

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	ATLANTIC HEALTH SYSTEM 403(B) RETIREMENT SAVINGS PLAN		1b Three-digit plan number (PN) ▶ <u>006</u>
			1c Effective date of plan <u>03/01/2013</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	ATLANTIC HEALTH SYSTEM INC. 475 SOUTH STREET MORRISTOWN, NJ 07962		2b Employer Identification Number (EIN) <u>52-1958352</u> 2c Plan Sponsor's telephone number <u>973-451-2023</u> 2d Business code (see instructions) <u>622000</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2023	GENEVIEVE MADUABUM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 21581
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) 19041
a(2) Total number of active participants at the end of the plan year		6a(2) 19932
b Retired or separated participants receiving benefits		6b 121
c Other retired or separated participants entitled to future benefits.....		6c 2665
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 22718
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 22
f Total. Add lines 6d and 6e		6f 22740
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 20031
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 221
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2L 2M 2S 2T		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan ATLANTIC HEALTH SYSTEM 403(B) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	006
C Plan sponsor's name as shown on line 2a of Form 5500 ATLANTIC HEALTH SYSTEM INC.	D Employer Identification Number (EIN) 52-1958352	

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

(a) Name of insurance carrier EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	7692	95895-01	1387	01/01/2022	12/31/2022

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.
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(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	58046799
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

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

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

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

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

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

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

b Balance at the end of the previous year **7b** 53120179

c	Additions: (1) Contributions deposited during the year	7c(1)	6923602	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	852400	
	(4) Transferred from separate account.....	7c(4)	10294967	
	(5) Other (specify below)	7c(5)	901389	
	▶ LOAN PAYMENTS			

(6) Total additions..... **7c(6)** 18972358

d Total of balance and additions (add lines **7b** and **7c(6)**)..... **7d** 72092537

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	8689082
(2) Administration charge made by carrier.....	7e(2)	88982
(3) Transferred to separate account.....	7e(3)	5267674
(4) Other (specify below)	7e(4)	

(5) Total deductions..... **7e(5)** 14045738

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 58046799

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan ATLANTIC HEALTH SYSTEM 403(B) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 ATLANTIC HEALTH SYSTEM INC.	D Employer Identification Number (EIN) 52-1958352	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

EMPOWER ADVISORY GROUP, LLC

84-1532243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	NONE	1153126	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPOWER ANNUITY INSURANCE COMPANY

84-0467907

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 50 64	NONE	224475	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	33	775
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TD AMERITRADE, INC. 82-0543156	INCOME FROM MARKET PER QUALIFIED TRADE, BPS ON SWEEP FUNDS, AND MUTUAL FUND FEES DISCLOSED IN TD AMERITRADE'S 408(B)(2):	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIDELITY CONCORD STREET TRUST 06-1194217	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ALLIANCEBERNSTEIN HIGH INCOME FUND 13-3747683	RANGE FROM 0-100 BPS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO FUNDS 95-2632339	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIDELITY ADVISOR SERIES I 06-1194217	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AIM COUNSELOR SERIES TRUST (INVESCO) 76-0343427	RANGE FROM 0-100 BPS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIDELITY SALEM STREET TRUST 06-1194217	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CARILLON SERIES TRUST 59-1237041	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EATON VANCE MUTUAL FUNDS TRUST 04-2718215	RANGE FROM 0-100 BPS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SCHWAB CAPITAL TRUST 94-3106735	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DIREXION FUNDS 13-4143904	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STANLEY INSTITUTIONAL FUND T 36-3145972	RANGE FROM 0-100 BPS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PARNASSUS INCOME FUNDS 94-6633178	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIDELITY INVESTMENT TRUST 04-3022712	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD WHITEHALL FUNDS 23-1945930	RANGE FROM 0-100 BPS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VIRTUS STRATEGY TRUST 06-1349805	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD INDEX FUNDS 23-1999755	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PAX WORLD FUNDS SERIES TRUST I 30 PENHALLOW STREET, SUITE 400 PORTSMOUTH, NH 03801	RANGE FROM 0-100 BPS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COLUMBIA FUNDS SERIES TRUST I 36-3376651	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE US TREASURY FUNDS INC 52-2264646	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE MEDIA & TELECOMMUNICA 52-1840883	RANGE FROM 0-100 BPS	

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS INVESTMENT FUND 84-0592523	RANGE FROM 0-100 BPS

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRANSPARENT VALUE TRUST 330 MADISON AVENUE NEW YORK, NY 10017	RANGE FROM 0-100 BPS

