Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SWEETWATER HOSPITAL ASSOCIATION RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1990

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)
SWEETWATER HOSPITAL ASSOCIATION

304 WRIGHT STREET
SWEETWATER, TN 37874

2b Employer Identification Number (EIN) 62-0544855

2c Plan Sponsor's telephone number 865-213-8200

2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2022	LUCRETIA ALLEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	563
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)**	490
a(2) Total number of active participants at the end of the plan year	**6a(2)**	530
b Retired or separated participants receiving benefits	**6b**	5
c Other retired or separated participants entitled to future benefits	**6c**	52
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	587
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	12
f Total. Add lines **6d** and **6e**	**6f**	599
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	555
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	4
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:

2E 2F 2G 2J 2K 2M 2T 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

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

A Name of plan
SWEETWATER HOSPITAL ASSOCIATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SWEETWATER HOSPITAL ASSOCIATION

D Employer Identification Number (EIN)
62-0544855

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

1 Coverage Information:

(a) Name of insurance carrier
TALCOTT RESOLUTION LIFE INSURANCE COMPANY

(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
06-0194148	88072	GA-751755	555	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
106367	0

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

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

LPL FINANCIAL CORPORATION
106 WASHINGTON AVE
ATHENS, TN 37303

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
106367	0		3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	11112105
5	Current value of plan's interest under this contract in separate accounts at year end	5	17461006

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	10080229
c	Additions: (1) Contributions deposited during the year	7c(1)	665316		
	(2) Dividends and credits	7c(2)	314183		
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)	675137		
	(5) Other (specify below)	7c(5)	160124		
	▶ LOAN REPAYMENTS				
	(6) Total additions			7c(6)	1814760
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	11894989
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	697757		
	(2) Administration charge made by carrier	7e(2)	2655		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	82472		
	▶ LOAN WITHDRAWAL AND FORFEITURES				
	(5) Total deductions			7e(5)	782884
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	11112105

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)**	
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)**	
(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)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan	**B** Three-digit plan number (PN) ▶
SWEETWATER HOSPITAL ASSOCIATION RETIREMENT PLAN	001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
SWEETWATER HOSPITAL ASSOCIATION	62-0544855

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

GREAT-WEST LIFE & ANNUITY INS CO

84-0467907

(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?
15 23 37 54 55 59 60 62 63 64 65 66 99 50	N/A	1060	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

RELIANCE TRUST COMPANY

58-1428634

(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?
19 25 99	N/A	0	Yes [X] No [ ]	Yes [ ] No [X]	270	Yes [ ] No [X]

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

MESIROW FINANCIAL INVESTMENT MANAGE

36-3429599

(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?
49	N/A	0	Yes [X] No [ ]	Yes [ ] No [X]	30	Yes [ ] No [X]

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
GREAT-WEST LIFE & ANNUITY INS CO	15 23 37 38 54 55 59 60 62 63 64 65 66 99 50	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GWLA 84-0467907	SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
RELIANCE TRUST COMPANY	19 25 99	270

(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.
GWLA 84-0467907	SEE ATTACHED

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MESIROW FINANCIAL INVESTMENT MANAGE	49	30

(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.
GWLA 84-0467907	SEE ATTACHED

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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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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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
SWEETWATER HOSPITAL ASSOCIATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SWEETWATER HOSPITAL ASSOCIATION

D Employer Identification Number (EIN)
62-0544855

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT DC 11

b Name of sponsor of entity listed in (a): TALCOTT RESOLUTION LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-0479147-000	P	17461006

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

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

A Name of plan
SWEETWATER HOSPITAL ASSOCIATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SWEETWATER HOSPITAL ASSOCIATION

D Employer Identification Number (EIN)
62-0544855

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	855967	711877
(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)	15520144	17461006
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	10080229	11112105
(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	26456340	29284988
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	26456340	29284988

Part II Income and Expense Statement

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	609567	
	(B) Participants	2a(1)(B)	1152873	
	(C) Others (including rollovers)	2a(1)(C)	694	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1763134
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)	47328	
	(F) Other	2b(1)(F)	314183	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		361511
	(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)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(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)		2565196
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4689841
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1854418	
(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)		1854418
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)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	6775	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		6775
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1861193
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2828648
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: HG&A ASSOCIATES, P.L. **(2)** EIN: 62-1206753

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

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

A Name of plan
SWEETWATER HOSPITAL ASSOCIATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SWEETWATER HOSPITAL ASSOCIATION

D Employer Identification Number (EIN)
62-0544855

Part I Distributions

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

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

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

EIN(s): 04-1590850

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**

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 _____

Sweetwater Hospital Association Retirement Plan

Financial Statements with Supplementary Information
Years Ended December 31, 2021 and 2020
and
Independent Auditors' Report

SWEETWATER HOSPITAL ASSOCIATION
SWEETWATER HOSPITAL ASSOCIATION RETIREMENT PLAN

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HG&A Associates, P.C.
Certified Public Accountants

Independent Auditors' Report

To the Plan Administrator of
the Sweetwater Hospital Association Retirement Plan

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

We have performed audits of the accompanying financial statements of the Sweetwater Hospital Association Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of and for the years ended December 31, 2021 and 2020, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

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

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

Basis for Opinion

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

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

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

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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, 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 accounting principles generally accepted in the United States of America.

