRP 2020 TARGET DATE RET TR		
b Name of sponsor of entity listed in (a):	CAPITAL BANK AND TRUST CO		
c EIN-PN 95-6597294-520	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	40146389
a Name of MTIA, CCT, PSA, or 103-12 IE:	CAPITAL GRP 2025 TARGET DATE RET TR		
b Name of sponsor of entity listed in (a):	CAPITAL BANK AND TRUST CO		
c EIN-PN 95-6597294-525	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	86026463
a Name of MTIA, CCT, PSA, or 103-12 IE:	CAPITAL GRP 2030 TARGET DATE RET TR		
b Name of sponsor of entity listed in (a):	CAPITAL BANK AND TRUST CO		
c EIN-PN 95-6597294-530	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	92082026
a Name of MTIA, CCT, PSA, or 103-12 IE:	CAPITAL GRP 2035 TARGET DATE RET TR		
b Name of sponsor of entity listed in (a):	CAPITAL BANK AND TRUST CO		
c EIN-PN 95-6597294-535	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	86157096
a Name of MTIA, CCT, PSA, or 103-12 IE:	CAPITAL GRP 2040 TARGET DATE RET TR		
b Name of sponsor of entity listed in (a):	CAPITAL BANK AND TRUST CO		
c EIN-PN 95-6597294-540	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	63075473

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GRP 2045 TARGET DATE RET TR

b Name of sponsor of entity listed in (a): CAPITAL BANK AND TRUST CO

c EIN-PN 95-6597294-545	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55761182

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GRP 2050 TARGET DATE RET TR

b Name of sponsor of entity listed in (a): CAPITAL BANK AND TRUST CO

c EIN-PN 95-6597294-550	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49450347

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GRP 2055 TARGET DATE RET TR

b Name of sponsor of entity listed in (a): CAPITAL BANK AND TRUST CO

c EIN-PN 95-6597294-555	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37585585

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GRP 2060 TARGET DATE RET TR

b Name of sponsor of entity listed in (a): CAPITAL BANK AND TRUST CO

c EIN-PN 95-6597294-560	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16159744

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL GRP 2065 TARGET DATE RET TR

b Name of sponsor of entity listed in (a): CAPITAL BANK AND TRUST CO

c EIN-PN 95-6597294-565	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2306947

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

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

A Name of plan
NUVANCE HEALTH 401(K) PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
NUVANCE HEALTH

D Employer Identification Number (EIN)
83-4214573

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1397	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	754928
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	65128
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	8633411	9044927
(9) Value of interest in common/collective trusts	1c(9)	0	537576675
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	540284753	226870237
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	27230015	37447509
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	576149576	811759404
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	576149576	811759404

Part II Income and Expense Statement

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	60593382	
	(B) Participants	2a(1)(B)	57572204	
	(C) Others (including rollovers)	2a(1)(C)	7586381	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		125751967
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	564172	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		564172
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	8495459	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		8495459
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	537976	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	541692	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-3716
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-2240	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-2240

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		53819703
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		27682451
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		216307796
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	43970692	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		43970692
f Corrective distributions (see instructions)	2f		7553
g Certain deemed distributions of participant loans (see instructions)	2g		426789
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	63831	
(4) Other	2i(4)	673982	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		737813
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		45142847
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		171164949
l Transfers of assets:			
(1) To this plan	2l(1)		64444879
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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) [X] 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: MARCUM LLP **(2)** EIN: 11-1986323

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:

		Yes	No	Amount
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.)	4a		X	

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		2000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

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

A Name of plan
NUVANCE HEALTH 401(K) PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
NUVANCE HEALTH

D Employer Identification Number (EIN)
83-4214573

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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 _____

NUVANCE HEALTH 401(k) RETIREMENT SAVINGS PLAN
(FORMERLY, WESTERN CONNECTICUT HEALTH NETWORK 401(k) RETIREMENT SAVINGS PLAN)

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

NUVANCE HEALTH 401(k) RETIREMENT SAVINGS PLAN
(FORMERLY, WESTERN CONNECTICUT HEALTH NETWORK 401(k) RETIREMENT SAVINGS PLAN)

CONTENTS

Independent Auditors' Report 1-4

Financial Statements

Statements of Net Assets Available for Benefits 5
Statements of Changes in Net Assets Available for Benefits 6

Notes to Financial Statements 7-16

Supplemental Schedule

Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) 17-22

MARCUM
ACCOUNTANTS ▲ ADVISORS

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants
Nuvance Health 401(k) Retirement Savings Plan
(formerly, Western Connecticut Health Network 401(k) Retirement Savings Plan)

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

We have performed an audit of the financial statements of the Nuvance Health 401(k) Retirement Savings Plan (formerly, Western Connecticut Health Network 401(k) Retirement Savings Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (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 3 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' 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.

Marcum LLP ▪ CityPlace I ▪ 185 Asylum Street ▪ 25th Floor ▪ Hartford, CT 06103 ▪ Phone 860.760.0600 ▪ Fax 860.760.0601 ▪ www.marcumllp.com

- 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 Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our 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 on the 2021 financial statements.

Responsibilities of Management for the 2021 Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Nuvance Health 401(k) Retirement Savings Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 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 H, Line 4(i) – 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).

Auditors' Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Western Connecticut Health Network 401(k) Retirement Savings 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 October 13, 2021, we indicated that (*a*) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (*b*) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Marcum LLP

Hartford, CT
October 17, 2022

NUVANCE HEALTH 401(k) RETIREMENT SAVINGS PLAN
(FORMERLY, WESTERN CONNECTICUT HEALTH NETWORK 401(k) RETIREMENT SAVINGS PLAN)

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2021 AND 2020

	2021	2020
Assets		
Investments - at fair value	$ 765,266,968	$ 540,286,150
Investments - at contract value	37,447,509	27,230,015
Total Investments	802,714,477	567,516,165
Receivables		
Notes receivable from participants	9,044,927	8,633,411
Participant contributions	1,940,867	--
Company contributions	1,227,668	26,593,772
Total Receivables	12,213,462	35,227,183
Net Assets Available for Benefits	$ 814,927,939	$ 602,743,348

The accompanying notes are an integral part of these financial statements.

