

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ 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 ALASKA NATIVE TRIBAL HEALTH CONSORTIUM RETIREMENT SAVINGS PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 01/01/2009
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) ALASKA NATIVE TRIBAL HEALTH CONSORTIUM 3900 AMBASSADOR DRIVE ANCHORAGE, AK 99508-5922
2b	Employer Identification Number (EIN) 92-0162721
2c	Plan Sponsor's telephone number 907-729-1301
2d	Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2024	RACHE CHRISTMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2024	RACHE CHRISTMAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 4203
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 3491 6a(2) 3958 6b 0 6c 705 6d 4663 6e 6 6f 4669 6g(1) 3827 6g(2) 4307 6h 0
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 3D

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
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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
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached 0
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached _____
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 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
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan ALASKA NATIVE TRIBAL HEALTH CONSORTIUM RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 ALASKA NATIVE TRIBAL HEALTH CONSORTIUM	D Employer Identification Number (EIN) 92-0162721	

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
PRINCIPAL LIFE INSURANCE COMPANY
42-0127290

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AIG RETIREMENT SERVICES
76-0519990

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VANGUARD
23-1945930

(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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	219460	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 ☐

(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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(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
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan ALASKA NATIVE TRIBAL HEALTH CONSORTIUM RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 ALASKA NATIVE TRIBAL HEALTH CONSORTIUM		
		D Employer Identification Number (EIN) 92-0162721

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	898	85
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1898877	2285773
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	153075366	189521308
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	154975141	191807166
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	154975141	191807166

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)		
(B) Participants	2a(1)(B)	21380116	
(C) Others (including rollovers)	2a(1)(C)	5826539	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		27206655
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	127364	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		127364
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4328518	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		4328518
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		22990582
c Other income	2c		21897
d Total income. Add all income amounts in column (b) and enter total	2d		54675016

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	17612412	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		17612412
f Corrective distributions (see instructions)	2f		5096
g Certain deemed distributions of participant loans (see instructions)	2g		-479
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	225962	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		225962
j Total expenses. Add all expense amounts in column (b) and enter total	2j		17842991

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		36832025
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **MOSS ADAMS LLP**

(2) EIN: **91-0189318**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	☒	☐	721865
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.)	☐	☒	
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.)	☐	☒	
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.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
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.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
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.	☐	☐	

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 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan ALASKA NATIVE TRIBAL HEALTH CONSORTIUM RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 ALASKA NATIVE TRIBAL HEALTH CONSORTIUM	D Employer Identification Number (EIN) 92-0162721

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): 42-0127290		
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	446

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

Part III	Amendments
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9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2023
v. 230707

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) and (b):	
a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%	
b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
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. _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No	
21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).	
☐ Design-based safe harbor method	
☐ "Prior year" ADP test	
☐ "Current year" ADP test	
☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>03 / 31 / 2017</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>J500882A</u> .	



Report of Independent Auditors
and Financial Statements
with Supplemental Schedules

**Alaska Native Tribal Health Consortium
Retirement Savings Plan**

December 31, 2023 and 2022



MOSSADAMS

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Report of Independent Auditors

The Plan Administrator of
Alaska Native Tribal Health Consortium Retirement Savings Plan

Report on the Audit of the Financial Statements

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

We have performed audits of the financial statements of Alaska Native Tribal Health Consortium Retirement Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Alaska Native Tribal Health Consortium Retirement Savings Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our 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, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 7 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 Auditor's 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 (GAAP).
- 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 an institution 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Alaska Native Tribal Health Consortium Retirement Savings 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 GAAP, 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 Alaska Native Tribal Health Consortium Retirement Savings Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Alaska Native Tribal Health Consortium Retirement Savings Plan's internal control. Accordingly, no such opinion is expressed.

- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Alaska Native Tribal Health Consortium Retirement Savings 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 certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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 GAAP.

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 schedules of Schedule H, line 4(i) – schedule of assets (held at end of year) and Schedule H, line 4(a) – schedule of delinquent participant contributions as of and for the year ended December 31, 2023, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audits 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 schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA.

- the information in the supplemental schedules 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 an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Moss Adams LLP

Bellingham, Washington

October 11, 2024

Financial Statements

Alaska Native Tribal Health Consortium Retirement Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
ASSETS		
Investments, at fair value		
Registered investment companies	\$ 184,837,377	\$ 148,266,987
Pooled separate accounts	3,976,265	3,936,394
Guaranteed investment contract, at contract value	<u>707,402</u>	<u>873,427</u>
Total investments	189,521,044	153,076,808
Receivables		
Notes receivable from participants	2,285,773	1,898,877
Participant contributions	<u>85</u>	<u>898</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 191,806,902</u></u>	<u><u>\$ 154,976,583</u></u>

See accompanying notes.

