

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</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)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>STURDY MEMORIAL 403(B) 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>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1993</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>04-2768252</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>508-236-8850</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>622000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1993</u>		2b Employer Identification Number (EIN) <u>04-2768252</u>		2c Plan Sponsor's telephone number <u>508-236-8850</u>		2d Business code (see instructions) <u>622000</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>										
1c Effective date of plan <u>01/01/1993</u>											
2b Employer Identification Number (EIN) <u>04-2768252</u>											
2c Plan Sponsor's telephone number <u>508-236-8850</u>											
2d Business code (see instructions) <u>622000</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>STURDY MEMORIAL HOSPITAL, INC.</u> <u>P.O. BOX 2963</u> <u>ATTLEBORO, MA 02703</u> <u>211 PARK STREET</u> <u>ATTLEBORO, MA 02703</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.	07/28/2022	AMY SARDNOLA
	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 (2021)
v. 210624

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	2438
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)	2063
a(2) Total number of active participants at the end of the plan year		6a(2)	2010
b Retired or separated participants receiving benefits.....		6b	35
c Other retired or separated participants entitled to future benefits		6c	575
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	2620
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	4
f Total. Add lines 6d and 6e		6f	2624
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	2152
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: 2M 2R 2S 2T			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE 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
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan STURDY MEMORIAL 403(B) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 STURDY MEMORIAL HOSPITAL, INC.	D Employer Identification Number (EIN) 04-2768252	

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
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

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

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

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

FINANCIAL ENGINES

77-0473565

(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	ADVISOR	73278	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65 71	RECORDKEEPER	-74119	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ABF LG CAP VAL INV - DST ASSET MAN 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AF EUROPACIFIC GTH A - AMERICAN FU 95-2566717	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVS GLOBAL A - INVESCO INVESTMENT 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.50%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO HIGH YIELD ADM - DST ASSET M 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EDGEWOOD GROWTH FUND RETAIL CLASS 1 FREEDOM VALLEY DRIVE OAKS, PA 19456	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AB LARGE CAP GROWTH CLASS A 8000 IH 10 WEST SUITE 1400 14TH F SAN ANTONIO, TX 78230	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
IMAN FUND RETAIL SHARES 721 ENTERPRISE DRIVE OAKBROOK, IL 60523	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMANA MUTUAL FUND TRUST INCOME 1300 NORTH STATE STREET BELLINGHAM, WA 98225	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMANA MUTUAL FUND TRUST GROWTH 1300 NORTH STATE STREET BELLINGHAM, WA 98225	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMANA GROWTH FUND INSTITUTIONAL 1300 NORTH STATE STREET BELLINGHAM, WA 98225	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY SMLCAP VAL CLASS 4400 MAIN ST 1ST FLOOR KANSAS CITY, MO 64111	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ABERDEEN GLOBAL HIGHINCOME FUND CL 1735 MARKET STREET 32ND FLOOR PHILADELPHIA, PA 19103	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BERKSHIRE FOCUS FUND 475 MILAN DRIVE SUITE 103 SAN JOSE, CA 95134	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK MID CAP GROWTH EQUITY IN 40 EAST 52ND STREET NEW YORK, NY 10022	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK SYSTEMATICMULTI STRATEGY 40 EAST 52ND STREET NEW YORK, NY 10022	0.15%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CALVERT ULTRA SHORT DURATION INCOM 4550 MONTGOMERY AVENUESUITE 1000 N BETHESDA, MD 20814	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COLUMBIA DIVIDEND INCOME FUND CL I 225 FRANKLIN ST BX25 10320 BOSTON, MA 02110	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DIREXION MONTHLY NASDAQ100BULL2X I 155 SEAPORT BOULEVARD SUITE P8 BOSTON, MA 02210	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN EUROPACIFICGROWTH FUND CL 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ABR DYNAMIC BLEND EQ& VOLATILITY I PO BOX 588 PORTLAND, ME 04112	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDAMENTALINVESTORS CL F 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.15%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN GROWTH FUND OF AMERICA CL 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GUGGENHEIM TOTAL RETURN BOND FD IN 9601 BLACKWELL RD. STE. 500 ROCKVILLE, MD 20850	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JOHN HANCOCK DISCIPLINED VALUE MID 601 CONGRESS ST. 9TH FL. BOSTON, MA 02210	0.15%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN SMALL CAP EQUITY FND CLAS 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN DIVERS MID CAP GROWTH CLA 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS INTERNATIONAL DIVERSIFICATION 111 HUNTINGTON AVE BOSTON, MA 02199-7632	0.15%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS GROWTH FUND CLASS I 111 HUNTINGTON AVE BOSTON, MA 02199-7632	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MATTHEWS CHINA SMALLCOMPANIES INVE 4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO, CA 94111	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STANLEY INSIGHT A 522 FIFTH AVENUE 4TH FLOOR NEW YORK, NY 10036	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STANLEY INTL ADVANTAGE CL I 522 FIFTH AVENUE 4TH FLOOR NEW YORK, NY 10036	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EVENTIDE HEALTHCARE AND LIFE SCIEN 80 ARKAY SUITE 110 HAUPPAUGE, NY 11788	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LOOMIS SAYLES CORE PLUS BOND FUND 399 BOYLSTON STREET 8TH FLOOR BOSTON, MA 02116	0.15%	

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PARNASSUS MID CAP ONE MARKET STREET STEUART TOWER SUI SAN FRANCISCO, CA 94105	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PARNASSUS CORE EQUITY INVESTOR ONE MARKET STREET STEUART TOWER SUI SAN FRANCISCO, CA 94105	0.40%

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PAX SUSTAINABLE ALLOCATION INVESTO 1290 BROADWAY SUITE 1100 DENVER, CO 80203	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PAX WORLD HIGH YELDBOND INV CL 1290 BROADWAY SUITE 1100 DENVER, CO 80203	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO ALL ASSET FUNDCLASS A 1633 BROADWAY NEW YORK, NY 10019	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO INCOME CL I3 1633 BROADWAY NEW YORK, NY 10019	0.15%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE GLOBAL TECHNOLOGY 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PUTNAM LARGE CAP VAL FUND CL Y ONE POST OFFICE SQUARE MAILZONE G3C BOSTON, MA 02109	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE U.S EQUITY RESEARCH F 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE EQUITY INDEX 500 FUND 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
THORNBURG STRATEGIC INCOME FUND CL 2300 NORTH RIDGETOP RD SANTA FE, NM 87506	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
THRIVENT MID CAP STOCK FUND CL S 4321 N. BALLARD ROAD APPLETON, WI 54919-0001	0.15%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VIRTUS KAR MID CAP GROWTH FUND CL 101 MUNSON ST. STE. 3 GREENFIELD, MA 01301	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WASATCH SMALL CAP GROWTH FUND INST 505 WAKARA WAY SUITE 300 SALT LAKE CITY, UT 84108	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	99	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FINANCIAL ENGINES 1050 ENTERPRISE WAY 3RD FL SUNNYVALE, CA 94089	ANNUAL FEE BASED ON THE ASSETS IN FINANCIAL ENGINES MANAGED ACCOUNT PROGRAM (AUM) NOT TO EXCEED AMOUNTS CALCULATED AS FOLLOWS: (I) .13% FIRST \$500 MILLION (UP TO \$650000), (II) .065% NEXT \$500 MILLION (OR UP TO \$325000)	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan STURDY MEMORIAL 403(B) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 STURDY MEMORIAL HOSPITAL, INC.	D Employer Identification Number (EIN) 04-2768252	

Part I	Asset and Liability Statement
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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	3205	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	10936822	16536547
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	2140090	1909329
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	158059167	184485464
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1) 0	0
(2)	Employer real property.....	1d(2) 0	0
e	Buildings and other property used in plan operation	1e 0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f 171139284	202931340
Liabilities			
g	Benefit claims payable	1g 0	0
h	Operating payables	1h 0	0
i	Acquisition indebtedness.....	1i 0	0
j	Other liabilities.....	1j 0	0
k	Total liabilities (add all amounts in lines 1g through 1j)	1k 0	0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l 171139284	202931340

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) 1052889	
	(B) Participants	2a(1)(B) 8986420	
	(C) Others (including rollovers).....	2a(1)(C) 6339059	
(2)	Noncash contributions.....	2a(2) 0	16378368
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	
b	Earnings on investments:		
(1)	Interest:		108080
(A)	Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A) 1207	
(B)	U.S. Government securities	2b(1)(B) 0	
(C)	Corporate debt instruments	2b(1)(C) 0	
(D)	Loans (other than to participants)	2b(1)(D) 0	
(E)	Participant loans.....	2b(1)(E) 106873	
(F)	Other	2b(1)(F) 0	
(G)	Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	
(2)	Dividends: (A) Preferred stock.....	2b(2)(A) 0	9848805
	(B) Common stock	2b(2)(B) 0	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C) 9848805	
(D)	Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	
(3)	Rents	2b(3)	0
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A) 0	0
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B) 0	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A) 0	0
	(B) Other	2b(5)(B) 0	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		17054804
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		43390057
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	11525558	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		11525558
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		-13495
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	85938	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		85938
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		11598001
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		31792056
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CARON & BLETZER, PLLC

(2) EIN: 04-3499945

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?		X	
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?		X	
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.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	
4n		X	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
---	--	---

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

A Name of plan STURDY MEMORIAL 403(B) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 STURDY MEMORIAL HOSPITAL, INC.	D Employer Identification Number (EIN) 04-2768252

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
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3

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

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

Part III	Amendments
----------	------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes ☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

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

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

**STURDY MEMORIAL HOSPITAL
RETIREMENT PLAN**

FINANCIAL STATEMENTS

December 31, 2021 and 2020 and
For the Years Then Ended



CARON & BLETZER, PLLC

Certified Public Accountants and Business Consultants

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
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Certain schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.



Independent Auditor's Report

To the Plan Administrator of the Sturdy Memorial Hospital Retirement Plan:

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

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

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

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note E to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters

Supplemental Schedules Required by ERISA

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

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

In our opinion:

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

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated July 22, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Caron & Blazer, PLLC

Kingston, NH
July 20, 2022

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Investments, at fair value:		
Government bonds	\$ 30,374,159	\$ 22,584,206
Municipal bonds	1,652,626	2,092,984
Corporate bonds	30,973,584	29,147,842
Foreign bonds	3,422,357	3,327,681
Common stock	60,959,102	72,820,257
Mutual funds	193,833,292	161,947,559
Commingled funds	27,217,554	24,768,113
Common collective trust	<u>88,227,147</u>	<u>67,274,309</u>
Total investments	436,659,821	383,962,951
Receivables:		
Accrued interest and dividends	<u>597,789</u>	<u>465,600</u>
Net assets available for benefits	<u>\$ 437,257,610</u>	<u>\$ 384,428,551</u>

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

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 41,289,162	\$ 41,314,392
Interest	2,359,444	2,481,260
Dividends	<u>4,399,551</u>	<u>8,916,586</u>
	48,048,157	52,712,238
Contributions:		
Employer contributions	<u>15,000,000</u>	<u>5,000,000</u>
Total additions	63,048,157	57,712,238
Deductions:		
Benefits paid to participants	9,635,823	8,814,027
Administrative expenses	<u>583,275</u>	<u>483,223</u>
Total deductions	<u>10,219,098</u>	<u>9,297,250</u>
Net increase	52,829,059	48,414,988
Net assets available for benefits:		
Beginning of year	<u>384,428,551</u>	<u>336,013,563</u>
End of year	<u>\$ 437,257,610</u>	<u>\$ 384,428,551</u>

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

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

A. PLAN DESCRIPTION:

The following brief description of the Sturdy Memorial Hospital Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the plan document for more complete information.

General

The Plan is a non-contributory defined benefit pension plan of Sturdy Memorial Hospital (the "Hospital"). Participating employers in the Plan include the Hospital, Sturdy Memorial Foundation, SHV, Sturdy Memorial Associates and Emory Street Radiology Associates. Substantially all employees who have attained age 21 and completed one year of eligible service are covered by the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). All investments are non-participant directed.