NUVANCE HEALTH 401(k) RETIREMENT SAVINGS PLAN
(FORMERLY, WESTERN CONNECTICUT HEALTH NETWORK 401(k) RETIREMENT SAVINGS PLAN)

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

	2021	2020
Additions		
Investment Income		
Dividends and interest	$ 8,495,459	$ 19,798,969
Net appreciation in fair value of investments	81,496,199	58,105,774
Total Investment Income	89,991,658	77,904,743
Interest Income on Notes Receivable from Participants	564,172	563,393
Contributions		
Participant contributions	59,513,071	41,371,973
Company contributions	35,227,278	26,593,772
Rollovers	7,586,381	6,250,441
Total Contributions	102,326,730	74,216,186
Total Additions	192,882,560	152,684,322
Deductions		
Benefits paid to participants	44,405,035	33,745,687
Administrative expenses	737,813	572,254
Total Deductions	45,142,848	34,317,941
Net Increase	147,739,712	118,366,381
Transfer in from Norwalk Hospital Employee Savings Plan	64,444,879	--
Net Assets Available for Benefits - Beginning	602,743,348	484,376,967
Net Assets Available for Benefits - Ending	$ 814,927,939	$ 602,743,348

The accompanying notes are an integral part of these financial statements.

NOTE 1 - DESCRIPTION OF THE PLAN

The Western Connecticut Health Network 401(k) Retirement Savings Plan (the Plan) was intended to establish a structure whereby retirement benefits can be provided for participants. The Plan was established effective January 1, 2012. Nuvance Health (Nuvance or the Company) is the sponsor of the Plan. The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Plan document for more complete information. The Finance Committee is responsible for oversight of the Plan, determines the appropriateness of the Plan's investment offerings, and monitors investment performance.

GENERAL

The Plan is a defined contribution plan covering the employees of Nuvance. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is maintained for the benefit of eligible employees and their beneficiaries.

In April 2019, Western Connecticut Health Network (WCHN) and Health Quest combined to form a new non-profit health system named Nuvance Health.

In October 2020, the Nuvance Health Benefits Committee approved the renaming of the Plan to the Nuvance Health 401(k) Retirement Savings Plan effective May 11, 2021 (Effective Date). In addition, as of the Effective Date, eligibility within the Plan was expanded to include the non-union, NYSNA PHC and 1199 Vassar Diagnostics union employees previously under the legacy Health Quest Tax Deferred Annuity 403(b) plan. Effective May 12, 2021, the Plan was restated in its entirety.

Additionally, effective May 12, 2021, Norwalk Hospital Employee Savings Plan transferred certain of its assets for terminated and non-union employees of $64,444,879 to the Plan. The assets of the remaining employees were transferred to the Plan on May 2, 2022.

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

CARES ACT

In response to the COVID-19 pandemic, the CARES Act was signed into law by President Trump on March 27, 2020, Section 2202 of the CARES Act provisions impact the Plan, participants, and the Company. The CARES Act increased the maximum limits for new loans made between March 27, 2020 to December 31, 2020 to the lesser of $100,000 or 100% of the qualified participant's vested account balance. The first payment date on a new loan was deferred up to one year. Qualified participants with an outstanding loan (meaning a loan taken before the CARES Act was enacted) that had a repayment between March 27, 2020 and December 31, 2020, could delay their loan repayments up to one year. Interest would continue to accrue on these delayed payments. The term of the loan would be extended by the length of the deferment period.

The CARES Act also removed the 10% early withdrawal penalty for a coronavirus-related distribution up to $100,000 made during 2020. Participants who took a coronavirus-related distribution could spread the income over a three-year period for income tax purposes or avoid income taxes if the distribution is repaid with the three-year period following the distribution. The voluntary adoption of this provision by the Plan was effective March 27, 2020. As of December 31, 2021, the Plan has not been formally amended, as a formal amendment is not required until the plan year ended December 31, 2025. The Plan intends to formally adopt the amendment upon a future restatement of the Plan, prior to this date.

ELIGIBILITY

The Plan covers substantially all employees who are 21 years of age. Additionally, temporary employees who have worked less than 1,000 hours of service are excluded from all contribution types. Eligible employees who reach one year of service (or 1,000 hours) are eligible for annual Company core matching contributions. The Plan has an automatic enrollment feature once employees meet the eligibility requirements where eligible employees will be automatically enrolled with a 6 percent contribution withheld from their paycheck unless otherwise specified by the participant.

CONTRIBUTIONS

Participant contributions are voluntary and are made on a before tax basis, and subject to the limitations prescribed in the Internal Revenue Code (the Code). The maximum contribution was $19,500 for 2021 and 2020. Participants who have reached the age of 50 before the plan year end are eligible to make catch-up contributions. The maximum allowable catch-up contribution for 2021 and 2020 was $6,500.

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

CONTRIBUTIONS (CONTINUED)

The Company provides for core contributions, which are calculated as a uniform 2% of each participant's compensation per plan year. Additionally, the Company contributes a matching contribution equal to a uniform percentage of each participant's deferred compensation based upon a years of service requirement, as outlined in the Plan document.

VESTING

Participants are fully and immediately vested in their contributions plus actual earnings thereon. Participants are fully vested in Company core and matching contributions after three years of service.

Forfeitures result from non-vested Company core and matching contributions remaining in the Plan for terminated employees. Forfeitures are available to first reduce administrative expenses and then offset Company contributions. The forfeitures balance was $1,114,912 and $316,191 at December 31, 2021 and 2020, respectively. Forfeitures of $370,000 and $350,000 were used to reduce Company contributions and administrative expenses for the years ended December 31, 2021 and 2020, respectively.

NOTES RECEIVABLE FROM PARTICIPANTS

Participants may borrow from their accounts up to a maximum equal to the lesser of $50,000 or 50 percent of the present value of their non-forfeitable accrued benefit. Note terms range from 1 to 5 years or, for a reasonable period as determined by the Finance Committee in excess of 5 years when the note proceeds are used for the purchase of a primary residence. Plan provisions require that notes shall be adequately secured, bear a reasonable rate of interest, and that payments of principal and interest should be made at least quarterly. The interest rates were 4.25% - 7.50% on outstanding loans at December 31, 2021 and 2020. Principal and interest is paid ratably through payroll deductions.

PAYMENT OF BENEFITS

Upon termination of service due to death, disability, retirement, or for other reasons, a participant may receive a lump-sum amount equal to the vested value of the participant's account.

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

HARDSHIP WITHDRAWALS

The Plan allows for hardship withdrawals in accordance with the Internal Revenue Service regulations as specified within the Plan document.

PLAN TERMINATION

Although it has not expressed any intention 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 the provisions set forth in ERISA. In the event of plan termination, participants will become 100 percent vested in their accounts. The assets available after the payment of any Plan expenses shall be distributed to the participants in accordance with the value of their accounts as of the date of termination.

PARTICIPANT ACCOUNTS

Participants direct employee and Company core and matching contributions in investment options offered by the Plan. Each participant's account is credited with the participant and Company core and matching contributions and an allocation of Plan earnings and is charged with an allocation of Plan expenses. The allocations are based on participant earnings or account balances, as defined.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements of the Plan are prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

INVESTMENT VALUATION AND INCOME RECOGNITION

Investments, except for the guaranteed investment contract described below, are stated at fair value, as determined by Fidelity Management Trust Company (Fidelity), the Plan's trustee. Fair value is the price that would be received to sell an asset or paid to transfer a liability (an exit price) in the principal most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date. See Note 4 for further discussion of fair value measurements.