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T. ROWE PRICE CAPITAL APPRECIATION 52-1465786	RANGE FROM 0-100 BPS

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T ROWE PRICE HIGH YIELD FUND INC 52-1371712	RANGE FROM 0-100 BPS

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T ROWE PRICE INTERNATIONAL FUNDS IN 52-1175211	RANGE FROM 0-100 BPS

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ADVISORS PREFERRED TRUST 1445 RESEARCH BLVD, SUITE 530 ROCKVILLE, MD 20850	RANGE FROM 0-100 BPS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD SPECIALIZED FUNDS 23-1945930	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD VALLEY FORGE FUNDS 23-1945930	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARON SELECT FUNDS 16-1651307	RANGE FROM 0-100 BPS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VOYA MUTUAL FUNDS 58-2449151	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
USAA MUTUAL FUNDS TRUST 16-1643253	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DODGE & COX FUNDS 94-6067274	RANGE FROM 0-100 BPS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MUTUAL FUND SERIES TRUST 42-1692370	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE CAPITAL OPPOR FUND INC 52-1905304	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FRANKLIN CUSTODIAN FUNDS 13-2573775	RANGE FROM 0-100 BPS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
RYDEX DYNAMIC FUNDS 48-1183041	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GOLDMAN SACHS TRUST 46-5215217	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PROFUNDS 52-2035197	RANGE FROM 0-100 BPS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
METROPOLITAN WEST FUNDS 95-4597302	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JOHN HANCOCK INVESTMENT TRUST II 04-3279774	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PEAR TREE FUNDS 04-2789623	RANGE FROM 0-100 BPS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
RYDEX SERIES FUNDS 48-1183041	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STANLEY EUROPEAN EQUITY FUND 36-3145972	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE REAL ESTATE FUND INC 52-2070587	RANGE FROM 0-100 BPS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
IVY FUNDS 48-1112076	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STANLEY INSTITUTIONAL FUND I 36-3145972	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MATTHEWS INTERNATIONAL FUNDS 94-3250972	RANGE FROM 0-100 BPS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMANA MUTUAL FUNDS TRUST 35-6447892	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK FUNDS 04-6171663	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIDELITY SUMMER STREET TRUST 06-1194217	RANGE FROM 0-100 BPS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STANLEY CAPITAL OPPORTUNITIE 36-3145972	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE FINANCIAL SERVS FUND, 52-2024849	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INTERNATIONAL GROWTH & INCOME FUND 26-2949731	RANGE FROM 0-100 BPS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HENNESSY FUNDS TRUST 68-0377264	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD BOND INDEX FUNDS 23-1945930	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HARTFORD MUTUAL FUNDS INC/CT 22-2937447	RANGE FROM 0-100 BPS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AZZAD FUNDS 3141 FAIRVIEW PARK DR FALLS CHURCH, VA 22042		RANGE FROM 0-100 BPS
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PARNASSUS FUNDS 94-6579180		RANGE FROM 0-100 BPS
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SSGA FUNDS 42-1704580		RANGE FROM 0-100 BPS

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIDELITY SELECT PORTFOLIOS 06-1194217	RANGE FROM 0-100 BPS

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALLIED ASSET ADVISORS FUNDS 745 MCCLINTOCK DRIVE, BURR RIDGE ILLINOIS, IL 60527	RANGE FROM 0-100 BPS

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD HEALTH CARE 04-6035483	RANGE FROM 0-100 BPS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY QUANTITATIVE EQ FD 43-1819235	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NORTHERN FUNDS 36-3608252	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T. ROWE PRICE U.S. LARGE-CAP CORE F 52-0556948	RANGE FROM 0-100 BPS	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE GLOBAL TECH FUND INC 52-2024849	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIDELITY CONTRAFUND 06-1194217	RANGE FROM 0-100 BPS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TD AMERITRADE, INC.	59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD SCOTTSDALE FUNDS 23-2439140	RANGE FROM 0-100 BPS	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>ATLANTIC HEALTH SYSTEM 403(B) RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ATLANTIC HEALTH SYSTEM INC.</u>	D Employer Identification Number (EIN) <u>52-1958352</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	10551333	11366577
(2) Participant contributions.....	1b(2)	272	2795
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants).....	1c(7)	0	0
(8) Participant loans.....	1c(8)	7794731	8562300
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	734189206	677554402
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	53120179	58046799
(15) Other	1c(15)	3343989	3546250

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	808999710	759079123

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	808999710	759079123
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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)	26301359	
(B) Participants	2a(1)(B)	95650586	
(C) Others (including rollovers)	2a(1)(C)	19023446	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		140975391
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	367159	
(F) Other	2b(1)(F)	852400	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1219559
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	25937436	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		25937436
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-159626052
c Other income	2c		-693165
d Total income. Add all income amounts in column (b) and enter total	2d		7813169
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	55962166	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		55962166
f Corrective distributions (see instructions)	2f		14260
g Certain deemed distributions of participant loans (see instructions)	2g		369734
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1165566	
(4) Other	2i(4)	222030	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1387596
j Total expenses. Add all expense amounts in column (b) and enter total	2j		57733756
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-49920587
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan ATLANTIC HEALTH SYSTEM 403(B) RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ► 006
C Plan sponsor's name as shown on line 2a of Form 5500 ATLANTIC HEALTH SYSTEM INC.		D Employer Identification Number (EIN) 52-1958352
Part I	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): 84-1455663		
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____% b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____
20	PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____



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

**FINANCIAL REPORT
DECEMBER 31, 2022**



Wiss & Company, LLP
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Florham Park, NJ 07932
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INDEPENDENT AUDITORS' REPORT

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

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

We have performed audits of the accompanying financial statements of Atlantic Health System 403(b) Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules ("DOL") and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits 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 certifications from qualified institutions as of December 31, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits 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 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audits of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

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

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

In our opinion:

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

Wiss & Company

WISS & COMPANY, LLP

Florham Park, New Jersey
October 12, 2023

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2022	2021
ASSETS		
Investments, at fair value:		
Mutual funds	\$ 677,554,402	\$ 734,189,206
Individual brokerage balanced funds	<u>3,546,250</u>	<u>3,343,989</u>
	681,100,652	737,533,195
Investments, at contract value -		
Group annuity contract with insurance company	<u>58,046,799</u>	<u>53,120,179</u>
Total Investments	<u>739,147,451</u>	<u>790,653,374</u>
Receivables:		
Employer contribution	11,330,456	11,950,720
Notes receivable from participants	<u>8,562,300</u>	<u>7,794,731</u>
	<u>19,892,756</u>	<u>19,745,451</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 759,040,207</u>	<u>\$ 810,398,825</u>

See accompanying notes to financial statements.

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

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2022

(REDUCTIONS)/ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment (loss)/income:

Net depreciation in fair value of investments	\$ (160,319,406)
Dividends and interest	<u>26,789,836</u>

\$ (133,529,570)

Interest income on notes receivable from participants	367,159
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Contributions:

Employee	95,648,252
Employer	24,865,851
Rollover	9,797,976
Conversions and contract exchanges	<u>9,225,470</u>

139,537,549

Total Additions, net	6,375,138
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DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	55,962,166
Deemed distributions	383,994
Administrative expenses	<u>1,387,596</u>

Total Deductions	<u>57,733,756</u>
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NET DECREASE	(51,358,618)
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NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>810,398,825</u>
End of year	<u>\$ 759,040,207</u>

See accompanying notes to financial statements.