Alaska Native Tribal Health Consortium Retirement Savings Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2023

ADDITIONS TO NET ASSETS ATTRIBUTED TO

Investment income

Net appreciation in fair value of investments \$ 23,012,896

Dividends 4,340,904

Net investment income 27,353,800

Interest income on notes receivable from participants 127,364

Contributions

Participant 21,380,116

Rollovers 5,826,539

Total contributions 27,206,655

Total additions 54,687,819

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO

Benefits paid to participants 17,628,800

Administrative expenses 228,700

Total deductions 17,857,500

CHANGE IN NET ASSETS 36,830,319

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year 154,976,583

End of year \$ 191,806,902

See accompanying notes.

Alaska Native Tribal Health Consortium Retirement Savings Plan

Notes to Financial Statements

Note 1 – Description of Plan

The following description of the Alaska Native Tribal Health Consortium Retirement Savings Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of Plan provisions.

General – The Plan was adopted effective January 1, 2009, by Alaska Native Tribal Health Consortium and most recently restated effective August 1, 2021. Alaska Native Tribal Health Consortium (the Consortium) is the sponsor of the Plan and serves as Plan administrator. The Plan is a 403(b) plan covering all eligible employees of the Consortium. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and the applicable requirements of the Internal Revenue Code (IRC).

Eligibility – There is no age or service requirement to enter the Plan. All employees are eligible to participate in the Plan, except leased employees. An eligible participant can enter the Plan immediately upon hire.

Contributions – Each year, participants may contribute up to 100% of pre-tax annual compensation, as defined in the Plan. The Plan also allows for Roth contributions. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations. The Consortium does not make contributions to the Plan, but instead makes matching contributions and discretionary profit-sharing contributions to eligible employees in the Alaska Native Consortium Retirement Plan (an affiliated 401(a) Plan) sponsored by the Consortium.

The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3% of eligible compensation and their contributions invested in a designated balanced fund until changed by the participant. Participants who have been automatically enrolled may elect to withdraw all of the contributions, including earnings, within 30 days after the date the first automatic contribution was made.

Participant accounts – Each participant's account is credited with the participant's contributions, as well as allocations of Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants direct the investment of their account into various investment options offered by the Plan.

Vesting – Participants are vested immediately in their contributions plus actual earnings thereon.

Alaska Native Tribal Health Consortium Retirement Savings Plan

Notes to Financial Statements

Payment of benefits – A participant's entire interest in the Plan is payable upon death, attainment of normal retirement age, becoming disabled, as defined, or termination of service. A participant may elect to receive a lump-sum amount, installment payments equal to the vested portion of the participant's account, leave the account in the Plan, or roll over the vested balance to another qualified retirement plan or individual retirement account (IRA). Immediate lump-sum distributions are to be made to terminated participants if the participant's vested account balance is \$1,000 or less. For terminated participants with vested balances greater than \$1,000 but less than \$5,000, their vested balance will be rolled into an IRA with the custodian unless otherwise elected. Withdrawals from the Plan may also be made upon circumstances of financial hardship, in accordance with provisions specified in the Plan.

Notes receivable from participants – Participants are permitted to borrow a minimum of \$1,000 of their vested benefits under the Plan. Participants may borrow up to a maximum equal to the lesser of 50% of their vested account balance or \$50,000, reduced by the highest outstanding loan balance in their account during the prior 12-month period. Loans are secured by the participant's account and bear an interest rate at prime rate plus 1% and is fixed for the term of the loan. The notes are repaid ratably through payroll deductions over a period of five years or less. These loans are subject to certain restrictions as defined by the Plan document and applicable restrictions under the IRC. As of December 31, 2023, the rates of interest on outstanding loans ranged from 4.25% to 9.50% with various maturities through June 2036.

Note 2 – Summary of Accounting Policies

Basis of accounting – The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP), using the accrual method of accounting.

Use of estimates – The preparation of financial statements in conformity with U.S. GAAP requires the use of estimates and assumptions that may affect certain amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investment valuation – The investments are reported at fair value and contract value. The Plan's custodians, Delaware Charter Guarantee & Trust Consortium d/b/a Principal Trust Consortium (Principal) and The Variable Annuity Life Insurance Consortium (VALIC), certify the contract value of the guaranteed investment contract and the fair value of all other investments as of December 31, 2023. Principal, VALIC, and Newport Trust Consortium (Newport) certify the contract value of the guaranteed investment contract and the fair value of all other investments as of December 31, 2022. If available, quoted market prices are used to value investments.

Fair value is the price that would be received to sell an asset or paid to transfer a liability (the exit price) in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Contract value is the relevant measurement for assets invested in 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.