The Plan invests in a fully-benefit responsive guaranteed investment contract through Prudential Retirement Insurance and Annuity Company (Prudential Retirement). The contract is included in the financial statements at contract value, as reported to the Plan by Fidelity. Contract value represents contributions made under contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Unrealized gains/(losses) from the guaranteed investment contract are not included in the statements of changes in net assets available for benefits as the contract is recorded at contract value for purposes of net assets available for benefits.

Purchases and sales of securities are recorded on a trade-date 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.

USE OF ESTIMATES

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect certain amounts reported in the financial statements and accompanying notes. Accordingly, actual results could differ from those estimates.

RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value 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 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are stated at their outstanding balances, plus accrued and unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 and 2020. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

ADMINISTRATIVE EXPENSES

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

PAYMENT OF BENEFITS

Benefits are recorded when paid.

SUBSEQUENT EVENTS

Events subsequent to December 31, 2021 have been evaluated through October 17, 2022, representing the date that the financial statements were available to be issued. Except as described in Note 1 regarding the transfer of assets to the Plan from the Norwalk Hospital Employee Savings Plan, no other events have occurred requiring recognition or disclosure in the financial statements.

NOTE 3 - INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2021 and 2020, and net appreciation in fair value of investments, dividends and interest and interest income on notes receivable from participants for the years ended December 31, 2021 and 2020, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity. This information has not been audited by the Plan's independent auditors.

NOTE 4 - FAIR VALUE MEASUREMENTS

The Plan establishes a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820, *Fair Value Measurements and Disclosures*, are described as follows:

The three levels of the fair value hierarchy under are as follows:

Level 1: Quoted prices in active markets for identical assets or liabilities.

Level 2: Observable inputs other than quoted prices included in Level 1, such as quoted prices for markets that are not active or other inputs that are observable or can be corroborated by observable market data.

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: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. This includes certain pricing models, discounted cash flow methodologies and similar techniques that use significant unobservable inputs.

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

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.

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 and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Cash and cash equivalents: Consist of cash and interest bearing deposits with maturities of three months or less. Fair value is based on cost plus accrued interest.

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

NOTE 4 - FAIR VALUE MEASUREMENTS (CONTINUED)

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

	Investment Assets (Fair Value) as of December 31, 2021			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 761,980,131	$ --	$ --	$ 761,980,131
Cash and cash equivalents	47,023	--	--	47,023
Self directed brokerage account:				
Cash and cash equivalents	707,905	--	--	707,905
Common stocks	65,128	--	--	65,128
Mutual funds	2,466,781	--	--	2,466,781
Total assets at fair value	$ 765,266,968	$ --	$ --	$ 765,266,968

	Investment Assets (Fair Value) as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 540,284,753	$ --	$ --	$ 540,284,753
Cash and cash equivalents	1,397	--	--	1,397
Total assets at fair value	$ 540,286,150	$ --	$ --	$ 540,286,150

TRANSFERS BETWEEN LEVELS

For years ended December 31, 2021 and 2020, there were no transfers in or out of Levels 1, 2 or 3.

NOTE 5 - INVESTMENT CONTRACT

The Plan has a guaranteed investment contract with Prudential Retirement who maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Prudential Retirement is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

NOTE 5 - INVESTMENT CONTRACT (CONTINUED)

There are no reserves against contract value for credit risk of Prudential Retirement or otherwise. The crediting interest rate is based on a formula agreed upon with Prudential Retirement, but may not be less than 1 percent. The interest rate credited to participants reflects the amortization of realized and unrealized gains and losses in the underlying investment contracts over the duration of the entire portfolio and may not reflect the actual returns achieved in the portfolio. From time to time, the crediting rate may be significantly greater or less than current market interest rates. Such interest rates are reviewed on a semi-annual basis for resetting.

Generally there are not any events that could limit the ability of the Plan to execute transactions at contract value within 90 days. The guaranteed investment contract does not permit Prudential Retirement to terminate the agreement prior to the scheduled maturity date.

NOTE 6 - INCOME TAX STATUS

The underlying standardized prototype plan has received an opinion letter from the Internal Revenue Service dated March 31, 2008 stating that the written form of the underlying prototype document is qualified under Section 401(a) of the Code. Any employer adopting this form of the plan will be considered to have a plan qualified under Section 401(a) of the Code. Therefore, the related trust is tax-exempt. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. Although the Plan has been amended since receiving the opinion letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Code and, therefore, believes that 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 applicable taxing authorities. The Plan did not take any uncertain tax positions as of December 31, 2021 and 2020. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods pending or in progress.

NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS

During the years ended December 31, 2021 and 2020, Plan investments were managed by the trustee, and therefore, these transactions qualify as party-in-interest transactions. The Plan allows participants to take loans against their account balances, which also qualify as exempt party-in-interest transactions.

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits as presented in the accompanying financial statements at December 31, 2021 and 2020 to the Form 5500.

	2021	2020
Net assets available for benefits per the financial statements	$ 814,927,939	$ 602,743,348
Participant contributions receivable	(1,940,867)	--
Company contributions receivable	(1,227,668)	(26,593,772)
Net assets available for benefits per the Form 5500	$ 811,759,404	$ 576,149,576

The following is a reconciliation of the net increase in net assets available for benefits as presented in the accompanying financial statements for the year ended December 31, 2021 to the Form 5500.

Net increase per the statement of changes in net assets available for benefits per the financial statements	$ 147,739,712
Change in Participant contributions receivable	(1,940,867)
Change in Company contributions receivable	25,366,104
Net increase per the Form 5500	$ 171,164,949

NUVANCE HEALTH 401(k) RETIREMENT SAVINGS PLAN
(FORMERLY, WESTERN CONNECTICUT HEALTH NETWORK 401(k) RETIREMENT SAVINGS PLAN)