Contributions and Funding Policy

The Hospital makes annual contributions to the Plan in amounts required to provide the benefits under the Plan determined by the application of accepted actuarial methods and assumptions, as calculated by an enrolled actuary using the actuarial cost method. The Hospital met the minimum funding requirements of ERISA for the years ended December 31, 2021 and 2020.

Pension Benefits

Employees who have obtained normal retirement age, defined as the later of age 65 and the date the participant completes 5 years of service, and terminated prior to January 1, 1994 are entitled to monthly pension benefits equal to one twelfth of the sum of 0.75% of the participant's average annual earnings, not to exceed \$7,800, multiplied by the participant's number of years of benefit service, not to exceed 30 years, and 1.25% of the participant's average annual earnings in excess of \$7,800 multiplied by the participant's number of years of benefit service not to exceed 30 years.

Employees who have obtained normal retirement age and terminated after January 1, 1994 are entitled to monthly pension benefits equal to one-twelfth of the sum of 1.1% of the participant's average annual earnings, multiplied by the participant's number of years of benefit service, not to exceed 30 years, and 0.3% of the participants average annual earnings exceeding the Social Security Taxable Wage Base in effect at the beginning of the plan year for each calendar year containing the participant's termination date, multiplied by the participant's number of years of benefit service, not to exceed 30 years.

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

Participants are eligible for early retirement benefits upon attainment of age 55 and the completion of five years of vested service. The monthly early retirement benefit amount is equal to the accrued benefit as of the normal retirement date reduced by 5/9th of 1% for each of the first 60 full months and by 5/18th of 1% for each additional full month by which the participant's benefit commencement date precedes the normal retirement date.

Participants may extend service beyond the date they are eligible for normal retirement benefits. The benefit received will be based on years of credited service and earnings up to the actual retirement date. In addition, benefits will be actuarially increased to reflect the fact that payments have not yet started.

The normal form of benefit in the Plan is a joint and survivor annuity for married participants and a single life annuity for single participants. Participants may also elect to have their benefit paid in the form of a certain and continuous annuity. Participants may elect a lump sum distribution if their actuarially equivalent value is \$75,000 or less.

Death Benefits

If an employee dies prior to retirement and has met the requirements for an early or normal retirement benefit, the employee's spouse will be entitled to a monthly amount equal to 50% of the amount which would have been payable to the participant if he or she had retired on the date of his or her death and elected a qualified joint and survivor annuity form of benefit. If the participant has not met the requirements for an early or normal retirement, his or her surviving spouse shall receive an amount equal to 50% of the amount which would have been payable to the participant if he or she had terminated employment on the date of his or her death, survived to his or her earliest retirement date under the Plan, and elected to commence benefits as a 50% qualified joint and survivor annuity on the earliest date on which he or she received a retirement benefit under the Plan. If the participant dies after his or her benefit commencement date, his or her spouse or beneficiary shall receive the benefit in accordance with the Plan option selected.

Vesting

Participants are fully vested in their accrued benefit upon the completion of five years of eligible service.

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting.

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

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 on the measurement date. See Note C for discussion of fair value measurements.

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

Estimates

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Investment management, actuarial, and advisory fees are paid by the Plan. All other administrative expenses are paid by the Hospital. Expenses paid by the Hospital are excluded from these financial statements.

C. FAIR VALUE MEASUREMENTS:

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

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

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Following is a description of the valuation methodologies used by the Plan. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Mutual funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. 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 stocks– Valued at the closing price reported on the active market on which the individual securities are traded.

US Government Securities - Valued using pricing models maximizing the use of observable inputs for similar securities.

Municipal, corporate, and foreign bonds - Valued as determined by pricing vendors using observable inputs.

Commingled funds - Valued at the net asset value per share or unit or ownership percentage as reported by the fund manager. The net asset value, as provided by the fund manager, is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value.

Common collective trusts – Valued at the net asset value of units of a collective trust. The net asset value, as provided by the fund manager, is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value.

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

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

Description	2021			
	Total	Level 1	Level 2	Level 3
Government bonds	\$ 30,374,159	\$ -	\$ 30,374,159	\$ -
Municipal bonds	1,652,626	-	1,652,626	-
Corporate bonds	30,973,584	-	30,973,584	-
Foreign bonds	3,422,357	-	3,422,357	-
Common stock	60,959,102	60,959,102	-	-
Mutual funds	<u>193,833,292</u>	<u>193,833,292</u>	<u>-</u>	<u>-</u>
Total investments in the fair value hierarchy	321,215,120	<u>\$ 254,792,394</u>	<u>\$ 66,422,726</u>	<u>\$ -</u>
Investments measured at net asset value(1):				
Common collective trust	88,227,147			
Commingled funds	<u>27,217,554</u>			
Total investments at net asset value	<u>115,444,701</u>			
Investments at fair value	<u>\$ 436,659,821</u>			

Description	2020			
	Total	Level 1	Level 2	Level 3
Government bonds	\$ 22,584,206	\$ -	\$ 22,584,206	\$ -
Municipal bonds	2,092,984	-	2,092,984	-
Corporate bonds	29,147,842	-	29,147,842	-
Foreign bonds	3,327,681	-	3,327,681	-
Common stock	72,820,257	72,820,257	-	-
Mutual funds	<u>161,947,559</u>	<u>161,947,559</u>	<u>-</u>	<u>-</u>
Total investments in the fair value hierarchy	291,920,529	<u>\$ 234,767,816</u>	<u>\$ 57,152,713</u>	<u>\$ -</u>
Investments measured at net asset value(1):				
Common collective trust	67,274,309			
Commingled funds	<u>24,768,113</u>			
Total investments at net asset value	<u>92,042,422</u>			
Investments at fair value	<u>\$ 383,962,951</u>			

(1) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Redemptions of the common collective trust held by the Plan are allowed daily and have no unfunded commitments.

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

The Cross Creek Capital LP equity commingled fund seeks to generate returns for its partners, principally through long-term capital appreciation, by making, holding, and disposing of privately negotiated and publicly traded equity and equity-related investments. Redemptions are allowed when the fund closes. The partnership shall continue until the 10th anniversary of its initial closing date and may be extended for up to 3 additional 1-year periods. The original termination date was May 16, 2016. Pursuant to the agreement, the General Partner extended the term of the fund through December 31, 2020 and is actively trying to wind down the fund as of December 31, 2021. Unfunded commitments totaled \$41,250 as of December 31, 2021 and 2020.

The Cross Creek Capital LP II equity commingled fund seeks to generate significant returns through long-term capital appreciation of equity investments. These investments will be structured as equity and equity-related investments and will primarily be in private companies but may also include private investments in public equities. Redemptions are allowed when the fund closes. The partnership shall continue until the 10th anniversary of its initial closing date and may be extended for up to 2 additional 1-year periods. Unfunded commitments totaled \$84,788 and \$160,000 as of December 31, 2021 and 2020, respectively.

The Crescent Capital High Income equity commingled fund seeks to provide high current income consistent with reasonable risk through investments in a multi-asset class, diversified portfolio of primary below investment grade debt securities. The Fund's secondary objective is to seek capital appreciation consistent with its primary objective. Redemptions are allowed on the last business day of any February, May, August, or November following a 60 day notice period. There are no unfunded commitments.

The ArrowMark Global Opportunity Fund II equity commingled fund seeks to generate income while also benefitting from capital appreciation primarily through regulatory capital relief transactions entered into primarily with U.S., European, and U.S. banks and other deposit taking institutions. Redemptions are not allowed unless the Investment Manager allows an exception. The partnership shall continue until the 5th anniversary of its final closing date, and may be extended for up to 2 additional 1-year periods. The termination date is December 1, 2024. There are no unfunded commitments.

The ISQ Global Infrastructure Fund III equity commingled fund seeks to achieve returns by making equity and equity-related investments in infrastructure and infrastructure-related assets globally, with a focus on North America, Europe, and selected growth economies in Asia and Latin America. Unfunded commitments totaled \$2,764,352 as of December 31, 2021.

The Crown Secondaries Special Opportunities Fund equity commingled fund seeks capital appreciation through investing on a global basis in single asset focused secondary situations, primarily directly (minority equity investments) or through concentrated portfolios (secondary private equity firms).

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

The real estate commingled fund, the UBS Trumbull Proprietary Fund, seeks to actively manage a core portfolio of primarily equity real estate investments located in the United States. Redemptions are allowed quarterly following a 60 day notice period. However, the fund is not required to liquidate if a redemption would expend more than 50% of available cash to fund redemptions, or to sell assets, borrow funds, alter investment or capital improvement plans or reduce reserves. In addition, the fund may decline to accept redemption requests if the general partner deems it necessary or advisable. There are no unfunded commitments.

Accounting standards require disclosure of investment strategies for investments valued using net asset value as a practical expedient to estimate fair value if the investment does not file a Form 5500 with the DOL as direct filing entity ("DFE"). The following table discloses investment strategies for such investments:

	<u>2021</u>	<u>2020</u>
Investments measured		
at net asset value (non-DFE's):		
Commingled funds:		
Equity (a)	\$ 20,948,120	\$ 18,229,968
Real estate (b)	<u>6,269,434</u>	<u>6,538,145</u>
Total commingled funds	<u>\$ 27,217,554</u>	<u>\$ 24,768,113</u>

- (a) The equity commingled funds seek to generate returns for its partners, principally through long-term capital appreciation, by making, holding and disposing of privately negotiated and publicly traded equity and equity-related investments.
- (b) The real estate commingled fund seeks to actively manage a core portfolio of primarily equity real estate investments located in the United States.

D. 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 and 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 based on employees' highest consecutive 60 months of earnings out of the last ten years. 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 valuation date.

**STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS**

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount which 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 December 31, 2020 were:

Mortality: RP-2014 for annuitants and non-annuitants adjusted back to 2006 using MP-2014 improvement scale and projected generationally with MP-2018 improvement scale and no collar adjustment.

Interest rate: 7.00% per annum.

Retirement age: Participants are assumed to retire per the following table:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
Under 55	0%	63	10%
55-59	2%	64	5%
60	5%	65	20%
61	2%	66-69	10%
62	15%	70 & up	100%

Marriage rates: 85% for males, 55% for females.

Expenses: To be paid by the plan sponsor.

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

A summary of the Plan's accumulated plan benefits is as follows as of December 31, 2020:

Vested benefits:	
Retired participants	\$ 80,283,731
Terminated participants	18,866,008
Active participants	<u>71,774,474</u>
Total vested benefits	170,924,213
Nonvested benefits	<u>2,406,091</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 173,330,304</u>

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

Changes in the actuarial present value of accumulated plan benefits were as follows for the year ended December 31, 2020:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 161,411,853
Increase (decrease) during the year attributable to:	
Benefits accumulated, including experience gains and losses	7,977,956
Benefits paid	(8,814,027)
Change in actuarial assumptions	1,789,891
Increase in interest due to decrease in discount period	<u>10,964,631</u>
Net increase in actuarial present value of accumulated plan benefits	<u>11,918,451</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 173,330,304</u></u>

The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2021. Had the valuation been performed as of December 31, there would be no material difference.

E. CERTIFIED INVESTMENTS:

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 31, 2021 and 2020, and net appreciation in fair value of investments and interest and dividends for the year ended December 31, 2021, was obtained by management and agreed to or derived from information certified as complete and accurate by Bank of America, N.A., the trustee of the Plan.

