

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>07/01/2020</u> and ending <u>06/30/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1969</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1969</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>07/01/1969</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ASHTABULA COUNTY MEDICAL CENTER</u> <u>2420 LAKE AVENUE</u> <u>ASHTABULA, OH 44004-3817</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-0726081</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>440-997-2262</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-0726081</u>	2c Plan Sponsor's telephone number <u>440-997-2262</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>34-0726081</u>					
2c Plan Sponsor's telephone number <u>440-997-2262</u>					
2d Business code (see instructions) <u>622000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/13/2022	DON KEPNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

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	813
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	269
a(2) Total number of active participants at the end of the plan year		6a(2)	239
b Retired or separated participants receiving benefits.....		6b	346
c Other retired or separated participants entitled to future benefits		6c	158
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	743
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	42
f Total. Add lines 6d and 6e		6f	785
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		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: 1A 3D 3H 1I			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ASHTABULA COUNTY MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>34-0726081</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2020</u>	
2 Assets:	
a Market value	2a <u>46396332</u>
b Actuarial value	2b <u>46396332</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>387</u> (2) Vested Funding Target <u>21828817</u> (3) Total Funding Target <u>21828817</u>
b For terminated vested participants.....	<u>157</u> <u>4225634</u> <u>4225634</u>
c For active participants	<u>269</u> <u>10047135</u> <u>10202293</u>
d Total.....	<u>813</u> <u>36101586</u> <u>36256744</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>5.33</u> %
6 Target normal cost.....	6 <u>267979</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>04/06/2022</u>
Signature of actuary		Date
<u>LAWRENCE E. SCHERER</u>		<u>20-06389</u>
Type or print name of actuary		Most recent enrollment number
<u>USI CONSULTING GROUP</u>		<u>216-343-0223</u>
Firm name		Telephone number (including area code)
<u>1660 WEST 2ND STREET, SUITE 900</u> <u>CLEVELAND, OH 44113</u>		
Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2020
v. 200204

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1934389	6982250
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	1934389	6982250
10 Interest on line 9 using prior year's actual return of <u>8.07</u> %	156105	563468
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.49</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	2090494	7545718

Part III Funding Percentages

14 Funding target attainment percentage	14	101.38 %
15 Adjusted funding target attainment percentage	15	127.96 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	106.08 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.64 %2nd segment:
5.21 %3rd segment:
5.94 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

63

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) **31a** 267979**b** Excess assets, if applicable, but not greater than line 31a **31b** 267979**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 0 Installment 0**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 0**35** Balances elected for use to offset funding requirement Carryover balance 0 Prefunding balance 0 Total balance 0**36** Additional cash requirement (line 34 minus line 35) **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 0**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 0**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b****39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021		
A Name of plan ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ASHTABULA COUNTY MEDICAL CENTER	D Employer Identification Number (EIN) 34-0726081	

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

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

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

MORGAN STANLEY

26-4310844

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	103313	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

USI CONSULTING GROUP

06-1053228

(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?
11 17 50	NONE	51941	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIRST STATE TRUST

13-3124172

(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?
21 50	NONE	40236	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

(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 ☐

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021		
A Name of plan ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ASHTABULA COUNTY MEDICAL CENTER	D Employer Identification Number (EIN) 34-0726081	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	27377	35784
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)	2091	5914
(B) Common	1c(4)(B)	1900408	2483053
(5) Partnership/joint venture interests	1c(5)	417540	519367
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(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)	44075846	42867472
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	46423262 45911590
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	26930 30184
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	26930 30184
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	46396332 45881406

Part II Income and Expense Statement

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

		(a) Amount	(b) Total	
Income				
a	Contributions:			
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers).....	2a(1)(C)		
(2)	Noncash contributions	2a(2)		
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	0	
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)		
	(F) Other	2b(1)(F)		117
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	117	
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)		
	(B) Common stock	2b(2)(B)		70902
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		1596192
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1667094
(3)	Rents	2b(3)		
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	988908	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	820764	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	168144	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	606499	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	606499	

		(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)		881426
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3323280

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3573614	
(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)		3573614
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	40583	
(2) Contract administrator fees	2i(2)	51941	
(3) Investment advisory and management fees	2i(3)	103313	
(4) Other.....	2i(4)	68755	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		264592
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3838206

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-514926
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: CLIFTONLARSONALLEN

(2) EIN: 41-0746749

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year <u>4347914</u> .			

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021		
A Name of plan ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ASHTABULA COUNTY MEDICAL CENTER		D Employer Identification Number (EIN) 34-0726081
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): _____ 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 19
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2020 v. 200204		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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).....

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).....

14a**14b****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.....

b The corresponding number for the second preceding plan year.....

15a**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.....

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.....

16a**16b**

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
☐ Yes.
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
☐ No. Other. Provide explanation _____

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN**

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION**

YEARS ENDED JUNE 30, 2021 AND 2020



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**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
TABLE OF CONTENTS
YEARS ENDED JUNE 30, 2021 AND 2020**

INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS	
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	3
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	4
NOTES TO FINANCIAL STATEMENTS	5
SUPPLEMENTAL INFORMATION (ATTACHMENTS TO FORM 5500)	
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)	15
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS	20



INDEPENDENT AUDITORS' REPORT

Board of Trustees
Ashtabula County Medical Center Retirement Plan
Ashtabula, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Ashtabula County Medical Center Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of June 30, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by First State Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended June 30, 2021 and 2020, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter – Supplemental Schedules

The supplemental schedule of assets (held at end of year) and schedule of reportable transactions as of or for the year ended June 30, 2021, are required by DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance With DOL Rules and Regulations

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

A handwritten signature in cursive script that reads "CliftonLarsonAllen LLP".

CliftonLarsonAllen LLP

Akron, Ohio
March 1, 2022

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2021 AND 2020**

	<u>2021</u>	<u>2020</u>
ASSETS		
INVESTMENTS (at Fair Value)		
Mutual Funds	\$ 16,296,118	\$ 14,903,161
Common and Preferred Stock	2,488,967	1,902,499
Exchange Traded Funds	26,571,354	29,172,685
Real Estate Income Trust	519,367	417,540
Total Investments at Fair Value	<u>45,875,806</u>	<u>46,395,885</u>
RECEIVABLES		
Interest and Dividends	<u>35,784</u>	<u>27,377</u>
Total Assets	45,911,590	46,423,262
LIABILITIES		
DUE TO BROKER FOR PENDING TRADES	<u>30,184</u>	<u>26,930</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 45,881,406</u></u>	<u><u>\$ 46,396,332</u></u>

See accompanying Notes to Financial Statements.

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED JUNE 30, 2021 AND 2020**

	<u>2021</u>	<u>2020</u>
ADDITIONS:		
INVESTMENT INCOME		
Net Appreciation in Fair Value of Investments	\$ 1,656,069	\$ 2,129,510
Interest and Dividends	1,667,211	1,444,462
Other	-	491
Total Investment Income	<u>3,323,280</u>	<u>3,574,463</u>
Total Additions	3,323,280	3,574,463
DEDUCTIONS FROM NET ASSETS		
Benefit Payments	3,573,614	3,277,800
Administrative Expenses	264,592	266,577
Total Deductions	<u>3,838,206</u>	<u>3,544,377</u>
NET INCREASE (DECREASE)	(514,926)	30,086
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	<u>46,396,332</u>	<u>46,366,246</u>
End of Year	<u><u>\$ 45,881,406</u></u>	<u><u>\$ 46,396,332</u></u>

See accompanying Notes to Financial Statements.

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2021 AND 2020**

NOTE 1 DESCRIPTION OF PLAN

The following description of Ashtabula County Medical Center (the Company) Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan established July 1, 1969. The Plan was amended and restated throughout the years to comply with tax legislation and most recently amended effective July 1, 2015.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Effective December 31, 2006, the Plan was amended to freeze pension benefits and cease all future benefit accruals for all participants not covered by a collective bargaining agreement.