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

DECEMBER 31, 2021

EIN: 22-2594977
Plan # 003

	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Market Value	(d) Cost	(e) Current Value
	Guaranteed Investment Contract			
*	Prudential Retirement Insurance and Annuity Company	Guaranteed Income Fund	**	$ 37,447,509
	Cash and Cash Equivalents		**	47,023
	Mutual Funds			
	Capital Bank and Trust Company	Capital Group 2030 Target Date Retirement Trust	**	$ 92,082,026
	Capital Bank and Trust Company	Capital Group 2035 Target Date Retirement Trust	**	86,157,096
	Capital Bank and Trust Company	Capital Group 2025 Target Date Retirement Trust	**	86,026,463
	Capital Bank and Trust Company	Capital Group 2040 Target Date Retirement Trust	**	63,075,473
	Capital Bank and Trust Company	Capital Group 2045 Target Date Retirement Trust	**	55,761,182
	Capital Bank and Trust Company	Capital Group 2050 Target Date Retirement Trust	**	49,450,347
	Capital Bank and Trust Company	Capital Group 2020 Target Date Retirement Trust	**	40,146,389
	Capital Bank and Trust Company	Capital Group 2055 Target Date Retirement Trust	**	37,585,585
	Capital Bank and Trust Company	Capital Group 2060 Target Date Retirement Trust	**	16,159,744
	Capital Bank and Trust Company	Capital Group 2015 Target Date Retirement Trust	**	7,128,941
	Capital Bank and Trust Company	Capital Group 2065 Target Date Retirement Trust	**	2,306,948
	Capital Bank and Trust Company	Capital Group 2010 Target Date Retirement Trust	**	1,696,481
	Vanguard	Total Intl Stock Idx Fund	**	12,556,675
	Vanguard	Intermediate-Term Bond Index Fund Institutional Shares	**	11,018,836
	Cohen & Steers	Realty Shares Fund	**	1,145,627
	JPMorgan	Emerging Markets Equity Fund Class R6	**	2,494,624
	Blackrock	High Yield Bond Portfolio Institutional Shares	**	1,529,126
	JPMorgan	Core Plus Bond Fund Class R6	**	13,745,561
	Vanguard	Inflation-Protected Securities shares	**	7,179,055
	T. Rowe Price	Large-Cap Growth Fund I Class	**	29,210,602
	American Funds	EuroPacific Growth Fund Class R6	**	6,991,820
	JPMorgan	Equity Income Fund Class R6	**	15,274,270
	Goldman Sachs	Small/Mid Cap Growth Fund Investor Class	**	20,477,398
	US Small and Mid Cap	US Small and Mid Cap	**	4,759,267
*	Fidelity	500 Index Fund	**	75,113,318
*	Fidelity	Extended Market Index Fund	**	22,907,277
	Total Mutual Funds			761,980,131

See independent auditors' report.

NUVANCE HEALTH 401(k) RETIREMENT SAVINGS PLAN
(FORMERLY, WESTERN CONNECTICUT HEALTH NETWORK 401(k) RETIREMENT SAVINGS PLAN)

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

DECEMBER 31, 2021

EIN: 22-2594977
Plan # 003

	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Market Value	(d) Cost	(e) Current Value
	Self Directed Brokerage Account:			
*	**Cash and Cash Equivalents**	Fidelity Cash Reserve	**	$ 707,905
	Common Stocks			
	Roundhill Ball	Listed Fund Trust Roundhill Ball	**	$ 7,590
	Metaurus	Equity Component Trust US	**	1
	Proshares Trust	Bitcoin Strategy ETF	**	3,352
	Vaneck	Vectors ETF TR Digi Trans ETF	**	2,035
	Direxion	SHS ETF TR Daily MSCI OCT21	**	321
	Direxion	SHS ETF TR Daily Tech OCT21	**	13,986
	Barclays Bankk	PLC IPATH SER B Global	**	475
	First TR	Exchng Traded Fd VIII	**	32,177
	Proshares Trust	Ultra NASDAQ	**	5,191
	Total Self Directed Brokerage Account - Common Stocks			65,128
	Mutual Funds			
	WCM	Focused Intl Growth Fund Instl	**	$ 30,434
	Vanguard	Small-Cap Index Admiral	**	9,016
	Vanguard	Growth Index Admiral	**	33,531
	Vanguard	European Stock Index Admiral	**	6,012
	Sound Shore	Sound Shore FD Inc	**	1,823
	American Funds	Century Ultra	**	29,957
	American Funds	Century Dis Growth Fd Invt Cl SH	**	1,900
	Hodges	Hodges Fund	**	1,773
*	Fidelity	Zero Total Market Index	**	469
*	Fidelity	Select Software & Computer	**	12,112
*	Fidelity	Growth & Income II	**	2,167
*	Fidelity	Magellan	**	2,210
*	Fidelity	Zero International Index	**	1,120
*	Fidelity	Select Multimedia	**	24,694
*	Fidelity	Select Cyclical Industries	**	1,097
*	Fidelity	Blue Chip Growth	**	51,859
*	Fidelity	Freedom Indx 2045 Instl Prem	**	6,847
*	Fidelity	Freedom Indx 2040 Instl Prem	**	14,679
*	Fidelity	Freedom Index 2030 FD	**	29,861
*	Fidelity	Intl Value	**	1,014
*	Fidelity	Contrafund	**	2,164
*	Fidelity	NASDAQ Composite Index	**	28,740
*	Fidelity	Total Mkt Index Instl Premium Class	**	28,424
*	Fidelity	Select Leisure	**	1,079
*	Fidelity	Value	**	326

See independent auditors' report.

NUVANCE HEALTH 401(k) RETIREMENT SAVINGS PLAN
(FORMERLY, WESTERN CONNECTICUT HEALTH NETWORK 401(k) RETIREMENT SAVINGS PLAN)

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

DECEMBER 31, 2021

EIN: 22-2594977
Plan # 003

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Market Value	(d) Cost	(e) Current Value
	Self Directed Brokerage Account: (Continued)			
	Mutual Funds (Continued)			
*	Fidelity	Select Electronics	**	$ 65,994
*	Fidelity	Select Brokerage & Invs Mgt	**	26,266
*	Fidelity	Real Estate Index Institutional	**	23,037
	Direxion	SHS ETF TR Daily Semicondutor	**	17
	Direxion	SH ETF Daily China Bull 3x	**	1,460
	Direxion	SHS ETF TR Small Cap Bull 3x	**	49,352
	Direxion	SHS ETF TR Large Cap Bull 3x	**	55,975
	Direxion	SHS ETF TR Daily Finl Bull 3x	**	3,277
	Direxion	Shares ETF Trust Daily	**	785
	Direxion	SHS ETF TR DLY Semiconductor BR	**	119,700
	Direxion	SHS ETF TR 20Yr Tres Bear	**	5,446
	Direxion	SHS ETF TR DALY HOM B&S BUL	**	1,857
*	Fidelity	ETF Managers TR Purefunds ISE MO	**	5,553
*	Fidelity	ETF Managers TR Tierra XP Latin	**	139,140
*	Fidelity	MSCI Consumer	**	6,886
*	Fidelity	MSCI Finls Index ETF	**	5,033
*	Fidelity	Targeted International Factor	**	151
*	Fidelity	Targeted Emerging Markets	**	26
*	Fidelity	MSCI Health Care Index	**	5,016
*	Fidelity	MSCI Real Estate Index ETF	**	5,557
*	Fidelity	MSCI MATLS Index	**	5,034
	First Trust	ISE WTR INDEX FD	**	10,389
	First Trust	Exchange Traded FD II ISE	**	15,343
	First Trust	Exchange Traded FD II NASDAQ	**	35,508
	ARK	ETF TR Innovation ETF	**	6,612
	ARK	ETF TR Genomic Revolution Multi	**	2,878
	ARK	ETF TR WEB X.O ETF	**	28,727
	ARK	ETF TR Fintech Innova	**	65
	Aberdeen	Income CR Strategies Com	**	1,018
	Advisorshares TR	Pure US Cannabis	**	21,993
	Amplify	ETF TR Blockchain LDR	**	1,486
	Amplify	ETF TR High Income	**	2
	Amplify	ETF TR Seymour Cannbs	**	1,413
	Barclays Bank	PLC Ipath B Coffee	**	918
	Global X	Global X FDS Russell 2000	**	9
	First Trust	EXCH Traded Alphadex FD II	**	5,824
	First Trust	Exchange Traded FD VI First	**	82,151
	Global X	Global S FDS REIT ETF	**	2
	Global X	Global X FDS NASDAQ 100 Cover	**	11
	Global X	Global X Funds Autonomous and	**	6,118
	Global X	Global X FDS Global X Copper	**	11,089