The following financial information related to investments held by Bank of America, N.A., included in the accompanying financial statements and supplemental schedules based on information provided by the trustee and certified as complete and accurate:

Statements of Net Assets Available for Benefits - December 31:

	<u>2021</u>	<u>2020</u>
Government bonds	\$ 30,374,159	\$ 22,584,206
Municipal bonds	1,652,626	2,092,984
Corporate bonds	30,973,584	29,147,842
Foreign bonds	3,422,357	3,327,681
Common stock	60,959,102	72,820,257
Mutual funds	193,833,292	161,947,559
Common collective trust	88,227,147	67,274,309

Statements of Changes in Net Assets Available for Benefits - Year Ended December 31:

	<u>2021</u>	<u>2020</u>
Net appreciation in fair value of investments	\$ 40,241,489	\$ 39,901,958
Interest and dividend income	6,758,995	11,397,846

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

F. TERMINATION:

Although it has not expressed any intent to do so, the Hospital has the right to terminate the Plan. In the event of a termination of the Plan, the accrued benefits determined as of the date of termination shall be fully vested to the extent they are then funded as outlined in the plan document. Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

G. TAX STATUS:

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated February 24, 2014 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has not been amended since receiving the determination letter. The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

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

H. PARTY-IN INTEREST TRANSACTIONS:

Certain plan investments are managed by the trustee and therefore, these transactions qualify as party-in-interest. Expenses paid to the trustee by the Plan qualify as party-in-interest transactions.

I. RISKS AND UNCERTAINTIES:

Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

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

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

J. SUBSEQUENT EVENTS:

The Hospital has evaluated subsequent events through July 20, 2022, the date these financial statements were available for issuance.

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN

EIN: 04-2768252

Plan Number: 001

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

December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	U.S. Treasury Bond, 08/15/43	Government bond	\$ 262,876	\$ 363,569
	U.S. Treasury Bond, 2.500% 05/15/46	"	31,185	37,721
	U.S. Treasury Bond, 3% 05/15/47	"	691,952	827,321
	U.S. Treasury Bond, 3% 02/15/48	"	3,054,302	3,728,740
	U.S. Treasury Bond, 1% 02/15/49	"	447,308	516,589
	U.S. Treasury Bond, 1.250% 05/15/50	"	1,829,384	1,594,780
	U.S. Treasury Bond, 1.375% 08/15/50	"	1,321,442	1,249,827
	U.S. Treasury Bond, 1.125% 08/15/40	"	5,188,788	4,827,305
	U.S. Treasury Bond, 1.125% 05/15/40	"	1,075,113	961,031
	U.S. Treasury Bond, 1.875% 02/15/51	"	1,326,074	1,430,236
	U.S. Treasury Bond, 1.875% 02/15/41	"	1,317,052	1,373,222
	U.S. Treasury Bond, 2.000% 08/15/51	"	4,376,392	4,529,418
	U.S. Treasury Bond, 1.750% 08/15/41	"	4,818,442	4,902,206
	U.S. Treasury Bond, 0.625% 08/15/30	"	1,736,581	1,662,724
	U.S. Treasury Bond, 1.250% 08/15/31	"	1,235,428	1,243,216
	U.S. Treasury Bond, 0.625% 05/15/30	"	779,769	724,449
	Federal Home Ln Mtg Corp, 3% 09/25/49	"	133,973	142,533
	Federal Home Ln Mtg Corp, 3% 12/25/49	"	148,190	154,377
	Federal Home Ln Mtg Corp, 3% 01/25/50	"	105,172	104,895
	Total government bonds		29,879,423	30,374,159
	California State 7.500% 04/01/34 Par Value 360,000	Municipal bond	528,360	550,912
	Chicago Illinois 5.720% 12/01/38 Par Value 180,000	"	200,376	247,918
	Great Lakes, 03.056% 07/01/39 Par Value 195,000	"	195,000	205,760
	Municipal Elec Auth Ga 6.637% 04/01/57 Par Value 127,000	"	165,603	190,306
	New York St Dorm Auth Revs 3.142% 07/01/43 Par Value 165,000	"	163,363	170,390
	Riverside Cnty Calif Pension 3.818% 02/15/38 Par Value 70,000	"	70,000	78,469
	University Calif Revs 4.858% 05/15/12 Par Value 197,000	"	138,502	208,871
	Total municipal bonds		1,461,204	1,652,626
	AT&T INC 3.650% 06/01/51	Corporate bond	175,319	182,948
	AT&T INC 3.500% 09/15/53	"	563,585	574,275
	AT&T INC 3.550% 09/15/55	"	198,345	200,520
	AT&T INC 3.650% 09/15/59	"	83,548	84,172
	AT&T INC 3.800% 12/01/57	"	146,030	151,566
	ABBVIE INC 4.500% 05/14/35	"	78,405	94,774
	ABBVIE INC 4.875% 11/14/48	"	132,476	134,286
	ABBVIE INC 4.250% 11/21/49	"	192,157	231,374
	ACE INA HLDG INC 6.700% 05/15/36	"	176,171	186,195
	ADVOCATE HEALTH & HOSPS CORP 4.272% 08/15/48	"	125,000	155,169
	ALABAMA PWR CO UNSECD 3.700% 12/01/47	"	158,204	159,667
	AMAZON COM INC 4.950% 12/05/44	"	35,619	38,330
	AMAZON COM INC 4.050% 08/22/47	"	151,931	186,140
	AMAZON COM INC 2.875% 05/12/41	"	140,590	140,513
	ANHEUSER-BUSCH COS LLC ANHEUSER 4.900% 02/01/46	"	597,391	796,210
	ANHEUSER-BUSCH INBEV WORLDWIDE 4.600% 04/15/48	"	215,149	234,090
	ANHEUSER-BUSCH INBEV WORLDWIDE 4.350% 06/01/40	"	107,932	127,259
	ANTHEM INC 4.375% 12/01/47	"	171,082	213,910
	APPLE INC 4.650% 02/23/46	"	250,997	289,496
	APPLIED MATLS INC UNSECD SR NT DTD 4.350% 04/01/47	"	58,986	77,711
	BANK AMER CORP 5.875% 02/07/42	"	336,545	355,900
	BANK AMER CORP VAR% 04/24/38	"	53,714	65,858
	BANK AMER CORP VAR% 01/23/49	"	180,000	210,865
	BANK AMER CORP VAR% 4/22/42	"	123,000	129,643
	BERKSHIRE HATHAWAY ENERGY CO 3.800% 07/15/48	"	100,169	113,470
	BERKSHIRE HATHAWAY ENERGY CO 4.450% 01/15/49	"	100,968	125,233
	BERKSHIRE HATHAWAY ENERGY CO 4.250% 01/15/49	"	61,449	61,609
	BLACKSTONE HLDGS FIN LLC 6.250% 08/15/42	"	164,983	230,967
	BLACKSTONE HLDGS FIN LLC 3.500% 09/10/49	"	75,329	84,625
	BOEING CO 5.805% 05/01/50	"	110,608	129,058
	BP CAP MARKETS AMERICA COMPANY 3.379% 2/8/61	"	106,000	109,386
	BRISTOL MYERS SQUIBB CO 4.550% 02/20/48	"	61,281	65,351
	BROADCOM INC 3.750% 2/15/51	"	121,841	124,772
	BROADCOM INC 3.50% 2/15/41	"	91,064	94,274

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN

EIN: 04-2768252

Plan Number: 001

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

December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	BURLINGTON NORTH SANTA FE LLC 5.050% 03/01/41	"	157,899	188,658
	BURLINGTON NORTH SANTA FE LLC 4.150% 04/01/45	"	51,635	62,698
	BURLINGTON NORTH SANA FE LLC 2.875% 6/15/52	"	78,554	79,340
	CIGNA CORP 4.90% 12/15/48	"	37,199	41,486
	CIGNA CORP 4.80% 7/15/46	"	174,332	201,304
	CSX CORP 3.350% 9/15/49	"	37,739	40,288
	CVS HEALTH CORP 4.780% 3/25/38	"	223,472	278,659
	CVS HEALTH CORP 5.050% 3/25/48	"	228,155	254,470
	CVS HEALTH CORP 4.250% 4/1/50	"	75,987	92,183
	CARLYL HOLDINGS II FIN CO 5.625% 3/30/43	"	319,542	364,134
	CATERPILLAR INC 3.250% 4/19/49	"	168,453	187,027
	CHARTER COMM OPT LLC 6.484% 10/23/45	"	180,803	227,324
	CHARTER COMM OPT LLC 5.375% 5/1/147	"	359,827	407,048
	CHEVRON CORP 3.078% 5/11/50	"	102,000	108,071
	CHUBB CORP 6.50% 5/15/38	"	131,975	162,801
	CINCINNATI FINL CORP 6.125% 11/1/34	"	224,063	224,550
	CINCINNATI FINL CORP 6.92% 5/15/28	"	100,478	104,114
	CISCO SYSTEMS INC 5.90% 2/15/39	"	120,106	142,472
	CITIGROUP INC VAR% 4/24/48	"	68,610	76,328
	CITIGROUP INC 4.650% 7/23/48	"	227,463	293,760
	CLEVELAND CLINIC FOUND 4.858% 1/1/2114	"	90,912	97,195
	COMCAST CORP 4.25% 8/15/34	"	121,541	143,675
	COMCAST CORP 3.40% 7/15/46	"	107,600	134,992
	COMCAST CORP 4.049% 11/1/52	"	251,531	276,677
	COMCAST CORP 3.750% 4/1/40	"	74,592	84,185
	COMCAST CORP 2.887% 11/1/51	"	72,753	70,881
	COMCAST CORP 2.937% 11/1/56	"	155,537	151,162
	COMCAST CORP 2.987% 11/1/63	"	155,292	149,710
	COMMONWEALTH EDISON CO 3.70% 3/1/45	"	345,696	341,280
	CONOCOPHILLIPS COMPANY 6.50% 2/1/39	"	337,783	346,521
	CONSUMERS EQUITY CO 3.50% 8/1/51	"	226,106	255,227
	CORNING INC 5.850% 11/15/68	"	31,953	47,355
	COX COMMUNICATIONS INC 4.70% 12/14/42	"	21,323	26,554
	DEERE & COMPANY 2.875% 9/7/49	"	50,980	52,875
	DEERE & COMPANY 3.750% 4/15/50	"	88,998	105,511
	DIGNITY HEALTH 5.267% 11/1/64	"	221,000	309,373
	WALT DISNEY COMPANY 4.750% 11/15/46	"	172,338	186,659
	WALT DISNEY COMPANY 2.75% 9/1/49	"	34,839	34,969
	WALT DISNEY COMPANY 4.70% 3/23/50	"	147,981	197,266
	DISCOVERY COMMUNICATIONS 5.20% 9/20/47	"	126,021	145,487
	DISCOVERY COMMUNICATIONS 4.00% 9/15/55	"	71,889	77,843
	DUKE ENERGY CAROLINAS 5.30% 2/15/40	"	352,067	453,922
	DUKE ENERGY INDIANA LLC 2.75% 4/1/50	"	72,910	71,282
	EOG RESOURCES INC 3.90% 4/1/35	"	85,906	102,159
	EBAY INC 3.650% 5/10/51	"	100,908	110,247
	ENERGY TRANSFER PARTNERS 5.150% 2/1/43	"	204,806	215,608
	ENERGY TRANSFER OPERATING GLB 6.250% 4/15/49	"	36,178	40,616
	ENTERGY CORP 3.75% 6/15/50	"	98,400	108,032
	ENTERPRISE PRODUCTS OPER COMPANY 4.90% 5/15/46	"	205,665	258,341
	ENTERPRISE PRODUCTS OPER COMPANY 4.80% 2/1/49	"	78,710	97,683
	EXXON MOBIL CORPORATION GLB 4.114% 3/1/46	"	54,000	63,321
	EXXON MOBIL CORPORATION GLB 4.327% 3/19/50	"	225,921	255,070
	FEDEX CORP COMPANY 3.875% 8/1/42	"	378,670	431,553
	FIFTH THIRD BANCORP 8.250% 3/1/38	"	152,713	169,273
	FLORIDA POWER & LIGHT 5.625% 4/1/34	"	85,787	114,190
	FLORIDA POWER & LIGHT 5.690% 3/1/40	"	42,942	60,587
	FLORIDA POWER & LIGHT 4.050% 10/1/44	"	79,736	95,075
	GENERAL MOTORS CO 5.950% 4/1/49	"	95,081	144,173
	GOLDMAN SACHS GROUP INC 4.80% 7/8/44	"	71,456	73,009
	GOLDMAN SACHS GROUP INC 6.250% 2/1/41	"	41,164	58,295
	GOLDMAN SACHS GROUP INC 5.150% 5/22/45	"	256,015	325,910
	WW GRAINGER INC. 4.20% 5/15/47	"	113,279	137,270
	HEALTH CARE SERVICE CORP 3.20% 6/1/50	"	178,385	183,836

