

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>SUNSET COMMUNITY HEALTH CENTER, INC. 403(B) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1999</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1999</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1999</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SUNSET COMMUNITY HEALTH CENTER, INC</u> <u>2060 W. 24TH STREET</u> <u>YUMA, AZ 85364-6123</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>86-0893305</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>928-819-8999</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>621498</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>86-0893305</u>	2c Plan Sponsor's telephone number <u>928-819-8999</u>	2d Business code (see instructions) <u>621498</u>	
2b Employer Identification Number (EIN) <u>86-0893305</u>					
2c Plan Sponsor's telephone number <u>928-819-8999</u>					
2d Business code (see instructions) <u>621498</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2022	SHAWN T. PARKER, CPC, QPA, ERPA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	403
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)	250
a(2) Total number of active participants at the end of the plan year		6a(2)	277
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	171
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	448
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	448
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	404
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: 2L 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE 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
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan SUNSET COMMUNITY HEALTH CENTER, INC. 403(B) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SUNSET COMMUNITY HEALTH CENTER, INC	D Employer Identification Number (EIN) 86-0893305

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

(a) Name of insurance carrier
VARIABLE ANNUITY LIFE INSURANCE CO

(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
74-1625348	70238	57792	29	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

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(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	181537
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	32308

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

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year	7b	173408
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	4721	
	(4) Transferred from separate account.....	7c(4)	3994	
	(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	8715
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	182123
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	586	
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account.....	7e(3)		
	(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	586
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	181537
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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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 SUNSET COMMUNITY HEALTH CENTER, INC. 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SUNSET COMMUNITY HEALTH CENTER, INC	D Employer Identification Number (EIN) 86-0893305	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

P.O. BOX 770001
CINCINNATI, OH 45277-0050

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 64 35	RECORDKEEPER	10568	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

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

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

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
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan SUNSET COMMUNITY HEALTH CENTER, INC. 403(B) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 SUNSET COMMUNITY HEALTH CENTER, INC	D Employer Identification Number (EIN) 86-0893305	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3639	3822
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1305246	1664378
(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)	251627	327303
(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)	11612767	14235784
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	209562	213845
(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	13382841 16445132
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	0 0
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	13382841 16445132

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	432368
	(B) Participants	2a(1)(B)	856199
	(C) Others (including rollovers).....	2a(1)(C)	326014
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	1614581
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)	14682
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	14682
(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)	1366525
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1366525
(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)		300140
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3295928
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	223069	
(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)		223069
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)	10568	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		10568
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		233637
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		3062291
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **FESTER & CHAPMAN, PLLC**

(2) EIN: **82-1455657**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
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 SUNSET COMMUNITY HEALTH CENTER, INC. 403(B) PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 SUNSET COMMUNITY HEALTH CENTER, INC		D Employer Identification Number (EIN) 86-0893305
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): 04-2647786 74-1625348		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2021 v. 201209		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

SUNSET COMMUNITY HEALTH CENTER, INC. 403(B) PLAN

Financial Statements and
Supplementary Schedule

December 31, 2021 and 2020

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Independent Auditors' Report

To the Board of Directors of
Sunset Community Health Center, Inc. 403(b) Plan
Yuma, Arizona

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

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

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

Management has obtained certifications from a qualified institution as of December 31, 2021 and 2020, and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 4 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, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("GAAP").
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' 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, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with 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 H, Line 4i - 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental 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 its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental 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 DOL'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).

Other Matter — Auditors' Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under the 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 September 1, 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 financial statements and (b) the form and content of the information included in the financial statements other than that derived from the certified information, was presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Fester & Chapman, PLLC

October 5, 2022

SUNSET COMMUNITY HEALTH CENTER, INC. 403(B) PLAN

Statements of Net Assets Available for Benefits

December 31,

	<u>2021</u>	<u>2020</u>
ASSETS		
Investments:		
Investments, at fair value	\$15,932,470	\$12,954,167
Investments, at contract value	<u>181,537</u>	<u>173,408</u>
Total investments	<u>16,114,007</u>	<u>13,127,575</u>
Receivables:		
Employer contributions	3,822	3,639
Notes receivable from participants	<u>327,303</u>	<u>251,627</u>
Total receivables	<u>331,125</u>	<u>255,266</u>
Total assets	<u>16,445,132</u>	<u>13,382,841</u>
 Net assets available for benefits	 <u>\$16,445,132</u>	 <u>\$13,382,841</u>

The accompanying notes are an integral part of this statement.

