Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
NICHOLAS H. NOYES TAX SHELTERED SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 02/01/1989

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)
NICHOLAS H. NOYES MEMORIAL HOSPITAL

111 CLARA BARTON STREET
DANSVILLE, NY 14437-9503

2b Employer Identification Number (EIN) 16-0743979

2c Plan Sponsor's telephone number 585-335-6001

2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2022	CASSIE WEITZEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	638
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)**	566
a(2) Total number of active participants at the end of the plan year	**6a(2)**	499
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	220
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	720
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	720
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	500
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:

2F 2G 2L 2M 2T 3H 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

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

A Name of plan
NICHOLAS H. NOYES TAX SHELTERED SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
NICHOLAS H. NOYES MEMORIAL HOSPITAL

D Employer Identification Number (EIN)
16-0743979

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

1 Coverage Information:

(a) Name of insurance carrier
LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
22-0832760	60139	191954+030	418	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
62320	0

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

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

HEALTHCARE COMMUNITY SECURITIE
1 EMPIRE DR
RENSSELAER, NY 12144

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
62320			4

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP VARIABLE ANNUITY W/GUAR FUND

b	Balance at the end of the previous year			7b	13905462
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	565558		
	(4) Transferred from separate account	7c(4)	58800		
	(5) Other (specify below)	7c(5)	224874		
	▶ MAY INCLUDE LOAN REPAYMENTS, FORFEITURES, TAKEOVERS AND/OR ADJUSTMENTS				
	(6)Total additions			7c(6)	849232
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	14754694
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	982985		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	15874		
	(4) Other (specify below)	7e(4)	222336		
	▶ MAY INCLUDE LOANS ISSUED, FORFEITURES, FEES, CORRECTIVES AND/OR ADJUSTMENTS				
	(5) Total deductions			7e(5)	1221195
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	13533499

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan	**B** Three-digit plan number (PN) ▶
NICHOLAS H. NOYES TAX SHELTERED SAVINGS PLAN	002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
NICHOLAS H. NOYES MEMORIAL HOSPITAL	16-0743979

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

LINCOLN NATIONAL CORPORATION

35-1140070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	43463	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

HEALTHCARE COMMUNITY SECURITIES

14-1764768

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	13990	Yes [ ] No [X]	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 [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

A Name of plan
NICHOLAS H. NOYES TAX SHELTERED SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
NICHOLAS H. NOYES MEMORIAL HOSPITAL

D Employer Identification Number (EIN)
16-0743979

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	5660	60871
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	16910940	20638037
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	14270213	13661579
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	31186813	34360487
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	31186813	34360487

Part II Income and Expense Statement

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	377513	
	(B) Participants	2a(1)(B)	1453446	
	(C) Others (including rollovers)	2a(1)(C)	196779	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2027738
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	1449	
	(F) Other	2b(1)(F)	577829	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		579278
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	302493	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		302493
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2769011
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		5678520
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2466545	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2466545
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	38301	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		38301
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2504846
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3173674
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: BONADIO & CO., LLP **(2)** EIN: 16-1131146

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

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

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

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

A Name of plan
NICHOLAS H. NOYES TAX SHELTERED SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
NICHOLAS H. NOYES MEMORIAL HOSPITAL

D Employer Identification Number (EIN)
16-0743979

Part I Distributions

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

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

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

EIN(s): 35-1140070 04-3157927

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** 25

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

NICHOLAS H. NOYES
TAX SHELTERED SAVINGS PLAN

Financial Statements as of
December 31, 2021 and 2020
Together with
Independent Auditor's Report

Bonadio & Co., LLP
Certified Public Accountants

Bonadio & Co., LLP
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

September 30, 2022

To the Finance Committee of
Nicholas H. Noyes Tax Sheltered Savings Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit
We have performed an audit of the financial statements of Nicholas H. Noyes Tax Sheltered Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2021, and the related statements 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 Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

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

- The amounts and disclosures in the accompanying financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- The information in the financial statements referred to above 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).