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN

EIN: 04-2768252

Plan Number: 001

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

December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	HOME DEPOT INC 3.90% 6/15/47	"	215,309	209,836
	HOME DEPOT INC 3.350% 4/15/50	"	100,835	111,660
	INTEL CORP 4.10% 5/19/46	"	45,773	54,815
	INTEL CORP 4.95% 3/25/60	"	49,086	70,388
	INTEL CORP 3.20% 8/12/61	"	45,813	47,324
	INTERCONTINENTAL EXCHANGE 4.250% 9/21/48	"	99,288	122,725
	JPMORGAN CHASE & CO 5.60% 7/15/41	"	589,388	634,485
	JOHNSON & JOHNSON 5.95% 8/15/37	"	115,462	123,282
	JUNIPER NETWORKS INC 5.95% 3/15/41	"	44,641	57,034
	KLA-TENCOR CORP 5.00% 3/15/49	"	63,677	85,574
	KLA CORP 3.30% 3/1/50	"	47,529	51,269
	KKR GROUP FINANCE CO III 5.125% 6/1/44	"	180,377	227,682
	KANSAS CITY SOUTHERN COMPANY 4.20% 11/15/69	"	74,627	88,659
	KEYSPAN GAS EAST 5.819% 4/1/41	"	44,000	58,095
	KINDER MORGAN INC. DELAWARE COMPANY 5.050% 2/15/46	"	274,477	306,584
	KROGER CO 4.650% 1/15/48	"	134,714	169,115
	LIBERTY MUTUAL GROUP INC 3.951% 10/15/50	"	108,998	121,084
	LOCKHEED MARTIN CORP 4.070% 12/15/42	"	42,234	40,138
	LOCKHEED MARTIN CORP 4.70% 5/15/46	"	156,993	191,313
	LOWES COS INC 3.70% 4/15/46	"	67,384	76,984
	LOWES COS INC. 4.050% 5/3/47	"	52,292	70,412
	MPLX LP 5.50% 2/15/49	"	78,006	102,484
	MARATHON PETROLEUM CORP 6.50% 3/1/41	"	82,374	100,606
	MARSH & MCLENNAN COS INC 4.750% 3/15/39	"	105,906	132,498
	MASSACHUSETTS ELECTRIC 5.90% 11/15/39	"	122,619	161,643
	MASS INSTITUTE OF TECH 4.678% 7/1/2114	"	26,000	38,869
	MASS MUTUAL LIFE INS CO 3.375% 4/15/50	"	54,934	58,220
	MCDONALDS CORP 4.450% 3/1/47	"	77,872	95,448
	MCDONALDS CORP 3.625% 9/1/49	"	49,418	66,455
	MEMORIAL SLOAN-KETTERING 5.00% 7/1/42	"	90,000	119,531
	METLIFE INC 4.050% 3/1/45	"	313,410	348,169
	MICROSOFT CORP 2.921% 3/17/52	"	119,506	120,461
	MICROSOFT CORP 3.041% 3/17/62	"	164,265	183,775
	MOODY'S CORPORATION 4.875% 12/17/48	"	180,924	245,565
	MORGAN STANLEY VAR% 1/25/52	"	207,000	203,930
	NATIONWIDE MUTUAL INSURANCE 4.350% 4/30/50	"	69,837	80,456
	NY & PRESBYTERIAN HOSPITAL 3.954% 8/1/2119	"	123,000	150,060
	NEW YORK LIFE INSURANCE 5.875% 5/15/33	"	251,324	282,031
	NORFOLK SOUTHERN CORP 4.450% 6/15/45	"	87,743	93,494
	NORFOLK SOUTHERN CORP 4.050% 8/15/52	"	78,306	125,469
	NORFOLK SOUTHERN CORP 5.10% 8/1/2118	"	89,825	118,731
	NORTHERN STATE PWR-MINN 6.20% 7/1/37	"	150,339	194,985
	NORTHERN STATE PWR-MINN 5.350% 11/1/39	"	73,859	101,057
	NORTHROP GRUMMAN CORP 5.250% 5/1/50	"	157,063	222,061
	NVIDIA CORP 3.50% 4/1/50	"	73,809	84,677
	OCCIDENTAL PETROLEUM COR ZERO% 10/10/36	"	350,817	405,195
	ORACLE CORP 5.375% 7/15/40	"	64,247	79,567
	ORACLE CORP 4.00% 7/15/46	"	143,653	142,650
	ORACLE CORP 3.950% 3/25/51	"	152,732	159,420
	PPL ELECTRIC UTILITIES 6.250% 5/15/39	"	160,267	186,493
	PPL ELECTRIC UTILITIES 4.125% 6/15/44	"	79,347	82,333
	PACIFICORP 6.00% 1/15/39	"	454,010	500,667
	PACIFICORP 3.30% 3/15/51	"	48,596	50,974
	PENNSYLVANIA ELECTRIC CO 6.150% 10/1/38	"	140,697	190,869
	PFIZER INC. 3.90% 3/15/39	"	41,775	44,826
	PHILLIPS 66 4.650% 11/15/34	"	250,716	269,848
	PHILLIPS 66 PARTNERS LP 4.680% 2/15/45	"	157,507	183,442
	PIEDMONT NATURAL GAS CO 3.350% 6/1/50	"	131,059	135,839
	PRUDENTIAL FINANCIAL INC 5.70% 12/14/36	"	332,248	367,267
	PUB SVC ELEC & GAS 5.50% 3/1/40	"	109,482	107,956
	REALTY INCOME CORP 3.250% 1/15/31	"	170,258	185,141
	SAN DIEGO G&E 3.320% 4/15/50	"	90,879	95,428
	SEMPRA ENERGY 6.00% 10/15/39	"	155,243	172,936

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN

EIN: 04-2768252

Plan Number: 001

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

December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	SIMON PROPERTY GROUP LP 4.250% 11/30/46	"	148,073	176,948
	SNAP-ON INC 4.10% 3/1/48	"	136,623	166,396
	SUNOCO LOGISTICS PARTNER 5.30% 4/1/44	"	51,043	59,710
	TEXAS INSTRUMENTS INC 4.150% 5/15/48	"	84,516	91,385
	TRANSCONT GAS PIPE LINE 4.60% 3/15/48	"	59,566	72,769
	UNION PACIFIC CORP 3.550% 8/15/39	"	90,741	101,106
	UNION PACIFIC CORP 3.250% 2/5/50	"	127,826	130,178
	UNITED PARCEL SERVICE 5.30% 4/1/50	"	195,853	292,027
	UNITED TECHNOLOGIES CORP 3.750% 11/1/46	"	27,858	31,298
	UNITED TECHNOLOGIES CORP 4.625% 11/16/48	"	217,027	258,363
	VERIZON COMMUNICATIONS 4.00% 3/22/50	"	101,000	117,370
	VERIZON COMMUNICATIONS 3.550% 3/22/51	"	167,855	169,706
	VERIZON COMMUNICATIONS 3.70% 3/22/61	"	375,248	392,022
	VERIZON COMMUNICATIONS 3.40% 3/22/41	"	197,349	198,418
	VERISK ANALYTICS INC 3.625% 3/15/50	"	83,946	91,678
	VIRGINIA ELEC & POWER CO 8.875% 11/15/38	"	277,648	323,405
	VIRGINIA ELEC & POWER CO 4.650% 8/15/43	"	142,593	140,701
	VISA INC 4.150% 12/14/35	"	172,657	172,581
	WELLS FARGO & COMPANY VAR% 4/4/51	"	394,956	449,465
	WELLTOWER INC 4.950% 9/1/48	"	67,714	89,069
	WISCONSIN ENERGY CORP 6.20% 4/1/33	"	133,460	163,050
	XCEL ENERGY INC 4.80% 9/15/41	"	115,725	141,098
	CVS CAREMARK CORP 5.926% 01/10/34	"	108,797	120,767
	GS MTG SECS TR 2.910% 02/13/53	"	136,989	139,960
	OHIOHEALTH CORP 3.042% 11/15/50	"	150,000	158,226
	PSNH FDG LLC 3 3.814% 02/01/35	"	227,848	255,648
	WENDYS FDG LLC 4.080% 06/15/49	"	146,961	155,849
	WENDYS FDG LLC 2.75% 06/15/51	"	103,480	103,227
	Total corporate bonds		27,088,645	30,973,584
	ASTRAZENECA PLC 6.450% 9/15/37	Foreign bond	82,610	91,323
	ASTRAZENECA PLC 3.000% 5/28/51	"	32,549	34,725
	BAE SYSTEMS PLC 5.800% 10/11/41	"	247,775	311,820
	USD BHP FINANCE USA 5.000% 9/30/43	"	152,948	152,515
	USD BELL CANADA 4.464% 4/1/48	"	138,275	173,741
	CANADIAN NATL RAILWAY 6.200% 6/1/36	"	104,116	123,274
	CANADIAN PACIFIC RR CO 6.125% 9/15/2115	"	124,912	182,440
	USD CANADIAN PACIFIC 3.100% 12/2/51	"	95,313	98,303
	ELECTRICITE DE FRANCE 6.000% 1/22/2114	"	77,562	111,597
	HSBC HOLDINGS PLC 6.800% 6/1/38	"	185,223	184,400
	RIO TINTO FIN USA LTD 5.200% 11/2/40	"	107,711	106,707
	USD ROGERS COMM INC 5.000% 3/15/44	"	290,550	340,233
	USD SHELL INTL FIN 4.550% 8/12/43	"	220,473	280,150
	SHELL INTERNATIONAL FIN 3.750% 9/12/46	"	55,594	69,859
	USD SHELL INTL FIN 3.000% 11/26/51	"	76,818	78,551
	SIEMENS FINANCIERINGSMAT 4.400% 5/27/45	"	294,796	375,319
	TAKEDA PHARMACEUTICAL 3.175% 7/9/50	"	202,388	202,368
	USD TRANSCANADA PL 4.875% 5/15/48	"	106,098	136,510
	VODAFONE GROUP PLC 5.000% 5/30/38	"	131,459	166,960
	USD XSTATA FIN CAN 6.000% 11/14/41	"	155,358	201,562
	Total foreign bonds		2,882,528	3,422,357
	Boot Barn Holdings Inc	Common stock	247,401	1,548,461
	Chuys Hldgs Inc	"	332,519	417,072
	Five Below Inc	"	443,558	1,391,749
	Floor & Decor Hldgs Inc	"	452,946	1,687,140
	Freshpet Inc	"	875,835	1,271,283
	Mister Car Wash Inc.	"	622,042	686,226
	Monro, Inc	"	602,953	630,540
	National Vision Hldgs Inc	"	632,983	877,641
	Ollies Bargain Outlet Hldgs Inc	"	1,396,354	1,055,896
	Purple Innovation Inc.	"	1,097,272	586,401
	XPEL Inc	"	747,706	655,215
	Yeti Hldgs Inc	"	457,480	1,241,622