SUNSET COMMUNITY HEALTH CENTER, INC. 403(B) PLAN

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2021

Additions to net assets available for benefits:

Investment income:

Net appreciation in fair value of investments	\$ 300,140
Interest and dividends	<u>1,366,525</u>
Total investment income	1,666,665

Interest income on notes receivable from participants	14,682
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Contributions:

Participants	856,199
Employer	432,368
Rollovers	<u>326,014</u>
Total contributions	<u>1,614,581</u>

Total additions	3,295,928
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Deductions from net assets available for benefits:

Benefits paid to participants	223,069
Administrative expenses	<u>10,568</u>

Total deductions	<u>233,637</u>
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Change in net assets available for benefits	3,062,291
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Net assets available for benefits, beginning of year	<u>13,382,841</u>
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Net assets available for benefits, end of year	<u><u>\$16,445,132</u></u>
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The accompanying notes are an integral part of this statement.

SUNSET COMMUNITY HEALTH CENTER, INC. 403(B) PLAN

Notes to the Financial Statements

December 31, 2021 and 2020

NOTE 1 - DESCRIPTION OF PLAN

The following description of Sunset Community Health Center, Inc. 403(b) Plan (the "Plan"), provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan established by Sunset Community Health Center, Inc. (the "Employer"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Administration: The plan administrator is responsible for oversight of the Plan. The plan administrator determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Employer's Board of Directors. The Plan's custodians, Variable Annuity Life Insurance Company ("VALIC") and Fidelity Management Trust Company ("Fidelity"), are responsible for the custody and management of the Plan's assets and also act as the third-party administrators who process and maintain the records of participant data.

Eligibility: Employees become eligible to contribute elective deferrals on their first day of employment. Employees become eligible to receive Employer safe harbor matching contributions once they have completed one year of service. Employees become eligible to receive discretionary Employer matching and non-elective contributions once they have completed 500 hours of service within a six month time period of employment.

Plan Contributions: Participants may contribute, for any calendar year, up to the lesser of 90% of their compensation or the maximum allowable under by the Internal Revenue Code. 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.

The Employer has elected to make 403(b) safe harbor matching contributions to the Plan. For the Plan years ended December 31, 2021 and 2020, the matching contributions equal 100% of the first 3% and 50% between 3% and 5% of compensation deferred by participants.

The employer may, at its discretion, elect to make additional matching contributions. There were no additional discretionary matching contributions to the Plan for the years ended December 31, 2021 and 2020. The employer may also elect to make non-elective contributions to the Plan. Each plan year the Board of Directors will determine the amount of the employer base contribution (if any) that will be made for all eligible participants. Contributions will be allocated to the accounts of eligible participants on the basis of the ratio that each eligible participant's compensation bears to the total compensation of all participants for the plan year. This employer base contribution will be made whether or not the employee is making contributions. There were no discretionary non-elective contributions to the Plan for the years ended December 31, 2021 and 2020.

SUNSET COMMUNITY HEALTH CENTER, INC. 403(B) PLAN

Notes to the Financial Statements

December 31, 2021 and 2020

NOTE 1 - DESCRIPTION OF PLAN (continued)

Participants direct the investment of contributions into various investment options offered by the Plan.

Participant Accounts: Each participant's account is credited with the participant's contributions, the Employer's contributions, and allocations of Plan earnings or losses. Allocations are based on participant earnings or account balances, as defined. Income is allocated daily based on the shares in the participant's account. The benefit to which a participant is entitled is the benefit that can be provided by the participant's account.

Vesting: Participants are immediately vested in their voluntary contributions plus earnings thereon. A participant is also 100% vested at all times in the 403(b) safe harbor matching contributions and related earnings. A participant's vested interest in the Employer's discretionary matching and non-elective contributions is determined based on credited years of service, as reflected in the following vesting schedule.

Less than 2 Years of Service.....	0% Vested
2 Years of Service.....	20% Vested
3 Years of Service.....	40% Vested
4 Years of Service.....	60% Vested
5 Years of Service.....	80% Vested
6 Years of Service or More.....	100% Vested

Any part of the employer contributions which is not vested will be forfeited when the participant receives the distribution of the vested balance and will thereafter be used to reduce the Employer's contributions or administrative expenses.

Distributions: Upon retirement, disability or death, a participant or beneficiary receives the entire amount credited to the participant's account in either a lump sum or, at the participant's election, in annual installments. Upon termination, other than by retirement, disability, or death, a participant becomes eligible to receive the current value of the participant's vested account in a lump-sum payment.