On December 21, 2007, the Ashtabula County Medical Center's Board of Trustees voted to freeze pension benefits and cease all future benefit accruals for participants covered by a collective bargaining agreement. Each participant elected whether to have their benefits frozen as of December 31, 2007 or December 31, 2008.

The Plan is administered by the Company's Investment Committee (the Committee), which is a committee of the Board of Directors of the Company. The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Trustees.

The Plan covers substantially all employees of the Company who have completed five or more years of service through the freeze dates of December 31, 2006 and December 31, 2007. The Plan excludes nonresident aliens with no U.S. source income, leased employees, employees covered by another Pension Plan to which Ashtabula County Medical Center contributes, and employees covered by a collective bargaining agreement, unless the collective bargaining agreement specifically allows for participation. The current collective bargaining agreement allows for participation in the Plan. It is subject to the provisions of ERISA.

Pension Benefits

Employees with five or more years of service prior to the freeze dates are entitled to retirement benefit payments upon reaching age 65. The amount of individual pensions is based upon several factors including compensation, years of service, age, and the estimated social security benefit. Compensation is based upon the average of the highest three consecutive calendar years of employment out of the last 10 years prior to the pension benefit freeze date.

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2021 AND 2020**

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Death and Disability Benefits

If an active, eligible employee with at least 10 years of eligibility service dies, a death benefit equal to the normal retirement benefits the employee had accumulated as described above, reduced for early retirement and joint and survivor benefits (as applicable) is paid to the employee's surviving spouse beginning on the employee's early retirement date and continuing until such spouse's death. Active, eligible employees with at least 10 years of eligibility service who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled. Disability benefits commence five months after the month in which the former employee became disabled and such payments continue until the death of the former employee.

Vesting

Participants with at least one year of service after 1969 are 100% vested upon completion of three years of service. Participants are fully vested upon attainment of normal retirement age.

Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. There were no Company contribution made during 2021 or 2020. No Company contributions were required to meet the minimum funding requirements of ERISA for 2021 and 2020.

Although it has not expressed an intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to provisions set form in ERISA.

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2021 AND 2020**

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and trustee. See Note 5 for discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Plan's expenses are paid by the Plan as provided by the Plan document. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Change in Accounting Principle (for Nonpublic Entities)

In August 2018, Financial Accounting Standard Board (FASB) issued Accounting Standards Update (ASU) 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement*. The ASU removes and modifies fair value measurement disclosure requirements retrospectively for nonpublic entities. The ASU is effective for fiscal years beginning after December 15, 2019 with early adoption permitted. Application did not have a material impact on the Plan's financial statements.

Subsequent Events

The Plan has evaluated subsequent events through March 1, 2022, the date the financial statements were available to be issued.

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2021 AND 2020**

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered through the freeze dates. Accumulated plan benefits include benefits expected to be paid to:

- a) retired or terminated employees or their beneficiaries,
- b) beneficiaries of employees who have died, and
- c) present employees or their beneficiaries.

Benefits under the Plan are accumulated based on certain formulas determined by the Plan. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the freeze dates. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent they are deemed attributable to employee service rendered to the freeze dates. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of June 30, 2021 and 2020 were:

- a) Life expectancy of Participants (the PRI-2012 Blue Collar Mortality Tables using the Scale MP-2021. Previously, the Plan used Scale MP-2020).
- b) Retirement Age Assumptions based on a table of anticipated rates of retirement at each of the ages at which retirement eligibility occurs.
- c) Discount Rate and expected rate of return on Plan assets of 4.0% for 2021 and 2020.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2021 AND 2020**

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The following is a summary of actuarial present value of accumulated plan benefits as of June 30:

	2021	2020
Actuarial Present Value of Accumulated Plan Benefits:		
Vested Benefits:		
Participants Currently Receiving Payments	\$ 22,716,459	\$ 22,956,018
Other Participants	17,483,830	19,378,159
Total Vested Benefits	<u>40,200,289</u>	<u>42,334,177</u>
Nonvested Benefits	<u>144,540</u>	<u>179,146</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u><u>\$ 40,344,829</u></u>	<u><u>\$ 42,513,323</u></u>

The changes in the actuarial present value of accumulated plan benefits are summarized as follows for the years ended June 30:

	2021	2020
Actuarial Present Value of Accumulated Plan Benefits - Beginning of Year	\$ 42,513,323	\$ 44,399,094
Increase (Decrease) During the Year Attributable to:		
Change in Actuarial Assumptions	(466,010)	(971,620)
Benefits Accumulated (including Gains and Losses)	241,370	860,802
Change in Discount Period	1,629,760	1,502,847
Benefits Paid	<u>(3,573,614)</u>	<u>(3,277,800)</u>
Net Decrease	<u>(2,168,494)</u>	<u>(1,885,771)</u>
Actuarial Present Value of Accumulated Plan Benefits - End of Year	<u><u>\$ 40,344,829</u></u>	<u><u>\$ 42,513,323</u></u>

The computations of the actuarial present value of accumulated plan benefits were made as of July 1, 2021 and 2020. Had the valuations been performed as of June 30, there would be no material differences.

NOTE 4 CERTIFICATION OF INVESTMENT INFORMATION

First State Trust Company, the trustee of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of all investment information reflected on the accompanying statements of net assets available for benefits as of June 30, 2021 and 2020, the statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule of assets (held at end of year) as of June 30, 2021 and supplemental schedule of reportable transactions for the year ended June 30, 2021.

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2021 AND 2020**

NOTE 5 FAIR VALUE OF INVESTMENTS

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

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair market 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 methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at June 30, 2021 and 2020.

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

Common and Preferred Stock: Investments in common and preferred stock are valued at the closing price reported on the active market on which the individual securities are traded.

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2021 AND 2020**

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

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

Real Estate Income Trust: The real estate income trust is valued monthly based on the net asset value per unit, which is based on the fair value of the underlying investments, plus the addition of any other assets (such as cash on hand) and the deduction of liabilities. The underlying investments largely comprise real estate properties valued using a combination of a discounted cash flow analysis and valuations by a third-party appraiser. The asset is a Level 3 investment due to the limited trading market for the security and its underlying holdings.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30:

2021				
	Level 1	Level 2	Level 3	Total
Common and Preferred Stock	\$ 2,488,967	\$ -	\$ -	\$ 2,488,967
Exchange Traded Funds	26,571,354	-	-	26,571,354
Real Estate Income Trusts	-	-	519,367	519,367
Mutual Funds	16,296,118	-	-	16,296,118
Total Investments at Fair Value	<u>\$ 45,356,439</u>	<u>\$ -</u>	<u>\$ 519,367</u>	<u>\$ 45,875,806</u>

2020				
	Level 1	Level 2	Level 3	Total
Common and Preferred Stock	\$ 1,902,499	\$ -	\$ -	\$ 1,902,499
Exchange Traded Funds	29,172,685	-	-	29,172,685
Real Estate Income Trusts	-	-	417,540	417,540
Mutual Funds	14,903,161	-	-	14,903,161
Total Investments at Fair Value	<u>\$ 45,978,345</u>	<u>\$ -</u>	<u>\$ 417,540</u>	<u>\$ 46,395,885</u>

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2021 AND 2020**

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

Changes in Fair Value Levels (Continued)

Plan management has evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended June 30, 2021 and 2020, there were no significant transfers in or out of Levels 1, 2, or 3.

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended June 30:

	2021	2020
Purchases	\$ 25,961	\$ 10,773

Gains and losses (realized and unrealized) included in the changes in net assets for the period above are reported in net appreciation in fair value of investments in the statements of changes in net assets available for benefits.