ATLANTIC HEALTH SYSTEM 403(b) RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

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

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

General - The Plan is a defined contribution plan qualifying under Section 403(b) of the Internal Revenue Code (IRC) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

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

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

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

Automatic Enrollment - The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rates set to 3% for initial enrollment with an additional 1% raise on April 1 of each Plan year until the participant reaches a 10% deferral. During 2022, the auto escalation maximum was increased to 15%.

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

Conversions and Contract Exchanges - The Plan includes a provision which allows participating employees to transfer assets from a retirement account held by another plan sponsored by the Hospital into the 403(b) Plan through the recordkeeper and Trustee. These types of contributions are referred to as conversions and contract exchanges and are included on the accompanying statement of changes in net assets available for benefits.

ATLANTIC HEALTH SYSTEM 403(b) RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Employer Contributions - Prior to May 22, 2022, for employees of the Hospital and its participating employers hired or rehired on or after December 15, 2013, the Hospital makes a matching contribution. Prior to an amendment effective May 22, 2022, the Hospital's matching contribution reflected the participant's years of service as shown in the table below.

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

Effective May 22, 2022 ("effective date"), the Plan was amended and the Hospital's discretionary matching contribution based on a participant's years of service was modified to follow the table below. Participant's years of service are determined on the effective date and will not escalate further with additional years of service.

Years of Service	Employer Matching Contribution Percentage of Compensation
Up to 21	50% up to 6% of compensation
21-24	4.00%
25-29	5.00%
30+	5.00%

In addition, the Hospital makes a fixed non-elective contribution to the participants noted above equal to 2 percent of compensation to participants employed at the end of the year.

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

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

ATLANTIC HEALTH SYSTEM 403(b) RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

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

Forfeitures - If a participant terminates employment with the Hospital and is not fully vested in the employer matching or nonelective contributions, the participant will forfeit the non-vested portion of their employer matching or nonelective contributions. Forfeiture of non-vested employer matching contributions and nonelective contributions will be used to reduce future plan expenses, employer matching contributions, or nonelective contributions. The forfeiture balance at December 31, 2022 and 2021 was \$2,035,301 and \$1,580,224, respectively. Forfeitures of \$347,787 were applied against employer contributions during 2022.

Note 2 - Summary of Significant Accounting Policies:

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

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

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

Investment Valuation and Income Recognition - Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for further discussion of fair value measurements.

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

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022 and 2021. 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.

ATLANTIC HEALTH SYSTEM 403(b) RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

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

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

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

Subsequent Events - The Plan Administrator has evaluated subsequent events from December 31, 2022 through October 12, 2023, the date the financial statements were available to be issued. The effects of those events and transactions that provide additional pertinent information about conditions that existed at the Statements of Net Assets Available for Benefits date have been recognized in the accompanying financial statements.

Note 3 - Fair Value Measurements:

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

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

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

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

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

ATLANTIC HEALTH SYSTEM 403(b) RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

The following is a description of the valuation methodologies used for the Plan's investments measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

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

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

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

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

Investments at Fair Value as of December 31, 2022

	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Mutual funds	\$ 677,554,402	\$ -	\$ -	\$ 677,554,402
Individual brokerage balanced funds	3,546,250	-	-	3,546,250
Investments at fair value	<u>\$ 681,100,652</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 681,100,652</u>

Investments at Fair Value as of December 31, 2021

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

Transfers Between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the years ended December 31, 2022 and 2021, there were no significant transfers in or out of levels 1, 2, or 3.

ATLANTIC HEALTH SYSTEM 403(b) RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Note 4 - Group Annuity Contract with Insurance Company:

The Plan holds a group annuity contract with Empower Annuity Insurance Company of America (the “Insurance Company”). The contract meets the fully benefit-responsive investment criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Participants may ordinarily direct the withdrawal or transfer all or a portion of their investment at contract value. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses. The balance of the contract was \$58,046,799 and \$53,120,179 at December 31, 2022 and 2021, respectively.

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

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

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

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

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

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

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

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

ATLANTIC HEALTH SYSTEM 403(b) RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Note 5 - Certified Investment Information:

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

- a) Investments, as shown in the Statements of Net Assets Available for Benefits as of December 31, 2022 and 2021.
- b) Investment (loss)/income, as shown in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2022.
- c) Investment information included in the Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022, as shown on the ERISA-required supplemental schedule of assets (held at end of year).

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

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

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

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

There were no investments in excess of 10% of total investments at December 31, 2022 or 2021.

Note 7 - Plan Termination:

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

ATLANTIC HEALTH SYSTEM 403(b) RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Note 8 - Notes Receivable from Participants:

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

Note 9 - Tax Status:

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

Note 10 - Party-in-Interest Transactions:

Certain investments are managed and record kept by the Trustees, and therefore these investments and related transactions qualify as party-in-interest transactions. Fees paid by the Plan for distributions, notes receivable, and administrative and investment advisory fees for 2022 totaled \$1,387,596.

Note 11 - Commitments and Contingencies:

During the year ended December 31, 2021, the Company discovered certain instances whereby the Plan's operations were inconsistent with the terms of the Plan. The Company consulted with outside legal counsel to determine the proper methods of correction in accordance with the IRS under the Employee Plans Compliance Resolution System ("EPCRS"). All employees who were incorrectly excluded from receiving the employer matching and non-elective contributions during the affected period were credited with the contribution plus any missed earnings. For the year ending December 31, 2021, the Company recorded \$1,399,387 in corrective contributions, reflected as an employer contribution receivable on the December 31, 2021 statement of net assets available for benefits. On April 26, 2022, the full amount of the adjustment, including missed earnings, was remitted to the participants of the Plan.