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN

EIN: 04-2768252

Plan Number: 001

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

December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Focus Finl Partners Inc	"	1,308,171	1,448,031
	Gooshead Ins Inc	"	277,451	818,984
	Grid Dynamics Hldings Inc	"	609,971	607,254
	Open Lending Corp	"	1,187,895	857,994
	Pinnacle Finl Partners	"	911,275	1,389,143
	Repay Holdings Corp	"	757,928	698,261
	Stepstone Group Inc	"	1,243,315	1,636,902
	Arvinas Inc	"	120,822	126,413
	Atara Biotherapeutics	"	189,778	197,095
	C4 Therapeutics Inc	"	296,208	242,080
	Castle Biosciences Inc	"	891,330	666,114
	Chemocentryx Inc	"	156,285	338,358
	Cytokinetix Inc	"	153,332	614,601
	Ensign Group Inc	"	710,295	1,955,092
	Esperion Therapeutics Inc New	"	468,992	170,655
	Frequency Therapeutics Inc	"	303,733	104,575
	Healthequity Inc	"	1,146,355	1,003,186
	Inovio Pharmaceuticals Inc	"	172,874	85,339
	Inspire Med Sys Inc	"	275,967	1,010,193
	Intra-Cellular Therapies Inc	"	411,118	1,001,055
	Macrogenics Inc	"	307,767	276,959
	Medpace Hldgs Inc	"	877,841	2,511,130
	Neogen Corp	"	1,414,770	1,836,153
	Nurix Therapeutics Inc	"	219,027	173,324
	Pennant Group Inc	"	641,701	799,445
	Sangamo Therapeutics Inc	"	370,826	283,560
	Silk Rd Med Inc	"	564,166	588,572
	Silverback Therapeutics Inc	"	232,536	52,401
	Kornit Digital Ltd	"	532,388	2,553,994
	Aaon Inc	"	340,841	742,035
	Allegiant Travel Co	"	608,367	886,757
	Helios Technologies Inc	"	818,923	1,772,220
	Hydrofarm Holdings Group	"	1,062,226	531,513
	LGI Homes Inc	"	765,520	1,610,763
	Siteone Landscape Supply Inc	"	202,420	681,776
	Ziprecruiter Inc	"	1,122,693	1,223,157
	Globant Sa	"	365,824	1,964,947
	Cyber-Ark Software Ltd	"	1,113,488	2,131,344
	Nova Ltd	"	649,279	985,066
	CS Disco Inc	"	941,236	632,131
	DMC Global Inc	"	887,507	869,796
	Euronet Worldwide Inc	"	995,854	1,160,239
	Five9 Inc	"	933,480	823,645
	Markforged Hldg Corp	"	821,797	361,938
	Monolithic Pwr Systems	"	94,232	593,969
	Ncino Inc	"	661,030	569,392
	Nlight Inc	"	854,250	791,571
	Paylocity Hldg Corp	"	220,342	951,489
	Q2 Holdings Inc	"	709,852	650,216
	Rapid7 Inc	"	556,241	2,011,087
	Sitime corp	"	581,807	857,727
	Taskus Inc	"	958,174	888,991
	Rbc Bearings Inc	"	760,161	1,171,224
	Total common stock		41,688,710	60,959,102
	BlackRock Liquidity T-Fund	Mutual fund	1,408,134	1,408,134
	Federated Gov't Obligations Fund; account:1096221	"	155,222	155,222
	Federated Gov't Obligations Fund; account:1740364	"	1,071,461	1,071,461
	Federated Gov't Obligations Fund; account:8515196	"	1,980,003	1,980,003
	Federated Gov't Obligations Fund; account:8515197	"	77,235	77,235
	Federated Gov't Obligations Fund; account:8520477	"	307	307
	Federated Gov't Obligations Fund; account:8558844	"	1,570,472	1,570,472
	Vanguard Total Bond Market Index Fund	"	45,908,288	47,762,596

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN

EIN: 04-2768252

Plan Number: 001

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

December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Dodge & Cox Stock Fund	"	40,800,618	72,489,581
	Lazard Global	"	3,150,000	3,516,752
	Vanguard Total Stock Market Index Fund	"	43,457,141	57,412,413
	John Hancock Diversified Fund	"	6,815,283	6,389,116
	Total mutual funds		146,394,164	193,833,292
	Marathon-London Global Ex US Collective Investment Fund	Common collective trust	76,017,437	88,227,147
	Total common collective trusts		76,017,437	88,227,147
	Cross Creek Capital	Commingled fund	291,626	139,809
	UBS Trumbull Proprietary Fund	"	4,675,674	6,269,434
	Cross Creek Capital II	"	1,624,666	4,618,972
	Crescent Capital High Income Fund	"	4,900,000	6,070,120
	Crown Secondaries Special Opportunities II	"	1,434,122	2,097,030
	ISQ Global Infrastructure Fund III LP	"	235,644	165,500
	Arrowmark Global Opportunity Fund II	"	7,888,900	7,856,689
	Total commingled funds		21,050,632	27,217,554
	Total investments on the statement of net assets available for benefits		<u>\$ 346,462,743</u>	<u>\$ 436,659,821</u>

* Denotes party-in-interest to the Plan.

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN

EIN: 04-2768252

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SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

For the year ended December 31, 2021

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset (including interest rate and maturity)	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
<u>SERIES TRANSACTIONS:</u>						
BlackRock Liquidity Fund	Mutual fund	\$ 15,010,508	\$ 24,645,161	\$ 24,645,161	\$ 39,655,669	\$ -
Federated Government Obligations Fund	"	63,726,220	66,308,610	66,308,610	130,034,830	-
Vanguard Total Bond Market Index Fund	"	20,476,002	-	56,783,816	20,476,002	-
Bank of America Cash Reserves	"	56,783,794	56,783,816	11,711,293	113,567,610	-



**STURDY MEMORIAL HOSPITAL
RETIREMENT PLAN**

FINANCIAL STATEMENTS

December 31, 2021 and 2020 and
For the Years Then Ended



CARON & BLETZER, PLLC

Certified Public Accountants and Business Consultants

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
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Certain schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.



Independent Auditor's Report

To the Plan Administrator of the Sturdy Memorial Hospital Retirement Plan:

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

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

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

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note E to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters

Supplemental Schedules Required by ERISA

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

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

In our opinion:

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

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated July 22, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Caron & Blazer, PLLC

Kingston, NH
July 20, 2022

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Investments, at fair value:		
Government bonds	\$ 30,374,159	\$ 22,584,206
Municipal bonds	1,652,626	2,092,984
Corporate bonds	30,973,584	29,147,842
Foreign bonds	3,422,357	3,327,681
Common stock	60,959,102	72,820,257
Mutual funds	193,833,292	161,947,559
Commingled funds	27,217,554	24,768,113
Common collective trust	<u>88,227,147</u>	<u>67,274,309</u>
Total investments	436,659,821	383,962,951
Receivables:		
Accrued interest and dividends	<u>597,789</u>	<u>465,600</u>
Net assets available for benefits	<u>\$ 437,257,610</u>	<u>\$ 384,428,551</u>

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

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 41,289,162	\$ 41,314,392
Interest	2,359,444	2,481,260
Dividends	<u>4,399,551</u>	<u>8,916,586</u>
	48,048,157	52,712,238
Contributions:		
Employer contributions	<u>15,000,000</u>	<u>5,000,000</u>
Total additions	63,048,157	57,712,238
Deductions:		
Benefits paid to participants	9,635,823	8,814,027
Administrative expenses	<u>583,275</u>	<u>483,223</u>
Total deductions	<u>10,219,098</u>	<u>9,297,250</u>
Net increase	52,829,059	48,414,988
Net assets available for benefits:		
Beginning of year	<u>384,428,551</u>	<u>336,013,563</u>
End of year	<u>\$ 437,257,610</u>	<u>\$ 384,428,551</u>

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

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

A. PLAN DESCRIPTION:

The following brief description of the Sturdy Memorial Hospital Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the plan document for more complete information.

General

The Plan is a non-contributory defined benefit pension plan of Sturdy Memorial Hospital (the "Hospital"). Participating employers in the Plan include the Hospital, Sturdy Memorial Foundation, SHV, Sturdy Memorial Associates and Emory Street Radiology Associates. Substantially all employees who have attained age 21 and completed one year of eligible service are covered by the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). All investments are non-participant directed.

Contributions and Funding Policy

The Hospital makes annual contributions to the Plan in amounts required to provide the benefits under the Plan determined by the application of accepted actuarial methods and assumptions, as calculated by an enrolled actuary using the actuarial cost method. The Hospital met the minimum funding requirements of ERISA for the years ended December 31, 2021 and 2020.

Pension Benefits

Employees who have obtained normal retirement age, defined as the later of age 65 and the date the participant completes 5 years of service, and terminated prior to January 1, 1994 are entitled to monthly pension benefits equal to one twelfth of the sum of 0.75% of the participant's average annual earnings, not to exceed \$7,800, multiplied by the participant's number of years of benefit service, not to exceed 30 years, and 1.25% of the participant's average annual earnings in excess of \$7,800 multiplied by the participant's number of years of benefit service not to exceed 30 years.

Employees who have obtained normal retirement age and terminated after January 1, 1994 are entitled to monthly pension benefits equal to one-twelfth of the sum of 1.1% of the participant's average annual earnings, multiplied by the participant's number of years of benefit service, not to exceed 30 years, and 0.3% of the participants average annual earnings exceeding the Social Security Taxable Wage Base in effect at the beginning of the plan year for each calendar year containing the participant's termination date, multiplied by the participant's number of years of benefit service, not to exceed 30 years.

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

Participants are eligible for early retirement benefits upon attainment of age 55 and the completion of five years of vested service. The monthly early retirement benefit amount is equal to the accrued benefit as of the normal retirement date reduced by 5/9th of 1% for each of the first 60 full months and by 5/18th of 1% for each additional full month by which the participant's benefit commencement date precedes the normal retirement date.

Participants may extend service beyond the date they are eligible for normal retirement benefits. The benefit received will be based on years of credited service and earnings up to the actual retirement date. In addition, benefits will be actuarially increased to reflect the fact that payments have not yet started.

The normal form of benefit in the Plan is a joint and survivor annuity for married participants and a single life annuity for single participants. Participants may also elect to have their benefit paid in the form of a certain and continuous annuity. Participants may elect a lump sum distribution if their actuarially equivalent value is \$75,000 or less.

Death Benefits

If an employee dies prior to retirement and has met the requirements for an early or normal retirement benefit, the employee's spouse will be entitled to a monthly amount equal to 50% of the amount which would have been payable to the participant if he or she had retired on the date of his or her death and elected a qualified joint and survivor annuity form of benefit. If the participant has not met the requirements for an early or normal retirement, his or her surviving spouse shall receive an amount equal to 50% of the amount which would have been payable to the participant if he or she had terminated employment on the date of his or her death, survived to his or her earliest retirement date under the Plan, and elected to commence benefits as a 50% qualified joint and survivor annuity on the earliest date on which he or she received a retirement benefit under the Plan. If the participant dies after his or her benefit commencement date, his or her spouse or beneficiary shall receive the benefit in accordance with the Plan option selected.

Vesting

Participants are fully vested in their accrued benefit upon the completion of five years of eligible service.

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting.

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

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 on the measurement date. See Note C for discussion of fair value measurements.

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

Estimates

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Investment management, actuarial, and advisory fees are paid by the Plan. All other administrative expenses are paid by the Hospital. Expenses paid by the Hospital are excluded from these financial statements.

C. FAIR VALUE MEASUREMENTS:

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

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

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Following is a description of the valuation methodologies used by the Plan. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Mutual funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. 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 stocks– Valued at the closing price reported on the active market on which the individual securities are traded.

US Government Securities - Valued using pricing models maximizing the use of observable inputs for similar securities.

Municipal, corporate, and foreign bonds - Valued as determined by pricing vendors using observable inputs.

Commingled funds - Valued at the net asset value per share or unit or ownership percentage as reported by the fund manager. The net asset value, as provided by the fund manager, is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value.

Common collective trusts – Valued at the net asset value of units of a collective trust. The net asset value, as provided by the fund manager, is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value.