Notes Receivable from Participants: Participants may borrow a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance held with Fidelity. Participants may only have one outstanding loan at a time. Principal and interest is repaid ratably through payroll deductions. Note terms are up to five years, except for notes to fund the purchase of a principal residence, for which the note may be repaid over a reasonable period that may exceed five years. The notes are secured by balances in the participants' account and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the plan administrator. At December 31, 2021, interest rates ranged from 4.25% to 6.50%. Participants may also use their vested balance to collateralize loans directly from VALIC. The loan balances collateralized by the Plan's assets and not reflected in the accompanying statements of net assets available for benefits as of December 31, 2021 and 2020, were \$0 and \$7,017, respectively.

SUNSET COMMUNITY HEALTH CENTER, INC. 403(B) PLAN

Notes to the Financial Statements

December 31, 2021 and 2020

NOTE 1 - DESCRIPTION OF PLAN (continued)

Forfeited Accounts: At December 31, 2021 and 2020, forfeited non-vested accounts totaled \$310 and \$68, respectively. For the years ended December 31, 2021 and 2020, there were \$0 and \$26,675, respectively in forfeitures used to reduce employer contributions to the Plan.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The accompanying financial statements have been prepared on the accrual basis of accounting except for the distributions paid to participants which are presented on the cash basis of accounting. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because the contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The financial statements include the fully benefit-responsive investment contract and its related activity on a contract value basis.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of certain assets, liabilities, and disclosures. Accordingly, the actual amounts could differ from those estimates. Any adjustments applied to estimated amounts are recognized in the year in which such adjustments are determined.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value, except for the fully benefit-responsive investment contract, which is 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. Purchases and sales of securities are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Net appreciation or depreciation in the fair value of investments consists of the realized gains or losses and the unrealized appreciation or depreciation on investments of those investments.

Distributions: Distributions are recorded when paid. At December 31, 2021 and 2020, there were no benefits processed and approved for payment, but not paid.

Expenses: Certain administrative expenses of the Plan may be paid by the Employer. Other expenses may be paid from plan assets and are deducted from participant accounts in accordance with the plan document.

SUNSET COMMUNITY HEALTH CENTER, INC. 403(B) PLAN

Notes to the Financial Statements

December 31, 2021 and 2020

NOTE 3 - 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.

NOTE 4 - INFORMATION CERTIFIED BY THE PLAN CUSTODIANS

Fidelity and Valic, the custodians, have reported and certified as to the completeness and accuracy of the investment information for purposes of preparing the financial statements and supplemental schedules related thereto. This information includes investments held and notes receivable from participants at December 31, 2021 and 2020 and net appreciation/(depreciation) in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2021. In accordance with the procedures stated in 29 CFR 2520.103-8 of the United States Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the audit of an independent public accountant need not extend to any statement or information prepared and certified by the custodians. The plan administrator, therefore, has instructed the independent public accountants to exclude the information certified by the custodians from the scope of their audit.

NOTE 5 - FAIR VALUE MEASUREMENTS

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

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

Level 2: Inputs to the valuation methodology include:

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

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

SUNSET COMMUNITY HEALTH CENTER, INC. 403(B) PLAN

Notes to the Financial Statements

December 31, 2021 and 2020

NOTE 5 - FAIR VALUE MEASUREMENTS (continued)

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

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 methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Mutual Funds: Investments in the funds are valued at the net asset value per share ("NAV") at the close of each business day as reported by each fund, which values its securities at fair value.

Variable Annuity Contract Funds: Valued at the NAV or equivalent based on units of pooled funds. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The NAV is generally based on the fair value of the underlying investments held by the pooled fund less its liabilities. The NAV is measured by the custodian or investment manager on a daily basis. Participant transactions, including purchases and sales, may occur daily. Were the Plan to initiate a full redemption of the pooled funds, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

Investments at fair value as of December 31, 2021:

Investment Type	Total	Level I	Level II	Level III
Mutual funds	\$15,900,162	\$15,900,162		
Variable annuity contract funds*	32,308			
Total investments at fair value	<u>\$15,932,470</u>	<u>\$15,900,162</u>		

SUNSET COMMUNITY HEALTH CENTER, INC. 403(B) PLAN

Notes to the Financial Statements

December 31, 2021 and 2020

NOTE 5 - FAIR VALUE MEASUREMENTS (continued)

Investments at fair value as of December 31, 2020:

Investment Type	Total	Level I	Level II	Level III
Mutual funds	\$12,918,013	\$12,918,013		
Variable annuity contract funds*	36,154			
Total investments at fair value	<u>\$12,954,167</u>	<u>\$12,918,013</u>		

* In accordance with fair value measurement guidance, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented as investments in the statements of net assets available for benefits.