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurement

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs as of June 30:

Investment Type	Fair Value		Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values	Weighted Average
	2021	2020				
Real Estate Income Trust	\$ 519,367	\$ 417,540	Net Asset Value	Third-Party Appraisal	Various Dependent on Market Data	n/a
				Discounted Cash Flow by Property Type	Discount Rate Range of Values 6.5%-9.2% ; Exit Cap Rate 4.9%-9.5%	6.5%-9.2% 4.9%-9.5%

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2021 AND 2020**

NOTE 6 PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributable to employee contributions, taking into account those paid out before termination
2. Annuity benefits former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination
3. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) up to the applicable limitations
4. All other vested benefits (that is, vested benefits not insured by the PBGC)
5. All nonvested benefits

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. For Plan terminations occurring during 2021 and 2020, the statutory ceiling was approximately \$6,000 and \$5,800 per month, respectively.

The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings will be actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2021 AND 2020**

NOTE 7 PLAN TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated May 3, 2013, that the Plan and related trust are designed in accordance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (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 administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2021 and 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8 RISKS AND UNCERTAINTIES

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 9 PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Morgan Stanley. Morgan Stanley is a bank depository as defined by the Plan and, therefore, the investment transactions qualify as party-in-interest transactions. Fees paid to First State Trust Company for administering the Plan are paid by the Company. These transactions are party-in-interest transactions under ERISA.

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
E.I.N. 34-0726081 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2021**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral and Par or Maturity Value	Cost	Current Value
	Mutual Funds			
	FDIC Bank Deposit Fund	1,579 Shares	\$ 1,579	\$ 1,579
*	Morgan Stanley Bank Deposit	390,364 Shares	390,364	390,364
	Pimco Fds	675,148 Shares	8,164,830	8,749,914
	Pioneer Strategic Income Fd	626,468 Shares	6,575,994	7,154,261
	Total Mutual Funds		15,132,767	16,296,118
	Exchange Traded Funds			
	Ishares US Credit Bond ETF	142,355 Shares	8,011,680	8,625,290
	Ishares Barclays Intermediate Gov	44,726 Shares	5,015,274	5,171,220
	Ishares Barclays Aggregate Bond Fund ETF	27,742 Shares	3,034,780	3,199,485
	Vanguard Long-Term Corp Bond	68,889 Shares	6,351,274	7,366,990
	Vanguard US Total Stock Market Index ETF	9,911 Shares	1,569,684	2,208,369
	Total Exchange Traded Funds		23,982,692	26,571,354
	Common and Preferred Stock			
	21vianet Group Inc	396 Shares	9,549	9,088
	Acuity Brands (Holding Co) Inc	20 Shares	3,684	3,741
	Adtalem Global Ed Inc	158 Shares	5,812	5,631
	Adyen N V	1,009 Shares	26,231	49,311
	AIA Group Ltd-Sp ADR	813 Shares	29,919	40,410
	Alcon Inc	222 Shares	14,151	15,598
	Alfa Laval AB-Unspon ADR	471 Shares	9,246	16,649
	Alibaba Group Holding ADR	204 Shares	44,019	46,263
	Allianz Se	1,359 Shares	24,744	33,893
	Ambev SA ADR Brazil	4,501 Shares	9,824	15,483
	Amedisys Inc	33 Shares	6,737	8,083
	Amkor Technologies Inc	752 Shares	9,685	17,800
	Amphastar Pharmaceuticals Inc	66 Shares	1,400	1,331
	Anglo American Plc Spoon Adr	257 Shares	5,533	5,099
	Apple Hospitality Reit Inc	396 Shares	4,497	6,043
	Applied Indi Technologies Inc	70 Shares	4,346	6,374
	Atkore International Group Inc	54 Shares	3,848	3,834
	Atlas Copco Ab Spons Adr	669 Shares	25,387	40,990
	Avient Corporation	65 Shares	1,688	3,195
	Avnet Inc	112 Shares	4,668	4,489
	Azul S A	224 Shares	4,731	5,914
	Banco Bilbao Vizcaya Argentaria S A	2,468 Shares	7,145	15,326
	Banco Do Brasil Spons Adr	1,304 Shares	11,188	8,347
	Bancorpsouth Bk Tupelo Miss	290 Shares	7,891	8,216
	Bank of Hawaii Corp	117 Shares	7,504	9,854
	Bhp Billiton Ltd Adr	460 Shares	34,769	33,502
	Bilibili Inc	136 Shares	4,866	16,570
	Block H&R Inc	549 Shares	10,371	12,891
	Bruker Corp	285 Shares	12,946	21,654

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
E.I.N. 34-0726081 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2021**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral and Par or Maturity Value	Cost	Current Value
	Common and Preferred Stock (Continued)			
	Budweiser Brewing Co Apac Ltd	580 Shares	\$ 7,830	\$ 7,319
	Builders Firstsource Inc	312 Shares	7,289	13,310
	C S G Systems International Inc	176 Shares	7,362	8,304
	Canadian National Railway Co	107 Shares	9,184	11,291
	Cemex South America-Sponsored Adr	645 Shares	5,452	5,418
	Check Point Software Tech Lt Ord	213 Shares	23,486	24,736
	Chemed Corp	4 Shares	1,635	1,898
	China Gas Hldgs Ltd	105 Shares	10,975	8,011
	China Natl Bldg Matl Co Ltd	181 Shares	9,029	10,628
	Chugai Pharmaceuticals Co Ltd	938 Shares	19,028	18,601
	City Office Reit Inc	331 Shares	2,663	4,114
	Clean Hbrs Inc	12 Shares	858	1,118
	Columbia Ppty Tr Inc	110 Shares	1,898	1,913
	Comfort Systems Usa Inc	76 Shares	3,905	5,988
	Commercial Metals Co	396 Shares	8,179	12,165
	Concentrix Corp	91 Shares	7,605	14,633
	Costamere Inc	95 Shares	633	1,122
	Cra International Inc	12 Shares	634	1,027
	Cspc Pharmaceutical Group Ltd	2,195 Shares	10,545	12,708
	Dassault Sys S A Spons Adr	146 Shares	23,419	35,407
	Dbs Group Hldgs Ltd Sponsd Adr	364 Shares	21,601	32,289
	Deckers Outdoor Corp	38 Shares	10,079	14,595
	Deluxe Corp	35 Shares	1,194	1,672
	Diageo Plc Adr	63 Shares	8,852	12,076
	EmcOr Group Inc	213 Shares	16,281	26,239
	Enn Energy Holdings-Unsp ADR	144 Shares	9,231	10,962
	Epiroc Aktiebolag	898 Shares	10,048	20,476
	Evercore Partners Inc Cl A	25 Shares	2,837	3,519
	Evertec Inc	61 Shares	1,871	2,663
	Fanuc Ltd Unspns Adr	464 Shares	8,150	11,202
	Federated Inv Inc Cl B	222 Shares	6,305	7,528
	Financial Institutions Inc	23 Shares	558	690
	First Citizens BCSHS -CL A	20 Shares	11,820	16,655
	First Comwlth Finl Corp Pa	194 Shares	2,244	2,730
	First Financial Corp Indiana	46 Shares	1,871	1,878
	Fnb Corporation	955 Shares	9,088	11,775
	Fomento Economico Mexicano-Adr	223 Shares	14,793	18,846
	Formfactor Inc	81 Shares	2,768	2,953
	FreeportmcMoran Copperand Gold Inc	432 Shares	9,629	16,032
	Fti Consulting Inc	85 Shares	10,440	11,612
	Fuchs Petrolub ADR (Germany)	456 Shares	4,336	5,546
	Fulton Finl Corp Pa	399 Shares	5,691	6,296
	Generac Holdings Inc	4 Shares	586	1,661
	Gpo Aeroportuario Del Pac Sab Spon ADR B	50 Shares	4,657	5,345