See independent auditors' report.

NUVANCE HEALTH 401(k) RETIREMENT SAVINGS PLAN
(FORMERLY, WESTERN CONNECTICUT HEALTH NETWORK 401(k) RETIREMENT SAVINGS PLAN)

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

DECEMBER 31, 2021

EIN: 22-2594977
Plan # 003

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Market Value	(d) Cost	(e) Current Value
	Self Directed Brokerage Account: (Continued)			
	Mutual Funds (Continued)			
	Grayscale	Grayscale Bitcoin TR BTRC HS ACCD INVS	**	$ 1,986
	Invesco	Invesco QQQ TR Unit Ser 1	**	23,859
	Invesco	Invesco Exchange Traded FD TR S&P 500	**	15,574
	Invesco	Invesco Exchange Traded FD TR DYNMC	**	10,460
	Invesco	Invesco Exchng Traded FD TR II CEF	**	2
	Invesco	Invesco Exchng Traded FD TR II KBW	**	2
	Invesco	Invesco Exchng Traded FD TR II KBW	**	3
	Invesco	Invesco Exchange Traded FD TR II	**	7,987
	Invesco	Invesco Exchng Traded FD TR II	**	8,544
	Ishares	Ishares Inc MSCI Turkey Index FD	**	37
	Ishares	Ishares TR U S TREAS Inflation	**	4,116
	Ishares	Ishares TR Lehman U S Aggregate BD FD	**	6
	Ishares	Ishares TR MSCI Emerging Mkts	**	4,033
	Ishares	Ishares TR S&P Midcap 400 Index Fd	**	142,944
	Ishares	Ishares TR NASDAQ Biotechnology Index	**	764
	Ishares	Ishares TR Dow Jones U S Healthcare	**	6
	Ishares	Ishares TR Dow Jones U S Finl Svcs	**	4
	Ishares	Ishares TR Dow Jones U S Consumer Non	**	193
	Ishares	Ishares TR S&P Small Cap 600/Barra	**	4,245
	Ishares	Ishares TR S&P Global Timber &	**	9,319
	Ishares	Ishares TR Dow Jones EPAC Select	**	3
	Ishares	Ishares TR IBOXX $ High Yield Corp	**	10,239
	Ishares	Ishares GTR FTSE Nareit Residential	**	13,739
	Ishares	Ishares GTR Dow Jones US Home Constn Index	**	10,990
	Ishares	Ishares TR Dow jones US Gegional Bks	**	3,965
	Ishares	Ishares TR Dow Jones US Medical Devices	**	31,099
	Ishares	Ishares Inc MSCI JPN ETF NEW	**	1,972
	Ishares	Ishares Trust Core Divid Growth ETF	**	6
	Kraneshares TR	CSI China Internet ETF	**	20,617
	Ishares	Ishares TR Boad USD High	**	4
	JP Morgan	Exchange - Traded Fd	**	3
	Kraneshares TR	KFA GBL Carbon	**	763
	Kraneshares TR	Elec VEH Futur	**	94
	Proshares TR	Proshares TR Proshares Ultrashort	**	1,689
	Proshares TR	Proshares TR Ultsht FT CH 50	**	605
	Proshares TR	Proshares Ultrapro Short QQQ	**	75,649
	Proshares TR	Proshares TR ULSH 20YRTRE NEW	**	3,091
	Proshares TR	Proshares TR Ultra QQQ Proshares	**	1,335
	Proshares TR	Proshares TR Ultrashort Lehman	**	1,608
	Proshares TR	Proshares TR Ultra Semiconductors	**	528
	Proshares TR	Proshares TR Ultrapro DOW30	**	22,179
	Proshares TR	Proshares TR Ultrapro QQQ	**	243,503

See independent auditors' report.

NUVANCE HEALTH 401(k) RETIREMENT SAVINGS PLAN
(FORMERLY, WESTERN CONNECTICUT HEALTH NETWORK 401(k) RETIREMENT SAVINGS PLAN)