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(Continued)

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

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

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

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.

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

- 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 accounting principles generally accepted in the United States of America.

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

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

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

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

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

- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 5, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

NICHOLAS H. NOYES
TAX SHELTERED SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2021 AND 2020

	2021	2020
ASSETS		
INVESTMENTS:		
Group variable annuity contract	$ 13,533,499	$ 13,905,462
Registered investment companies	8,047,082	5,627,090
Pooled separate accounts, measured using net asset value as a practical expedient	12,590,956	11,283,850
	34,171,537	30,816,402
FULLY BENEFIT RESPONSIVE INVESTMENT CONTRACT, at contract value	128,079	364,751
Total investments	34,299,616	31,181,153
NOTES RECEIVABLE FROM PARTICIPANTS	60,871	5,660
NET ASSETS AVAILABLE FOR BENEFITS	$ 34,360,487	$ 31,186,813

The accompanying notes are an integral part of these statements.

NICHOLAS H. NOYES
TAX SHELTERED SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

	2021	2020
ADDITIONS:		
Contributions -		
Employer	$ 377,513	$ 362,748
Participant	1,453,446	1,504,149
Rollovers	196,779	189,194
Total contributions	2,027,738	2,056,091
Investment income -		
Interest and dividend income	880,322	587,058
Net appreciation in fair value of investments	2,769,011	3,082,183
Total investment income	3,649,333	3,669,241
Interest on notes receivable from participants	1,449	137
Other income	-	3,807
Total additions	5,678,520	5,729,276
DEDUCTIONS:		
Benefits paid to participants	2,466,545	1,713,823
Contract administrator fees	38,301	16,762
Total deductions	2,504,846	1,730,585
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	3,173,674	3,998,691
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	31,186,813	27,188,122
NET ASSETS AVAILABLE FOR BENEFITS - end of year	$ 34,360,487	$ 31,186,813

The accompanying notes are an integral part of these statements.

1. DESCRIPTION OF PLAN

The following description of the Nicholas H. Noyes Tax Sheltered Savings Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of Nicholas H. Noyes Memorial Hospital (Hospital). It is subject to the provisions of the Employee Retirement Income Securities Act of 1974 (ERISA). The Hospital's Board of Directors oversees governance of the Plan. The Hospital's Finance Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Board of Directors.

Contributions

Each year, participants may defer up to 100% of pretax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers a group variable annuity with a fixed account, various pooled separate accounts and mutual funds as investment options for participants. Contributions are subject to certain statutory limitations.

All full-time and part-time employees are eligible for employer matching contributions upon achieving one-year of service. Matching contributions and rates are at the discretion of the Hospital up to an annual maximum of $6,000 per participant. For the years ended December 31, 2021 and 2020, the Hospital contributed the following amount of base compensation (less payment for unused accrued leave) that a participant contributes to the Plan each payroll period:

Years of Service	Amount
0 - 1	0%
1 - 3	1%
3 - 15	2%
More than 15	3%

Participant Accounts

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

Vesting

Participants are immediately vested in their contributions and the Hospital's contributions plus actual earnings thereon.

1. DESCRIPTION OF PLAN (Continued)

Plan Loans

Participants may borrow amounts directly from the plan custodian. Plan loans may be requested by a participant, using their account balance as collateral for the plan loan. The loan is issued directly from funds owned by Lincoln Life and Annuity Company of New York or Lincoln Financial Group Trust Company, Inc. and not directly from a participant's account. Adequate security is required; therefore, 100% of the loan balance is held as collateral to cover the outstanding loan in the event of default. The collateral for the loan is maintained as part of the participant's group variable annuity fixed account balance. The collateral securing the loan continues to earn interest. A plan loan is not treated as a distribution from the Plan and is not considered a plan asset; therefore, plan loans are not reported on the statements of net assets available for benefits. A participant may apply for a plan loan not to exceed the lesser of (a) $50,000 or (b) 50% of the participant's vested account balance in the Plan.