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
E.I.N. 34-0726081 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2021**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral and Par or Maturity Value	Cost	Current Value
	Common and Preferred Stock (Continued)			
	Graphic Packaging Corp	379 Shares	\$ 6,503	\$ 6,875
	Grey Television Inc	398 Shares	8,646	9,313
	Grupo Financiero Banorte- Spon ADR	208 Shares	6,322	6,705
	Hanover Insurance Group Inc	93 Shares	10,458	12,615
	Hdfc Bk Ltd Spons Adr	847 Shares	42,343	61,933
	Helen Of Troy Limited	29 Shares	4,663	6,615
	Hilltop Holdings Inc	213 Shares	7,806	7,753
	Hub Group Inc	40 Shares	2,243	2,639
	Icici Bk Ltd Spons Adr	1,056 Shares	10,021	18,058
	Indust & Comm Bank China Un spons Adr	1,350 Shares	18,919	15,854
	Industrial Logistics Pptys Tr	89 Shares	1,839	2,326
	Infineon Technologies Ag Adr	1,139 Shares	25,915	45,682
	Infosys Technologies Sponsd Adr	794 Shares	9,271	16,825
	Insight Enterprises Inc	28 Shares	1,826	2,800
	Integra Lifesciences Corp Com	47 Shares	2,589	3,207
	Interger Holdings Corp	104 Shares	8,329	9,797
	Itau Unibanco Holding Spons Adr	3,813 Shares	17,127	22,916
	J2 Global Inc	187 Shares	17,127	25,722
	Jabil Circuit Inc	556 Shares	21,176	32,315
	JD Con Inc Spon ADR CI A	126 Shares	10,760	10,056
	Jefferies Finl Group Inc	302 Shares	8,954	10,328
	Johnson Outdoors Inc - A	9 Shares	871	1,089
	K. Force Inc	21 Shares	724	1,322
	Kb Home	167 Shares	6,887	6,800
	Kemper Corporation	228 Shares	15,820	16,849
	Komatsu Ltd	579 Shares	11,538	14,401
	Kubota Ltd Spons Adr	175 Shares	12,059	17,714
	L Air Liquide Adr	356 Shares	9,342	12,468
	L'oreal Co Adr	423 Shares	24,180	37,703
	Lakeland Bancorp Inc	52 Shares	697	909
	Lakeland Financial Corp	16 Shares	692	986
	Landstar Sys Inc	78 Shares	9,113	12,326
	Linde Plc	40 Shares	7,925	11,564
	Lojas Renner Sa	1,045 Shares	8,494	9,263
	Lonza Group Ag Un spons Adr	344 Shares	17,284	24,406
	Louisiana Pac Corp	180 Shares	9,265	10,852
	M D U Res Group Inc	411 Shares	12,037	12,881
	Mantech International Corp-A	95 Shares	7,813	8,221
	Marinemax Inc	85 Shares	3,232	4,143
	Masonite int'l Corp	89 Shares	8,092	9,949
	Mastec Inc	159 Shares	9,369	16,870
	Medpace Hldgs Inc	61 Shares	5,952	10,774
	Mercadolibre Inc	13 Shares	10,464	20,251
	Meridian Bioscience Inc	259 Shares	4,767	5,745

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
E.I.N. 34-0726081 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2021**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral and Par or Maturity Value	Cost	Current Value
	Common and Preferred Stock (Continued)			
	Meritage Homes Corporation	101 Shares	\$ 9,881	\$ 9,502
	Mondi Plc ADR	173 Shares	7,492	9,086
	Murphy USA Inc	67 Shares	8,702	8,936
	Naspers Ltd	278 Shares	12,541	11,675
	Nestle Sa Spons Adr For Reg	200 Shares	22,101	24,930
	Netease Com Inc Spons Adr	201 Shares	11,077	23,165
	Netgear Inc	132 Shares	4,776	5,058
	New Oriental Education-Spons Adr	600 Shares	6,357	4,914
	Nextstar Broadcasting Group - A	71 Shares	10,442	10,499
	Nitori Holdings Co Ltd	569 Shares	9,542	10,079
	Novozymes A/S - Unspns ADR	167 Shares	7,902	12,589
	Office Pptys Income Tr	72 Shares	1,750	2,110
	One Gas Inc	46 Shares	3,512	3,410
	Otter Tail Corporation	54 Shares	2,387	2,636
	Perdoceo Ed Corp	330 Shares	5,000	4,049
	Perusahaan Perseroan Persero Adr	718 Shares	17,797	15,559
	Picc Ppty & Cas Co Ltd	289 Shares	8,262	6,326
	Piedmont Office A Reit	337 Shares	5,526	6,224
	Ping An Ins Group Co. China Ltd	1,213 Shares	25,762	23,758
	PJSC Lukoil ADR	374 Shares	24,432	34,593
	Portland General Electric Co	139 Shares	6,562	6,405
	PRA Health Sciences Inc	69 Shares	7,238	11,399
	Primerica Inc	70 Shares	8,962	10,720
	Primoris Services Corp	248 Shares	5,627	7,299
	Progress Software Corp	170 Shares	6,229	7,863
	Prosus N V	275 Shares	3,983	5,379
	Pt Bank Mandiri Unspns Adr	922 Shares	8,584	7,503
	Qurate Retail Inc	50 Shares	237	655
	Regal Beloit Corp	61 Shares	7,317	8,144
	Rent A Ctr Inc New	300 Shares	9,713	15,921
	Rio Tinto Plc Sponsd Adr	310 Shares	15,395	26,006
	RMR Group Inc	18 Shares	712	696
	Roche Hldg Spons Adr	668 Shares	26,420	31,486
	Royal Dutch-ADR B	358 Shares	10,933	13,901
	Sanmina Corp	307 Shares	9,344	11,961
	Sap Aktiengesellschaft Spns Adr	219 Shares	26,580	30,761
	Sberbank-Sponsor ADR	717 Shares	9,049	12,001
	Schneider Elect SA-Unsp ADR France	964 Shares	18,367	30,336
	Science Applications International	80 Shares	6,951	7,018
	Select Medical Holdings Corporation	333 Shares	8,297	14,073
	Sgs Soc Gen Surveillance Adr	363 Shares	8,475	11,208
	Shenzhou Intl Group Hldgs Ltd	664 Shares	8,542	16,767
	Shionogi & Co Ltd	961 Shares	12,801	12,535
	Signet Jewelers Ltd	64 Shares	4,861	5,171

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
E.I.N. 34-0726081 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2021**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral and Par or Maturity Value	Cost	Current Value
	Common and Preferred Stock (Continued)			
	Simply Good Foods Co	78 Shares	\$ 1,733	\$ 2,848
	Sk Telecom Ltd	166 Shares	5,447	5,214
	Sleep Number Corp	93 Shares	6,101	10,225
	Sonova Holding-Unspon ADR	298 Shares	12,233	22,438
	Southwest Gas Corp	88 Shares	5,971	5,825
	Stepan Co	13 Shares	1,527	1,564
	Stewart Information Svcs Corp	91 Shares	4,336	5,159
	Stifel Finl Corp	64 Shares	3,894	4,151
	Stride Inc	55 Shares	1,023	1,767
	Supermus Pharmaceuticals Inc	82 Shares	2,304	2,525
	Symrise Ag-Unspon ADR	564 Shares	15,248	19,647
	Syneos Health Inc	22 Shares	1,237	1,969
	Synnex Corp	67 Shares	4,915	8,158
	Sysmex Corp ADR Japan	314 Shares	11,815	18,672
	Taiwan Semiconductor Spons ADR	894 Shares	56,395	107,423
	Techtronic Industries Company LTD	175 Shares	8,416	15,278
	Telefonica Brasil Sa	448 Shares	5,909	3,808
	Tencent Hldgs Ltd Unspons ADR	1,069 Shares	61,015	80,390
	Tencent Music Entmt Group	175 Shares	3,591	2,709
	Topbuild Corp	15 Shares	1,767	2,967
	Towne Bank	32 Shares	662	973
	Tristate Cap Hldgs Inc	93 Shares	1,233	1,896
	Ttec Hldgs Inc	53 Shares	5,353	5,464
	Unicharm Corp - Spn ADR	2,641 Shares	20,529	21,273
	Unilever Plc	523 Shares	28,529	30,596
	United Therapeutics Corp Del	97 Shares	16,676	17,403
	Valvoline INC	127 Shares	2,644	4,122
	Washington Federal Inc	259 Shares	7,683	8,231
	Yandex NV	226 Shares	11,767	15,990
	Yum China Hldgs Inc	204 Shares	10,575	13,515
	Zumiez Inc	84 Shares	3,705	4,111
	Total Common and Preferred Stock		1,883,025	2,488,967
	Real Estate Income Trust			
	Blackstone REIT	32,224 Shares	345,075	519,367
	Total Real Estate Income Trust		345,075	519,367
	Total Investments		<u>\$ 41,343,559</u>	<u>\$ 45,875,806</u>