Alaska Native Tribal Health Consortium Retirement Savings Plan

Notes to Financial Statements

Income recognition – Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net appreciation in fair value of investments consists of both the realized gains or losses and unrealized appreciation and depreciation of those investments.

Contributions – Contributions from participants are recorded in the year in which the employee contributions are withheld from compensation.

Notes receivable from participants – Notes receivable from participants are measured at amortized cost, which represents unpaid principal balance plus accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions upon the occurrence of a distributable event, based on the terms of the Plan agreement. No allowance for credit losses has been recorded as of December 31, 2023 or 2022.

Payment of benefits – Benefits are recorded when paid.

Expenses – Certain expenses of maintaining the Plan are paid directly by the Consortium and are excluded from these financial statements. Administrative expenses paid by the Plan may include notes receivable and distribution fees charged to participants' accounts and administrative Plan fees. Investment related expenses are included in net appreciation in fair value of investments.

Subsequent events – Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before the financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the statement of net assets available for benefits date and before the financial statements are available to be issued.

The Plan has evaluated subsequent events through October 11, 2024, which is the date the financial statements were available to be issued.

Note 3 – Fair Value Measurements

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

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

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

Alaska Native Tribal Health Consortium Retirement Savings Plan

Notes to Financial Statements

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; and 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation techniques used for assets measured at fair value. There have been no changes in the techniques used at December 31, 2023 and 2022.

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

Pooled separate account – Units held in pooled separate accounts (PSAs) are valued using the NAV practical expedient of the PSA as reported by the account managers. The NAV practical expedient is based on the fair value of the underlying assets owned by the PSA, minus its liabilities, and then divided by the number of units outstanding.

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

Alaska Native Tribal Health Consortium Retirement Savings Plan

Notes to Financial Statements

The following tables disclose the fair value hierarchy of the Plan's assets by level as of December 31:

Fair Value Measurement at December 31, 2023			
	Level 1	Level 2	Level 3
Registered investment companies	\$ 184,837,377	\$ -	\$ -
Total assets in the fair value hierarchy	\$ 184,837,377	\$ -	\$ -
Investments measured at NAV (practical expedient)			3,976,265
Investments at fair value			\$ 188,813,642

Fair Value Measurement at December 31, 2022			
	Level 1	Level 2	Level 3
Registered investment companies	\$ 148,266,987	\$ -	\$ -
Total assets in the fair value hierarchy	\$ 148,266,987	\$ -	\$ -
Investments measured at NAV (practical expedient)			3,936,394
Investments at fair value			\$ 152,203,381

Note 4 – Guaranteed Investment Contract with Insurance Consortium

The Plan has entered into a fully benefit-responsive investment contract (FBRIC) with VALIC. VALIC maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 3%. The crediting rate is reviewed on a quarterly basis for resetting. The FBRIC does not permit the insurance Consortium to terminate the agreement prior to the scheduled maturity date.

The contract meets the FBRIC criteria and is therefore reported at contract value. Contract value is the relevant measure for FBRICs because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by VALIC, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations, which may be affected by future economic and regulatory developments.

Alaska Native Tribal Health Consortium Retirement Savings Plan

Notes to Financial Statements

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the Plan's ability 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 allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. 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, or (4) a material amendment to the agreements without the consent of the issuer.

Note 5 – Tax Status

The Plan uses a volume submitter 403(b) plan from Principal Life Insurance Consortium, which received an opinion letter from the Internal Revenue Service (IRS) dated March 31, 2017, which states that the volume submitter plan, as then designed, satisfies the applicable provisions of the IRC. The Plan itself has not received a determination letter from the IRS. Although the Plan has been amended since the date of the opinion letter, Plan management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

Generally accepted accounting principles (GAAP) require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no IRS examinations for any tax periods in progress.

Note 6 – Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, and credit risks. It is reasonably possible, given the level of risk associated with investment securities, that changes in the values of the investments in the near term could materially affect a participant's account balance and the amounts reported in the statement of net assets available for benefits.

Alaska Native Tribal Health Consortium Retirement Savings Plan

Notes to Financial Statements

Note 7 – Information Certified by the Custodians

The following information included in the accompanying financial statements and supplemental Schedule H, line 4(i) – schedule of assets (held at end of year) was obtained from data that has been prepared and certified as complete and accurate by the respective custodians.

The following information was certified by Principal:

	2023	2022
Registered investment companies	\$ 182,931,788	\$ 146,517,144
Net appreciation in fair value of investments	21,987,308	N/A
Dividends	4,340,904	N/A

The following information was certified by VALIC:

	2023	2022
Pooled separate accounts	\$ 3,976,265	\$ 3,936,394
Guaranteed investment contract	707,402	873,427
Net appreciation in fair value of investments	736,810	N/A

The following information was certified by Newport:

	2023	2022
Registered investment companies	N/A	\$ 1,749,843

Note 8 – Party-in-Interest Transactions

The Plan paid expenses related to the Plan's operations and investment management to various service providers. Certain Plan investments are managed by Principal Asset Management and VALIC. VALIC is a custodian of the Plan, and Principal Asset Management is an affiliate of Principal, a custodian of the Plan. Therefore, transactions with these entities qualify as exempt party-in-interest transactions.