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules of form 5500, schedule h, line 4i– schedule of assets held at end of year and schedule h, line 4j - schedule of reportable transactions, as of and for the year ended December 31, 2021, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such

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 generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion-

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

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

H & A Associates, P.C.

Knoxville, Tennessee
August 22, 2022

SWEETWATER HOSPITAL ASSOCIATION

SWEETWATER HOSPITAL ASSOCIATION RETIREMENT PLAN

Statements of Net Assets Available for Benefits

December 31, 2021 and 2020

	2021	2020
ASSETS		
Investments, at fair value:		
Investment contract with insurance company	$ 11,112,105	10,080,229
Mutual funds	17,461,006	15,520,144
Total investments	28,573,111	25,600,373
Receivables:		
Employer contributions	24,740	15,506
Participant contributions	45,245	51,500
Notes receivable from participants	711,877	855,967
Total receivables	781,862	922,973
Net assets available for benefits	$ 29,354,973	26,523,346

The notes to financial statements are an integral part of these statements.

SWEETWATER HOSPITAL ASSOCIATION

SWEETWATER HOSPITAL ASSOCIATION RETIREMENT PLAN

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2021 and 2020

	2021	2020
Additions:		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$ 2,565,196	2,200,613
Interest and dividends	314,183	274,942
	2,879,379	2,475,555
Interest income on notes receivable from participants	47,328	55,593
Contributions:		
Employer	618,801	569,040
Participants	1,146,618	1,001,042
Rollovers	694	-
Total contributions	1,766,113	1,570,082
Total additions	4,692,820	4,101,230
Deductions:		
Deductions from net assets attributed to:		
Benefits paid to participants	1,854,418	1,183,958
Trustee fees	6,775	7,438
Total deductions	1,861,193	1,191,396
Net increase in net assets	2,831,627	2,909,834
Net assets available for benefits:		
Beginning of year	26,523,346	23,613,512
End of year	$ 29,354,973	26,523,346

The notes to financial statements are an integral part of these statements.

SWEETWATER HOSPITAL ASSOCIATION
SWEETWATER HOSPITAL ASSOCIATION RETIREMENT PLAN
Notes to Financial Statements
December 31, 2021 and 2020

(1) Description of Plan

The following description of the Sweetwater Hospital Association (the Hospital) Retirement Plan (the Plan) is provided for general purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

(a) General

The Plan is a defined contribution plan covering all full-time employees of the Hospital who have completed three months of service and are age eighteen or older. The Plan was amended effective March 1, 2009, January 1, 1999, and November 1, 2021, to (a) allow for participant loans, (b) to become a deferred compensation type plan to allow participants to increase the amount of their compensation available for retirement, and (c) to change distributions following a participant's death to such time as the participant's beneficiary elects as soon as practical for a distribution, respectively. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

(b) Participant Accounts

Each participant may make an employee contribution to the Plan through payroll deduction in an amount from one up to seventy-five percent of their compensation not to exceed $19,500 for the years ending December 31, 2021 and 2020, respectively, as adjusted for inflation. Catch-up contributions are allowed under the Plan.

Compensation shall mean total salary as defined under the Plan document, which is not necessarily as reflected on tax form W-2. Compensation will include amounts received by the participant during the Plan year and earned while a participant. Compensation shall include amounts deferred under 401(k) plans and Section 125 cafeteria plans. Compensation shall be limited to $200,000 as adjusted for inflation (which is $290,000 in 2021).

Each participant account is credited with the employee's elective deferral, the employer's matching contribution, an allocation of Plan earnings and appreciation in the value of investments and the amount of any personal transfer contributions or rollover contributions. Forfeitures of terminated participant's nonvested accounts are used to reduce employer-matching contributions. Forfeitures of $15,647 and $31,645 were used to reduce employer contributions in 2021 and 2020, respectively. At December 31, 2021 forfeitures of $11,540 are available to be used in 2022. There were no unused forfeitures at December 31, 2020.

The Hospital will make a matching contribution of four percent of compensation to a participant account as long as that participant defers at least one percent of their compensation.

(continued)

SWEETWATER HOSPITAL ASSOCIATION
SWEETWATER HOSPITAL ASSOCIATION RETIREMENT PLAN
Notes to Financial Statements
December 31, 2021 and 2020

(1) Description of Plan (continued)

(c) Vesting

Vesting refers to participants earning or acquiring a non-forfeitable right to the full amount of their account. Any elective deferrals, rollover contributions, transfer contributions, plus or minus any earnings or losses, are always 100% vested and cannot be forfeited for any reason. Any contribution not listed previously, and the earnings or losses thereon, will vest according to the following schedule:

Years of Service	Non-forfeitable Percentage
Less than 3	0%
3 or more	100%

(d) Payment of Benefits

Participants are eligible to receive their vested benefits upon retirement, death, disability, or termination of employment. Benefits may be received in a lump sum or in installments over a period of years. The full value of a participant account balance is payable as of the later of normal retirement age or as of the participant's actual retirement date. Due to the CARES Act that took effect in late March 2020, participants could take in-service withdrawals prior to reaching retirement age if needed due to the coronavirus pandemic thru December 31, 2020. Effective January 1, 2021, in-service withdrawals are available when a participant reaches the Plan's defined normal retirement age.

Benefits attributable to employer contributions are not payable prior to separation from service except for retirement. Benefits attributable to participant voluntary contributions under the Plan plus any rollovers are available for withdrawal upon request to the Plan administrator for hardship withdrawals only.