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

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

Description	2021			
	Total	Level 1	Level 2	Level 3
Government bonds	\$ 30,374,159	\$ -	\$ 30,374,159	\$ -
Municipal bonds	1,652,626	-	1,652,626	-
Corporate bonds	30,973,584	-	30,973,584	-
Foreign bonds	3,422,357	-	3,422,357	-
Common stock	60,959,102	60,959,102	-	-
Mutual funds	<u>193,833,292</u>	<u>193,833,292</u>	<u>-</u>	<u>-</u>
Total investments in the fair value hierarchy	321,215,120	<u>\$ 254,792,394</u>	<u>\$ 66,422,726</u>	<u>\$ -</u>
Investments measured at net asset value(1):				
Common collective trust	88,227,147			
Commingled funds	<u>27,217,554</u>			
Total investments at net asset value	<u>115,444,701</u>			
Investments at fair value	<u>\$ 436,659,821</u>			

Description	2020			
	Total	Level 1	Level 2	Level 3
Government bonds	\$ 22,584,206	\$ -	\$ 22,584,206	\$ -
Municipal bonds	2,092,984	-	2,092,984	-
Corporate bonds	29,147,842	-	29,147,842	-
Foreign bonds	3,327,681	-	3,327,681	-
Common stock	72,820,257	72,820,257	-	-
Mutual funds	<u>161,947,559</u>	<u>161,947,559</u>	<u>-</u>	<u>-</u>
Total investments in the fair value hierarchy	291,920,529	<u>\$ 234,767,816</u>	<u>\$ 57,152,713</u>	<u>\$ -</u>
Investments measured at net asset value(1):				
Common collective trust	67,274,309			
Commingled funds	<u>24,768,113</u>			
Total investments at net asset value	<u>92,042,422</u>			
Investments at fair value	<u>\$ 383,962,951</u>			

(1) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Redemptions of the common collective trust held by the Plan are allowed daily and have no unfunded commitments.

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

The Cross Creek Capital LP equity commingled fund seeks to generate returns for its partners, principally through long-term capital appreciation, by making, holding, and disposing of privately negotiated and publicly traded equity and equity-related investments. Redemptions are allowed when the fund closes. The partnership shall continue until the 10th anniversary of its initial closing date and may be extended for up to 3 additional 1-year periods. The original termination date was May 16, 2016. Pursuant to the agreement, the General Partner extended the term of the fund through December 31, 2020 and is actively trying to wind down the fund as of December 31, 2021. Unfunded commitments totaled \$41,250 as of December 31, 2021 and 2020.

The Cross Creek Capital LP II equity commingled fund seeks to generate significant returns through long-term capital appreciation of equity investments. These investments will be structured as equity and equity-related investments and will primarily be in private companies but may also include private investments in public equities. Redemptions are allowed when the fund closes. The partnership shall continue until the 10th anniversary of its initial closing date and may be extended for up to 2 additional 1-year periods. Unfunded commitments totaled \$84,788 and \$160,000 as of December 31, 2021 and 2020, respectively.

The Crescent Capital High Income equity commingled fund seeks to provide high current income consistent with reasonable risk through investments in a multi-asset class, diversified portfolio of primary below investment grade debt securities. The Fund's secondary objective is to seek capital appreciation consistent with its primary objective. Redemptions are allowed on the last business day of any February, May, August, or November following a 60 day notice period. There are no unfunded commitments.

The ArrowMark Global Opportunity Fund II equity commingled fund seeks to generate income while also benefitting from capital appreciation primarily through regulatory capital relief transactions entered into primarily with U.S., European, and U.S. banks and other deposit taking institutions. Redemptions are not allowed unless the Investment Manager allows an exception. The partnership shall continue until the 5th anniversary of its final closing date, and may be extended for up to 2 additional 1-year periods. The termination date is December 1, 2024. There are no unfunded commitments.

The ISQ Global Infrastructure Fund III equity commingled fund seeks to achieve returns by making equity and equity-related investments in infrastructure and infrastructure-related assets globally, with a focus on North America, Europe, and selected growth economies in Asia and Latin America. Unfunded commitments totaled \$2,764,352 as of December 31, 2021.

The Crown Secondaries Special Opportunities Fund equity commingled fund seeks capital appreciation through investing on a global basis in single asset focused secondary situations, primarily directly (minority equity investments) or through concentrated portfolios (secondary private equity firms).

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

The real estate commingled fund, the UBS Trumbull Proprietary Fund, seeks to actively manage a core portfolio of primarily equity real estate investments located in the United States. Redemptions are allowed quarterly following a 60 day notice period. However, the fund is not required to liquidate if a redemption would expend more than 50% of available cash to fund redemptions, or to sell assets, borrow funds, alter investment or capital improvement plans or reduce reserves. In addition, the fund may decline to accept redemption requests if the general partner deems it necessary or advisable. There are no unfunded commitments.

Accounting standards require disclosure of investment strategies for investments valued using net asset value as a practical expedient to estimate fair value if the investment does not file a Form 5500 with the DOL as direct filing entity ("DFE"). The following table discloses investment strategies for such investments:

	<u>2021</u>	<u>2020</u>
Investments measured		
at net asset value (non-DFE's):		
Commingled funds:		
Equity (a)	\$ 20,948,120	\$ 18,229,968
Real estate (b)	<u>6,269,434</u>	<u>6,538,145</u>
Total commingled funds	<u>\$ 27,217,554</u>	<u>\$ 24,768,113</u>

- (a) The equity commingled funds seek to generate returns for its partners, principally through long-term capital appreciation, by making, holding and disposing of privately negotiated and publicly traded equity and equity-related investments.
- (b) The real estate commingled fund seeks to actively manage a core portfolio of primarily equity real estate investments located in the United States.

D. 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 and 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 based on employees' highest consecutive 60 months of earnings out of the last ten years. 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 valuation date.

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount which 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 December 31, 2020 were:

Mortality: RP-2014 for annuitants and non-annuitants adjusted back to 2006 using MP-2014 improvement scale and projected generationally with MP-2018 improvement scale and no collar adjustment.

Interest rate: 7.00% per annum.

Retirement age: Participants are assumed to retire per the following table:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
Under 55	0%	63	10%
55-59	2%	64	5%
60	5%	65	20%
61	2%	66-69	10%
62	15%	70 & up	100%

Marriage rates: 85% for males, 55% for females.

Expenses: To be paid by the plan sponsor.

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

A summary of the Plan's accumulated plan benefits is as follows as of December 31, 2020:

Vested benefits:	
Retired participants	\$ 80,283,731
Terminated participants	18,866,008
Active participants	<u>71,774,474</u>
Total vested benefits	170,924,213
Nonvested benefits	<u>2,406,091</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 173,330,304</u>

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

Changes in the actuarial present value of accumulated plan benefits were as follows for the year ended December 31, 2020:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 161,411,853
Increase (decrease) during the year attributable to:	
Benefits accumulated, including experience gains and losses	7,977,956
Benefits paid	(8,814,027)
Change in actuarial assumptions	1,789,891
Increase in interest due to decrease in discount period	<u>10,964,631</u>
Net increase in actuarial present value of accumulated plan benefits	<u>11,918,451</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 173,330,304</u></u>

The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2021. Had the valuation been performed as of December 31, there would be no material difference.

E. CERTIFIED INVESTMENTS:

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 31, 2021 and 2020, and net appreciation in fair value of investments and interest and dividends for the year ended December 31, 2021, was obtained by management and agreed to or derived from information certified as complete and accurate by Bank of America, N.A., the trustee of the Plan.

The following financial information related to investments held by Bank of America, N.A., included in the accompanying financial statements and supplemental schedules based on information provided by the trustee and certified as complete and accurate:

Statements of Net Assets Available for Benefits - December 31:

	<u>2021</u>	<u>2020</u>
Government bonds	\$ 30,374,159	\$ 22,584,206
Municipal bonds	1,652,626	2,092,984
Corporate bonds	30,973,584	29,147,842
Foreign bonds	3,422,357	3,327,681
Common stock	60,959,102	72,820,257
Mutual funds	193,833,292	161,947,559
Common collective trust	88,227,147	67,274,309

Statements of Changes in Net Assets Available for Benefits - Year Ended December 31:

	<u>2021</u>	<u>2020</u>
Net appreciation in fair value of investments	\$ 40,241,489	\$ 39,901,958
Interest and dividend income	6,758,995	11,397,846

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

F. TERMINATION:

Although it has not expressed any intent to do so, the Hospital has the right to terminate the Plan. In the event of a termination of the Plan, the accrued benefits determined as of the date of termination shall be fully vested to the extent they are then funded as outlined in the plan document. Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

G. TAX STATUS:

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated February 24, 2014 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has not been amended since receiving the determination letter. The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

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

H. PARTY-IN INTEREST TRANSACTIONS:

Certain plan investments are managed by the trustee and therefore, these transactions qualify as party-in-interest. Expenses paid to the trustee by the Plan qualify as party-in-interest transactions.

I. RISKS AND UNCERTAINTIES:

Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

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

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

J. SUBSEQUENT EVENTS:

The Hospital has evaluated subsequent events through July 20, 2022, the date these financial statements were available for issuance.

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN

EIN: 04-2768252

Plan Number: 001

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

December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	U.S. Treasury Bond, 08/15/43	Government bond	\$ 262,876	\$ 363,569
	U.S. Treasury Bond, 2.500% 05/15/46	"	31,185	37,721
	U.S. Treasury Bond, 3% 05/15/47	"	691,952	827,321
	U.S. Treasury Bond, 3% 02/15/48	"	3,054,302	3,728,740
	U.S. Treasury Bond, 1% 02/15/49	"	447,308	516,589
	U.S. Treasury Bond, 1.250% 05/15/50	"	1,829,384	1,594,780
	U.S. Treasury Bond, 1.375% 08/15/50	"	1,321,442	1,249,827
	U.S. Treasury Bond, 1.125% 08/15/40	"	5,188,788	4,827,305
	U.S. Treasury Bond, 1.125% 05/15/40	"	1,075,113	961,031
	U.S. Treasury Bond, 1.875% 02/15/51	"	1,326,074	1,430,236
	U.S. Treasury Bond, 1.875% 02/15/41	"	1,317,052	1,373,222
	U.S. Treasury Bond, 2.000% 08/15/51	"	4,376,392	4,529,418
	U.S. Treasury Bond, 1.750% 08/15/41	"	4,818,442	4,902,206
	U.S. Treasury Bond, 0.625% 08/15/30	"	1,736,581	1,662,724
	U.S. Treasury Bond, 1.250% 08/15/31	"	1,235,428	1,243,216
	U.S. Treasury Bond, 0.625% 05/15/30	"	779,769	724,449
	Federal Home Ln Mtg Corp, 3% 09/25/49	"	133,973	142,533
	Federal Home Ln Mtg Corp, 3% 12/25/49	"	148,190	154,377
	Federal Home Ln Mtg Corp, 3% 01/25/50	"	105,172	104,895
	Total government bonds		29,879,423	30,374,159
	California State 7.500% 04/01/34 Par Value 360,000	Municipal bond	528,360	550,912
	Chicago Illinois 5.720% 12/01/38 Par Value 180,000	"	200,376	247,918
	Great Lakes, 03.056% 07/01/39 Par Value 195,000	"	195,000	205,760
	Municipal Elec Auth Ga 6.637% 04/01/57 Par Value 127,000	"	165,603	190,306
	New York St Dorm Auth Revs 3.142% 07/01/43 Par Value 165,000	"	163,363	170,390
	Riverside Cnty Calif Pension 3.818% 02/15/38 Par Value 70,000	"	70,000	78,469
	University Calif Revs 4.858% 05/15/12 Par Value 197,000	"	138,502	208,871
	Total municipal bonds		1,461,204	1,652,626
	AT&T INC 3.650% 06/01/51	Corporate bond	175,319	182,948
	AT&T INC 3.500% 09/15/53	"	563,585	574,275
	AT&T INC 3.550% 09/15/55	"	198,345	200,520
	AT&T INC 3.650% 09/15/59	"	83,548	84,172
	AT&T INC 3.800% 12/01/57	"	146,030	151,566
	ABBVIE INC 4.500% 05/14/35	"	78,405	94,774
	ABBVIE INC 4.875% 11/14/48	"	132,476	134,286
	ABBVIE INC 4.250% 11/21/49	"	192,157	231,374
	ACE INA HLDG INC 6.700% 05/15/36	"	176,171	186,195
	ADVOCATE HEALTH & HOSPS CORP 4.272% 08/15/48	"	125,000	155,169
	ALABAMA PWR CO UNSECD 3.700% 12/01/47	"	158,204	159,667
	AMAZON COM INC 4.950% 12/05/44	"	35,619	38,330
	AMAZON COM INC 4.050% 08/22/47	"	151,931	186,140
	AMAZON COM INC 2.875% 05/12/41	"	140,590	140,513
	ANHEUSER-BUSCH COS LLC ANHEUSER 4.900% 02/01/46	"	597,391	796,210
	ANHEUSER-BUSCH INBEV WORLDWIDE 4.600% 04/15/48	"	215,149	234,090
	ANHEUSER-BUSCH INBEV WORLDWIDE 4.350% 06/01/40	"	107,932	127,259
	ANTHEM INC 4.375% 12/01/47	"	171,082	213,910
	APPLE INC 4.650% 02/23/46	"	250,997	289,496
	APPLIED MATLS INC UNSECD SR NT DTD 4.350% 04/01/47	"	58,986	77,711
	BANK AMER CORP 5.875% 02/07/42	"	336,545	355,900
	BANK AMER CORP VAR% 04/24/38	"	53,714	65,858
	BANK AMER CORP VAR% 01/23/49	"	180,000	210,865
	BANK AMER CORP VAR% 4/22/42	"	123,000	129,643
	BERKSHIRE HATHAWAY ENERGY CO 3.800% 07/15/48	"	100,169	113,470
	BERKSHIRE HATHAWAY ENERGY CO 4.450% 01/15/49	"	100,968	125,233
	BERKSHIRE HATHAWAY ENERGY CO 4.250% 01/15/49	"	61,449	61,609
	BLACKSTONE HLDGS FIN LLC 6.250% 08/15/42	"	164,983	230,967
	BLACKSTONE HLDGS FIN LLC 3.500% 09/10/49	"	75,329	84,625
	BOEING CO 5.805% 05/01/50	"	110,608	129,058
	BP CAP MARKETS AMERICA COMPANY 3.379% 2/8/61	"	106,000	109,386
	BRISTOL MYERS SQUIBB CO 4.550% 02/20/48	"	61,281	65,351
	BROADCOM INC 3.750% 2/15/51	"	121,841	124,772
	BROADCOM INC 3.50% 2/15/41	"	91,064	94,274