Note 9 – Plan Termination

Although it has not expressed any intent to do so, the Consortium has the right to terminate the Plan and discontinue its contributions at any time, subject to the provisions of ERISA.

Alaska Native Tribal Health Consortium Retirement Savings Plan

Notes to Financial Statements

Note 10 – Reconciliation to Form 5500

The following is a reconciliation of the net assets available for benefits reported in the financial statements and the net assets reported on the Form 5500 as of December 31:

	<u>2023</u>	<u>2022</u>
Net assets available for benefits, per the financial statements	\$ 191,806,902	\$ 154,976,583
Valuation difference in investments	<u>264</u>	<u>(1,442)</u>
Net assets per the Form 5500	<u><u>\$ 191,807,166</u></u>	<u><u>\$ 154,975,141</u></u>

The following is a reconciliation of the change in net assets available for benefits reported in the financial statements and the net loss reported on the Form 5500 for the year ended December 31, 2023:

	<u>2023</u>
Change in net assets available for benefits per the financial statements	\$ 36,830,319
Change in valuation difference in investments	<u>1,706</u>
Change in net assets available for benefits per the Form 5500	<u><u>\$ 36,832,025</u></u>

The Form 5500 has certain items that differ from amounts shown on the accompanying financial statements. These differences relate to classification only and have no effect upon net assets available for benefits for either year.

Note 11 – Delinquent Participant Contributions

As disclosed in the accompanying supplemental schedule, certain employee deferrals were not remitted to the Plan within the timeframe required by the Department of Labor. The Consortium has determined the amount of related lost earnings and will remit these amounts to participants' accounts during 2024.

**Supplemental Schedules
Required by the Department of Labor**

Alaska Native Tribal Health Consortium Retirement Savings Plan

EIN: 92-0162721, Plan Number: 002

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

December 31, 2023

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Vanguard Target Retirement 2045 Fund	Registered Investment Company	**	\$ 17,906,677
	Vanguard Target Retirement 2050 Fund	Registered Investment Company	**	17,591,105
	Vanguard Institutional Index	Registered Investment Company	**	16,162,231
	Vanguard Target Retirement 2040 Fund	Registered Investment Company	**	14,868,387
	Vanguard Federal Money Market	Registered Investment Company	**	12,181,218
	Vanguard Target Retirement 2035 Fund	Registered Investment Company	**	11,098,742
	Vanguard Target Retirement 2030 Fund	Registered Investment Company	**	10,389,675
	Fidelity International Index Fund	Registered Investment Company	**	9,829,614
	Vanguard Target Retirement 2055 Fund	Registered Investment Company	**	8,703,284
	Vanguard Target Retirement 2025 Fund	Registered Investment Company	**	8,103,600
	Vanguard Target Retirement 2020 Fund	Registered Investment Company	**	6,220,432
	Vanguard Windsor II Fund	Registered Investment Company	**	4,632,270
	Vanguard U.S. Growth Fund	Registered Investment Company	**	3,741,804
	Vanguard Target Retirement 2060 Fund	Registered Investment Company	**	3,645,857
	Allspring Mid Cap Value	Registered Investment Company	**	3,641,532
	Vanguard Total Bond Mkt Index Fund	Registered Investment Company	**	3,624,277
	Columbia Total Return Bond Fund	Registered Investment Company	**	3,599,581
	MFS Internatnional Growth Fund	Registered Investment Company	**	3,467,648
	Vanguard Mid Cap Index Fund	Registered Investment Company	**	3,438,008
	DFA US Sustainable	Registered Investment Company	**	3,099,592
	Vanguard Target Rtmt Income Fund	Registered Investment Company	**	2,929,290
	Vanguard Small Cap Index Fund	Registered Investment Company	**	2,437,147
	JP Morgan US Equity Fund	Registered Investment Company	**	2,340,743
	Allspring Small Cap Value	Registered Investment Company	**	2,062,656
	Vanguard FTSE Soc Index	Registered Investment Company	**	1,797,747
	Allspring Mid Cap Growth	Registered Investment Company	**	1,580,974
	DFA Inflation Protected Securities	Registered Investment Company	**	1,434,074
	Clearbridge Small Cap Growth Fund	Registered Investment Company	**	817,388
	Vanguard Target Retirement 2070 Fund	Registered Investment Company	**	760,415
	Blackrock Tech Opportunities Fund	Registered Investment Company	**	554,974
	Vanguard Balanced Index Fund	Registered Investment Company	**	406,343
	Vanguard 500 Index Fund	Registered Investment Company	**	379,067
	T. Rowe Price Health Sciences Fund	Registered Investment Company	**	209,532
	Vanguard Short-term Bond Index Fund	Registered Investment Company	**	162,051
	Fidelity Emerging Market Index Fund	Registered Investment Company	**	155,029
	Vanguard Total Bond Market Index Fund	Registered Investment Company	**	141,533
*	Principal Real Estate Securities Fund	Registered Investment Company	**	139,230
	Vanguard LT Investment Grade Bond	Registered Investment Company	**	138,166
	Vanguard Explorer Fund	Registered Investment Company	**	100,411
	Vanguard Target Retirement 2065 Fund	Registered Investment Company	**	92,396
	Vanguard Inflation Protected Securities	Registered Investment Company	**	76,008
	Vanguard Explorer Value Fund	Registered Investment Company	**	60,475
	Vanguard Long-term Treasury Fund	Registered Investment Company	**	36,901
	Vanguard International Value Fund	Registered Investment Company	**	31,406
	Vanguard Health Care Fund	Registered Investment Company	**	30,540
	Vanguard High-yield Corporate Fund	Registered Investment Company	**	16,367
	Vanguard Cash Reserves	Registered Investment Company	**	1,244