Hardship distributions are allowed for any of the hardship events as defined by the Plan document. Hardship distributions will include earnings on all participants' account balances attributable to elective deferrals. Hardship distributions no longer require first obtaining nontaxable loans available under the Plan. Effective January 1, 2020, hardship distributions will no longer require suspending the making of salary deferrals for any period of time after the receipt of the Hardship distribution. Any hardship distribution is limited to the amount needed to meet the financial need.

(continued)

SWEETWATER HOSPITAL ASSOCIATION
SWEETWATER HOSPITAL ASSOCIATION RETIREMENT PLAN
Notes to Financial Statements
December 31, 2021 and 2020

(1) Description of Plan (continued)

(e) Notes Receivable from Participants

Participants may borrow from their fund accounts, for any reasonable purpose, at a minimum of $1,000 and up to a maximum of 50% of their non-forfeitable account balance, or $50,000, whichever is less. The notes are secured by the balance in the participant accounts and bear interest at a reasonable rate as determined by the Plan Administrator. Principal and interest are paid through bi-weekly payroll deductions. Participants may have only one outstanding loan from the Plan at any one time and the note term may not exceed five years unless qualifying as a home loan. Home loan note terms are for thirty years. Any outstanding loan amount is due and payable upon participant termination from the Plan Sponsor.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The accounting records of the Plan are maintained on the accrual basis of accounting and present net assets available for plan benefits and changes in those net assets.

(b) Investment Valuation and Income Recognition

Investments held by the Plan are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation and depreciation of fair values includes the plan's gains and losses on investments bought and sold as well as held during the year. All investment information in the accompanying financial statements, including investment income information, is based upon data certified as complete and accurate by Empower Retirement.

(c) Notes Receivable from Participants

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

(continued)

SWEETWATER HOSPITAL ASSOCIATION
SWEETWATER HOSPITAL ASSOCIATION RETIREMENT PLAN
Notes to Financial Statements
December 31, 2021 and 2020

(2) Summary of Significant Accounting Policies (continued)

(d) Payment of Benefits

Benefits are recorded when paid.

(e) Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

(3) Fair Value of Financial Instruments

At December 31, 2021 and 2020, the Plan had notes receivable from participants totaling $711,877 and $855,967, respectively. The carrying value of these financial instruments approximates their estimated fair value at December 31, 2021 and 2020, due to their relatively short maturities.

(4) Plan Termination

Although the Hospital expects to continue the Plan indefinitely, it reserves the right to terminate the Plan by action of its Board and to discontinue all contributions from time to time as it shall deem appropriate and necessary. In the event of plan termination, the assets of the Plan will be distributed to the participants with the individual account of each affected participant becoming nonforfeitable.

(5) Financial Information Certified by the Administrative Agent

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Accordingly, the amounts for investment assets and transactions in those assets included in the accompanying financial statements and schedule as of December 31, 2021 and 2020, and for the years then ended have been compiled from statements certified as complete and accurate by the Administrative Agent in accordance with the DOL regulations.

(6) Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount 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 fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted market prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 and Level 2 inputs were not available.

Level 1 Fair Value Investments

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end as reported by the fund and are open-end mutual funds registered with the U.S. Securities and Exchange Commission.

Level 3 Fair Value Investments

The guaranteed investment contract with an insurance company is not actively traded and significant other observable inputs are not available. Thus, the fair value of the guaranteed investment contract is determined by discounting the related cash flows based on current yields on similar instruments with comparable durations considering the credit-worthiness of the issuer.

(continued)

SWEETWATER HOSPITAL ASSOCIATION
SWEETWATER HOSPITAL ASSOCIATION RETIREMENT PLAN
Notes to Financial Statements
December 31, 2021 and 2020

(6) Fair Value Measurements (continued)

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2021 and 2020:

		Fair Value Measurements Using:	
	Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
December 31, 2021			
Investment contract with insurance company (General Account)	$10,112,105	-	11,112,105
Mutual Funds:			
American Funds Amcap – R1	3,670,761	3,670,761	-
American Funds Cap World Growth	862,364	862,364	-
American Funds Fundamental Inv – R1	484,206	484,206	-
American Funds Inv Co – AM R1	379,575	379,575	-
American Funds New Pers – R1	334,805	334,805	-
Blackrock Lifepath 2030	192,754	192,754	-
Blackrock Lifepath 2040	186,794	186,794	-
Blackrock Lifepath 2050	19,335	19,335	-
BNY Mellon S&P 500 Index	1,757,626	1,757,626	-
BNY Mellon Midcap Index Inv	2,167,665	2,167,665	-
BNY Mellon Smallcap Stock Index	560,343	560,343	-
Franklin Strategic Income - R	432,718	432,718	-
Goldman Sachs Absolute Ret. Track - R	7,200	7,200	-
Goldman Sachs Growth Opportunity - R	277,860	277,860	-
Hartford High Yield	454,566	454,566	-
Hartford Moderate Allocation – R3	953,882	953,882	-
Hartford Small Company – R3	602,007	602,007	-
Hartford Global Impact – R4	305,169	305,169	-
Invesco Common Stock – R	394,506	394,506	-
Invesco Global - R	466,366	466,366	-
Invesco Global Strategic Income - R	458,279	458,279	-
Invesco Gold & Spec Minerals	46,749	46,749	-
JP Morgan US Govt MM Service	187,005	187,005	-
MFS Government Securities – R2	517,152	517,152	-
MFS Research International – R2	37,281	37,281	-
PIMCO Total Return – R	704,314	704,314	-
Pioneer - R	999,724	999,724	-
Total investments at fair value	$28,573,111	17,461,006	11,112,105