The following tables set forth additional disclosures for the fair value measurement of investments in certain entities that calculate NAV (or its equivalent) as of December 31, 2021 and 2020:

Investments at fair value as of December 31, 2021:

Investment Type	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Period
Variable annuity contract funds:	\$ 32,308	\$ -	Daily	None

Investments at fair value as of December 31, 2020:

Investment Type	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Period
Variable annuity contract funds:	\$ 36,154	\$ -	Daily	None

The Plan has investments in various funds offered through VALIC under variable annuity contracts. Participants should refer to the objectives described in the portfolio prospectus and underlying fund prospectuses of the various investment fund vehicles for a more complete description of the fund strategies.

NOTE 6 - INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan entered into a fully benefit-responsive deposit administration investment contract with VALIC. The general account portions of this contract, or the Fixed Account Plus and the Short Term Fixed Account, and the assets in these accounts, are commingled with other assets of the insurance company. The accounts are reported at contract value and credited with interest at the rate specified in the contract, and charged with the purchase price of annuities when participants retire and with any incidental benefits (death, disability, and withdrawal) disbursed directly from the account. The average yield and crediting yield on these accounts was approximately 2.50% and 2.00% for the years ended December 31, 2021 and 2020, respectively. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

SUNSET COMMUNITY HEALTH CENTER, INC. 403(B) PLAN

Notes to the Financial Statements

December 31, 2021 and 2020

NOTE 6 - INVESTMENT CONTRACT WITH INSURANCE COMPANY (continued)

Certain events may limit the ability of the Plan to transact at contract value such as: (1) complete or partial plan termination or merger with another plan, (2) plan sponsor events such as bankruptcy, spinoffs, divestitures, layoffs, or retirement incentive programs, (3) the liberalization of plan withdrawal or transfer rules, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. Upon occurrence of any of these events, a market value adjustment may apply. Plan management does not believe the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

NOTE 7 - PLAN TAX STATUS

The Plan terms have been drafted in reliance on the sample language provided by the Internal Revenue Service in Revenue Procedure 2007-71. The Plan is required to operate in conformity with the Internal Revenue Service Code (the "Code") to maintain its tax exemption. Plan management believes the Plan is currently designed and operated in compliance with applicable requirements of the Code. Therefore, no provision for income tax has been included in the Plan's financial statements.

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

NOTE 8 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. However, no such action may deprive any participant or beneficiary under the Plan of any vested right.

NOTE 9 - TRANSACTIONS WITH PARTIES-IN-INTEREST

Plan investments are with VALIC and Fidelity, who are the custodians as defined by the Plan. Any purchases and sales of these funds are done in the open market at fair value. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA. Fees paid by the Plan to VALIC and Fidelity and related companies for investment management, are deducted from earnings and included in the statement of changes in net assets available for benefits as net appreciation (depreciation) in fair value of investments. Other administrative fees are paid by the Employer on behalf of the Plan.

SUNSET COMMUNITY HEALTH CENTER, INC. 403(B) PLAN

Notes to the Financial Statements

December 31, 2021 and 2020

NOTE 10 - SUBSEQUENT EVENTS

The Plan evaluated all events or transactions that occurred after December 31, 2021, through October 5, 2022, the date the Plan issued these financial statements.

SUPPLEMENTARY SCHEDULE

Sunset Community Health Center, Inc. 403(b) Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Employer Identification Number 86-0893305
Plan Number 001
December 31, 2021