Alaska Native Tribal Health Consortium Retirement Savings Plan

EIN: 92-0162721, Plan Number: 002

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

December 31, 2023

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	VALIC - Science & Technology Fund	Pooled Separate Account	**	430,894
*	VALIC - Vanguard Windsor II	Pooled Separate Account	**	339,915
*	VALIC - Stock Index Fund	Pooled Separate Account	**	318,892
*	VALIC - International Equities Index Fund	Pooled Separate Account	**	241,955
*	VALIC - Mid Cap Index Fund	Pooled Separate Account	**	237,665
*	VALIC - Aggressive Growth Lifestyle	Pooled Separate Account	**	236,050
*	VALIC - Core Bond Fund	Pooled Separate Account	**	193,226
*	VALIC - Ariel Fund	Pooled Separate Account	**	177,637
*	VALIC - Amer Beacon Lrg Cp Grw I	Pooled Separate Account	**	154,287
*	VALIC - International Value Fund	Pooled Separate Account	**	131,506
*	VALIC - Small Cap Special Value Fund	Pooled Separate Account	**	124,483
*	VALIC - Systematic Core Fund	Pooled Separate Account	**	123,266
*	VALIC - Mid Cap Value Fund	Pooled Separate Account	**	122,927
*	VALIC - US Socially Responsible Fund	Pooled Separate Account	**	104,512
*	VALIC - Mid Cap Strategic Growth	Pooled Separate Account	**	100,491
*	VALIC - Systematic Growth Fund	Pooled Separate Account	**	99,591
*	VALIC - Emerging Economies	Pooled Separate Account	**	75,106
*	VALIC - Large Capital Growth	Pooled Separate Account	**	69,692
*	VALIC - Small Cap Index Fund	Pooled Separate Account	**	67,435
*	VALIC - Inflation Protected Fund	Pooled Separate Account	**	64,735
*	VALIC - Ariel Appreciation Fund	Pooled Separate Account	**	61,408
*	VALIC - Growth Fund	Pooled Separate Account	**	53,698
*	VALIC - Small Cap Value Fund	Pooled Separate Account	**	52,944
*	VALIC - Loan Collateral Fund	Pooled Separate Account	**	49,949
*	VALIC - Moderate Growth Lifestyle	Pooled Separate Account	**	42,173
*	VALIC - Intl Socially Responsible Fund	Pooled Separate Account	**	37,561
*	VALIC - Government Securities Fund	Pooled Separate Account	**	33,371
*	VALIC - Global Real Estate Fund	Pooled Separate Account	**	31,959
*	VALIC - Government Money Market Fund	Pooled Separate Account	**	25,433
*	VALIC - Systematic Value	Pooled Separate Account	**	25,379
*	VALIC - International Government Bond	Pooled Separate Account	**	24,431
*	VALIC - International Opportunities	Pooled Separate Account	**	21,212
*	VALIC - Small Cap Growth Fund	Pooled Separate Account	**	16,320
*	VALIC - Vanguard Wellington Fund Inc	Pooled Separate Account	**	14,275
*	VALIC - Vanguard Long-term Treasury	Pooled Separate Account	**	14,107
*	VALIC - VC I Capital Appreciation	Pooled Separate Account	**	12,597
*	VALIC - Vanguard Lifestrategy Moderate	Pooled Separate Account	**	10,051
*	VALIC - International Growth Fund	Pooled Separate Account	**	9,648
*	VALIC - High Yield Bond Fund	Pooled Separate Account	**	7,869
*	VALIC - Global Strategy	Pooled Separate Account	**	7,709
*	VALIC - Vanguard Lifestrategy Consumer	Pooled Separate Account	**	4,934
*	VALIC - Vanguard LT Inv-Grade Fund	Pooled Separate Account	**	4,398
*	VALIC - Loan Escrow Fund	Pooled Separate Account	**	574
*	VALIC - Fixed Account Plus	Guaranteed Investment Contract	** †	472,716
*	VALIC - Short Term Fixed Account	Guaranteed Investment Contract	** †	234,686
*	Participant loans	Interest rates range from 4.25% to 9.50%, maturing through June 2036	-	2,285,773
				<u>\$ 191,807,081</u>