(continued)

SWEETWATER HOSPITAL ASSOCIATION
SWEETWATER HOSPITAL ASSOCIATION RETIREMENT PLAN
Notes to Financial Statements
December 31, 2021 and 2020

(6) Fair Value Measurements (continued)

		Fair Value Measurements Using:	
	Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
December 31, 2020			
Investment contract with insurance company (General Account)	$ 10,080,229	-	10,080,229
Mutual Funds:			
American Funds Amcap – R1	3,329,940	3,329,940	-
American Funds Cap World Growth	786,090	786,090	-
American Funds Fundamental Inv – R1	422,803	422,803	-
American Funds Inv Co – AM R1	348,314	348,314	-
American Funds New Pers – R1	286,439	286,439	-
Blackrock Lifepath 2030	128,226	128,226	-
Blackrock Lifepath 2040	109,062	109,062	-
Blackrock Lifepath 2050	11,938	11,938	-
Blackrock Retirement Inv - A	123	123	-
BNY Mellon S&P 500 Index	1,424,041	1,424,041	-
BNY Mellon Midcap Index Inv	1,693,962	1,693,962	-
BNY Mellon Smallcap Stock Index	445,626	445,626	-
Franklin Strategic Income – R	466,077	466,077	-
Goldman Sachs Absolute Ret. Track - R	6,810	6,810	-
Goldman Sachs Growth Opportunity - R	282,390	282,390	-
Hartford High Yield	483,906	483,906	-
Hartford Moderate Allocation – R3	932,664	932,664	-
Hartford Small Company – R3	615,275	615,275	-
Hartford Global Impact – R4	284,395	284,395	-
Invesco Common Stock –R	353,687	353,687	-
Invesco Global – R	363,311	363,311	-
Invesco Global Strategic Income – R	475,286	475,286	-
Invesco Gold & Spec Minerals	38,712	38,712	-
JP Morgan U.S. Govt MM Service	180,450	180,450	-
MFS Government Securities – R2	527,383	527,383	-
MFS Research International – R2	312	312	-
PIMCO Total Return – R	714,429	714,429	-
Pioneer - R	808,493	808,493	-
Total investments at fair value	$ 25,600,373	15,520,144	10,080,229

(continued)

SWEETWATER HOSPITAL ASSOCIATION
SWEETWATER HOSPITAL ASSOCIATION RETIREMENT PLAN
Notes to Financial Statements
December 31, 2021 and 2020

(6) Fair Value Measurements (continued)

The following tables reconcile the beginning and ending balances of the fair value measurements using significant unobservable inputs (Level 3) of the investment contract with insurance company for the years ending December 31, 2021 and 2020:

	Investment Contract
December 31, 2021	
Beginning balance	$10,080,229
Purchases, sales, issuances and settlements:	
Purchases	809,792
Issues	-
Sales	(767,236)
Settlements	-
Transfers in	1,198,541
Transfers out	(523,404)
Total gains or losses included in changes in net assets available for benefits	314,183
Ending balance	$11,112,105
December 31, 2020	
Beginning balance	$ 8,807,300
Purchases, sales, issuances and settlements:	
Purchases	683,130
Issues	-
Sales	(522,898)
Settlements	-
Transfers in	1,290,411
Transfers out	(452,656)
Total gains or losses included in changes in net assets available for benefits	274,942
Ending balance	$10,080,229

Gains and losses included in changes in net assets available for benefits for the years ended December 31, 2021 and 2020, are reported in investment income as interest and dividends. All appreciation/depreciation in fair value of investments is thru mutual funds. The Plan's policy is to recognize transfers between Level 1 and 2 and into and out of Level 3 as of the date of the event or change in circumstances that cause the transfer. For the years ended December 31, 2021 and 2020, there were no significant transfers between Levels 1 and 2 and no transfers into or out of a Level 3 classification that were not properly recorded as noted in the schedule above.

SWEETWATER HOSPITAL ASSOCIATION
SWEETWATER HOSPITAL ASSOCIATION RETIREMENT PLAN
Notes to Financial Statements
December 31, 2021 and 2020

(7) Investment Contract with Insurance Company

In 2009, the Plan entered into a group variable contract with Hartford Life Insurance Company ("Empower Retirement" as of January 1, 2021). Empower Retirement maintains the contributions in a General Account. The General Account is part of Empower Retirement's general account that includes other company assets. The General Account rates are guaranteed by the claims-paying ability of Empower Retirement.

Empower Retirement credits interest on contributions made to the General Account at a rate declared for the calendar quarter in which they are received. Empower Retirement guarantees the declared interest rate applicable to any quarter to the end of the year in which the rate was applied. Empower Retirement may change the declared interest rate applicable to contributions made for any subsequent quarter at its discretion. For each subsequent calendar year, Empower Retirement will credit assets in the General Account at a rate guaranteed for the entire calendar year – the "Guaranteed Interest Rate". The Guaranteed Interest Rate for a calendar year will be determined at the end of the preceding calendar year and will never be less than the minimum interest rate specified in the contract. Empower Retirement may, from time to time, credit interest rates in excess of the Guaranteed Interest Rate.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date. Average yields on the General Account were 3% for 2021 and 2020.