Total plan loans outstanding amounted to $698,414 and $863,404 at December 31, 2021 and 2020, respectively. Total plan loans in default amounted to $180,901 and $180,109 at December 31, 2021 and 2020, respectively. At December 31, 2021 and 2020, there was $499,368 and $574,288, respectively, held within participant accounts in the Group Variable Annuity account on the statements of net assets available for benefits, which served as collateral against plan loans outstanding.

Notes Receivable from Participants

Plan participants may borrow up to 50% of the amount of the participant's vested balance in the Plan. The minimum loan is $1,000 and the maximum is $50,000. The proceeds of the loan shall be withdrawn from account sources on a prorated basis across all contribution types. Principal and interest is paid ratably through payroll deductions for a period not to exceed 5 years, except in the case of a loan taken for the purpose of purchasing a primary residence. Notes receivable from participants bear interest at a fixed rate equal to the prime rate in effect when the loan is originated plus 1%.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, annual installments over a period not to exceed the life of the participant, or an annuity distribution.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

The preparation of financial statements in accordance with GAAP 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.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Finance Committee determines the Plan's valuation policies. See Note 3 for a 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.

Risks and Uncertainties

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

The United States is presently in the midst of a pandemic related to a virus, commonly known as Novel Coronavirus (COVID-19). As a result of COVID-19, there has been heightened market risk and volatility associated with the pandemic, and this could materially affect participants' account balances and the amounts reported in the financial statements. The duration of these uncertainties and the ultimate financial effects cannot be reasonably estimated at this time.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2021 and 2020, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the Plan Administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Fair Value Measurement

Generally accepted accounting principles establish a hierarchy for information and valuations used in measuring fair value that is broken down into three levels based on the reliability of inputs as follows:

- Level 1 - Valuations are based on quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access. Valuation adjustments are not applied to Level 1 instruments. Since valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these products does not entail a significant degree of judgment.

- Level 2 - Valuations are based on quoted prices in markets that are not active or for which all significant inputs are observable, either directly or indirectly.

- Level 3 - Valuations are based on inputs that are unobservable and significant to the overall fair value measurement.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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

The following is a description of the valuation methodology used for assets measured at fair value.

Group variable annuity contract: Valued based upon contract value, which represents the amount participants would receive if they were to initiate a transaction under the terms of the ongoing plan. As such, contract value approximates fair value.

Registered investment companies: Include money market and mutual funds at the net asset value of shares held at year end based on quoted prices in active markets.

Pooled separate accounts: Valued based upon the net asset value (NAV), which is determined using the fair value of the subaccount's underlying assets, minus the fund's liabilities, divided by the number of participation units outstanding.

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

Payment of Benefits
Benefits are recorded when paid.

Expenses
Certain expenses of maintaining the Plan are paid by the Hospital and are therefore excluded from these financial statements. Investment-related expenses are included in net appreciation of fair value of investments.

3. GUARANTEED INVESTMENT CONTRACT

Plan investments include a stable value fund with MetLife, which is a fully benefit-responsive investment contract. The fund is credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses. The guaranteed investment fund issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed.

Because the guaranteed investment contract meets the criteria to be considered fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at contract value. Contract value, as reported to the Plan by MetLife, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

3. GUARANTEED INVESTMENT CONTRACT (Continued)

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contract at December 31, 2021 and 2020 was $128,079 and $364,751, respectively. The crediting interest rate, which is based on a formula agreed upon with the issuer, was 1.80% and 2.35% for the years ended December 31, 2021 and 2020, respectively. Such interest rates are reviewed on an annual basis for resetting.