* Indicates party-in-interest.

** Information is not required as investments are participant-directed.

† GIC presented at contract value.

Alaska Native Tribal Health Consortium Retirement Savings Plan

EIN: 92-0162721, Plan Number: 002

Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions

Year Ended December 31, 2023

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are included: ☒	\$ 721,865	\$ -	\$ -	\$ -

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

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

A N T H C R

EIN 92 0162721
 PLAN NUMBER 002
 PLAN YEAR 01/01/2023 TO 12/31/2023

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	AIG - ANTHC	Registered Investment Company Aggressive Growth Lifestyle	\$ 0.00	\$ 236,050.00
	SEI TRUST COMPANY	Registered Investment Company Allspring Disc SMID Cp Gr R6	\$ 0.00	\$ 1,580,974.12
	AIG - ANTHC	Registered Investment Company Amer Beacon Brdwy Lrg Cp Crw I	\$ 0.00	\$ 154,287.00
	American Century Investments	Registered Investment Company Amer Century SmL Cap Val R6 Fd	\$ 0.00	\$ 2,062,656.20
	American Century Investments	Registered Investment Company American Centur Mid-Cap Val R6	\$ 0.00	\$ 3,641,532.21
	AIG - ANTHC	Registered Investment Company Ariel Appreciation Fund	\$ 0.00	\$ 61,408.00
	AIG - ANTHC	Registered Investment Company Ariel Fund	\$ 0.00	\$ 177,637.00
	Vanguard - ANTHC	Registered Investment Company Balanced Index Fund	\$ 0.00	\$ 406,343.00
	BlackRock	Registered Investment Company BlackRock Tech Opport K Fd	\$ 0.00	\$ 554,973.84
	AIG - ANTHC	Registered Investment Company Blue Chip Growth Fund	\$ 0.00	\$ 99,591.00
	Vanguard - ANTHC	Registered Investment Company Cash Reserves Federal Money	\$ 0.00	\$ 1,329.00
	Legg Mason	Registered Investment Company ClearBridge Sm Cp Gr IS Fund	\$ 0.00	\$ 817,388.38
	Columbia Funds	Registered Investment Company Columbia Total Ret Bond I3 Fd	\$ 0.00	\$ 3,599,581.31
	AIG - ANTHC	Registered Investment Company Core Bond Fund	\$ 0.00	\$ 193,226.00
	Dimensional Fund Advisors	Registered Investment Company DFA Infl Protected Sec I Fund	\$ 0.00	\$ 1,434,074.48

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

A N T H C R

EIN 92 0162721
PLAN NUMBER 002
PLAN YEAR 01/01/2023 TO 12/31/2023

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	Dimensional Fund Advisors	Registered Investment Company DFA US Sust Cr 1 Fd	\$ 0.00	\$ 3,099,591.57
	AIG - ANTHC	Registered Investment Company Emerging Economies	\$ 0.00	\$ 75,106.00
	Vanguard - ANTHC	Registered Investment Company Explorer Fund Admiral	\$ 0.00	\$ 100,411.00
	Vanguard - ANTHC	Registered Investment Company Explorer Value Fund	\$ 0.00	\$ 60,475.00
	Fidelity Investments	Registered Investment Company Fidelity Emerg Mkt Index Fund	\$ 0.00	\$ 155,028.70
	Fidelity Investments	Registered Investment Company Fidelity International Idx Fd	\$ 0.00	\$ 9,829,613.58
	AIG - ANTHC	Registered Investment Company Fixed Account Plus	\$ 0.00	\$ 472,716.00
	AIG - ANTHC	Registered Investment Company Global Real Estate Fund	\$ 0.00	\$ 31,959.00
	AIG - ANTHC	Registered Investment Company Global Strategy	\$ 0.00	\$ 7,709.00
	AIG - ANTHC	Registered Investment Company Government Securities Fund	\$ 0.00	\$ 33,371.00
	AIG - ANTHC	Registered Investment Company Growth Fund	\$ 0.00	\$ 53,698.00
	AIG - ANTHC	Registered Investment Company Gs Vit Gov Money Mkt Fd Inst	\$ 0.00	\$ 25,433.00
	Vanguard - ANTHC	Registered Investment Company Health Care Fund	\$ 0.00	\$ 30,540.00
	AIG - ANTHC	Registered Investment Company High Yield Bond Fund	\$ 0.00	\$ 7,869.00
	Vanguard - ANTHC	Registered Investment Company High-Yield Corporate Fund	\$ 0.00	\$ 16,367.00