(8) Related Party and Party in Interest Transactions

Certain Plan assets are invested in mutual funds managed by Empower Retirement. Empower Retirement is the administrative agent and record keeper of the Plan and therefore, these transactions qualify as party in interest transactions. These transactions are exempt from the prohibited transaction rules of ERISA.

(9) 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 statement of net assets available for benefits.

SWEETWATER HOSPITAL ASSOCIATION
SWEETWATER HOSPITAL ASSOCIATION RETIREMENT PLAN
Notes to Financial Statements
December 31, 2021 and 2020

(10) Tax Status

A letter of determination has been received from the Internal Revenue Service qualifying the Plan in accordance with the Internal Revenue Code (IRC) for exemption from federal income taxes. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and therefore believe that the Plan is qualified appropriately.

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 for any uncertain position that more likely than not would be sustained upon examination by taxing authorities. The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in progress.

(11) Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for plan benefits per the financial statements at December 31, 2021 and 2020 to form 5500:

		2021	2020
Net assets available for benefits per the financial statements	$	29,354,973	26,523,346
Less:			
Contributions to be remitted by employer due to accrual based financial statements		69,985	67,006
	$	29,284,988	26,456,340

(12) Subsequent Events

Subsequent events were evaluated through August 22, 2022, which is the date the financial statements were available to be issued. Based on that evaluation the following item is of note:

As of the latest available Plan valuation date of June 30, 2022, due to a significant drop in the stock market, the Plan has lost approximately $3,527,000 or 12% of its Plan net asset value from that at December 31, 2021.

Supplementary Information

SWEETWATER HOSPITAL ASSOCIATION

SWEETWATER HOSPITAL ASSOCIATION RETIREMENT PLAN

Schedule H, Line 4i - Schedule of Assets Held at End of Year

December 31, 2021

(a) Party in Interest	(b) Identity of Issuer	(c) Descripton of Investment	Number of Shares	(d) Cost	(e) Current Value
*	MFS	General Account	9,400,882.20	$ 9,440,159	11,112,105
	Mutual Funds:				
	American Funds	Amcap - R1	93,142.90	2,536,105	3,670,761
	American Funds	Capital World Growth and Income	13,690.48	626,025	862,364
	American Funds	Fundamental Inv - R1	6,412.48	383,786	484,206
	American Funds	Investment Co - AM R1	7,399.12	292,315	379,575
	American Funds	New Prospective - R1	5,405.31	241,244	334,805
	Blackrock	Lifepath 2030	14,492.76	200,828	192,754
	Blackrock	Lifepath 2040	11,928.09	202,013	186,794
	Blackrock	Lifepath 2050	845.42	18,049	19,335
	BNY Mellon	S&P 500 Index	29,352.47	1,517,227	1,757,626
	BNY Mellon	Midcap Index Inv	60,752.95	2,064,307	2,167,665
	BNY Mellon	Smallcap Stock Index	16,706.69	502,184	560,343
	Franklin	Strategic Income - R	46,329.62	444,903	432,718
	Goldman Sachs	Absolute Return Track - R	794.68	7,117	7,200
	Goldman Sachs	Growth Opportunity - R	22,211.03	331,975	277,860
*	Hartford	High Yield	59,576.10	441,044	454,566
*	Hartford	Moderate Allocation - R3	74,001.71	843,382	953,882
*	Hartford	Small Company - R3	23,369.85	540,480	602,007
*	Hartford	Global Impact - R4	18,676.21	230,932	305,169
	Invesco	Common Stock - R	13,300.95	320,954	394,506
	Invesco	Global - R	3,805.52	360,276	466,366
	Invesco	Global Strategic Income - R	128,010.98	483,044	458,279
	Invesco	Gold & Spec Minerals	1,883.50	43,306	46,749
	JP Morgan	US Govt MM Service	187,005.00	187,005	187,005
*	MFS	Government Securities - R2	51,509.14	516,544	517,152
*	MFS	Research International - R2	1,580.40	36,256	37,281
	PIMCO	Total Return - R	68,579.73	716,479	704,314
	Pioneer	Pioneer - R	26,370.97	866,057	999,724
				14,953,837	17,461,006
				24,393,996	28,573,111
	Notes receivable - participants - rates charged from 5.25% to 8.00%			-	711,877
				$ 24,393,996	29,284,988

Employer Identification Number: 62-0544855
Plan Number: 001

The above data is based on information which has been certified as complete and accurate by Empower Retirement, the Plan Administrative Agent.

SWEETWATER HOSPITAL ASSOCIATION

SWEETWATER HOSPITAL ASSOCIATION RETIREMENT PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions

December 31, 2021

Plan Sponsor Employer Identification Number: 62-0544855

Plan Number: 001

Beginning net assets available for plan benefits	$	26,456,340	*
5% of beginning net assets available for plan bene	$	1,322,817	

*Includes investments, at fair value, plus notes receivable from participants

Single transactions over 5% of beginning net assets:

(a) Identity	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss

NO REPORTABLE TRANSACTIONS

Series of transactions with the same party over 5% of beginning net assets:

(a) Identity	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss

NO REPORTABLE TRANSACTIONS

The above data is based on information which has been certified as complete and accurate by EmpowerRetirement, the Plan Administrative Agent.