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
E.I.N. 34-0726081 PLAN NO. 001
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED JUNE 30, 2021**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Leased Rental	Expense Incurred With Transaction	Cost	Current Value	Net Gain (Loss)
<u>Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets</u>								
FDIC Bank Deposit Fund	FDIC Bank Deposit Fund	\$ 2,234,844	\$ -	\$ -	\$ -	\$ 2,234,844	\$ 2,234,844	\$ -
FDIC Bank Deposit Fund	FDIC Bank Deposit Fund	-	2,249,553	-	-	2,249,553	2,249,553	-

There were no category (i, ii or iv) reportable transactions for the year ended June 30, 2021

Schedule SB, Line 26 - Schedule of Active Participant Data

July 1, 2020 Valuation
Ashtabula County Medical Center Retirement Plan
(EIN: 34-0726081; PN: 001)

Attained Age	Years of Credited Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-
35 to 39	2 (*)	8 (*)	1 (*)	-	-	-	-	-	-	-
40 to 44	1 (*)	7 (*)	11 (*)	-	-	-	-	-	-	-
45 to 49	2 (*)	13 (*)	15 (*)	7 (*)	-	-	-	-	-	-
50 to 54	1 (*)	15 (*)	18 (*)	12 (*)	5 (*)	-	-	-	-	-
55 to 59	-	9 (*)	30 (*)	13 (*)	13 (*)	2 (*)	-	-	-	-
60 to 64	-	10 (*)	13 (*)	12 (*)	13 (*)	11 (*)	4 (*)	1 (*)	-	-
65 to 69	-	1 (*)	3 (*)	3 (*)	2 (*)	4 (*)	2 (*)	1 (*)	1 (*)	-
70 & up	-	1 (*)	-	-	-	-	-	1 (*)	1 (*)	-

* Average frozen benefits are not shown since there are fewer than 1,000 active participants in this plan

Appendix B

Statement of Actuarial Assumptions and Methods

Minimum Funding Annual Interest Rates	<p>24-month segment rates averaged through the end of February 2020 and published in March 2020 (as prescribed by IRC 430) and adjusted to reflect BBA:</p> <ul style="list-style-type: none">• Segment 1 (0 – 5 years) 3.64%• Segment 2 (5 to 20 years) 5.21%• Segment 3 (more than 20 years) 5.94%• Effective Interest Rate 5.33%
Maximum Deductible Annual Interest Rates	<p>24-month segment rates averaged through the end of February 2020 and published in March 2020 (as prescribed by IRC 430) as follows:</p> <ul style="list-style-type: none">• Segment 1 (0 – 5 years) 2.71%• Segment 2 (5 to 20 years) 3.75%• Segment 3 (more than 20 years) 4.21%• Effective Interest Rate 3.86%
PBGC Annual Interest Rates	<p>Spot segment rates for the end of February 2020 and published in March 2020 using the Alternative Method (as prescribed by IRC 430) as follows:</p> <ul style="list-style-type: none">• Segment 1 (0 – 5 years) 2.71%• Segment 2 (5 to 20 years) 3.75%• Segment 3 (more than 20 years) 4.21%• Effective Interest Rate 3.86%
Salary Scale	Not applicable.
Mortality	<p>Funding: Mortality as provided in Notice 2018-2, male and female, with separate rates for annuitants and nonannuitants (as prescribed by IRC 430).</p> <p>Disabled: SOA Pri-2012 Disabled Mortality projected with Scale MP-2020.</p>

Appendix B (Continued)

Rates of Retirement

Actives are assumed to retire based on age as follows:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
55	5%	65-69	90%
56-61	2	70+	100
62-64	25		

Terminated Vested participants are assumed to retire at age 62.

Weighted Average Retirement Age for actives is 63. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Rates of Turnover

SOA 2003 Small Plan Termination Table. Sample rates and ages as follows:

<u>Age</u>	<u>Rate</u>
35	12.1%
40	9.4
45	7.3
50	5.6
55	4.2

Rates of Disability

1985 Pension Disability Class 1 Male and Female. Sample rates and ages as follows:

<u>Age</u>	<u>Male</u>	<u>Female</u>
35	0.069%	0.136%
40	0.117	0.211
45	0.202	0.323
50	0.358	0.533
55	0.722	0.952

Assumptions Made In Valuing Spouse's Benefit

75% of male and 60% of female employees included in the valuation are assumed to be married. This percentage is used as the probability that survivor benefits will be payable due to preretirement deaths. The wife is assumed to be three years younger than the husband.

Optional Form Selection

50% of employees are assumed to elect the life annuity form of benefit and 50% of employees are assumed to elect the lump sum.

Appendix B (Continued)

Provision for Expenses	The expected non-investment related expenses expected to be paid from plan assets for the upcoming year were included in the Target Normal Cost for Minimum Required Contribution purposes.
Standing Elections	The client has not signed an election that provides for the automatic use of the Carryover Balance and/or Prefunding Balance if necessary to meet the minimum funding requirement.
Asset Method	Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date.
Funding Method	Pure Unit Credit
Employees Valued	Only participants as of the valuation date were valued.
Changes in Assumptions and Methods since the Last Actuarial Valuation	<p>The interest rates used for determining the funding target were 3.74%, 5.35% and 6.11%. These rates were updated to the rates required for the current plan year.</p> <p>The mortality table for the funding target was changed as required under PPA '06.</p>
Justification for Changes in Actuarial Assumptions	The only assumption changes were to prescribed actuarial assumptions or as a result of At-Risk status. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any "Change in Actuarial Assumptions."

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
E.I.N. 34-0726081 PLAN NO. 001
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED JUNE 30, 2021**

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Leased Rental	(f) Expense Incurred With Transaction	(g) Cost	(h) Current Value	(i) Net Gain (Loss)
<u>Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets</u>								
FDIC Bank Deposit Fund	FDIC Bank Deposit Fund	\$ 2,234,844	\$ -	\$ -	-	\$ 2,234,844	\$ 2,234,844	\$ -
FDIC Bank Deposit Fund	FDIC Bank Deposit Fund	-	2,249,553	-	-	2,249,553	2,249,553	-

There were no category (i, ii or iv) reportable transactions for the year ended June 30, 2021

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Ashtabula County Medical Center Retirement Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Ashtabula County Medical Center	D Employer Identification Number (EIN) 34-0726081
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month 07 Day 01 Year 2020	
2 Assets:	
a Market value.....	2a 46,396,332
b Actuarial value.....	2b 46,396,332
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants 387 (2) Vested Funding Target 21,828,817 (3) Total Funding Target 21,828,817
b For terminated vested participants	157 4,225,634 4,225,634
c For active participants.....	269 10,047,135 10,202,293
d Total.....	813 36,101,586 36,256,744
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate.....	5 5.33%
6 Target normal cost.....	6 267,979