ATLANTIC HEALTH SYSTEM 403(b) RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Note 12 - Reconciliation of Financial Statements to Form 5500:

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500:

	December 31,	
	2022	2021
Net assets available for benefits, per the financial statement	\$ 759,040,207	\$ 810,398,825
Add:		
Participant contribution receivable	2,795	272
Employer contribution receivable	36,121	-
Less-		
Employer contribution receivable	-	(1,399,387)
Net assets available for benefits, per the Form 5500	<u>\$ 759,079,123</u>	<u>\$ 808,999,710</u>

The following is a reconciliation of net decrease per the financial statements to Form 5500 for the year ended December 31, 2022:

Net decrease, per the financial statements	\$ (51,358,618)
Add:	
Prior year participant contribution receivable	1,399,387
Current year employer contribution receivable	36,121
Current year participant contribution receivable	2,795
Less: Prior year participant contribution receivable	(272)
Net decrease, per Form 5500	<u>\$ (49,920,587)</u>

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

Schedule 1

SUPPLEMENTAL INFORMATION

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

DECEMBER 31, 2022

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

(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment		Fair Value
Mutual Funds:			
The Vanguard Group	The Vanguard Group Instl Target Retirement 2030 Instl	\$	68,243,823
Fidelity Investments	Fidelity Investments 500 Index		64,829,536
The Vanguard Group	The Vanguard Group Instl Target Retirement 2025 Instl		58,843,418
The Vanguard Group	The Vanguard Group Instl Target Retirement 2055 Instl		57,674,378
The Vanguard Group	The Vanguard Group Instl Target Retirement 2040 Instl		56,438,901
The Vanguard Group	The Vanguard Group Instl Target Retirement 2035 Instl		50,370,745
The Vanguard Group	The Vanguard Group Instl Target Retirement 2045 Instl		47,639,991
T. Rowe Price Investments	T. Rowe Price Investments Instl Large Cap Growth		47,134,788
The Vanguard Group	The Vanguard Group Instl Target Retirement 2050 Instl		47,065,649
The Vanguard Group	The Vanguard Group Instl Target Retirement 2020 Instl		33,796,448
Dimensional Fund Advisors	DFA US Targeted Value I		26,208,719
Dodge & Cox Funds	Dodge & Cox Stock Fund		23,689,405
PIMCO	Pimco Total Return Indstl		20,408,106
MFS	MFS Instl International Equity		19,126,574
Meridan	Meridian Growth Institutional		11,054,999
Fidelity Investments	Fidelity Investments Extended Market Index		10,539,295
The Vanguard Group	The Vanguard Group Target Retirement Inc Instl		8,563,593
The Vanguard Group	The Vanguard Group Instl Target Retirement 2060 Instl		7,129,443
State Street	State Street Aggregate Bond Index K		5,775,562
PIMCO	PIMCO Inflation Response Multiasst Instl		4,032,562
Dimensional Fund Advisors	DFA Emerging Markets Core Equity I		3,610,408
The Vanguard Group	The Vanguard Group Instl Target Retirement 2065 Instl		3,004,469
Fidelity Investments	Fidelity Investments Total Intl Index Instl Premium		2,373,590
			<u>677,554,402</u>
Individual Brokerage Balanced Funds:			
T. Rowe Price Investments	T.Rowe Price Funds US Equity Research Investor		690,673
T. Rowe Price Investments	T. Rowe Price Funds Cap Appreciation Investor		276,535
T. Rowe Price Investments	T.Rowe Price Funds US High Yield Investor		234,681
Baron Capital Group	Baron Capital Group Partners Retail		196,791
The Vanguard Group	The Vanguard Group Sm Cap Index Admiral		145,968
Guggenheim Investments	Guggenheim/Rydex Inverse S&P 500 Strat Investor		140,743
Fidelity Investments	Fidelity Investments Investments Gold Retail		130,235
The Vanguard Group	The Vanguard Group High Div Yield Index Admiral		121,309
Fidelity Investments	Fidelity Investments Investments Contrafund Retail		91,002
Eaton Vance	Eaton Vance Funds Parametric Commodity Strat I		63,489
T. Rowe Price Investments	T.Rowe Price Funds US Treasury Long Term Indx Inv		45,774
The Vanguard Group	The Vanguard Group Total Stock Mkt Index Admiral		45,241
Fidelity Investments	Fidelity Investments Investments Semiconductors Retail		45,109
Saturna Capital	Amana Growth Investor		43,081
Matthews Asia Funds	Matthews Asia Funds China Sm Companies Investor		38,108
Azzad Asset Management	Azzad Funds Ethical Investor		30,974
AllianceBernstein	Alliancebernstein Funds High Income A		29,966
Fidelity Investments	Fidelity Investments Banking Retail		27,633
Invesco Funds	Invesco Funds Equally-Weighted S&P 500 A		27,007
The Vanguard Group	The Vanguard 500 Index Admiral		25,475
The Vanguard Group	The Vanguard Real Estate Index Admiral		25,420
Carillon Tower	Carillon Family of Funds Eagle Mid Cap Growth A		24,316
Advisors Preferred	Advisors Preferred Quantified Market Leaders Inv		24,224

See independent auditors' report.