Schedule C Soft Dollar Compensation
Eligible Indirect Compensation Statement

Mutual fund investments of the plan (whether direct or indirect through a separate investment account) may have soft dollar arrangements pursuant to which the investment advisor or sub-advisor to the mutual fund (and/or its affiliates) may direct trades to certain brokers in exchange for research and other services, other than just trade execution. For plans investing directly or indirectly in MassMutual funds, the funds listed below had soft dollar arrangements during the previous fiscal year-end. For details, please refer to the Portfolio Transactions and Brokerage section of the Statement of Additional Information ("SAI"). For all other mutual funds, MassMutual provided the required written disclosure in the Statement of Additional Information ("SAI").

For additional information on soft dollar compensation, refer to the section of the mutual fund's SAI that discusses brokerage allocation and other practices.

MassMutual Global Fund
MassMutual Growth Opportunities Fund
MassMutual International Equity Fund
MassMutual Main Street Fund
MassMutual Mid Cap Growth Fund
MassMutual Mid-Cap Value Fund
MassMutual Overseas Fund
MassMutual Small Cap Growth Equity Fund
MassMutual Small Cap Opportunities Fund
MassMutual Small Cap Value Equity Fund
MassMutual Small Cap Value Fund
MassMutual Strategic Emerging Markets Fund

MassMutual RetireSMART by JPMorgan in Retirement Fund
MassMutual RetireSMART by JPMorgan 2020 Fund
MassMutual RetireSMART by JPMorgan 2025 Fund
MassMutual RetireSMART by JPMorgan 2030 Fund
MassMutual RetireSMART by JPMorgan 2035 Fund
MassMutual RetireSMART by JPMorgan 2040 Fund
MassMutual RetireSMART by JPMorgan 2045 Fund
MassMutual RetireSMART by JPMorgan 2050 Fund
MassMutual RetireSMART by JPMorgan 2055 Fund
MassMutual RetireSMART by JPMorgan 2060 Fund

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Fee and Compensation Disclosure Report

This document is intended to assist a plan administrator ("you") in completing the Form 5500 Schedule C[1] by identifying different types of compensation paid with respect to the product utilized by your plan.

As permitted under the Schedule C rules, compensation is disclosed in the attached report as an actual dollar amount, an estimate or a formula or rate.

- Where an actual dollar amount of compensation is disclosed, no further notation regarding compensation calculations is generally provided.
- Where an estimate of the compensation amount is disclosed, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount.
- Where a formula or rate is provided to report compensation, we have used a reasonable method to arrive at the estimate and we have described the method used to arrive at the estimated amount. This formula or rate may be disclosed to describe the compensation to which it applies under the Schedule C rules. Alternatively, for purposes of Schedule C disclosure or in connection with your fiduciary review of the compensation paid with respect to the services, products and investment options utilized by the plan, you may calculate and disclose an actual or estimated dollar amount by multiplying the rate by the total assets to which it applies.

Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2021 - 12/31/2021 and indirect compensation is presented on a calendar year basis ending 12/31/2021.

This report includes compensation actually paid to or by MassMutual within the indicated plan year as part of your MassMutual-serviced product. *(Note: If the plan year period or plan year end indicated in this Schedule C reporting package is incorrect, please notify your MassMutual customer service representative immediately).* This report does not include amounts deducted from plan assets and paid to third parties (other than MassMutual). In addition, the report does not include compensation related to investments held by the plan that are not serviced on our recordkeeping system. You should contact your other service providers for reportable compensation information. You may also receive information on the compensation reported here from other service providers as is described below.

Please note that we have provided suggested service codes with respect to services provided through our product. Please review all Schedule C and other Form 5500 materials with your experienced benefits counsel and other professionals to determine the most appropriate codes for your plan. In addition, please note that because plans with fewer than 100 participants (as of the beginning of the plan year) are generally not required to file Schedule C, you should refer to the instructions provided by the IRS for Schedule C and/or review the applicability of Schedule C to your plan with your experienced tax/benefits counsel, to determine whether it is necessary for the plan to report the information contemplated by this report.

Please contact your MassMutual Service Team should you require additional information regarding the compensation paid to or by MassMutual with respect to your plan.

*****

Information provided in this document and related materials we provide are not intended to be and shall not be deemed tax advice, tax form preparation services, legal advice, advice to plans regarding compliance with ERISA reporting compliance, or accounting or other professional services. As described above, the information contained in this report may not cover all of the compensation received by the plan's service providers. We strongly encourage you to review all Schedule C and other Form 5500 materials with experienced benefits counsel and other professionals.

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[1]Please refer to the Schedule C of the Form 5500 and its instructions (available at: http://www.dol.gov/ebsa/5500main.html), and please confer with experienced benefits counsel and other professionals, to determine the applicability of Schedule C to your plan.