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<i>LES</i> Lawrence E. Scherer	4/6/2022
	Signature of actuary	Date
Lawrence E. Scherer		2006389
	Type or print name of actuary	Most recent enrollment number
USI Consulting Group		216-343-0223
	Firm name	Telephone number (including area code)
1660 WEST 2ND STREET, SUITE 900		
CLEVELAND OH 44113		
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2020
v. 200204

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1,934,389	6,982,250
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	1,934,389	6,982,250
10	Interest on line 9 using prior year's actual return of <u>8.07%</u>	156,105	563,468
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.49%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	2,090,494	7,545,718

Part III	Funding Percentages
----------	---------------------

14	Funding target attainment percentage.....	14	101.38%
15	Adjusted funding target attainment percentage.....	15	127.96%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	106.08%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and Liquidity Shortfalls
----------------	---

18 Contributions made to the plan for the plan year by employer(s) and employee(s):

Contributions made to the plan relate primarily to employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ►	18(b)	0 18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..... ☐ Yes ☐ No

C If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 3.64 %	2nd segment: 5.21 %	3rd segment: 5.94 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	267,979	
b Excess assets, if applicable, but not greater than line 31a	31b	267,979	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Schedule SB, line 22 – Description of Weighted Average Retirement Age
Ashtabula County Medical Center Retirement Plan
July 1, 2020 Valuation
EIN/PN: 34-0726081 / 001

The retirement age assumption varies by age. The average retirement age was determined as illustrated below, as a weighted average of the age at retirement, with weights equal to the number of a hypothetical 1,000 employee group assumed to retire at such age, according to the retirement assumption.

Retirement Age	# Employees Not Yet Retired	% Assumed to Retire	Number Retiring	Product of Age and # Retiring
55	1,000.00	5.00%	50.00	2,750
56	950.00	2.00	19.00	1,064
57	931.00	2.00	18.62	1,061
58	912.38	2.00	18.25	1,059
59	894.13	2.00	17.88	1,055
60	876.25	2.00	17.53	1,052
61	858.72	2.00	17.17	1,047
62	841.55	25.00	210.39	13,044
63	631.16	25.00	157.79	9,941
64	473.37	25.00	118.34	7,574
65	355.03	90.00	319.53	20,769
66	35.50	90.00	31.95	2,109
67	3.55	90.00	3.20	214
68	0.35	90.00	0.32	22
69	0.03	90.00	0.03	2
70	0.00	100.00	0.00	0
Sum of (Retirement Age * Number Retiring)				62,763
Divided by hypothetical group size				1,000
Equals Weighted Average Retirement Age for Salaried Employees				63

Summary of Principal Plan Provisions

Plan Sponsor	Ashtabula County Medical Center
EIN/PN	34-0726081/001
Effective Date	July 1, 1969; restated effective July 1, 2015.
Plan Year	The 12-month period beginning each July 1.
Participation	All bargained ACMC employees hired prior to December 31, 2007 and all non-bargained ACMC employees hired prior to December 31, 2006 became participants on the first of the month coinciding with or next following attainment of age 21 and the completion of one year of credited service.
Compensation	Gross taxable income received from the employer and reported on the participant's W-2.
Social Security Covered Compensation	<p>Average of the Taxable Wage Bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the participant attains (or will attain) Social Security Retirement Age.</p> <p>Social Security Covered Compensation was frozen effective December 31, 2006 for non-bargained employees and December 31, 2008 for bargained employees.</p>
Average Monthly Compensation	The average of the highest three consecutive calendar years of plan-eligible compensation (annualized if a participant's compensated hours in any calendar year are less than 1,800) during the ten-year period ending on the earlier of (1) the participant's termination date or retirement date, or (2) the date benefit service was frozen.
Vesting Service	One year is credited for each calendar year in which a participant's actual hours (compensated plus non-compensated) are at least 1,000.
Benefit Service	Determined according to the following schedule based on compensated hours of service in a calendar year:

<u>Compensated</u> <u>Hours</u>	<u>Months of</u> <u>Service</u>	<u>Compensated</u> <u>Hours</u>	<u>Months of</u> <u>Service</u>
1,800+	12	750-999	5
1,640-1,799	10	600-749	4
1,480-1,639	9	450-599	3
1,320-1,479	8	300-449	2
1,160-1,319	7	150-299	1
1,000-1,159	6	0-149	0

Benefit service was frozen effective December 31, 2006 for non-bargained employees and effective December 31, 2008 for bargained employees.

Summary of Principal Plan Provisions (Continued)

Normal Retirement Date (NRD) The first of the month coincident with or next following attainment of age 65 and 5 years of service.

Normal Retirement Benefit The greater of (i), (ii), or (iii):

- (i) Non-bargained participants: 1.30% of average monthly compensation plus 0.50% of average monthly compensation in excess of Social Security covered compensation for each year of benefit service up to a maximum of 25 years.

Bargained participants: 1.30% of average monthly compensation plus 0.65% of average monthly compensation in excess of Social Security covered compensation for each year of benefit service up to a maximum of 25 years.
- (ii) \$15.00 per month for each year of benefit service up to a maximum of 25 years.
- (iii) The accrued benefit under the plan provisions in effect as of June 30, 1989.

In determining the normal retirement benefit, benefit service is computed as the sum of:

- (i) Benefit service at the determination date, and
- (ii) The ratio of (a) elapsed time from date of plan entry to the determination date, multiplied by (b) the number of years from the date of determination to NRD.

Accrued Benefit The normal retirement benefit multiplied by the credited service ratio. The numerator of the credited service ratio equals credited service at the date of determination and the denominator equals credited service at the determination date plus the number of years from the date of determination to NRD.

Normal Retirement Benefit Eligibility:

Age 65, or fifth anniversary if later.

Monthly Benefit:

The Normal Retirement Benefit determined as of NRD.

Summary of Principal Plan Provisions (Continued)

Early Retirement Benefit Eligibility:

Age 55 and 5 years of service.

Monthly Benefit:

The Accrued Benefit at early retirement reduced actuarially for commencement prior to age 62 in accordance with the following:

<u>Age</u>	<u>Early Retirement Factor</u>
62	1.000
61	0.800
60	0.718
59	0.646
58	0.582
57	0.526
56	0.475
55	0.430

Late Retirement Benefit Eligibility:

Retirement after NRD.

Monthly Benefit:

The Accrued Benefit at late retirement.

Disability Benefit Eligibility:

Upon total and permanent disability and completion of at least 10 years of service.

Monthly Benefit:

The Accrued Benefit determined as of the date of disablement, payable on the first of the month following five months of disability and without reduction for early commencement.

Termination Benefit Eligibility:

Upon termination of employment prior to retirement after completion of at least 5 years of service.

Monthly Benefit:

The Accrued Benefit at termination, commencing in full at age 65, or in a reduced amount under the early retirement provisions.

Summary of Principal Plan Provisions (Continued)

Death Benefit

Eligibility:

100% vested and married for at least one year.

Monthly Benefit:

A monthly benefit for life commencing at the time the participant would have been eligible for retirement. The benefit is equal to 50% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 50% Joint and Survivor Annuity form of payment.

Optional Forms of Payments

Life Annuity
Joint and 50%, 66 2/3%, 75%, or 100% Survivor Annuity
5 or 10 Year Certain and Continuous Annuity
Lump Sum

The conversion factors for the annuity optional forms are based on the 1951 Group Annuity Mortality Table for Males, projected to 1975 by Projection Scale C, with an age setback of 2 years for males and females, and an interest rate of 8.00%.

Lump sum factors are calculated using the preceding May PPA lump sum segment rates, the mortality table per Rev. Rul. 2007-67, and on a normal retirement (deferred to age 65) basis.

Maximum Benefit Limit

The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.

Plan Compensation Limit

The Section 401(a)(17) Maximum Compensation that can be recognized for benefit calculation purposes.