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

Schedule 1

SUPPLEMENTAL INFORMATION

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

DECEMBER 31, 2022

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

(a)	(b)	(c)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Fair Value
	Fidelity Investments	Fidelity Investments Health Care Retail	\$ 22,681
	Advisors Preferred	Advisors Preferred Quantified Common Ground Inv	21,181
	Fidelity Investments	Fidelity Investments Infra Retail	19,928
	Fidelity Investments	Fidelity Investments Leisure Retail	18,904
	USAA	USAA Funds Nasdaq-100 Index Retail	18,120
	State Street Global Advisors	State Street S&P 500 Index Fund	17,661
	ProFunds	Profunds Ultralatin America Investor	17,547
	ProFunds	Profunds Ultralatin America Service	17,199
	ProFunds	Profunds Banks Ultrasector Investor	15,967
	Advisors Preferred	Advisors Preferred Gold Bullion Strategy Inv	15,895
	Guggenheim Investments	Guggenheim/Rydex NASDAQ-100 2x Strat H	15,594
	ProFunds	Profunds Ultra Mid Cap Service	14,138
	John Hancock Investments	John Hancock Funds Regional Bank A	14,132
	Direxion	Direxion Monthly S&P 500 Bear 1.75 Inv	13,935
	ProFunds	Profunds Ultra Mid Cap Investor	13,762
	T. Rowe Price Investments	T. Rowe Price Funds Global Consumer Investor	13,564
	Fidelity Investments	Allied Asst Advisors Funds Iman Fund K	13,127
	Fidelity Investments	Fidelity Investments Brokerage & Invmt Mgmt Retail	13,046
	Invesco Funds	Invesco Funds American Franchise A	12,797
	Fidelity Investments	Fidelity Investments Insurance Retail	12,214
	Hartford Funds	Hartford Mutual Funds Core Equity A	12,086
	T. Rowe Price Investments	T. Rowe Price Funds Media & Telecommunications Inv	11,994
	Hennessy Funds	Hennessy Funds GAS Utility Investor	11,950
	Virtus Opportunities	Virtus Funds Allianzgi Water A	11,748
	ProFunds	Profunds Oil Eqpmnt & Svcs Ultrasec Inv	11,355
	Advisors Preferred	Advisors Preferred Quantified Tactel Fixd Inc Inv	10,899
	ProFunds	Profunds Ultra Sm Cap Service	10,846
	Columbia Threadneedle Investments	Columbia Funds Global Tech Growth A	10,724
	Advisors Preferred	Advisors Preferred Quantified Evolution Plus Inv	10,691
	The Vanguard Group	The Vanguard Mid Cap Value Index Admiral	10,622
	ProFunds	Profunds Ultra Sm Cap Investor	10,573
	The Vanguard Group	The Vanguard Energy Investor	10,489
	Guggenheim Investments	Guggenheim/Rydex Russell 2000 2x Strat H	10,449
	ProFunds	Profunds Oil Eqpmnt & Svcs Ultrasec SVC	10,381
	USAA	USAA Funds Growth Retail	10,284
	Guggenheim Investments	Guggenheim/Rydex S&P 500 2X Strat H	10,095
	Direxion	Direxion Funds Monthly S&P 500 Bull 1.75X Inv	10,003
	Delaware Funds by Macquarie	Delaware Ivy Funds Climate Solutions A	9,861
	Guggenheim Investments	Guggenheim/Rydex Russell 2000 H	9,827
	ProFunds	Profunds Semiconductor Ultrasector Inv	9,720
	ProFunds	Profunds Semiconductor Ultrasector SVC	9,699
	Guggenheim Investments	Guggenheim/Rydex S&P Sm Cap 600 Pure Value H	9,668
	Fidelity Investments	Fidelity Investments Consumer Discretionary Retail	9,073
	ProFunds	Profunds Basic Materials Ultrasectr Inv	9,070
	Guggenheim Investments	Guggenheim/Rydex NASDAQ-100 H	9,009
	Fidelity Investments	Fidelity Investments real Estate Index Inst	8,936
	ProFunds	Profunds Finls Ultrasector Service	8,819
	Blackrock Financial	Blackrock Funds Mid Cap Growth Eqty A	8,813
	USAA	USAA Funds NASDAQ-100 Index A	8,802

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SUPPLEMENTAL INFORMATION

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

DECEMBER 31, 2022

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

(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Fair Value	
ProFunds	Profunds Telecoms Ultrasector Inv	\$	8,777
ProFunds	Profunds Telecoms Ultrasector SVC		8,759
Direxion	Direxion Funds Monthly Sm Cap Bull 1.75x Inv		8,728
ProFunds	Profunds Industrials Ultrasector SVC		8,723
Dodge & Cox Funds	Dodge & Cox Funds Stock Investor		8,706
Charles Schwab Index Funds	Schwab Funds S&P 500 Index Select		8,693
Fidelity Investments	Fidelity Investments Sm Cap Index Retail		8,688
Guggenheim Investments	Guggenheim/Rydex Russell 2000 1.5x Strat H		8,628
ProFunds	Profunds Oil & Gas Ultrasector Investor		8,456
Matthews Asia Funds	Matthews China Fund		8,430
Fidelity Investments	Fidelity Investments Medical Equip & Devices Retail		8,418
ProFunds	Profunds Internet Ultrasector Investor		8,351
ProFunds	Profunds Internet Ultrasector Service		8,337
Northern Trust	Northern Funds Global Real Estate Index Inv		8,286
Guggenheim Investments	Guggenheim/Rydex Mo Rebal NASDAQ-100 2X Strat H		7,922
T. Rowe Price Investments	T. Rowe Price Funds US Lg Cap Core Investor		7,906
ProFunds	Profunds SM Cap Value Investor		7,892
Metropolitan West Funds	Metropolitan West AlphaTrak 500 Fund		7,822
The Vanguard Group	The Vanguard Growth Index Admiral		7,811
PIMCO	PIMCO Investments Infln Response Multi-Asset I		7,800
Goldman Sachs	Goldman Sachs Trust China Eqty A		7,718
ProFunds	Profunds Oil & Gas Ultrasector Service		7,692
ProFunds	Profunds Ultrasdaq-100 Investor		7,499
ProFunds	Profunds Ultrasdaq-100 Service		7,482
ProFunds	Profunds Banks Ultrasector Service		7,466
Morgan Stanley	Morgan Stanley Insight A		7,412
Direxion	Direxion Funds Monthly NASDAQ-100 Bull 1.75X Fund		7,147
Morgan Stanley	Morgan Stanley Institutional Funds Growth A		7,129
Morgan Stanley	Morgan Stanley European Eqty A		7,081
The Vanguard Group	The Vanguard Bal Index Admiral		6,659
Parnassus Investments	Parnassus Investments Value Eqty Investor		6,642
PIMCO	PIMCO Investments Total Ret Inst		6,573
Guggenheim Investments	Guggenheim/Rydex Dow 2X Strat H		6,472
Janus Henderson	Janus Henderson Global Life Sciences Fund		6,030
Morgan Stanley	Morgan Stanley Institutional Funds Mid Cap Growth A		5,852
Guggenheim Investments	Guggenheim/Rydex Govt Long Bond 1.2X Strat H		5,716
T. Rowe Price Investments	T.Rowe Price Funds Finl Svc Investor		5,544
Franklin Templeton Investments Investments	Franklin Templeton Investments Utilities A		5,406
Guggenheim Investments	Guggenheim/Rydex Inverse Govt Long Bond Strat H		5,334
Fidelity Investments	Fidelity Investments Transportation Retail		5,244
Eventide Funds	Eventide Healthcare & Life Sciences Fund		4,685
American Century	American Century Investments Utilities Investor		4,648
Advisors Preferred	Advisors Inner Circle FD III GQG U.S. QUAL SLCT EQ INV		4,609
Guggenheim Investments	Guggenheim/Rydex Precious Metals A		4,370
Guggenheim Investments	Guggenheim/Rydex Commodities Strat H		4,247
T. Rowe Price Investments	T.Rowe Price Funds Real Estate Investor		4,242
Fidelity Investments	Fidelity Investments Disruptive Automation Investor		3,864
Fidelity Investments	Fidelity Investments Advisor Growth Opp A		3,847
Fidelity Investments	Fidelity Investments Disruptive Comm Retail		3,800