(a) Party-in- interest	(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
*	Fidelity Management Trust Company	FID FREEDOM 2025	**	\$ 2,061,670
*	Fidelity Management Trust Company	FID FREEDOM 2040	**	2,038,867
*	Fidelity Management Trust Company	FID FREEDOM 2045	**	2,036,051
*	Fidelity Management Trust Company	FID FREEDOM 2030	**	1,772,370
*	Fidelity Management Trust Company	FID FREEDOM 2020	**	1,020,734
*	Fidelity Management Trust Company	FID BLUE CHIP GR	**	953,900
*	Fidelity Management Trust Company	FID FREEDOM 2035	**	865,606
*	Fidelity Management Trust Company	FID GOVT MMRK PRM	**	858,254
*	Fidelity Management Trust Company	FID FREEDOM 2050	**	602,963
*	Fidelity Management Trust Company	FID GOVT MMTT	**	572,091
*	Fidelity Management Trust Company	FID FREEDOM 2055	**	520,251
*	Fidelity Management Trust Company	FID FREEDOM 2015	**	419,885
*	Fidelity Management Trust Company	FID 500 INDEX	**	255,203
*	Fidelity Management Trust Company	FID TREASURY ONLY MM	**	234,034
*	Fidelity Management Trust Company	FID FREEDOM 2060	**	188,046
*	Fidelity Management Trust Company	FID INFL PR BD IDX	**	172,990
*	Fidelity Management Trust Company	FID FREEDOM 2010	**	111,309
*	Fidelity Management Trust Company	FID GROWTH STRAT	**	99,635
*	Fidelity Management Trust Company	FID CONTRAFUND	**	87,589
*	Fidelity Management Trust Company	FID ASSET MGR 20%	**	64,963
*	Fidelity Management Trust Company	FID DIVIDEND GR	**	61,397
*	Fidelity Management Trust Company	FID TOTAL BOND	**	58,534
*	Fidelity Management Trust Company	FID FREEDOM 2005	**	46,970
*	Fidelity Management Trust Company	FID CAPITAL APPREC	**	45,377
*	Fidelity Management Trust Company	FID SEL DEFENSE	**	41,233
*	Fidelity Management Trust Company	FID LC VAL ENH INDX	**	41,195
*	Fidelity Management Trust Company	FID CAPITAL & INCOME	**	38,433
*	Fidelity Management Trust Company	FID FREEDOM INCOME	**	33,346
*	Fidelity Management Trust Company	FID LC GRO ENH INDX	**	33,131
*	Fidelity Management Trust Company	FID TOTAL MKT IDX	**	31,864
*	Fidelity Management Trust Company	FID INTL CAP APPREC	**	31,108
*	Fidelity Management Trust Company	FID INTL INDEX	**	28,831
*	Fidelity Management Trust Company	FID MID CAP ENH INDX	**	28,690
*	Fidelity Management Trust Company	FID SM CAP ENH INDX	**	26,076
*	Fidelity Management Trust Company	FID US BOND IDX	**	25,834
*	Fidelity Management Trust Company	FID LARGE CAP STOCK	**	24,070
*	Fidelity Management Trust Company	FID INTM TR BD IDX	**	23,048
*	Fidelity Management Trust Company	FID SEL MED TECH&DV	**	21,833
*	Fidelity Management Trust Company	FID INTL REAL ESTATE	**	21,105
*	Fidelity Management Trust Company	FID SM CAP IDX	**	21,074
*	Fidelity Management Trust Company	FID ASSET MGR 50%	**	17,956
*	Fidelity Management Trust Company	FID LEVERGD CO STK	**	16,623
*	Fidelity Management Trust Company	FID WORLDWIDE	**	16,589
*	Fidelity Management Trust Company	FID MID CAP IDX	**	15,534
*	Fidelity Management Trust Company	FID NEW MILLEN	**	15,472
*	Fidelity Management Trust Company	FID STRATEGIC INCOME	**	14,523
*	Fidelity Management Trust Company	FID GROWTH COMPANY	**	13,911
*	Fidelity Management Trust Company	FID FREEDOM 2065	**	13,049
*	Fidelity Management Trust Company	FID REAL ESTATE INVS	**	12,207
*	Fidelity Management Trust Company	FID BALANCED	**	10,876
*	Fidelity Management Trust Company	FID INTL GROWTH	**	10,838
*	Fidelity Management Trust Company	FID ASSET ENV ALT ENERGY	**	10,827
*	Fidelity Management Trust Company	FID INTERMED BOND	**	10,345
*	Fidelity Management Trust Company	FID DISCIPLND EQTY	**	9,747
*	Fidelity Management Trust Company	FID OTC PORTFOLIO	**	9,122
*	Fidelity Management Trust Company	FID CANADA	**	8,354
*	Fidelity Management Trust Company	FID SEL CHEMICALS	**	8,349
*	Fidelity Management Trust Company	FID US SUSTN	**	7,413
*	Fidelity Management Trust Company	FIDELITY GOVT INCOME	**	6,967
*	Fidelity Management Trust Company	FID SEL BIOTECH	**	6,152
*	Fidelity Management Trust Company	FID SEL TRANSPORT	**	5,191
*	Fidelity Management Trust Company	FID SEL SEMICONDUCT	**	4,402
*	Fidelity Management Trust Company	FID SEL HEALTHCARE	**	3,909
*	Fidelity Management Trust Company	FID SEL AUTOMOTIVE	**	3,662
*	Fidelity Management Trust Company	FID EMERGING MKTS	**	3,477
*	Fidelity Management Trust Company	FID SEL TEC HARDWARE	**	3,406
*	Fidelity Management Trust Company	FID JAPAN SMALL	**	3,195
*	Fidelity Management Trust Company	FID EUROPE	**	3,086
*	Fidelity Management Trust Company	FID SEL PHARMACEUTCL	**	2,812
*	Fidelity Management Trust Company	FID INVST GR BD	**	2,750
*	Fidelity Management Trust Company	FID SMALL CAP VALUE	**	2,628
*	Fidelity Management Trust Company	FID EMERGING ASIA	**	2,578
*	Fidelity Management Trust Company	FID LT TR BD IDX	**	1,794