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

DECEMBER 31, 2021

EIN: 22-2594977
Plan # 003

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Market Value	(d) Cost	(e) Current Value
	Self Directed Brokerage Account: (Continued)			
	Mutual Funds (Continued)			
	Proshares TR	Proshares TR Short 20+ Yr Treasury	**	$ 1,599
	Proshares TR	Proshares TR Proshares Ultrapro	**	2,288
	Proshares TR	Proshares TR II Ulta BLMG 2017	**	7,756
	Proshares TR	Proshares Trust S&P 500 Aristocrats ETF	**	5
	S&P 500	S&P 500 Depository Receipt	**	18,866
	Sector	SPDR Gold TR Gold SHS	**	171
	Sector	SPDR Index SHS FDS S&P China ETF	**	95,397
	Sector	SPDR SER TR DJ Wilshire Large	**	318
	Sector	SPDR SER TR S&P Transn ETF	**	1,415
	Sector	SPDR SER TR KBW Regl BKG ETF	**	4
	Sector	SPDR SER TR S&P Divid ETF	**	13
	Sector	SPDR Dow JONES Indl Average ETF TR Unit	**	10,388
	Schwab	Strategic GTR US Small-Cap ETF	**	267
	Sector	SPDR TR SHS BEN INT Cyclicals	**	3,067
	Schwab	Strategic TR US Dividend Equity	**	4,078
	Sector	SPDR TR SHS BEN INT Consumer	**	7
	Sector	SPDR TR SHS BEN INT Consumer	**	7,509
	Sector	SPDR TR SHS BEN INT Energy	**	5,169
	Sector	SPDR TR SHS BEN INT Financial	**	118,685
	Sector	SPDR TR SHS BEN INT Technology	**	9
	Sprott	ETF TR Gold Miners ETF	**	3
	Tidal	ETF TR Sofi Selxt 500	**	17
	VanEck Vectors	Vectors ETF TR Gold Miners ETF	**	6,521
	VanEck Vectors	ETF TR Steel ETF	**	5,701
	VanEck Vectors	ETF TR Fallen Angel HG	**	3
	VanEck Vectors	ETF TR Uranium Nuclear	**	2,794
	VanEck Vectors	ETF TR Semiconductor ET	**	31,908
	VanEck Vectors	ETF TR JR Gold Miners E	**	85
	VanEck Vectors	ETF TR JP Morgan Mkts	**	3
	VanEck Vectors	ETF TR Rare Earth Stgrat	**	2,960
	Vanguard	Specialized Portfolios Div	**	99,268
	Vanguard	Star FD Vanguard Total Intl	**	73,889
	Vanguard	Whitehall FDS High Dividend	**	13,173
	Vanguard	Sector Index FDS Vanguard	**	5,110
	Vanguard	Sector Index FDS Vanguard	**	3
	Vanguard	Sector Index FDS Vanguard	**	5
	Vanguard	Sector Index FDS Vanguard	**	19,321
	Vanguard	Sector Index FDS Vanguard	**	3,988
	Vanguard	Intl Equity Index Fd Inc	**	51,015

See independent auditors' report.

NUVANCE HEALTH 401(k) RETIREMENT SAVINGS PLAN
(FORMERLY, WESTERN CONNECTICUT HEALTH NETWORK 401(k) RETIREMENT SAVINGS PLAN)

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

DECEMBER 31, 2021

EIN: 22-2594977
Plan # 003

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Market Value	(d) Cost	(e) Current Value
	Self Directed Brokerage Account: (Continued)			
	Mutual Funds (Continued)			
	Vanguard	Scottsdale FDS Total WLD BD ETF	**	$ 2
	Vanguard	Index TR Vanguard Total STK	**	3,622
	Vanguard	Index FDS Formerly Vanguard	**	483
	Vanguard	Index FDS Vanguard Large Cap	**	111,582
	Vanguard	Index FDS Vanguard Growth	**	120
	Wisdomtree Trust	U.S. Dividend Growth	**	3
	Total Self Directed Brokerage Account - Mutual Funds			2,466,781
*	**Notes Receivable From Participants**	Participant loan balances with interest rates of 4.25% to 7.50% with varying maturity dates through 2041		9,044,927
				$ 811,759,404

* Represents a party-in-interest to the Plan.
** Participant directed investments, cost information is not required.

See independent auditors' report.

NUVANCE HEALTH 401(k) RETIREMENT SAVINGS PLAN
(FORMERLY, WESTERN CONNECTICUT HEALTH NETWORK 401(k) RETIREMENT SAVINGS PLAN)

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

DECEMBER 31, 2021

EIN: 22-2594977
Plan # 003

	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Market Value	(d) Cost	(e) Current Value
	Guaranteed Investment Contract			
*	Prudential Retirement Insurance and Annuity Company	Guaranteed Income Fund	**	$ 37,447,509
	Cash and Cash Equivalents		**	47,023
	Mutual Funds			
	Capital Bank and Trust Company	Capital Group 2030 Target Date Retirement Trust	**	$ 92,082,026
	Capital Bank and Trust Company	Capital Group 2035 Target Date Retirement Trust	**	86,157,096
	Capital Bank and Trust Company	Capital Group 2025 Target Date Retirement Trust	**	86,026,463
	Capital Bank and Trust Company	Capital Group 2040 Target Date Retirement Trust	**	63,075,473
	Capital Bank and Trust Company	Capital Group 2045 Target Date Retirement Trust	**	55,761,182
	Capital Bank and Trust Company	Capital Group 2050 Target Date Retirement Trust	**	49,450,347
	Capital Bank and Trust Company	Capital Group 2020 Target Date Retirement Trust	**	40,146,389
	Capital Bank and Trust Company	Capital Group 2055 Target Date Retirement Trust	**	37,585,585
	Capital Bank and Trust Company	Capital Group 2060 Target Date Retirement Trust	**	16,159,744
	Capital Bank and Trust Company	Capital Group 2015 Target Date Retirement Trust	**	7,128,941
	Capital Bank and Trust Company	Capital Group 2065 Target Date Retirement Trust	**	2,306,948
	Capital Bank and Trust Company	Capital Group 2010 Target Date Retirement Trust	**	1,696,481
	Vanguard	Total Intl Stock Idx Fund	**	12,556,675
	Vanguard	Intermediate-Term Bond Index Fund Institutional Shares	**	11,018,836
	Cohen & Steers	Realty Shares Fund	**	1,145,627
	JPMorgan	Emerging Markets Equity Fund Class R6	**	2,494,624
	Blackrock	High Yield Bond Portfolio Institutional Shares	**	1,529,126
	JPMorgan	Core Plus Bond Fund Class R6	**	13,745,561
	Vanguard	Inflation-Protected Securities shares	**	7,179,055
	T. Rowe Price	Large-Cap Growth Fund I Class	**	29,210,602
	American Funds	EuroPacific Growth Fund Class R6	**	6,991,820
	JPMorgan	Equity Income Fund Class R6	**	15,274,270
	Goldman Sachs	Small/Mid Cap Growth Fund Investor Class	**	20,477,398
	US Small and Mid Cap	US Small and Mid Cap	**	4,759,267
*	Fidelity	500 Index Fund	**	75,113,318
*	Fidelity	Extended Market Index Fund	**	22,907,277
	Total Mutual Funds			761,980,131

See independent auditors' report.