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

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

A N T H C R

EIN 92 0162721
 PLAN NUMBER 002
 PLAN YEAR 01/01/2023 TO 12/31/2023

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	AIG - ANTHC	Registered Investment Company Inflation Protected Fund	\$ 0.00	\$ 64,735.00
	Vanguard - ANTHC	Registered Investment Company Inflation-Protected Secs	\$ 0.00	\$ 76,008.00
	AIG - ANTHC	Registered Investment Company International Equities Index Fund	\$ 0.00	\$ 241,955.00
	AIG - ANTHC	Registered Investment Company International Government Bond	\$ 0.00	\$ 24,431.00
	AIG - ANTHC	Registered Investment Company International Growth Fund	\$ 0.00	\$ 9,648.00
	AIG - ANTHC	Registered Investment Company International Value Fund	\$ 0.00	\$ 131,506.00
	Vanguard - ANTHC	Registered Investment Company International Value Fund	\$ 0.00	\$ 31,406.00
	AIG - ANTHC	Registered Investment Company Intl Opportunities	\$ 0.00	\$ 21,212.00
	AIG - ANTHC	Registered Investment Company Intl Socially Responsible Fund	\$ 0.00	\$ 37,561.00
	JP Morgan Funds	Registered Investment Company JP Morgan US Equity R6 Fund	\$ 0.00	\$ 2,340,743.27
	AIG - ANTHC	Registered Investment Company Large Capital Growth	\$ 0.00	\$ 69,692.00
	AIG - ANTHC	Registered Investment Company Loan Collateral Fund	\$ 0.00	\$ 49,948.00
	AIG - ANTHC	Registered Investment Company Loan Escrow Fund	\$ 0.00	\$ 574.00
	Vanguard - ANTHC	Registered Investment Company Long-Term Treasury Fund	\$ 0.00	\$ 2.00
	AIG - ANTHC	Registered Investment Company Mid Cap Index Fund	\$ 0.00	\$ 237,665.00

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

A N T H C R

EIN 92 0162721
 PLAN NUMBER 002
 PLAN YEAR 01/01/2023 TO 12/31/2023

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	AIG - ANTHC	Registered Investment Company Mid Cap Strategic Gwth	\$ 0.00	\$ 100,491.00
	AIG - ANTHC	Registered Investment Company Mid Cap Value Fund	\$ 0.00	\$ 122,927.00
	AIG - ANTHC	Registered Investment Company Moderate Growth Lifestyle	\$ 0.00	\$ 42,173.00
	MFS Investment Management	Registered Investment Company MFS INTL GROWTH R6 FUND	\$ 0.00	\$ 3,467,647.63
*	Principal Funds Inc	Registered Investment Company Prin RE Secs R6 Fund	\$ 0.00	\$ 139,230.10
	AIG - ANTHC	Registered Investment Company Science & Technology Fund	\$ 0.00	\$ 430,894.00
	AIG - ANTHC	Registered Investment Company Short Term Fixed Account	\$ 0.00	\$ 234,686.00
	Vanguard - ANTHC	Registered Investment Company Short-Term Bond Index	\$ 0.00	\$ 162,051.00
	AIG - ANTHC	Registered Investment Company Small Cap Growth Fund	\$ 0.00	\$ 16,320.00
	AIG - ANTHC	Registered Investment Company Small Cap Index Fund	\$ 0.00	\$ 67,435.00
	AIG - ANTHC	Registered Investment Company Small Cap Special Value Fund	\$ 0.00	\$ 124,483.00
	AIG - ANTHC	Registered Investment Company Small Cap Value Fund	\$ 0.00	\$ 52,944.00
	AIG - ANTHC	Registered Investment Company Stock Index Fund	\$ 0.00	\$ 318,892.00
	AIG - ANTHC	Registered Investment Company Systematic Core Fund	\$ 0.00	\$ 123,266.00
	AIG - ANTHC	Registered Investment Company Systematic Value	\$ 0.00	\$ 25,379.00