4. FAIR VALUE MEASUREMENTS

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

	Level 1	Level 2	Level 3	Total
Group variable annuity contract	$ -	$ 13,533,499	$ -	$ 13,533,499
Registered investment companies	8,047,082	-	-	8,047,082
	$ 8,047,082	$ 13,533,499	$ -	21,580,581
Investments valued using NAV as a practical expedient				12,590,956
				$ 34,171,537

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

	Level 1	Level 2	Level 3	Total
Group variable annuity contract	$ -	$ 13,905,462	$ -	$ 13,905,462
Registered investment companies	5,627,090	-	-	5,627,090
	$ 5,627,090	$ 13,905,462	$ -	19,532,552
Investments valued using NAV as a practical expedient				11,283,850
				$ 30,816,402

The Plan has the following investments that are valued using net asset value as a practical expedient at December 31, 2021:

Description	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Pooled separate accounts	$ 12,590,956	$ -	Daily	None

4. FAIR VALUE MEASUREMENTS (Continued)

The Plan has the following investments that are valued using net asset value as a practical expedient at December 31, 2020:

Description	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Pooled separate accounts	$ 11,283,850	$ -	Daily	None

The Plan invests in pooled separate accounts of Lincoln Life and Annuity Company of New York and Lincoln Financial Group Trust Company, Inc., which are designed to mimic the investment returns of traditional equity and fixed-income markets. The fair value of these investments has been estimated using the net asset value per share of the investments as provided by the fund managers.

5. INFORMATION CERTIFIED BY CUSTODIAN

The following information is certified as complete and accurate by Lincoln Life and Annuity Company of New York and Lincoln Financial Group Trust Company, Inc. and is included in the accompanying financial statements and schedules:

	2021	2020
Group variable annuity contract	$ 13,533,499	$ 13,905,462
Registered investment companies	$ 8,047,082	$ 5,627,090
Pooled separate accounts	$ 12,590,956	$ 11,283,850
Fully benefit responsive investment contract	$ 128,079	$ 364,751
Notes receivable from participants	$ 60,871	$ 5,660
Interest and dividend income	$ 880,322	$ 587,058
Net appreciation in fair value of investments	$ 2,769,011	$ 3,082,183
Schedule of Assets (Held at End of Year)	Schedule I	

6. RELATED PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

Certain plan investments are managed by Lincoln Life and Annuity Company of New York and Lincoln Financial Group Trust Company. Lincoln Life and Annuity Company of New York and Lincoln Financial Group Trust Company are the custodians as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Additionally, notes receivable from participants are party-in-interest transactions.

These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

7. PLAN TERMINATION

Although it has not expressed any intent to do so, the Hospital has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA and the Plan. In the event of Plan termination, participants would remain 100% vested in their accounts.

8. TAX STATUS

The Plan has been designated to qualify under Section 403(b) of the Internal Revenue Code (the Code). The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Service (IRS) in Revenue Procedure 2007-71. The plan administrator intends to apply for a determination letter on the Plan once the IRS open such a program. The plan is required to operate in conformity with the code to maintain the tax-exempt status for the plan participants under Section 403(b). The plan administrator believes the Plan is currently designed and operating in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified.

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

While net assets available for benefits and change in net assets available for benefits agree between the financial statements and Form 5500 in total as of and for the year ended December 31, 2021 and 2020, certain classifications differ between the financial statements and Form 5500.

10. SUBSEQUENT EVENTS

Subsequent events have been evaluated through September 30, 2022 which is the date the financial statements were available to be issued.