NUVANCE HEALTH 401(k) RETIREMENT SAVINGS PLAN
(FORMERLY, WESTERN CONNECTICUT HEALTH NETWORK 401(k) RETIREMENT SAVINGS PLAN)

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

DECEMBER 31, 2021

EIN: 22-2594977
Plan # 003

	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Market Value	(d) Cost	(e) Current Value
	Self Directed Brokerage Account:			
*	**Cash and Cash Equivalents**	Fidelity Cash Reserve	**	$ 707,905
	Common Stocks			
	Roundhill Ball	Listed Fund Trust Roundhill Ball	**	$ 7,590
	Metaurus	Equity Component Trust US	**	1
	Proshares Trust	Bitcoin Strategy ETF	**	3,352
	Vaneck	Vectors ETF TR Digi Trans ETF	**	2,035
	Direxion	SHS ETF TR Daily MSCI OCT21	**	321
	Direxion	SHS ETF TR Daily Tech OCT21	**	13,986
	Barclays Bankk	PLC IPATH SER B Global	**	475
	First TR	Exchng Traded Fd VIII	**	32,177
	Proshares Trust	Ultra NASDAQ	**	5,191
	Total Self Directed Brokerage Account - Common Stocks			65,128
	Mutual Funds			
	WCM	Focused Intl Growth Fund Instl	**	$ 30,434
	Vanguard	Small-Cap Index Admiral	**	9,016
	Vanguard	Growth Index Admiral	**	33,531
	Vanguard	European Stock Index Admiral	**	6,012
	Sound Shore	Sound Shore FD Inc	**	1,823
	American Funds	Century Ultra	**	29,957
	American Funds	Century Dis Growth Fd Invt Cl SH	**	1,900
	Hodges	Hodges Fund	**	1,773
*	Fidelity	Zero Total Market Index	**	469
*	Fidelity	Select Software & Computer	**	12,112
*	Fidelity	Growth & Income II	**	2,167
*	Fidelity	Magellan	**	2,210
*	Fidelity	Zero International Index	**	1,120
*	Fidelity	Select Multimedia	**	24,694
*	Fidelity	Select Cyclical Industries	**	1,097
*	Fidelity	Blue Chip Growth	**	51,859
*	Fidelity	Freedom Indx 2045 Instl Prem	**	6,847
*	Fidelity	Freedom Indx 2040 Instl Prem	**	14,679
*	Fidelity	Freedom Index 2030 FD	**	29,861
*	Fidelity	Intl Value	**	1,014
*	Fidelity	Contrafund	**	2,164
*	Fidelity	NASDAQ Composite Index	**	28,740
*	Fidelity	Total Mkt Index Instl Premium Class	**	28,424
*	Fidelity	Select Leisure	**	1,079
*	Fidelity	Value	**	326

See independent auditors' report.

NUVANCE HEALTH 401(k) RETIREMENT SAVINGS PLAN
(FORMERLY, WESTERN CONNECTICUT HEALTH NETWORK 401(k) RETIREMENT SAVINGS PLAN)

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

DECEMBER 31, 2021

EIN: 22-2594977
Plan # 003

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Market Value	(d) Cost	(e) Current Value
	Self Directed Brokerage Account: (Continued)			
	Mutual Funds (Continued)			
*	Fidelity	Select Electronics	**	$ 65,994
*	Fidelity	Select Brokerage & Invs Mgt	**	26,266
*	Fidelity	Real Estate Index Institutional	**	23,037
	Direxion	SHS ETF TR Daily Semicondutor	**	17
	Direxion	SH ETF Daily China Bull 3x	**	1,460
	Direxion	SHS ETF TR Small Cap Bull 3x	**	49,352
	Direxion	SHS ETF TR Large Cap Bull 3x	**	55,975
	Direxion	SHS ETF TR Daily Finl Bull 3x	**	3,277
	Direxion	Shares ETF Trust Daily	**	785
	Direxion	SHS ETF TR DLY Semiconductor BR	**	119,700
	Direxion	SHS ETF TR 20Yr Tres Bear	**	5,446
	Direxion	SHS ETF TR DALY HOM B&S BUL	**	1,857
*	Fidelity	ETF Managers TR Purefunds ISE MO	**	5,553
*	Fidelity	ETF Managers TR Tierra XP Latin	**	139,140
*	Fidelity	MSCI Consumer	**	6,886
*	Fidelity	MSCI Finls Index ETF	**	5,033
*	Fidelity	Targeted International Factor	**	151
*	Fidelity	Targeted Emerging Markets	**	26
*	Fidelity	MSCI Health Care Index	**	5,016
*	Fidelity	MSCI Real Estate Index ETF	**	5,557
*	Fidelity	MSCI MATLS Index	**	5,034
	First Trust	ISE WTR INDEX FD	**	10,389
	First Trust	Exchange Traded FD II ISE	**	15,343
	First Trust	Exchange Traded FD II NASDAQ	**	35,508
	ARK	ETF TR Innovation ETF	**	6,612
	ARK	ETF TR Genomic Revolution Multi	**	2,878
	ARK	ETF TR WEB X.O ETF	**	28,727
	ARK	ETF TR Fintech Innova	**	65
	Aberdeen	Income CR Strategies Com	**	1,018
	Advisorshares TR	Pure US Cannabis	**	21,993
	Amplify	ETF TR Blockchain LDR	**	1,486
	Amplify	ETF TR High Income	**	2
	Amplify	ETF TR Seymour Cannbs	**	1,413
	Barclays Bank	PLC Ipath B Coffee	**	918
	Global X	Global X FDS Russell 2000	**	9
	First Trust	EXCH Traded Alphadex FD II	**	5,824
	First Trust	Exchange Traded FD VI First	**	82,151
	Global X	Global S FDS REIT ETF	**	2
	Global X	Global X FDS NASDAQ 100 Cover	**	11
	Global X	Global X Funds Autonomous and	**	6,118
	Global X	Global X FDS Global X Copper	**	11,089

See independent auditors' report.

NUVANCE HEALTH 401(k) RETIREMENT SAVINGS PLAN
(FORMERLY, WESTERN CONNECTICUT HEALTH NETWORK 401(k) RETIREMENT SAVINGS PLAN)