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN

EIN: 04-2768252

Plan Number: 001

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

December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	BURLINGTON NORTH SANTA FE LLC 5.050% 03/01/41	"	157,899	188,658
	BURLINGTON NORTH SANTA FE LLC 4.150% 04/01/45	"	51,635	62,698
	BURLINGTON NORTH SANA FE LLC 2.875% 6/15/52	"	78,554	79,340
	CIGNA CORP 4.90% 12/15/48	"	37,199	41,486
	CIGNA CORP 4.80% 7/15/46	"	174,332	201,304
	CSX CORP 3.350% 9/15/49	"	37,739	40,288
	CVS HEALTH CORP 4.780% 3/25/38	"	223,472	278,659
	CVS HEALTH CORP 5.050% 3/25/48	"	228,155	254,470
	CVS HEALTH CORP 4.250% 4/1/50	"	75,987	92,183
	CARLYL HOLDINGS II FIN CO 5.625% 3/30/43	"	319,542	364,134
	CATERPILLAR INC 3.250% 4/19/49	"	168,453	187,027
	CHARTER COMM OPT LLC 6.484% 10/23/45	"	180,803	227,324
	CHARTER COMM OPT LLC 5.375% 5/1/147	"	359,827	407,048
	CHEVRON CORP 3.078% 5/11/50	"	102,000	108,071
	CHUBB CORP 6.50% 5/15/38	"	131,975	162,801
	CINCINNATI FINL CORP 6.125% 11/1/34	"	224,063	224,550
	CINCINNATI FINL CORP 6.92% 5/15/28	"	100,478	104,114
	CISCO SYSTEMS INC 5.90% 2/15/39	"	120,106	142,472
	CITIGROUP INC VAR% 4/24/48	"	68,610	76,328
	CITIGROUP INC 4.650% 7/23/48	"	227,463	293,760
	CLEVELAND CLINIC FOUND 4.858% 1/1/2114	"	90,912	97,195
	COMCAST CORP 4.25% 8/15/34	"	121,541	143,675
	COMCAST CORP 3.40% 7/15/46	"	107,600	134,992
	COMCAST CORP 4.049% 11/1/52	"	251,531	276,677
	COMCAST CORP 3.750% 4/1/40	"	74,592	84,185
	COMCAST CORP 2.887% 11/1/51	"	72,753	70,881
	COMCAST CORP 2.937% 11/1/56	"	155,537	151,162
	COMCAST CORP 2.987% 11/1/63	"	155,292	149,710
	COMMONWEALTH EDISON CO 3.70% 3/1/45	"	345,696	341,280
	CONOCOPHILLIPS COMPANY 6.50% 2/1/39	"	337,783	346,521
	CONSUMERS EQUITY CO 3.50% 8/1/51	"	226,106	255,227
	CORNING INC 5.850% 11/15/68	"	31,953	47,355
	COX COMMUNICATIONS INC 4.70% 12/14/42	"	21,323	26,554
	DEERE & COMPANY 2.875% 9/7/49	"	50,980	52,875
	DEERE & COMPANY 3.750% 4/15/50	"	88,998	105,511
	DIGNITY HEALTH 5.267% 11/1/64	"	221,000	309,373
	WALT DISNEY COMPANY 4.750% 11/15/46	"	172,338	186,659
	WALT DISNEY COMPANY 2.75% 9/1/49	"	34,839	34,969
	WALT DISNEY COMPANY 4.70% 3/23/50	"	147,981	197,266
	DISCOVERY COMMUNICATIONS 5.20% 9/20/47	"	126,021	145,487
	DISCOVERY COMMUNICATIONS 4.00% 9/15/55	"	71,889	77,843
	DUKE ENERGY CAROLINAS 5.30% 2/15/40	"	352,067	453,922
	DUKE ENERGY INDIANA LLC 2.75% 4/1/50	"	72,910	71,282
	EOG RESOURCES INC 3.90% 4/1/35	"	85,906	102,159
	EBAY INC 3.650% 5/10/51	"	100,908	110,247
	ENERGY TRANSFER PARTNERS 5.150% 2/1/43	"	204,806	215,608
	ENERGY TRANSFER OPERATING GLB 6.250% 4/15/49	"	36,178	40,616
	ENTERGY CORP 3.75% 6/15/50	"	98,400	108,032
	ENTERPRISE PRODUCTS OPER COMPANY 4.90% 5/15/46	"	205,665	258,341
	ENTERPRISE PRODUCTS OPER COMPANY 4.80% 2/1/49	"	78,710	97,683
	EXXON MOBIL CORPORATION GLB 4.114% 3/1/46	"	54,000	63,321
	EXXON MOBIL CORPORATION GLB 4.327% 3/19/50	"	225,921	255,070
	FEDEX CORP COMPANY 3.875% 8/1/42	"	378,670	431,553
	FIFTH THIRD BANCORP 8.250% 3/1/38	"	152,713	169,273
	FLORIDA POWER & LIGHT 5.625% 4/1/34	"	85,787	114,190
	FLORIDA POWER & LIGHT 5.690% 3/1/40	"	42,942	60,587
	FLORIDA POWER & LIGHT 4.050% 10/1/44	"	79,736	95,075
	GENERAL MOTORS CO 5.950% 4/1/49	"	95,081	144,173
	GOLDMAN SACHS GROUP INC 4.80% 7/8/44	"	71,456	73,009
	GOLDMAN SACHS GROUP INC 6.250% 2/1/41	"	41,164	58,295
	GOLDMAN SACHS GROUP INC 5.150% 5/22/45	"	256,015	325,910
	WW GRAINGER INC. 4.20% 5/15/47	"	113,279	137,270
	HEALTH CARE SERVICE CORP 3.20% 6/1/50	"	178,385	183,836

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN

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December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	HOME DEPOT INC 3.90% 6/15/47	"	215,309	209,836
	HOME DEPOT INC 3.350% 4/15/50	"	100,835	111,660
	INTEL CORP 4.10% 5/19/46	"	45,773	54,815
	INTEL CORP 4.95% 3/25/60	"	49,086	70,388
	INTEL CORP 3.20% 8/12/61	"	45,813	47,324
	INTERCONTINENTAL EXCHANGE 4.250% 9/21/48	"	99,288	122,725
	JPMORGAN CHASE & CO 5.60% 7/15/41	"	589,388	634,485
	JOHNSON & JOHNSON 5.95% 8/15/37	"	115,462	123,282
	JUNIPER NETWORKS INC 5.95% 3/15/41	"	44,641	57,034
	KLA-TENCOR CORP 5.00% 3/15/49	"	63,677	85,574
	KLA CORP 3.30% 3/1/50	"	47,529	51,269
	KKR GROUP FINANCE CO III 5.125% 6/1/44	"	180,377	227,682
	KANSAS CITY SOUTHERN COMPANY 4.20% 11/15/69	"	74,627	88,659
	KEYSPAN GAS EAST 5.819% 4/1/41	"	44,000	58,095
	KINDER MORGAN INC. DELAWARE COMPANY 5.050% 2/15/46	"	274,477	306,584
	KROGER CO 4.650% 1/15/48	"	134,714	169,115
	LIBERTY MUTUAL GROUP INC 3.951% 10/15/50	"	108,998	121,084
	LOCKHEED MARTIN CORP 4.070% 12/15/42	"	42,234	40,138
	LOCKHEED MARTIN CORP 4.70% 5/15/46	"	156,993	191,313
	LOWES COS INC 3.70% 4/15/46	"	67,384	76,984
	LOWES COS INC. 4.050% 5/3/47	"	52,292	70,412
	MPLX LP 5.50% 2/15/49	"	78,006	102,484
	MARATHON PETROLEUM CORP 6.50% 3/1/41	"	82,374	100,606
	MARSH & MCLENNAN COS INC 4.750% 3/15/39	"	105,906	132,498
	MASSACHUSETTS ELECTRIC 5.90% 11/15/39	"	122,619	161,643
	MASS INSTITUTE OF TECH 4.678% 7/1/2114	"	26,000	38,869
	MASS MUTUAL LIFE INS CO 3.375% 4/15/50	"	54,934	58,220
	MCDONALDS CORP 4.450% 3/1/47	"	77,872	95,448
	MCDONALDS CORP 3.625% 9/1/49	"	49,418	66,455
	MEMORIAL SLOAN-KETTERING 5.00% 7/1/42	"	90,000	119,531
	METLIFE INC 4.050% 3/1/45	"	313,410	348,169
	MICROSOFT CORP 2.921% 3/17/52	"	119,506	120,461
	MICROSOFT CORP 3.041% 3/17/62	"	164,265	183,775
	MOODY'S CORPORATION 4.875% 12/17/48	"	180,924	245,565
	MORGAN STANLEY VAR% 1/25/52	"	207,000	203,930
	NATIONWIDE MUTUAL INSURANCE 4.350% 4/30/50	"	69,837	80,456
	NY & PRESBYTERIAN HOSPITAL 3.954% 8/1/2119	"	123,000	150,060
	NEW YORK LIFE INSURANCE 5.875% 5/15/33	"	251,324	282,031
	NORFOLK SOUTHERN CORP 4.450% 6/15/45	"	87,743	93,494
	NORFOLK SOUTHERN CORP 4.050% 8/15/52	"	78,306	125,469
	NORFOLK SOUTHERN CORP 5.10% 8/1/2118	"	89,825	118,731
	NORTHERN STATE PWR-MINN 6.20% 7/1/37	"	150,339	194,985
	NORTHERN STATE PWR-MINN 5.350% 11/1/39	"	73,859	101,057
	NORTHROP GRUMMAN CORP 5.250% 5/1/50	"	157,063	222,061
	NVIDIA CORP 3.50% 4/1/50	"	73,809	84,677
	OCCIDENTAL PETROLEUM COR ZERO% 10/10/36	"	350,817	405,195
	ORACLE CORP 5.375% 7/15/40	"	64,247	79,567
	ORACLE CORP 4.00% 7/15/46	"	143,653	142,650
	ORACLE CORP 3.950% 3/25/51	"	152,732	159,420
	PPL ELECTRIC UTILITIES 6.250% 5/15/39	"	160,267	186,493
	PPL ELECTRIC UTILITIES 4.125% 6/15/44	"	79,347	82,333
	PACIFICORP 6.00% 1/15/39	"	454,010	500,667
	PACIFICORP 3.30% 3/15/51	"	48,596	50,974
	PENNSYLVANIA ELECTRIC CO 6.150% 10/1/38	"	140,697	190,869
	PFIZER INC. 3.90% 3/15/39	"	41,775	44,826
	PHILLIPS 66 4.650% 11/15/34	"	250,716	269,848
	PHILLIPS 66 PARTNERS LP 4.680% 2/15/45	"	157,507	183,442
	PIEDMONT NATURAL GAS CO 3.350% 6/1/50	"	131,059	135,839
	PRUDENTIAL FINANCIAL INC 5.70% 12/14/36	"	332,248	367,267
	PUB SVC ELEC & GAS 5.50% 3/1/40	"	109,482	107,956
	REALTY INCOME CORP 3.250% 1/15/31	"	170,258	185,141
	SAN DIEGO G&E 3.320% 4/15/50	"	90,879	95,428
	SEMPRA ENERGY 6.00% 10/15/39	"	155,243	172,936