FORM 5500 SCHEDULE C REPORT
SCHEDULE C, LINE 2(h) AND LINE 3(e) FORMULA DESCRIPTION

Sweetwater Hospital Association Retirement Plan (751755)
EIN #: 62-0544855

Important Note: On December 31, 2020, Empower Retirement acquired the retirement business of Massachusetts Mutual Life Insurance Company ("MassMutual"). Following an initial transition period, Empower Retirement will become the sole administrator of this business. If the Plan utilizes an insurance product and the contract was issued by MassMutual, this material is being provided to you by Great-West Life & Annuity Insurance Company, affiliated with Empower Retirement, with respect to Empower Retirement's role as the administrator of this business, on MassMutual's behalf and pursuant to a Power of Attorney granted to Great-West Life & Annuity Insurance Company by MassMutual. If the Plan utilizes an insurance product and the contract was issued by Talcott Resolution Life Insurance Company ("Talcott", formerly named Hartford Life Insurance Company) and formerly administered by MassMutual, this material is being provided to you by Great-West Life & Annuity Insurance Company, affiliated with Empower Retirement, with respect to Empower Retirement's role as the administrator of this business pursuant to a Power of Attorney granted to Great-West Life & Annuity Insurance Company by Talcott. Empower Retirement refers to the products and services offered by Great-West Life & Annuity Insurance Company ("GWLA") and its subsidiaries, including Empower Retirement, LLC. Neither Great-West Life & Annuity Insurance Company nor Empower Retirement is affiliated with MassMutual, Talcott or their respective affiliates.

Important Note: The information in this document is applicable to the plan prior to transitioning recordkeeping platforms.

Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2021 - 12/31/2021 and indirect compensation is presented on a calendar year basis ending 12/31/2021.

For use with lines 2(h), 3(c), 3(d), 3(e)

Total Direct Compensation Paid **$1,060.00**

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction for the plan year. Service providers which have received portions of these direct fees are listed below, along with the amount of fees they received. Please note that if there is a discrepancy between the total direct fees reported above and the sum of the direct fees reported below, you should contact your other service providers or your plan records to identify the recipient(s) of the fees and any other information relevant to your Schedule C filing.

Recipient: Great-West Life & Annuity Insurance Company ("GWLA") EIN: 84-0467907

Service Codes: 15, 23, 37, 38, 54, 55, 59, 60, 62, 63, 64, 65, 66, 99, 50 (if direct compensation amount reflected below)

Direct Compensation **$1,060.00**

The total amount identified above reflects fees deducted from plan assets at the plan administrator's direction for the 2021 plan year for the above named recipient. Please review other service providers, below, to determine whether direct fees were also paid to them. Also, please review your records to determine whether other service providers may have received any compensation not reported below (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, or a plan auditor).

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation and amounts reported as paid to Massachusetts Mutual Life Insurance Company ("MMLIC") are the net result of aggregating direct compensation after the effects of adjustments processed in 2021, some of which may have pertained to prior years.

Please review the detailed breakdown at the end of the report for further information.

Indirect Compensation

Non Monetary Compensation

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. In addition, if applicable to the plan, MassMutual agents may qualify for certain forms of non-monetary compensation as a result of the sale of MassMutual contracts. These forms of non-monetary compensation include health, vision, life and disability coverage; matching contributions to 401(k) plans; cash balance and nonqualified pension plan contributions; participation at MassMutual-sponsored conferences based on recognition; and other non-monetary compensation (meals, entertainment, prizes, awards, gifts). If applicable, each plan in the agent's book of business is allocated compensation based on a pro rata basis using the number of plans representing the agent's book of business as of 12/31/2021.Information concerning reportable transactions undertaken between or among non-MassMutual parties may not be available to MassMutual. Please consult with your legal or tax advisors if you have any questions.

Compensation paid with respect to Funds

Investment Option Name	*EIN*	*Revenue Sharing Rate (%) Paid to MassMutual (rates as of 12/31/2021)*	*Underlying Fund Gross Expense Ratio as of the Fund's Year End*
AMERICAN FUNDS AMCAP-R1	95-2482877	1.1	1.44%
AMERICAN FUNDS CAP WRLD G&I-R1	95-1411037	1.1	1.52%
AMERICAN FUNDS FDMNTL INV-R1	22-1557722	1.1	1.39%
AMERICAN FUNDS INV CO AM-R1	95-1426645	1.1	1.37%
AMERICAN FUNDS NEW PRSPCTV-R1	95-2817150	1.1	1.51%
BLACKROCK LP DY 2030-INVS A	51-0318674	.55	1.16%
BLACKROCK LP DY 2040-INVS A	51-0318674	.55	1.19%
BLACKROCK LP DY 2050-INVS A	51-0318674	.55	1.20%
BLACKROCK LP DY RET-INV A	51-0318674	.55	1.12%
BNY MELLON MIDCAP INDEX INV	13-3618129	.35	0.52%
BNY MELLON S&P 500 INDEX	13-3554128	.35	0.51%
BNY MELLON SMLCAP STCK IND INV	13-3554128	.35	0.52%
FRANKLIN STRATEGIC INCOME-R	13-3151768	0.60%+$16/participant	1.14%
GENERAL ACCOUNT	00-0000N/A		0.00%
GOLDMAN SACHS GROWTH OPP-R	46-5215217	.8	1.62%
GS ABSOLUTE RETURN TRACK R	46-5215217	.8	1.49%
HARTFORD GLB IMPACT R3	22-2937447	.85	1.71%
HARTFORD MODERATE ALLCTN-R3	22-2937447	.85	1.40%
INVESCO COMSTOCK-R	84-0933032	.8	1.07%
INVESCO GLB STRT INCM-R	76-0343427	.8	1.23%
INVESCO GLOBAL-R	76-0352823	.8	1.33%
INVSC GOLD&SPEC MINRL R	84-0933032	.8	1.31%
JPMORGAN US GOVT MM SERVICE	26-3613641	.85	1.03%
MFS GOVERNMENT SECURITIES-R2	04-3158862	.8	1.05%
MFS RESEARCH INTERNATIONAL-R2	04-3158862	.8	1.27%
PIMCO TOTAL RETURN-R	95-2632339	.65	1.06%
PIONEER-R	04-6013015	.8	1.47%
THE HARTFORD HIGH YIELD R3	22-2937447	.85	1.31%
THE HARTFORD SMALL COMPANY-R3	22-2937447	.85	1.61%