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

DECEMBER 31, 2022

**EIN: 52-1958352
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(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Fair Value	
IMPAX Asset Management	IMPAX Funds LG Cap Investor	\$	3,710
The Vanguard Group	The Vanguard Info Technology Idx Admiral		3,429
American Funds	American Funds Intl Growth & Income F1		3,394
T. Rowe Price Investments	T.Rowe Price Funds Overseas Stock Investor		3,262
T. Rowe Price Investments	T.Rowe Price Funds Global Tech Investor		3,118
ProFunds	Profunds Consumer Goods Ultrasector Inv		2,898
ProFunds	Profunds Consumer Goods Ultrasector SVC		2,894
Matthews Asia Funds	Matthews Asia Growth Fund		2,712
The Vanguard Group	The Vanguard Inflation Protected Sec Inv		2,672
Advisors Preferred	Advisors Preferred Quantified Pattern Recogtn Inv		2,624
Advisors Preferred	Advisors Preferred Quantified Managed Income Fund		2,609
Guggenheim Investments	Guggenheim/Rydex Emrg Mkts 2X Strat H		2,525
ProFunds	Profunds Precious Metals Ultrasec SVC		2,466
Fidelity Investments	Fidelity Investments Disruptive Tech Retail		2,446
Fidelity Investments	Fidelity Investments Adv Consumer Staples retail		2,392
Fidelity Investments	Fidelity Investments Sel Software & IT SVCS Retail		2,363
The Vanguard Group	The Vanguard Long Term Corp Bond Idx Admrl		2,355
Pear Tree Funds	Pear Tree Quality Fund		2,335
The Vanguard Group	The Vanguard Health Care Investor		2,310
Parnassus Investments	Parnassus Investments Core Equity Investor		2,209
Blackrock Financial	Blackrock Funds Energy Opps A		1,916
ProFunds	Profunds Rising Rates Opportunity Inv		1,619
Parnassus Investments	Parnassus Investments Mid Cap Investor		1,606
ProFunds	Profunds Rising Rates Opportunity SVC		1,585
ProFunds	Profunds Bitcoin Strat Investor		1,462
Fidelity Investments	Fidelity Investments Total Mkt Index Retail		1,085
Charles Schwab Index Funds	Schwab Funds Fundmntl Intl Sm Co Index I		571
Guggenheim Investments	Guggenheim/Rydex RBP LG Cap Value P		558
Direxion	Direxion Funds Mo Nasdaq-100 Bull 1.25x IV		543
Direxion	Direxion Funds Monthly High-Yd Bull 1.2X Inv		531
Advisors Preferred	Advisors Preferred Qualified Govt Income Tact Inv		497
Charles Schwab Index Funds	Schwab Funds Intl Core Equity Inst		182
Charles Schwab Index Funds	Schwab Funds Balanced Investor		155
Voya	Voya Russia Funds Class A		42
			<u>3,546,250</u>
* Group Annuity Contract with Insurance Company - Empower Annuity Insurance Company of America	Empower Guaranteed Interest Fund		<u>58,046,799</u>
* Notes receivable from participants	Interest rate - 4.25% - 8.00%		<u>8,562,300</u>
		\$	<u><u>747,709,751</u></u>

*Indicates party-in-interest to the Plan.

See independent auditors' report.

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

Schedule 1

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DECEMBER 31, 2022

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

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Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment		Fair Value
Mutual Funds:			
The Vanguard Group	The Vanguard Group Instl Target Retirement 2030 Instl	\$	68,243,823
Fidelity Investments	Fidelity Investments 500 Index		64,829,536
The Vanguard Group	The Vanguard Group Instl Target Retirement 2025 Instl		58,843,418
The Vanguard Group	The Vanguard Group Instl Target Retirement 2055 Instl		57,674,378
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The Vanguard Group	The Vanguard Group Instl Target Retirement 2045 Instl		47,639,991
T. Rowe Price Investments	T. Rowe Price Investments Instl Large Cap Growth		47,134,788
The Vanguard Group	The Vanguard Group Instl Target Retirement 2050 Instl		47,065,649
The Vanguard Group	The Vanguard Group Instl Target Retirement 2020 Instl		33,796,448
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State Street	State Street Aggregate Bond Index K		5,775,562
PIMCO	PIMCO Inflation Response Multiasst Instl		4,032,562
Dimensional Fund Advisors	DFA Emerging Markets Core Equity I		3,610,408
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Baron Capital Group	Baron Capital Group Partners Retail		196,791
The Vanguard Group	The Vanguard Group Sm Cap Index Admiral		145,968
Guggenheim Investments	Guggenheim/Rydex Inverse S&P 500 Strat Investor		140,743
Fidelity Investments	Fidelity Investments Investments Gold Retail		130,235
The Vanguard Group	The Vanguard Group High Div Yield Index Admiral		121,309
Fidelity Investments	Fidelity Investments Investments Contrafund Retail		91,002
Eaton Vance	Eaton Vance Funds Parametric Commodity Strat I		63,489
T. Rowe Price Investments	T.Rowe Price Funds US Treasury Long Term Indx Inv		45,774
The Vanguard Group	The Vanguard Group Total Stock Mkt Index Admiral		45,241
Fidelity Investments	Fidelity Investments Investments Semiconductors Retail		45,109
Saturna Capital	Amana Growth Investor		43,081
Matthews Asia Funds	Matthews Asia Funds China Sm Companies Investor		38,108
Azzad Asset Management	Azzad Funds Ethical Investor		30,974
AllianceBernstein	Alliancebernstein Funds High Income A		29,966
Fidelity Investments	Fidelity Investments Banking Retail		27,633
Invesco Funds	Invesco Funds Equally-Weighted S&P 500 A		27,007
The Vanguard Group	The Vanguard 500 Index Admiral		25,475
The Vanguard Group	The Vanguard Real Estate Index Admiral		25,420
Carillon Tower	Carillon Family of Funds Eagle Mid Cap Growth A		24,316
Advisors Preferred	Advisors Preferred Quantified Market Leaders Inv		24,224