Changes in Plan Provisions

The automatic changes, if any, in the plan compensation limit and maximum benefit limit were recognized as amendments for funding purposes.

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
E.I.N. 34-0726081 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2021**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral and Par or Maturity Value	Cost	Current Value
	Mutual Funds			
	FDIC Bank Deposit Fund	1,579 Shares	\$ 1,579	\$ 1,579
*	Morgan Stanley Bank Deposit	390,364 Shares	390,364	390,364
	Pimco Fds	675,148 Shares	8,164,830	8,749,914
	Pioneer Strategic Income Fd	626,468 Shares	6,575,994	7,154,261
	Total Mutual Funds		15,132,767	16,296,118
	Exchange Traded Funds			
	Ishares US Credit Bond ETF	142,355 Shares	8,011,680	8,625,290
	Ishares Barclays Intermediate Gov	44,726 Shares	5,015,274	5,171,220
	Ishares Barclays Aggregate Bond Fund ETF	27,742 Shares	3,034,780	3,199,485
	Vanguard Long-Term Corp Bond	68,889 Shares	6,351,274	7,366,990
	Vanguard US Total Stock Market Index ETF	9,911 Shares	1,569,684	2,208,369
	Total Exchange Traded Funds		23,982,692	26,571,354
	Common and Preferred Stock			
	21vianet Group Inc	396 Shares	9,549	9,088
	Acuity Brands (Holding Co) Inc	20 Shares	3,684	3,741
	Adtalem Global Ed Inc	158 Shares	5,812	5,631
	Adyen N V	1,009 Shares	26,231	49,311
	AIA Group Ltd-Sp ADR	813 Shares	29,919	40,410
	Alcon Inc	222 Shares	14,151	15,598
	Alfa Laval AB-Unspon ADR	471 Shares	9,246	16,649
	Alibaba Group Holding ADR	204 Shares	44,019	46,263
	Allianz Se	1,359 Shares	24,744	33,893
	Ambev SA ADR Brazil	4,501 Shares	9,824	15,483
	Amedisys Inc	33 Shares	6,737	8,083
	Amkor Technologies Inc	752 Shares	9,685	17,800
	Amphastar Pharmaceuticals Inc	66 Shares	1,400	1,331
	Anglo American Plc Spoon Adr	257 Shares	5,533	5,099
	Apple Hospitality Reit Inc	396 Shares	4,497	6,043
	Applied Indi Technologies Inc	70 Shares	4,346	6,374
	Atkore International Group Inc	54 Shares	3,848	3,834
	Atlas Copco Ab Spons Adr	669 Shares	25,387	40,990
	Avient Corporation	65 Shares	1,688	3,195
	Avnet Inc	112 Shares	4,668	4,489
	Azul S A	224 Shares	4,731	5,914
	Banco Bilbao Vizcaya Argentaria S A	2,468 Shares	7,145	15,326
	Banco Do Brasil Spons Adr	1,304 Shares	11,188	8,347
	Bancorpsouth Bk Tupelo Miss	290 Shares	7,891	8,216
	Bank of Hawaii Corp	117 Shares	7,504	9,854
	Bhp Billiton Ltd Adr	460 Shares	34,769	33,502
	Bilibili Inc	136 Shares	4,866	16,570
	Block H&R Inc	549 Shares	10,371	12,891
	Bruker Corp	285 Shares	12,946	21,654

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
E.I.N. 34-0726081 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2021**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral and Par or Maturity Value	Cost	Current Value
	Common and Preferred Stock (Continued)			
	Budweiser Brewing Co Apac Ltd	580 Shares	\$ 7,830	\$ 7,319
	Builders Firstsource Inc	312 Shares	7,289	13,310
	C S G Systems International Inc	176 Shares	7,362	8,304
	Canadian National Railway Co	107 Shares	9,184	11,291
	Cemex South America-Sponsored Adr	645 Shares	5,452	5,418
	Check Point Software Tech Lt Ord	213 Shares	23,486	24,736
	Chemed Corp	4 Shares	1,635	1,898
	China Gas Hldgs Ltd	105 Shares	10,975	8,011
	China Natl Bldg Matl Co Ltd	181 Shares	9,029	10,628
	Chugai Pharmaceuticals Co Ltd	938 Shares	19,028	18,601
	City Office Reit Inc	331 Shares	2,663	4,114
	Clean Hbrs Inc	12 Shares	858	1,118
	Columbia Pty Tr Inc	110 Shares	1,898	1,913
	Comfort Systems Usa Inc	76 Shares	3,905	5,988
	Commercial Metals Co	396 Shares	8,179	12,165
	Concentrix Corp	91 Shares	7,605	14,633
	Costamere Inc	95 Shares	633	1,122
	Cra International Inc	12 Shares	634	1,027
	Cspc Pharmaceutical Group Ltd	2,195 Shares	10,545	12,708
	Dassault Sys S A Spons Adr	146 Shares	23,419	35,407
	Dbs Group Hldgs Ltd Sponsd Adr	364 Shares	21,601	32,289
	Deckers Outdoor Corp	38 Shares	10,079	14,595
	Deluxe Corp	35 Shares	1,194	1,672
	Diageo Plc Adr	63 Shares	8,852	12,076
	EmcOr Group Inc	213 Shares	16,281	26,239
	Enn Energy Holdings-Unsp ADR	144 Shares	9,231	10,962
	Epiroc Aktiebolag	898 Shares	10,048	20,476
	Evercore Partners Inc Cl A	25 Shares	2,837	3,519
	Evertec Inc	61 Shares	1,871	2,663
	Fanuc Ltd Unspns Adr	464 Shares	8,150	11,202
	Federated Inv Inc Cl B	222 Shares	6,305	7,528
	Financial Institutions Inc	23 Shares	558	690
	First Citizens BCSHS -CL A	20 Shares	11,820	16,655
	First Comwlth Finl Corp Pa	194 Shares	2,244	2,730
	First Financial Corp Indiana	46 Shares	1,871	1,878
	Fnb Corporation	955 Shares	9,088	11,775
	Fomento Economico Mexicano-Adr	223 Shares	14,793	18,846
	Formfactor Inc	81 Shares	2,768	2,953
	FreeportmMcMoran Copperand Gold Inc	432 Shares	9,629	16,032
	Fti Consulting Inc	85 Shares	10,440	11,612
	Fuchs Petrolub ADR (Germany)	456 Shares	4,336	5,546
	Fulton Finl Corp Pa	399 Shares	5,691	6,296
	Generac Holdings Inc	4 Shares	586	1,661
	Gpo Aeropuerto Del Pac Sab Spon ADR B	50 Shares	4,657	5,345