NICHOLAS H. NOYES
TAX SHELTERED SAVINGS PLAN

EMPLOYER IDENTIFICATION NUMBER: 16-0743979
PLAN NUMBER 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
*	Fixed Account	Group variable annuity contract	**	$ 13,533,499
	MetLife Stable Value	Guaranteed investment contract	**	128,079
*	AB VPS Global Thematic Growth	Pooled separate account	**	134,018
*	AB VPS Large Cap Growth Port	Pooled separate account	**	88,441
*	American Century Vp Balanced	Pooled separate account	**	351,806
*	American Funds Global Growth	Pooled separate account	**	120,653
*	American Funds Growth Fund	Pooled separate account	**	1,920,127
*	American Funds Growth-Income	Pooled separate account	**	357,757
*	American Funds International	Pooled separate account	**	211,295
*	Blackrock Global Allocation	Pooled separate account	**	35,765
*	Delaware VIP Small Cap Value	Pooled separate account	**	250,156
*	DWS Alt Asset Alloc Vip	Pooled separate account	**	4,959
*	Fidelity Asset Manager	Pooled separate account	**	502,401
*	Fidelity Contrafund Portfolio	Pooled separate account	**	687,812
*	Fidelity Growth Portfolio	Pooled separate account	**	1,737,736
*	Fidelity VIP Freedom Target 2025	Pooled separate account	**	3,288
*	Fidelity VIP Freedom Target 2030	Pooled separate account	**	125,170
*	Fidelity VIP Freedom Target 2035	Pooled separate account	**	73,082
*	Fidelity VIP Freedom Target 2040	Pooled separate account	**	13,935
*	Fidelity VIP Freedom Target 2045	Pooled separate account	**	31,903
*	Fidelity VIP Freedom Target 2050	Pooled separate account	**	113,474
*	Fidelity VIP Freedom Target 2055	Pooled separate account	**	2,392
*	Fidelity VIP Freedom Target 2060	Pooled separate account	**	483
*	Janus Henderson Glb Research	Pooled separate account	**	216,893
*	Lincoln VIP Bond Fund	Pooled separate account	**	24,810
*	Lincoln VIP Social Awareness	Pooled separate account	**	241,730
*	LVIP Baron Grth Opportunities	Pooled separate account	**	474,494
*	LVIP Blackrck Advtg All Fund	Pooled separate account	**	12,603
*	LVIP Blended Lc Grth Mngd Vol	Pooled separate account	**	12,662
	Subtotal (continued on next page)			7,749,845

The accompanying notes are an integral part of this schedule.

NICHOLAS H. NOYES
TAX SHELTERED SAVINGS PLAN

EMPLOYER IDENTIFICATION NUMBER: 16-0743979
PLAN NUMBER 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Balance carried forward from prior page			7,749,845
*	LVIP Blended Mid Cap Mngd Vol	Pooled separate account	**	2,346
*	LVIP Blrk Global Real Estate	Pooled separate account	**	146
*	LVIP Br Inflation Protected	Pooled separate account	**	28,612
*	LVIP Del Divers Floating Rate	Pooled separate account	**	1,769
*	LVIP Del Smid Cap Core Fund	Pooled separate account	**	160,437
*	LVIP Delaware Dvrs Income Fnd	Pooled separate account	**	26,541
*	LVIP Delaware High Yield Fund	Pooled separate account	**	67,756
*	LVIP Delaware Reit Fund	Pooled separate account	**	244,916
*	LVIP Delaware Wealth Builder	Pooled separate account	**	102,944
*	LVIP Dimensional Us Core Eqty1	Pooled separate account	**	115,147
*	LVIP Ft Glb Equ Mgmd Vol	Pooled separate account	**	3,961
*	LVIP Glbal Moderate Alloctn Mr	Pooled separate account	**	8,384
*	LVIP Global Growth Alloctn Mr	Pooled separate account	**	12,651
*	LVIP Global Income	Pooled separate account	**	1,831
*	LVIP Jpm Select Mid Cap Val Mv	Pooled separate account	**	2,744
*	LVIP Jpmorgan Retiremnt Income	Pooled separate account	**	5,568
*	LVIP Mondrian Int'L Value	Pooled separate account	**	31,619
*	LVIP SSGA Bond Index	Pooled separate account	**	2,148
*	LVIP SSGA Emerg Mkt 100	Pooled separate account	**	7,761
*	LVIP SSGA Glb Tac Allc Mgd Vol	Pooled separate account	**	2,470
*	LVIP SSGA International Index	Pooled separate account	**	1,466
*	LVIP SSGA International Mgdvlt	Pooled separate account	**	3,205
*	LVIP SSGA S&P 500 Index	Pooled separate account	**	1,558,586
*	LVIP SSGA Small-Cap Index	Pooled separate account	**	310,029
*	LVIP T. Rowe Price 2010	Pooled separate account	**	1,541
*	LVIP T. Rowe Price 2020	Pooled separate account	**	12,688
*	LVIP T. Rowe Price 2030	Pooled separate account	**	134,594
*	LVIP T. Rowe Price 2040	Pooled separate account	**	413,085
*	LVIP T. Rowe Price 2050	Pooled separate account	**	304,129
*	LVIP T. Rowe Price Structured	Pooled separate account	**	980,772
*	NB Amt Sustainable Eq Port	Pooled separate account	**	158,959
*	T. Rowe Price Int'L Stock	Pooled separate account	**	132,306
				12,590,956