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN

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December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	SIMON PROPERTY GROUP LP 4.250% 11/30/46	"	148,073	176,948
	SNAP-ON INC 4.10% 3/1/48	"	136,623	166,396
	SUNOCO LOGISTICS PARTNER 5.30% 4/1/44	"	51,043	59,710
	TEXAS INSTRUMENTS INC 4.150% 5/15/48	"	84,516	91,385
	TRANSCONT GAS PIPE LINE 4.60% 3/15/48	"	59,566	72,769
	UNION PACIFIC CORP 3.550% 8/15/39	"	90,741	101,106
	UNION PACIFIC CORP 3.250% 2/5/50	"	127,826	130,178
	UNITED PARCEL SERVICE 5.30% 4/1/50	"	195,853	292,027
	UNITED TECHNOLOGIES CORP 3.750% 11/1/46	"	27,858	31,298
	UNITED TECHNOLOGIES CORP 4.625% 11/16/48	"	217,027	258,363
	VERIZON COMMUNICATIONS 4.00% 3/22/50	"	101,000	117,370
	VERIZON COMMUNICATIONS 3.550% 3/22/51	"	167,855	169,706
	VERIZON COMMUNICATIONS 3.70% 3/22/61	"	375,248	392,022
	VERIZON COMMUNICATIONS 3.40% 3/22/41	"	197,349	198,418
	VERISK ANALYTICS INC 3.625% 3/15/50	"	83,946	91,678
	VIRGINIA ELEC & POWER CO 8.875% 11/15/38	"	277,648	323,405
	VIRGINIA ELEC & POWER CO 4.650% 8/15/43	"	142,593	140,701
	VISA INC 4.150% 12/14/35	"	172,657	172,581
	WELLS FARGO & COMPANY VAR% 4/4/51	"	394,956	449,465
	WELLTOWER INC 4.950% 9/1/48	"	67,714	89,069
	WISCONSIN ENERGY CORP 6.20% 4/1/33	"	133,460	163,050
	XCEL ENERGY INC 4.80% 9/15/41	"	115,725	141,098
	CVS CAREMARK CORP 5.926% 01/10/34	"	108,797	120,767
	GS MTG SECS TR 2.910% 02/13/53	"	136,989	139,960
	OHIOHEALTH CORP 3.042% 11/15/50	"	150,000	158,226
	PSNH FDG LLC 3 3.814% 02/01/35	"	227,848	255,648
	WENDYS FDG LLC 4.080% 06/15/49	"	146,961	155,849
	WENDYS FDG LLC 2.75% 06/15/51	"	103,480	103,227
	Total corporate bonds		27,088,645	30,973,584
	ASTRAZENECA PLC 6.450% 9/15/37	Foreign bond	82,610	91,323
	ASTRAZENECA PLC 3.000% 5/28/51	"	32,549	34,725
	BAE SYSTEMS PLC 5.800% 10/11/41	"	247,775	311,820
	USD BHP FINANCE USA 5.000% 9/30/43	"	152,948	152,515
	USD BELL CANADA 4.464% 4/1/48	"	138,275	173,741
	CANADIAN NATL RAILWAY 6.200% 6/1/36	"	104,116	123,274
	CANADIAN PACIFIC RR CO 6.125% 9/15/2115	"	124,912	182,440
	USD CANADIAN PACIFIC 3.100% 12/2/51	"	95,313	98,303
	ELECTRICITE DE FRANCE 6.000% 1/22/2114	"	77,562	111,597
	HSBC HOLDINGS PLC 6.800% 6/1/38	"	185,223	184,400
	RIO TINTO FIN USA LTD 5.200% 11/2/40	"	107,711	106,707
	USD ROGERS COMM INC 5.000% 3/15/44	"	290,550	340,233
	USD SHELL INTL FIN 4.550% 8/12/43	"	220,473	280,150
	SHELL INTERNATIONAL FIN 3.750% 9/12/46	"	55,594	69,859
	USD SHELL INTL FIN 3.000% 11/26/51	"	76,818	78,551
	SIEMENS FINANCIERINGSMAT 4.400% 5/27/45	"	294,796	375,319
	TAKEDA PHARMACEUTICAL 3.175% 7/9/50	"	202,388	202,368
	USD TRANSCANADA PL 4.875% 5/15/48	"	106,098	136,510
	VODAFONE GROUP PLC 5.000% 5/30/38	"	131,459	166,960
	USD XSTATATA FIN CAN 6.000% 11/14/41	"	155,358	201,562
	Total foreign bonds		2,882,528	3,422,357
	Boot Barn Holdings Inc	Common stock	247,401	1,548,461
	Chuys Hldgs Inc	"	332,519	417,072
	Five Below Inc	"	443,558	1,391,749
	Floor & Decor Hldgs Inc	"	452,946	1,687,140
	Freshpet Inc	"	875,835	1,271,283
	Mister Car Wash Inc.	"	622,042	686,226
	Monro, Inc	"	602,953	630,540
	National Vision Hldgs Inc	"	632,983	877,641
	Ollies Bargain Outlet Hldgs Inc	"	1,396,354	1,055,896
	Purple Innovation Inc.	"	1,097,272	586,401
	XPEL Inc	"	747,706	655,215
	Yeti Hldgs Inc	"	457,480	1,241,622

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	Focus Finl Partners Inc	"	1,308,171	1,448,031
	Gooshead Ins Inc	"	277,451	818,984
	Grid Dynamics Hldings Inc	"	609,971	607,254
	Open Lending Corp	"	1,187,895	857,994
	Pinnacle Finl Partners	"	911,275	1,389,143
	Repay Holdings Corp	"	757,928	698,261
	Stepstone Group Inc	"	1,243,315	1,636,902
	Arvinas Inc	"	120,822	126,413
	Atara Biotherapeutics	"	189,778	197,095
	C4 Therapeutics Inc	"	296,208	242,080
	Castle Biosciences Inc	"	891,330	666,114
	Chemocentryx Inc	"	156,285	338,358
	Cytokinetix Inc	"	153,332	614,601
	Ensign Group Inc	"	710,295	1,955,092
	Esperion Therapeutics Inc New	"	468,992	170,655
	Frequency Therapeutics Inc	"	303,733	104,575
	Healthequity Inc	"	1,146,355	1,003,186
	Inovio Pharmaceuticals Inc	"	172,874	85,339
	Inspire Med Sys Inc	"	275,967	1,010,193
	Intra-Cellular Therapies Inc	"	411,118	1,001,055
	Macrogenics Inc	"	307,767	276,959
	Medpace Hldgs Inc	"	877,841	2,511,130
	Neogen Corp	"	1,414,770	1,836,153
	Nurix Therapeutics Inc	"	219,027	173,324
	Pennant Group Inc	"	641,701	799,445
	Sangamo Therapeutics Inc	"	370,826	283,560
	Silk Rd Med Inc	"	564,166	588,572
	Silverback Therapeutics Inc	"	232,536	52,401
	Kornit Digital Ltd	"	532,388	2,553,994
	Aaon Inc	"	340,841	742,035
	Allegiant Travel Co	"	608,367	886,757
	Helios Technologies Inc	"	818,923	1,772,220
	Hydrofarm Holdings Group	"	1,062,226	531,513
	LGI Homes Inc	"	765,520	1,610,763
	Siteone Landscape Supply Inc	"	202,420	681,776
	Ziprecruiter Inc	"	1,122,693	1,223,157
	Globant Sa	"	365,824	1,964,947
	Cyber-Ark Software Ltd	"	1,113,488	2,131,344
	Nova Ltd	"	649,279	985,066
	CS Disco Inc	"	941,236	632,131
	DMC Global Inc	"	887,507	869,796
	Euronet Worldwide Inc	"	995,854	1,160,239
	Five9 Inc	"	933,480	823,645
	Markforged Hldg Corp	"	821,797	361,938
	Monolithic Pwr Systems	"	94,232	593,969
	Ncino Inc	"	661,030	569,392
	Nlight Inc	"	854,250	791,571
	Paylocity Hldg Corp	"	220,342	951,489
	Q2 Holdings Inc	"	709,852	650,216
	Rapid7 Inc	"	556,241	2,011,087
	Sitime corp	"	581,807	857,727
	Taskus Inc	"	958,174	888,991
	Rbc Bearings Inc	"	760,161	1,171,224
	Total common stock		41,688,710	60,959,102
	BlackRock Liquidity T-Fund	Mutual fund	1,408,134	1,408,134
	Federated Gov't Obligations Fund; account:1096221	"	155,222	155,222
	Federated Gov't Obligations Fund; account:1740364	"	1,071,461	1,071,461
	Federated Gov't Obligations Fund; account:8515196	"	1,980,003	1,980,003
	Federated Gov't Obligations Fund; account:8515197	"	77,235	77,235
	Federated Gov't Obligations Fund; account:8520477	"	307	307
	Federated Gov't Obligations Fund; account:8558844	"	1,570,472	1,570,472
	Vanguard Total Bond Market Index Fund	"	45,908,288	47,762,596

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN

EIN: 04-2768252

Plan Number: 001

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

December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Dodge & Cox Stock Fund	"	40,800,618	72,489,581
	Lazard Global	"	3,150,000	3,516,752
	Vanguard Total Stock Market Index Fund	"	43,457,141	57,412,413
	John Hancock Diversified Fund	"	6,815,283	6,389,116
	Total mutual funds		146,394,164	193,833,292
	Marathon-London Global Ex US Collective Investment Fund	Common collective trust	76,017,437	88,227,147
	Total common collective trusts		76,017,437	88,227,147
	Cross Creek Capital	Commingled fund	291,626	139,809
	UBS Trumbull Proprietary Fund	"	4,675,674	6,269,434
	Cross Creek Capital II	"	1,624,666	4,618,972
	Crescent Capital High Income Fund	"	4,900,000	6,070,120
	Crown Secondaries Special Opportunities II	"	1,434,122	2,097,030
	ISQ Global Infrastructure Fund III LP	"	235,644	165,500
	Arrowmark Global Opportunity Fund II	"	7,888,900	7,856,689
	Total commingled funds		21,050,632	27,217,554
	Total investments on the statement of net assets available for benefits		<u>\$ 346,462,743</u>	<u>\$ 436,659,821</u>

* Denotes party-in-interest to the Plan.

STURDY MEMORIAL HOSPITAL RETIREMENT PLAN

EIN: 04-2768252

Plan Number: 001

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

For the year ended December 31, 2021

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset (including interest rate and maturity)	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
<u>SERIES TRANSACTIONS:</u>						
BlackRock Liquidity Fund	Mutual fund	\$ 15,010,508	\$ 24,645,161	\$ 24,645,161	\$ 39,655,669	\$ -
Federated Government Obligations Fund	"	63,726,220	66,308,610	66,308,610	130,034,830	-
Vanguard Total Bond Market Index Fund	"	20,476,002	-	56,783,816	20,476,002	-
Bank of America Cash Reserves	"	56,783,794	56,783,816	11,711,293	113,567,610	-