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(a)	(b)	(c)	(e)
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Fidelity Investments	Fidelity Investments Health Care Retail	\$	22,681
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Fidelity Investments	Fidelity Investments Infra Retail		19,928
Fidelity Investments	Fidelity Investments Leisure Retail		18,904
USAA	USAA Funds Nasdaq-100 Index Retail		18,120
State Street Global Advisors	State Street S&P 500 Index Fund		17,661
ProFunds	Profunds Ultralatin America Investor		17,547
ProFunds	Profunds Ultralatin America Service		17,199
ProFunds	Profunds Banks Ultrasector Investor		15,967
Advisors Preferred	Advisors Preferred Gold Bullion Strategy Inv		15,895
Guggenheim Investments	Guggenheim/Rydex NASDAQ-100 2x Strat H		15,594
ProFunds	Profunds Ultra Mid Cap Service		14,138
John Hancock Investments	John Hancock Funds Regional Bank A		14,132
Direxion	Direxion Monthly S&P 500 Bear 1.75 Inv		13,935
ProFunds	Profunds Ultra Mid Cap Investor		13,762
T. Rowe Price Investments	T. Rowe Price Funds Global Consumer Investor		13,564
Fidelity Investments	Allied Asst Advisors Funds Iman Fund K		13,127
Fidelity Investments	Fidelity Investments Brokerage & Invmt Mgmt Retail		13,046
Invesco Funds	Invesco Funds American Franchise A		12,797
Fidelity Investments	Fidelity Investments Insurance Retail		12,214
Hartford Funds	Hartford Mutual Funds Core Equity A		12,086
T. Rowe Price Investments	T. Rowe Price Funds Media & Telecommunications Inv		11,994
Hennessy Funds	Hennessy Funds GAS Utility Investor		11,950
Virtus Opportunities	Virtus Funds Allianzgi Water A		11,748
ProFunds	Profunds Oil Eqpmnt & Svcs Ultrasec Inv		11,355
Advisors Preferred	Advisors Preferred Quantified Tactel Fixd Inc Inv		10,899
ProFunds	Profunds Ultra Sm Cap Service		10,846
Columbia Threadneedle Investments	Columbia Funds Global Tech Growth A		10,724
Advisors Preferred	Advisors Preferred Quantified Evolution Plus Inv		10,691
The Vanguard Group	The Vanguard Mid Cap Value Index Admiral		10,622
ProFunds	Profunds Ultra Sm Cap Investor		10,573
The Vanguard Group	The Vanguard Energy Investor		10,489
Guggenheim Investments	Guggenheim/Rydex Russell 2000 2x Strat H		10,449
ProFunds	Profunds Oil Eqpmnt & Svcs Ultrasec SVC		10,381
USAA	USAA Funds Growth Retail		10,284
Guggenheim Investments	Guggenheim/Rydex S&P 500 2X Strat H		10,095
Direxion	Direxion Funds Monthly S&P 500 Bull 1.75X Inv		10,003
Delaware Funds by Macquarie	Delaware Ivy Funds Climate Solutions A		9,861
Guggenheim Investments	Guggenheim/Rydex Russell 2000 H		9,827
ProFunds	Profunds Semiconductor Ultrasector Inv		9,720
ProFunds	Profunds Semiconductor Ultrasector SVC		9,699
Guggenheim Investments	Guggenheim/Rydex S&P Sm Cap 600 Pure Value H		9,668
Fidelity Investments	Fidelity Investments Consumer Discretionary Retail		9,073
ProFunds	Profunds Basic Materials Ultrasectr Inv		9,070
Guggenheim Investments	Guggenheim/Rydex NASDAQ-100 H		9,009
Fidelity Investments	Fidelity Investments real Estate Index Inst		8,936
ProFunds	Profunds Finls Ultrasector Service		8,819
Blackrock Financial	Blackrock Funds Mid Cap Growth Eqty A		8,813
USAA	USAA Funds NASDAQ-100 Index A		8,802

See independent auditors' report.