The accompanying notes are an integral part of this schedule.

NICHOLAS H. NOYES
TAX SHELTERED SAVINGS PLAN

EMPLOYER IDENTIFICATION NUMBER: 16-0743979
PLAN NUMBER 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	American Funds American Balanced Class R6	Mutual Fund	**	109,207
	American Funds Europacific Growth Class R6	Mutual Fund	**	74,477
	Blackrock High Yield Bond Institutional Shares	Mutual Fund	**	21,528
	Emerald Growth Institutional Class	Mutual Fund	**	29,630
	Harbor Capital Appreciation Institutional Class	Mutual Fund	**	137,344
	John Hancock Funds Disciplined Value Mid Cap Class I	Mutual Fund	**	22,850
	Metropolitan West Total Return Bond Class I	Mutual Fund	**	135,527
	MFS Value Class R6	Mutual Fund	**	36,820
	Principal Real Estate Securities Institutional Class	Mutual Fund	**	15,395
	T Rowe Price Mid Cap Growth	Mutual Fund	**	65,147
	T Rowe Price Retirement I 2020 I Class	Mutual Fund	**	818,873
	T Rowe Price Retirement I 2025 I Class	Mutual Fund	**	913,222
	T Rowe Price Retirement I 2030 I Class	Mutual Fund	**	1,544,926
	T Rowe Price Retirement I 2035 I Class	Mutual Fund	**	621,934
	T Rowe Price Retirement I 2040 I Class	Mutual Fund	**	558,580
	T Rowe Price Retirement I 2045 I Class	Mutual Fund	**	1,074,823
	T Rowe Price Retirement I 2050 I Class	Mutual Fund	**	614,976
	T Rowe Price Retirement I 2055 I Class	Mutual Fund	**	230,600
	T Rowe Price Retirement I 2060 I Class	Mutual Fund	**	98,874
	T Rowe Price Retirement I 2065 I Class	Mutual Fund	**	10,037
	Vanguard 500 Index Admiral Class	Mutual Fund	**	804,094
	Vanguard Inflation Protected Securities Admiral Shares	Mutual Fund	**	3,103
	Vanguard Mid Cap Index Admiral Shares	Mutual Fund	**	43,083
	Vanguard Small Cap Index Admiral Shares	Mutual Fund	**	62,032
				8,047,082
	Participant loans	4.25% / Mature January 2023 - November 2026	**	60,871
				$ 34,360,487

* Denotes party-in-interest
** Cost information is not provided as all investments are participant-directed

The accompanying notes are an integral part of this schedule.