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

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

A N T H C R

EIN 92 0162721
 PLAN NUMBER 002
 PLAN YEAR 01/01/2023 TO 12/31/2023

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Hlth Sci I Fd	\$ 0.00	\$ 209,532.20
	Vanguard - ANTHC	Registered Investment Company Target Retirement 2030 Fund	\$ 0.00	\$ 410,372.00
	Vanguard - ANTHC	Registered Investment Company Total Bond Market Index Fund	\$ 0.00	\$ 141,533.00
	Vanguard - ANTHC	Registered Investment Company US Growth Fund	\$ 0.00	\$ 51,681.00
	AIG - ANTHC	Registered Investment Company US Socially Responsible Fund	\$ 0.00	\$ 104,512.00
	Vanguard Group	Registered Investment Company Vanguard Fed Money Mkt Inv Fd	\$ 0.00	\$ 12,181,217.99
	Vanguard Group	Registered Investment Company Vanguard FTSE Soc Idx Adm Fd	\$ 0.00	\$ 1,797,747.03
	Vanguard Group	Registered Investment Company Vanguard Instl Idx Instl Fund	\$ 0.00	\$ 16,162,230.55
	Vanguard Group	Registered Investment Company Vanguard L-T Treasury Adm Fd	\$ 0.00	\$ 36,899.41
	AIG - ANTHC	Registered Investment Company Vanguard Lifestrategy Conserv	\$ 0.00	\$ 4,934.00
	AIG - ANTHC	Registered Investment Company Vanguard Lifestrategy Mod	\$ 0.00	\$ 10,051.00
	AIG - ANTHC	Registered Investment Company Vanguard Long-Term Treasury	\$ 0.00	\$ 14,107.00
	AIG - ANTHC	Registered Investment Company Vanguard Lt Inv-Grade Fund	\$ 0.00	\$ 4,398.00
	Vanguard Group	Registered Investment Company Vanguard Mid Cap Index Adm Fd	\$ 0.00	\$ 3,438,008.01
	Vanguard Group	Registered Investment Company Vanguard Sm Cap Index Adm Fund	\$ 0.00	\$ 2,437,146.79

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

A N T H C R

EIN 92 0162721
 PLAN NUMBER 002
 PLAN YEAR 01/01/2023 TO 12/31/2023

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt Inc Inv Fund	\$ 0.00	\$ 2,929,290.20
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt 2020 Inv Fund	\$ 0.00	\$ 6,220,431.87
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt 2025 Inv Fund	\$ 0.00	\$ 8,103,600.03
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt 2030 Inv Fund	\$ 0.00	\$ 9,979,302.85
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt 2035 Inv Fund	\$ 0.00	\$ 11,098,741.80
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt 2040 Inv Fund	\$ 0.00	\$ 14,868,387.49
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt 2045 Inv Fund	\$ 0.00	\$ 17,906,590.48
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt 2050 Inv Fund	\$ 0.00	\$ 17,591,105.01
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt 2055 Inv Fund	\$ 0.00	\$ 8,703,284.07
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt 2060 Inv Fund	\$ 0.00	\$ 3,645,856.54
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt 2065 Inv Fund	\$ 0.00	\$ 92,396.43
	Vanguard Group	Registered Investment Company Vanguard Tgt Rmt 2070 Inv Fund	\$ 0.00	\$ 760,414.72
	Vanguard Group	Registered Investment Company Vanguard Ttl Bd Mkt Idx Adm Fd	\$ 0.00	\$ 3,624,277.00
	Vanguard Group	Registered Investment Company Vanguard US Growth Admiral Fd	\$ 0.00	\$ 3,690,123.26
	AIG - ANTHC	Registered Investment Company Vanguard Wellington Fund Inc	\$ 0.00	\$ 14,276.00

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

A N T H C R

EIN 92 0162721
PLAN NUMBER 002
PLAN YEAR 01/01/2023 TO 12/31/2023

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	AIG - ANTHC	Registered Investment Company Vanguard Windsor II	\$ 0.00	\$ 339,915.00
	Vanguard Group	Registered Investment Company Vanguard Windsor II Adm Fund	\$ 0.00	\$ 4,594,266.02
	Vanguard Group	Registered Investment Company Vgd LT Inv-Grade Bond Adm Fund	\$ 0.00	\$ 138,166.09
	AIG - ANTHC	Registered Investment Company VC I Capital Appreciation	\$ 0.00	\$ 12,597.00
	Vanguard - ANTHC	Registered Investment Company Windsor II Fund	\$ 0.00	\$ 38,005.00
	Vanguard - ANTHC	Registered Investment Company 500 Index Fund	\$ 0.00	\$ 379,067.00
*	Participant Loans	Range of Interest Rates Rates Range From 4.25% To 9.50%	\$ 0.00	\$ 2,285,773.00