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
E.I.N. 34-0726081 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2021**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral and Par or Maturity Value	Cost	Current Value
	Common and Preferred Stock (Continued)			
	Graphic Packaging Corp	379 Shares	\$ 6,503	\$ 6,875
	Grey Television Inc	398 Shares	8,646	9,313
	Grupo Financiero Banorte- Spon ADR	208 Shares	6,322	6,705
	Hanover Insurance Group Inc	93 Shares	10,458	12,615
	Hdfc Bk Ltd Spons Adr	847 Shares	42,343	61,933
	Helen Of Troy Limited	29 Shares	4,663	6,615
	Hilltop Holdings Inc	213 Shares	7,806	7,753
	Hub Group Inc	40 Shares	2,243	2,639
	Icici Bk Ltd Spons Adr	1,056 Shares	10,021	18,058
	Indust & Comm Bank China Un spons Adr	1,350 Shares	18,919	15,854
	Industrial Logistics Pty's Tr	89 Shares	1,839	2,326
	Infineon Technologies Ag Adr	1,139 Shares	25,915	45,682
	Infosys Technologies Sponsd Adr	794 Shares	9,271	16,825
	Insight Enterprises Inc	28 Shares	1,826	2,800
	Integra Lifesciences Corp Com	47 Shares	2,589	3,207
	Interger Holdings Corp	104 Shares	8,329	9,797
	Itau Unibanco Holding Spons Adr	3,813 Shares	17,127	22,916
	J2 Global Inc	187 Shares	17,127	25,722
	Jabil Circuit Inc	556 Shares	21,176	32,315
	JD Con Inc Spon ADR CI A	126 Shares	10,760	10,056
	Jefferies Finl Group Inc	302 Shares	8,954	10,328
	Johnson Outdoors Inc - A	9 Shares	871	1,089
	K. Force Inc	21 Shares	724	1,322
	Kb Home	167 Shares	6,887	6,800
	Kemper Corporation	228 Shares	15,820	16,849
	Komatsu Ltd	579 Shares	11,538	14,401
	Kubota Ltd Spons Adr	175 Shares	12,059	17,714
	L Air Liquide Adr	356 Shares	9,342	12,468
	L'oreal Co Adr	423 Shares	24,180	37,703
	Lakeland Bancorp Inc	52 Shares	697	909
	Lakeland Financial Corp	16 Shares	692	986
	Landstar Sys Inc	78 Shares	9,113	12,326
	Linde Plc	40 Shares	7,925	11,564
	Lojas Renner Sa	1,045 Shares	8,494	9,263
	Lonza Group Ag Un spons Adr	344 Shares	17,284	24,406
	Louisiana Pac Corp	180 Shares	9,265	10,852
	M D U Res Group Inc	411 Shares	12,037	12,881
	Mantech International Corp-A	95 Shares	7,813	8,221
	Marinemax Inc	85 Shares	3,232	4,143
	Masonite int'l Corp	89 Shares	8,092	9,949
	Mastec Inc	159 Shares	9,369	16,870
	Medpace Hldgs Inc	61 Shares	5,952	10,774
	Mercadolibre Inc	13 Shares	10,464	20,251
	Meridian Bioscience Inc	259 Shares	4,767	5,745

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
E.I.N. 34-0726081 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2021**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral and Par or Maturity Value	Cost	Current Value
	Common and Preferred Stock (Continued)			
	Meritage Homes Corporation	101 Shares	\$ 9,881	\$ 9,502
	Mondi Plc ADR	173 Shares	7,492	9,086
	Murphy USA Inc	67 Shares	8,702	8,936
	Naspers Ltd	278 Shares	12,541	11,675
	Nestle Sa Spons Adr For Reg	200 Shares	22,101	24,930
	Netease Com Inc Spons Adr	201 Shares	11,077	23,165
	Netgear Inc	132 Shares	4,776	5,058
	New Oriental Education-Spons Adr	600 Shares	6,357	4,914
	Nextstar Broadcasting Group - A	71 Shares	10,442	10,499
	Nitori Holdings Co Ltd	569 Shares	9,542	10,079
	Novozymes A/S - Unspns ADR	167 Shares	7,902	12,589
	Office Pptys Income Tr	72 Shares	1,750	2,110
	One Gas Inc	46 Shares	3,512	3,410
	Otter Tail Corporation	54 Shares	2,387	2,636
	Perdoceo Ed Corp	330 Shares	5,000	4,049
	Perusahaan Perseroan Persero Adr	718 Shares	17,797	15,559
	Picc Ppty & Cas Co Ltd	289 Shares	8,262	6,326
	Piedmont Office A Reit	337 Shares	5,526	6,224
	Ping An Ins Group Co. China Ltd	1,213 Shares	25,762	23,758
	PJSC Lukoil ADR	374 Shares	24,432	34,593
	Portland General Electric Co	139 Shares	6,562	6,405
	PRA Health Sciences Inc	69 Shares	7,238	11,399
	Primerica Inc	70 Shares	8,962	10,720
	Primoris Services Corp	248 Shares	5,627	7,299
	Progress Software Corp	170 Shares	6,229	7,863
	Prosus N V	275 Shares	3,983	5,379
	Pt Bank Mandiri Unspns Adr	922 Shares	8,584	7,503
	Qurate Retail Inc	50 Shares	237	655
	Regal Beloit Corp	61 Shares	7,317	8,144
	Rent A Ctr Inc New	300 Shares	9,713	15,921
	Rio Tinto Plc Sponsd Adr	310 Shares	15,395	26,006
	RMR Group Inc	18 Shares	712	696
	Roche Hldg Spons Adr	668 Shares	26,420	31,486
	Royal Dutch-ADR B	358 Shares	10,933	13,901
	Sanmina Corp	307 Shares	9,344	11,961
	Sap Aktiengesellschaft Spns Adr	219 Shares	26,580	30,761
	Sberbank-Sponsor ADR	717 Shares	9,049	12,001
	Schneider Elect SA-Unsp ADR France	964 Shares	18,367	30,336
	Science Applications International	80 Shares	6,951	7,018
	Select Medical Holdings Corporation	333 Shares	8,297	14,073
	Sgs Soc Gen Surveillance Adr	363 Shares	8,475	11,208
	Shenzhou Intl Group Hldgs Ltd	664 Shares	8,542	16,767
	Shionogi & Co Ltd	961 Shares	12,801	12,535
	Signet Jewelers Ltd	64 Shares	4,861	5,171

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN
E.I.N. 34-0726081 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2021**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral and Par or Maturity Value	Cost	Current Value
	Common and Preferred Stock (Continued)			
	Simply Good Foods Co	78 Shares	\$ 1,733	\$ 2,848
	Sk Telecom Ltd	166 Shares	5,447	5,214
	Sleep Number Corp	93 Shares	6,101	10,225
	Sonova Holding-Unspon ADR	298 Shares	12,233	22,438
	Southwest Gas Corp	88 Shares	5,971	5,825
	Stepan Co	13 Shares	1,527	1,564
	Stewart Information Svcs Corp	91 Shares	4,336	5,159
	Stifel Finl Corp	64 Shares	3,894	4,151
	Stride Inc	55 Shares	1,023	1,767
	Supermus Pharmaceuticals Inc	82 Shares	2,304	2,525
	Symrise Ag-Unspon Adr	564 Shares	15,248	19,647
	Syneos Health Inc	22 Shares	1,237	1,969
	Synnex Corp	67 Shares	4,915	8,158
	Sysmex Corp ADR Japan	314 Shares	11,815	18,672
	Taiwan Semiconductor Spons Adr	894 Shares	56,395	107,423
	Techtronic Industries Company LTD	175 Shares	8,416	15,278
	Telefonica Brasil Sa	448 Shares	5,909	3,808
	Tencent Hldgs Ltd Unspons Adr	1,069 Shares	61,015	80,390
	Tencent Music Entmt Group	175 Shares	3,591	2,709
	Topbuild Corp	15 Shares	1,767	2,967
	Towne Bank	32 Shares	662	973
	Tristate Cap Hldgs Inc	93 Shares	1,233	1,896
	Ttec Hldgs Inc	53 Shares	5,353	5,464
	Unicharm Corp - Spn ADR	2,641 Shares	20,529	21,273
	Unilever Plc	523 Shares	28,529	30,596
	United Therapeutics Corp Del	97 Shares	16,676	17,403
	Valvoline INC	127 Shares	2,644	4,122
	Washington Federal Inc	259 Shares	7,683	8,231
	Yandex NV	226 Shares	11,767	15,990
	Yum China Hldgs Inc	204 Shares	10,575	13,515
	Zumiez Inc	84 Shares	3,705	4,111
	Total Common and Preferred Stock		1,883,025	2,488,967
	Real Estate Income Trust			
	Blackstone REIT	32,224 Shares	345,075	519,367
	Total Real Estate Income Trust		345,075	519,367
	Total Investments		<u>\$ 41,343,559</u>	<u>\$ 45,875,806</u>