NICHOLAS H. NOYES
TAX SHELTERED SAVINGS PLAN

EMPLOYER IDENTIFICATION NUMBER: 16-0743979
PLAN NUMBER 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
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	MetLife Stable Value	Guaranteed investment contract	**	128,079
*	AB VPS Global Thematic Growth	Pooled separate account	**	134,018
*	AB VPS Large Cap Growth Port	Pooled separate account	**	88,441
*	American Century Vp Balanced	Pooled separate account	**	351,806
*	American Funds Global Growth	Pooled separate account	**	120,653
*	American Funds Growth Fund	Pooled separate account	**	1,920,127
*	American Funds Growth-Income	Pooled separate account	**	357,757
*	American Funds International	Pooled separate account	**	211,295
*	Blackrock Global Allocation	Pooled separate account	**	35,765
*	Delaware VIP Small Cap Value	Pooled separate account	**	250,156
*	DWS Alt Asset Alloc Vip	Pooled separate account	**	4,959
*	Fidelity Asset Manager	Pooled separate account	**	502,401
*	Fidelity Contrafund Portfolio	Pooled separate account	**	687,812
*	Fidelity Growth Portfolio	Pooled separate account	**	1,737,736
*	Fidelity VIP Freedom Target 2025	Pooled separate account	**	3,288
*	Fidelity VIP Freedom Target 2030	Pooled separate account	**	125,170
*	Fidelity VIP Freedom Target 2035	Pooled separate account	**	73,082
*	Fidelity VIP Freedom Target 2040	Pooled separate account	**	13,935
*	Fidelity VIP Freedom Target 2045	Pooled separate account	**	31,903
*	Fidelity VIP Freedom Target 2050	Pooled separate account	**	113,474
*	Fidelity VIP Freedom Target 2055	Pooled separate account	**	2,392
*	Fidelity VIP Freedom Target 2060	Pooled separate account	**	483
*	Janus Henderson Glb Research	Pooled separate account	**	216,893
*	Lincoln VIP Bond Fund	Pooled separate account	**	24,810
*	Lincoln VIP Social Awareness	Pooled separate account	**	241,730
*	LVIP Baron Grth Opportunities	Pooled separate account	**	474,494
*	LVIP Blackrck Advtg All Fund	Pooled separate account	**	12,603
*	LVIP Blended Lc Grth Mngd Vol	Pooled separate account	**	12,662
	Subtotal (continued on next page)			7,749,845

The accompanying notes are an integral part of this schedule.

NICHOLAS H. NOYES
TAX SHELTERED SAVINGS PLAN

EMPLOYER IDENTIFICATION NUMBER: 16-0743979
PLAN NUMBER 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Balance carried forward from prior page			7,749,845
*	LVIP Blended Mid Cap Mngd Vol	Pooled separate account	**	2,346
*	LVIP Blrk Global Real Estate	Pooled separate account	**	146
*	LVIP Br Inflation Protected	Pooled separate account	**	28,612
*	LVIP Del Divers Floating Rate	Pooled separate account	**	1,769
*	LVIP Del Smid Cap Core Fund	Pooled separate account	**	160,437
*	LVIP Delaware Dvrs Income Fnd	Pooled separate account	**	26,541
*	LVIP Delaware High Yield Fund	Pooled separate account	**	67,756
*	LVIP Delaware Reit Fund	Pooled separate account	**	244,916
*	LVIP Delaware Wealth Builder	Pooled separate account	**	102,944
*	LVIP Dimensional Us Core Eqty1	Pooled separate account	**	115,147
*	LVIP Ft Glb Equ Mgmd Vol	Pooled separate account	**	3,961
*	LVIP Glbal Moderate Alloctn Mr	Pooled separate account	**	8,384
*	LVIP Global Growth Alloctn Mr	Pooled separate account	**	12,651
*	LVIP Global Income	Pooled separate account	**	1,831
*	LVIP Jpm Select Mid Cap Val Mv	Pooled separate account	**	2,744
*	LVIP Jpmorgan Retiremnt Income	Pooled separate account	**	5,568
*	LVIP Mondrian Int'L Value	Pooled separate account	**	31,619
*	LVIP SSGA Bond Index	Pooled separate account	**	2,148
*	LVIP SSGA Emerg Mkt 100	Pooled separate account	**	7,761
*	LVIP SSGA Glb Tac Allc Mgd Vol	Pooled separate account	**	2,470
*	LVIP SSGA International Index	Pooled separate account	**	1,466
*	LVIP SSGA International Mgdvlt	Pooled separate account	**	3,205
*	LVIP SSGA S&P 500 Index	Pooled separate account	**	1,558,586
*	LVIP SSGA Small-Cap Index	Pooled separate account	**	310,029
*	LVIP T. Rowe Price 2010	Pooled separate account	**	1,541
*	LVIP T. Rowe Price 2020	Pooled separate account	**	12,688
*	LVIP T. Rowe Price 2030	Pooled separate account	**	134,594
*	LVIP T. Rowe Price 2040	Pooled separate account	**	413,085
*	LVIP T. Rowe Price 2050	Pooled separate account	**	304,129
*	LVIP T. Rowe Price Structured	Pooled separate account	**	980,772
*	NB Amt Sustainable Eq Port	Pooled separate account	**	158,959
*	T. Rowe Price Int'L Stock	Pooled separate account	**	132,306
				12,590,956