Sunset Community Health Center, Inc. 403(b) Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Employer Identification Number 86-0893305
Plan Number 001
December 31, 2021

(a) Party-in- interest	(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
*	Fidelity Management Trust Company	FID LOW PRICED STK	Mutual fund	** 766
*	Fidelity Management Trust Company	FID FOCUSED STOCK	Mutual fund	** 619
*	Fidelity Management Trust Company	FID ASSET MGR 60%	Mutual fund	** 448
*	Fidelity Management Trust Company	FID SEL INDUSTRIALS	Mutual fund	** 413
*	Fidelity Management Trust Company	FID EXTD MKT IDX	Mutual fund	** 206
*	Fidelity Management Trust Company	FID MEGA CAP STOCK	Mutual fund	** 198
*	Fidelity Management Trust Company	FID MULTI ASSET IDX	Mutual fund	** 156
*	Fidelity Management Trust Company	FID PURITAN	Mutual fund	** 52
		Total Mutual Funds		<u>\$ 15,900,162</u>
*	Variable Annuity Life Insurance Company	GOVERNMENT MONEY MARKET I	Variable Annuity Contract Fund	** \$ 12,423
*	Variable Annuity Life Insurance Company	VANGUARD WINDSOR II	Variable Annuity Contract Fund	** 5,585
*	Variable Annuity Life Insurance Company	VANGUARD LT INV-GRADE FUND	Variable Annuity Contract Fund	** 4,464
*	Variable Annuity Life Insurance Company	MID CAP INDEX FUND	Variable Annuity Contract Fund	** 3,334
*	Variable Annuity Life Insurance Company	SMALL CAP INDEX FUND	Variable Annuity Contract Fund	** 2,895
*	Variable Annuity Life Insurance Company	HIGH YIELD BOND FUND	Variable Annuity Contract Fund	** 2,633
*	Variable Annuity Life Insurance Company	LOAN COLLATERAL FUND	Variable Annuity Contract Fund	** 694
*	Variable Annuity Life Insurance Company	MIDCAP FUND	Variable Annuity Contract Fund	** 221
*	Variable Annuity Life Insurance Company	INTERNATIONAL GOVERNMENT BOND	Variable Annuity Contract Fund	** 31
*	Variable Annuity Life Insurance Company	LOAN ESCROW FUND	Variable Annuity Contract Fund	** 28
		Total Variable Annuity Contract Funds		<u>\$ 32,308</u>
*	Variable Annuity Life Insurance Company	FIXED ACCOUNT PLUS	** \$ 162,097	
*	Variable Annuity Life Insurance Company	SHORT TERM FIXED ACCOUNT	** 19,440	
		Total Fixed General Accounts		<u>\$ 181,537</u>
*	Participant loans	Various loans with interest between 4.25% and 6.50%, due through the year 2029	** \$	327,303
		Total		<u>\$ 16,441,310</u>
*	Indicates party-in-interest to the Plan			
**	Cost omitted for participant directed funds			

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ☐	
D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐	

Part II Basic Plan Information—enter all requested information	
1a Name of plan SUNSET COMMUNITY HEALTH CENTER, INC. 403 (B) PLAN	1b Three-digit plan number (PN) ► 001
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) Sunset Community Health Center, Inc 2060 W. 24th Street Yuma AZ 85364-6123	1c Effective date of plan 01/01/1999 2b Employer Identification Number (EIN) 86-0893305 2c Plan Sponsor's telephone number 928-819-8999 2d Business code (see instructions) 621498

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		10/10/22	Whitney Sims
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 201209

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 403
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 250 6a(2) 277 6b 0 6c 171 6d 448 6e 0 6f 448 6g 404 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: 2L 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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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 _____

Sunset Community Health Center, Inc. 403(b) Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Employer Identification Number 86-0893305
Plan Number 001
December 31, 2021