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

DECEMBER 31, 2021

EIN: 22-2594977
Plan # 003

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Market Value	(d) Cost	(e) Current Value
	Self Directed Brokerage Account: (Continued)			
	Mutual Funds (Continued)			
	Grayscale	Grayscale Bitcoin TR BTRC HS ACCD INVS	**	$ 1,986
	Invesco	Invesco QQQ TR Unit Ser 1	**	23,859
	Invesco	Invesco Exchange Traded FD TR S&P 500	**	15,574
	Invesco	Invesco Exchange Traded FD TR DYNMC	**	10,460
	Invesco	Invesco Exchng Traded FD TR II CEF	**	2
	Invesco	Invesco Exchng Traded FD TR II KBW	**	2
	Invesco	Invesco Exchng Traded FD TR II KBW	**	3
	Invesco	Invesco Exchange Traded FD TR II	**	7,987
	Invesco	Invesco Exchng Traded FD TR II	**	8,544
	Ishares	Ishares Inc MSCI Turkey Index FD	**	37
	Ishares	Ishares TR U S TREAS Inflation	**	4,116
	Ishares	Ishares TR Lehman U S Aggregate BD FD	**	6
	Ishares	Ishares TR MSCI Emerging Mkts	**	4,033
	Ishares	Ishares TR S&P Midcap 400 Index Fd	**	142,944
	Ishares	Ishares TR NASDAQ Biotechnology Index	**	764
	Ishares	Ishares TR Dow Jones U S Healthcare	**	6
	Ishares	Ishares TR Dow Jones U S Finl Svcs	**	4
	Ishares	Ishares TR Dow Jones U S Consumer Non	**	193
	Ishares	Ishares TR S&P Small Cap 600/Barra	**	4,245
	Ishares	Ishares TR S&P Global Timber &	**	9,319
	Ishares	Ishares TR Dow Jones EPAC Select	**	3
	Ishares	Ishares TR IBOXX $ High Yield Corp	**	10,239
	Ishares	Ishares GTR FTSE Nareit Residential	**	13,739
	Ishares	Ishares GTR Dow Jones US Home Constn Index	**	10,990
	Ishares	Ishares TR Dow jones US Gegional Bks	**	3,965
	Ishares	Ishares TR Dow Jones US Medical Devices	**	31,099
	Ishares	Ishares Inc MSCI JPN ETF NEW	**	1,972
	Ishares	Ishares Trust Core Divid Growth ETF	**	6
	Kraneshares TR	CSI China Internet ETF	**	20,617
	Ishares	Ishares TR Boad USD High	**	4
	JP Morgan	Exchange - Traded Fd	**	3
	Kraneshares TR	KFA GBL Carbon	**	763
	Kraneshares TR	Elec VEH Futur	**	94
	Proshares TR	Proshares TR Proshares Ultrashort	**	1,689
	Proshares TR	Proshares TR Ultsht FT CH 50	**	605
	Proshares TR	Proshares Ultrapro Short QQQ	**	75,649
	Proshares TR	Proshares TR ULSH 20YRTRE NEW	**	3,091
	Proshares TR	Proshares TR Ultra QQQ Proshares	**	1,335
	Proshares TR	Proshares TR Ultrashort Lehman	**	1,608
	Proshares TR	Proshares TR Ultra Semiconductors	**	528
	Proshares TR	Proshares TR Ultrapro DOW30	**	22,179
	Proshares TR	Proshares TR Ultrapro QQQ	**	243,503

See independent auditors' report.

NUVANCE HEALTH 401(k) RETIREMENT SAVINGS PLAN
(FORMERLY, WESTERN CONNECTICUT HEALTH NETWORK 401(k) RETIREMENT SAVINGS PLAN)

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

DECEMBER 31, 2021

EIN: 22-2594977
Plan # 003

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Market Value	(d) Cost	(e) Current Value
	Self Directed Brokerage Account: (Continued)			
	Mutual Funds (Continued)			
	Proshares TR	Proshares TR Short 20+ Yr Treasury	**	$ 1,599
	Proshares TR	Proshares TR Proshares Ultrapro	**	2,288
	Proshares TR	Proshares TR II Ulta BLMG 2017	**	7,756
	Proshares TR	Proshares Trust S&P 500 Aristocrats ETF	**	5
	S&P 500	S&P 500 Depository Receipt	**	18,866
	Sector	SPDR Gold TR Gold SHS	**	171
	Sector	SPDR Index SHS FDS S&P China ETF	**	95,397
	Sector	SPDR SER TR DJ Wilshire Large	**	318
	Sector	SPDR SER TR S&P Transn ETF	**	1,415
	Sector	SPDR SER TR KBW Regl BKG ETF	**	4
	Sector	SPDR SER TR S&P Divid ETF	**	13
	Sector	SPDR Dow JONES Indl Average ETF TR Unit	**	10,388
	Schwab	Strategic GTR US Small-Cap ETF	**	267
	Sector	SPDR TR SHS BEN INT Cyclicals	**	3,067
	Schwab	Strategic TR US Dividend Equity	**	4,078
	Sector	SPDR TR SHS BEN INT Consumer	**	7
	Sector	SPDR TR SHS BEN INT Consumer	**	7,509
	Sector	SPDR TR SHS BEN INT Energy	**	5,169
	Sector	SPDR TR SHS BEN INT Financial	**	118,685
	Sector	SPDR TR SHS BEN INT Technology	**	9
	Sprott	ETF TR Gold Miners ETF	**	3
	Tidal	ETF TR Sofi Selxt 500	**	17
	VanEck Vectors	Vectors ETF TR Gold Miners ETF	**	6,521
	VanEck Vectors	ETF TR Steel ETF	**	5,701
	VanEck Vectors	ETF TR Fallen Angel HG	**	3
	VanEck Vectors	ETF TR Uranium Nuclear	**	2,794
	VanEck Vectors	ETF TR Semiconductor ET	**	31,908
	VanEck Vectors	ETF TR JR Gold Miners E	**	85
	VanEck Vectors	ETF TR JP Morgan Mkts	**	3
	VanEck Vectors	ETF TR Rare Earth Stgrat	**	2,960
	Vanguard	Specialized Portfolios Div	**	99,268
	Vanguard	Star FD Vanguard Total Intl	**	73,889
	Vanguard	Whitehall FDS High Dividend	**	13,173
	Vanguard	Sector Index FDS Vanguard	**	5,110
	Vanguard	Sector Index FDS Vanguard	**	3
	Vanguard	Sector Index FDS Vanguard	**	5
	Vanguard	Sector Index FDS Vanguard	**	19,321
	Vanguard	Sector Index FDS Vanguard	**	3,988
	Vanguard	Intl Equity Index Fd Inc	**	51,015

See independent auditors' report.

NUVANCE HEALTH 401(k) RETIREMENT SAVINGS PLAN
(FORMERLY, WESTERN CONNECTICUT HEALTH NETWORK 401(k) RETIREMENT SAVINGS PLAN)

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

DECEMBER 31, 2021

EIN: 22-2594977
Plan # 003

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Market Value	(d) Cost	(e) Current Value
	Self Directed Brokerage Account: (Continued)			
	Mutual Funds (Continued)			
	Vanguard	Scottsdale FDS Total WLD BD ETF	**	$ 2
	Vanguard	Index TR Vanguard Total STK	**	3,622
	Vanguard	Index FDS Formerly Vanguard	**	483
	Vanguard	Index FDS Vanguard Large Cap	**	111,582
	Vanguard	Index FDS Vanguard Growth	**	120
	Wisdomtree Trust	U.S. Dividend Growth	**	3
	Total Self Directed Brokerage Account - Mutual Funds			2,466,781
*	**Notes Receivable From Participants**	Participant loan balances with interest rates of 4.25% to 7.50% with varying maturity dates through 2041		9,044,927
				$ 811,759,404

* Represents a party-in-interest to the Plan.
** Participant directed investments, cost information is not required.

See independent auditors' report.