The accompanying notes are an integral part of this schedule.

NICHOLAS H. NOYES
TAX SHELTERED SAVINGS PLAN

EMPLOYER IDENTIFICATION NUMBER: 16-0743979
PLAN NUMBER 002
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	American Funds American Balanced Class R6	Mutual Fund	**	109,207
	American Funds Europacific Growth Class R6	Mutual Fund	**	74,477
	Blackrock High Yield Bond Institutional Shares	Mutual Fund	**	21,528
	Emerald Growth Institutional Class	Mutual Fund	**	29,630
	Harbor Capital Appreciation Institutional Class	Mutual Fund	**	137,344
	John Hancock Funds Disciplined Value Mid Cap Class I	Mutual Fund	**	22,850
	Metropolitan West Total Return Bond Class I	Mutual Fund	**	135,527
	MFS Value Class R6	Mutual Fund	**	36,820
	Principal Real Estate Securities Institutional Class	Mutual Fund	**	15,395
	T Rowe Price Mid Cap Growth	Mutual Fund	**	65,147
	T Rowe Price Retirement I 2020 I Class	Mutual Fund	**	818,873
	T Rowe Price Retirement I 2025 I Class	Mutual Fund	**	913,222
	T Rowe Price Retirement I 2030 I Class	Mutual Fund	**	1,544,926
	T Rowe Price Retirement I 2035 I Class	Mutual Fund	**	621,934
	T Rowe Price Retirement I 2040 I Class	Mutual Fund	**	558,580
	T Rowe Price Retirement I 2045 I Class	Mutual Fund	**	1,074,823
	T Rowe Price Retirement I 2050 I Class	Mutual Fund	**	614,976
	T Rowe Price Retirement I 2055 I Class	Mutual Fund	**	230,600
	T Rowe Price Retirement I 2060 I Class	Mutual Fund	**	98,874
	T Rowe Price Retirement I 2065 I Class	Mutual Fund	**	10,037
	Vanguard 500 Index Admiral Class	Mutual Fund	**	804,094
	Vanguard Inflation Protected Securities Admiral Shares	Mutual Fund	**	3,103
	Vanguard Mid Cap Index Admiral Shares	Mutual Fund	**	43,083
	Vanguard Small Cap Index Admiral Shares	Mutual Fund	**	62,032
				8,047,082
	Participant loans	4.25% / Mature January 2023 - November 2026	**	60,871
				$ 34,360,487

* Denotes party-in-interest
** Cost information is not provided as all investments are participant-directed

The accompanying notes are an integral part of this schedule.