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

Schedule 1

SUPPLEMENTAL INFORMATION

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

DECEMBER 31, 2022

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

(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Fair Value	
ProFunds	Profunds Telecoms Ultrasector Inv	\$	8,777
ProFunds	Profunds Telecoms Ultrasector SVC		8,759
Direxion	Direxion Funds Monthly Sm Cap Bull 1.75x Inv		8,728
ProFunds	Profunds Industrials Ultrasector SVC		8,723
Dodge & Cox Funds	Dodge & Cox Funds Stock Investor		8,706
Charles Schwab Index Funds	Schwab Funds S&P 500 Index Select		8,693
Fidelity Investments	Fidelity Investments Sm Cap Index Retail		8,688
Guggenheim Investments	Guggenheim/Rydex Russell 2000 1.5x Strat H		8,628
ProFunds	Profunds Oil & Gas Ultrasector Investor		8,456
Matthews Asia Funds	Matthews China Fund		8,430
Fidelity Investments	Fidelity Investments Medical Equip & Devices Retail		8,418
ProFunds	Profunds Internet Ultrasector Investor		8,351
ProFunds	Profunds Internet Ultrasector Service		8,337
Northern Trust	Northern Funds Global Real Estate Index Inv		8,286
Guggenheim Investments	Guggenheim/Rydex Mo Rebal NASDAQ-100 2X Strat H		7,922
T. Rowe Price Investments	T. Rowe Price Funds US Lg Cap Core Investor		7,906
ProFunds	Profunds SM Cap Value Investor		7,892
Metropolitan West Funds	Metropolitan West AlphaTrak 500 Fund		7,822
The Vanguard Group	The Vanguard Growth Index Admiral		7,811
PIMCO	PIMCO Investments Infln Response Multi-Asset I		7,800
Goldman Sachs	Goldman Sachs Trust China Eqty A		7,718
ProFunds	Profunds Oil & Gas Ultrasector Service		7,692
ProFunds	Profunds Ultrasdaq-100 Investor		7,499
ProFunds	Profunds Ultrasdaq-100 Service		7,482
ProFunds	Profunds Banks Ultrasector Service		7,466
Morgan Stanley	Morgan Stanley Insight A		7,412
Direxion	Direxion Funds Monthly NASDAQ-100 Bull 1.75X Fund		7,147
Morgan Stanley	Morgan Stanley Institutional Funds Growth A		7,129
Morgan Stanley	Morgan Stanley European Eqty A		7,081
The Vanguard Group	The Vanguard Bal Index Admiral		6,659
Parnassus Investments	Parnassus Investments Value Eqty Investor		6,642
PIMCO	PIMCO Investments Total Ret Inst		6,573
Guggenheim Investments	Guggenheim/Rydex Dow 2X Strat H		6,472
Janus Henderson	Janus Henderson Global Life Sciences Fund		6,030
Morgan Stanley	Morgan Stanley Institutional Funds Mid Cap Growth A		5,852
Guggenheim Investments	Guggenheim/Rydex Govt Long Bond 1.2X Strat H		5,716
T. Rowe Price Investments	T.Rowe Price Funds Finl Svc Investor		5,544
Franklin Templeton Investments Investments	Franklin Templeton Investments Utilities A		5,406
Guggenheim Investments	Guggenheim/Rydex Inverse Govt Long Bond Strat H		5,334
Fidelity Investments	Fidelity Investments Transportation Retail		5,244
Eventide Funds	Eventide Healthcare & Life Sciences Fund		4,685
American Century	American Century Investments Utilities Investor		4,648
Advisors Preferred	Advisors Inner Circle FD III GQG U.S. QUAL SLCT EQ INV		4,609
Guggenheim Investments	Guggenheim/Rydex Precious Metals A		4,370
Guggenheim Investments	Guggenheim/Rydex Commodities Strat H		4,247
T. Rowe Price Investments	T.Rowe Price Funds Real Estate Investor		4,242
Fidelity Investments	Fidelity Investments Disruptive Automation Investor		3,864
Fidelity Investments	Fidelity Investments Advisor Growth Opp A		3,847
Fidelity Investments	Fidelity Investments Disruptive Comm Retail		3,800

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

Schedule 1

SUPPLEMENTAL INFORMATION

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

DECEMBER 31, 2022

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

(a)	(b)	(c)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Fair Value	
IMPAX Asset Management	IMPAX Funds LG Cap Investor	\$	3,710
The Vanguard Group	The Vanguard Info Technology Idx Admiral		3,429
American Funds	American Funds Intl Growth & Income F1		3,394
T. Rowe Price Investments	T.Rowe Price Funds Overseas Stock Investor		3,262
T. Rowe Price Investments	T.Rowe Price Funds Global Tech Investor		3,118
ProFunds	Profunds Consumer Goods Ultrasec Inv		2,898
ProFunds	Profunds Consumer Goods Ultrasec SVC		2,894
Matthews Asia Funds	Matthews Asia Growth Fund		2,712
The Vanguard Group	The Vanguard Inflation Protected Sec Inv		2,672
Advisors Preferred	Advisors Preferred Quantified Pattern Recogtn Inv		2,624
Advisors Preferred	Advisors Preferred Quantified Managed Income Fund		2,609
Guggenheim Investments	Guggenheim/Rydex Emrg Mkts 2X Strat H		2,525
ProFunds	Profunds Precious Metals Ultrasec SVC		2,466
Fidelity Investments	Fidelity Investments Disruptive Tech Retail		2,446
Fidelity Investments	Fidelity Investments Adv Consumer Staples retail		2,392
Fidelity Investments	Fidelity Investments Sel Software & IT SVCS Retail		2,363
The Vanguard Group	The Vanguard Long Term Corp Bond Idx Admrl		2,355
Pear Tree Funds	Pear Tree Quality Fund		2,335
The Vanguard Group	The Vanguard Health Care Investor		2,310
Parnassus Investments	Parnassus Investments Core Equity Investor		2,209
Blackrock Financial	Blackrock Funds Energy Opps A		1,916
ProFunds	Profunds Rising Rates Opportunity Inv		1,619
Parnassus Investments	Parnassus Investments Mid Cap Investor		1,606
ProFunds	Profunds Rising Rates Opportunity SVC		1,585
ProFunds	Profunds Bitcoin Strat Investor		1,462
Fidelity Investments	Fidelity Investments Total Mkt Index Retail		1,085
Charles Schwab Index Funds	Schwab Funds Fundmntl Intl Sm Co Index I		571
Guggenheim Investments	Guggenheim/Rydex RBP LG Cap Value P		558
Direxion	Direxion Funds Mo Nasdaq-100 Bull 1.25x IV		543
Direxion	Direxion Funds Monthly High-Yd Bull 1.2X Inv		531
Advisors Preferred	Advisors Preferred Qualified Govt Income Tact Inv		497
Charles Schwab Index Funds	Schwab Funds Intl Core Equity Inst		182
Charles Schwab Index Funds	Schwab Funds Balanced Investor		155
Voya	Voya Russia Funds Class A		42
			<u>3,546,250</u>
* Group Annuity Contract with Insurance Company - Empower Annuity Insurance Company of America	Empower Guaranteed Interest Fund		<u>58,046,799</u>
* Notes receivable from participants	Interest rate - 4.25% - 8.00%		<u>8,562,300</u>
		\$	<u><u>747,709,751</u></u>

*Indicates party-in-interest to the Plan.

See independent auditors' report.