(a) Party-in- interest	(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
*	Fidelity Management Trust Company	FID FREEDOM 2025	**	\$ 2,061,670
*	Fidelity Management Trust Company	FID FREEDOM 2040	**	2,038,867
*	Fidelity Management Trust Company	FID FREEDOM 2045	**	2,036,051
*	Fidelity Management Trust Company	FID FREEDOM 2030	**	1,772,370
*	Fidelity Management Trust Company	FID FREEDOM 2020	**	1,020,734
*	Fidelity Management Trust Company	FID BLUE CHIP GR	**	953,900
*	Fidelity Management Trust Company	FID FREEDOM 2035	**	865,606
*	Fidelity Management Trust Company	FID GOVT MMRK PRM	**	858,254
*	Fidelity Management Trust Company	FID FREEDOM 2050	**	602,963
*	Fidelity Management Trust Company	FID GOVT MMTT	**	572,091
*	Fidelity Management Trust Company	FID FREEDOM 2055	**	520,251
*	Fidelity Management Trust Company	FID FREEDOM 2015	**	419,885
*	Fidelity Management Trust Company	FID 500 INDEX	**	255,203
*	Fidelity Management Trust Company	FID TREASURY ONLY MM	**	234,034
*	Fidelity Management Trust Company	FID FREEDOM 2060	**	188,046
*	Fidelity Management Trust Company	FID INFL PR BD IDX	**	172,990
*	Fidelity Management Trust Company	FID FREEDOM 2010	**	111,309
*	Fidelity Management Trust Company	FID GROWTH STRAT	**	99,635
*	Fidelity Management Trust Company	FID CONTRAFUND	**	87,589
*	Fidelity Management Trust Company	FID ASSET MGR 20%	**	64,963
*	Fidelity Management Trust Company	FID DIVIDEND GR	**	61,397
*	Fidelity Management Trust Company	FID TOTAL BOND	**	58,534
*	Fidelity Management Trust Company	FID FREEDOM 2005	**	46,970
*	Fidelity Management Trust Company	FID CAPITAL APPREC	**	45,377
*	Fidelity Management Trust Company	FID SEL DEFENSE	**	41,233
*	Fidelity Management Trust Company	FID LC VAL ENH INDX	**	41,195
*	Fidelity Management Trust Company	FID CAPITAL & INCOME	**	38,433
*	Fidelity Management Trust Company	FID FREEDOM INCOME	**	33,346
*	Fidelity Management Trust Company	FID LC GRO ENH INDX	**	33,131
*	Fidelity Management Trust Company	FID TOTAL MKT IDX	**	31,864
*	Fidelity Management Trust Company	FID INTL CAP APPREC	**	31,108
*	Fidelity Management Trust Company	FID INTL INDEX	**	28,831
*	Fidelity Management Trust Company	FID MID CAP ENH INDX	**	28,690
*	Fidelity Management Trust Company	FID SM CAP ENH INDX	**	26,076
*	Fidelity Management Trust Company	FID US BOND IDX	**	25,834
*	Fidelity Management Trust Company	FID LARGE CAP STOCK	**	24,070
*	Fidelity Management Trust Company	FID INTM TR BD IDX	**	23,048
*	Fidelity Management Trust Company	FID SEL MED TECH&DV	**	21,833
*	Fidelity Management Trust Company	FID INTL REAL ESTATE	**	21,105
*	Fidelity Management Trust Company	FID SM CAP IDX	**	21,074
*	Fidelity Management Trust Company	FID ASSET MGR 50%	**	17,956
*	Fidelity Management Trust Company	FID LEVERGD CO STK	**	16,623
*	Fidelity Management Trust Company	FID WORLDWIDE	**	16,589
*	Fidelity Management Trust Company	FID MID CAP IDX	**	15,534
*	Fidelity Management Trust Company	FID NEW MILLEN	**	15,472
*	Fidelity Management Trust Company	FID STRATEGIC INCOME	**	14,523
*	Fidelity Management Trust Company	FID GROWTH COMPANY	**	13,911
*	Fidelity Management Trust Company	FID FREEDOM 2065	**	13,049
*	Fidelity Management Trust Company	FID REAL ESTATE INVS	**	12,207
*	Fidelity Management Trust Company	FID BALANCED	**	10,876
*	Fidelity Management Trust Company	FID INTL GROWTH	**	10,838
*	Fidelity Management Trust Company	FID ASSET ENV ALT ENERGY	**	10,827
*	Fidelity Management Trust Company	FID INTERMED BOND	**	10,345
*	Fidelity Management Trust Company	FID DISCIPLND EQTY	**	9,747
*	Fidelity Management Trust Company	FID OTC PORTFOLIO	**	9,122
*	Fidelity Management Trust Company	FID CANADA	**	8,354
*	Fidelity Management Trust Company	FID SEL CHEMICALS	**	8,349
*	Fidelity Management Trust Company	FID US SUSTN	**	7,413
*	Fidelity Management Trust Company	FIDELITY GOVT INCOME	**	6,967
*	Fidelity Management Trust Company	FID SEL BIOTECH	**	6,152
*	Fidelity Management Trust Company	FID SEL TRANSPORT	**	5,191
*	Fidelity Management Trust Company	FID SEL SEMICONDUCT	**	4,402
*	Fidelity Management Trust Company	FID SEL HEALTHCARE	**	3,909
*	Fidelity Management Trust Company	FID SEL AUTOMOTIVE	**	3,662
*	Fidelity Management Trust Company	FID EMERGING MKTS	**	3,477
*	Fidelity Management Trust Company	FID SEL TEC HARDWARE	**	3,406
*	Fidelity Management Trust Company	FID JAPAN SMALL	**	3,195
*	Fidelity Management Trust Company	FID EUROPE	**	3,086
*	Fidelity Management Trust Company	FID SEL PHARMACEUTCL	**	2,812
*	Fidelity Management Trust Company	FID INVST GR BD	**	2,750
*	Fidelity Management Trust Company	FID SMALL CAP VALUE	**	2,628
*	Fidelity Management Trust Company	FID EMERGING ASIA	**	2,578
*	Fidelity Management Trust Company	FID LT TR BD IDX	**	1,794

Sunset Community Health Center, Inc. 403(b) Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Employer Identification Number 86-0893305
Plan Number 001
December 31, 2021

(a) Party-in- interest	(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
*	Fidelity Management Trust Company	FID LOW PRICED STK	Mutual fund	** 766
*	Fidelity Management Trust Company	FID FOCUSED STOCK	Mutual fund	** 619
*	Fidelity Management Trust Company	FID ASSET MGR 60%	Mutual fund	** 448
*	Fidelity Management Trust Company	FID SEL INDUSTRIALS	Mutual fund	** 413
*	Fidelity Management Trust Company	FID EXTD MKT IDX	Mutual fund	** 206
*	Fidelity Management Trust Company	FID MEGA CAP STOCK	Mutual fund	** 198
*	Fidelity Management Trust Company	FID MULTI ASSET IDX	Mutual fund	** 156
*	Fidelity Management Trust Company	FID PURITAN	Mutual fund	** 52
		Total Mutual Funds		<u>\$ 15,900,162</u>
*	Variable Annuity Life Insurance Company	GOVERNMENT MONEY MARKET I	Variable Annuity Contract Fund	** \$ 12,423
*	Variable Annuity Life Insurance Company	VANGUARD WINDSOR II	Variable Annuity Contract Fund	** 5,585
*	Variable Annuity Life Insurance Company	VANGUARD LT INV-GRADE FUND	Variable Annuity Contract Fund	** 4,464
*	Variable Annuity Life Insurance Company	MID CAP INDEX FUND	Variable Annuity Contract Fund	** 3,334
*	Variable Annuity Life Insurance Company	SMALL CAP INDEX FUND	Variable Annuity Contract Fund	** 2,895
*	Variable Annuity Life Insurance Company	HIGH YIELD BOND FUND	Variable Annuity Contract Fund	** 2,633
*	Variable Annuity Life Insurance Company	LOAN COLLATERAL FUND	Variable Annuity Contract Fund	** 694
*	Variable Annuity Life Insurance Company	MIDCAP FUND	Variable Annuity Contract Fund	** 221
*	Variable Annuity Life Insurance Company	INTERNATIONAL GOVERNMENT BOND	Variable Annuity Contract Fund	** 31
*	Variable Annuity Life Insurance Company	LOAN ESCROW FUND	Variable Annuity Contract Fund	** 28
		Total Variable Annuity Contract Funds		<u>\$ 32,308</u>
*	Variable Annuity Life Insurance Company	FIXED ACCOUNT PLUS	** \$ 162,097	
*	Variable Annuity Life Insurance Company	SHORT TERM FIXED ACCOUNT	** 19,440	
		Total Fixed General Accounts		<u>\$ 181,537</u>
*	Participant loans	Various loans with interest between 4.25% and 6.50%, due through the year 2029	** \$	327,303
		Total		<u>\$ 16,441,310</u>
*	Indicates party-in-interest to the Plan			
**	Cost omitted for participant directed funds			