Under the variable investment options available through your plan's group annuity contract or funding agreement, contract values are invested in Massachusetts Mutual Life Insurance Company separate accounts that, in turn, invest in underlying registered investment companies (i.e., mutual funds) and collective investment funds.

The above list includes any investment option held by the plan on at least one month end during the 2021 calendar year. To arrive at an estimate of the dollar amount that MassMutual received from each investment option, multiply the rate of fees received from each investment option by your plan's year-end balance (or if the investment option was liquidated prior to year end, the balance on the liquidation date) and, if applicable, the per participant fee by the number of participants in the investment option at year end (or the liquidation date if earlier). This will be an estimate because your plan's balance and number of participants will vary over the course of the year, so the year-end balance and number of participants may be higher or lower than the daily balance. In addition, these fees are calculated on a daily basis.

Recipient: LPL FINANCIAL LLC EIN: 95-2834236

Service Codes:

Please contact your Service Provider for the list of applicable services performed and Service Codes.

Direct Compensation **$0.00**

Our records indicate that this recipient did not receive any Direct Compensation. Please review your records to determine whether this service provider may have received any compensation not reported.

Indirect Compensation

* **Sales commission** Payor: Reliance Trust Company EIN: 58-1428634 **$106,367.33**

* *Sales Commissions are reported on a Plan Year basis.*

Non Monetary Compensation

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. In addition, if applicable to the plan, MassMutual agents may qualify for certain forms of non-monetary compensation as a result of the sale of MassMutual contracts. These forms of non-monetary compensation include health, vision, life and disability coverage; matching contributions to 401(k) plans; cash balance and nonqualified pension plan contributions; participation at MassMutual-sponsored conferences based on recognition; and other non-monetary compensation (meals, entertainment, prizes, awards, gifts). If applicable, each plan in the agent's book of business is allocated compensation based on a pro rata basis using the number of plans representing the agent's book of business as of 12/31/2021 . Information concerning reportable transactions undertaken between or among non-MassMutual parties may not be available to MassMutual. Please consult with your legal or tax advisors if you have any questions

Recipient: Reliance Trust Company EIN: 58-1428634

Indirect Compensation

Custodial Fee **$270.00**
Service Codes: 19, 25, 99

Payors: Great-West Life & Annuity Insurance Company EIN: 84-0467907
("GWLA")

This is an estimate as of December 31, 2021, determined by dividing a flat annual fee paid to Reliance Trust Company by the number of plans to whom this feature is made available.

Recipient: Mesirow Financial Investment Management, Inc. EIN: 36-3429599

Indirect Compensation

Annual platform package fee ("Model My Goals") **$30.22**
Service code: 49

Payor: Great-West Life & Annuity Insurance Company EIN: 84-0467907
("GWLA")

This is an estimate based on the annual platform package fee paid to Mesirow divided by the number of plans using this feature.

Direct Revenue Detail

Recipient: ***Great-West Life & Annuity Insurance Company ("GWLA")***

Fee Description	**Dollar Amount**
Loan Set-up Fee	$900.00
Rapid Delivery Fee	$160.00
Total Direct Revenue:	**$1,060.00**
Grand Total Direct Fees:	**$1,060.00**

Sweetwater Hospital Association Retirement Plan

Financial Statements with Supplementary Information
Years Ended December 31, 2021 and 2020
and
Independent Auditors' Report

SWEETWATER HOSPITAL ASSOCIATION
SWEETWATER HOSPITAL ASSOCIATION RETIREMENT PLAN

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December 31, 2021 and 2020

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HG&A Associates, P.C.
Certified Public Accountants

Independent Auditors' Report

To the Plan Administrator of
the Sweetwater Hospital Association Retirement Plan

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

We have performed audits of the accompanying financial statements of the Sweetwater Hospital Association Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of and for the years ended December 31, 2021 and 2020, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

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

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

Basis for Opinion

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

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

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

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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, 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 accounting principles generally accepted in the United States of America.

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules of form 5500, schedule h, line 4i– schedule of assets held at end of year and schedule h, line 4j - schedule of reportable transactions, as of and for the year ended December 31, 2021, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such

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 generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion-

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

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

H & A Associates, P.C.

Knoxville, Tennessee
August 22, 2022

SWEETWATER HOSPITAL ASSOCIATION

SWEETWATER HOSPITAL ASSOCIATION RETIREMENT PLAN

Statements of Net Assets Available for Benefits

December 31, 2021 and 2020

	2021	2020
ASSETS		
Investments, at fair value:		
Investment contract with insurance company	$ 11,112,105	10,080,229
Mutual funds	17,461,006	15,520,144
Total investments	28,573,111	25,600,373
Receivables:		
Employer contributions	24,740	15,506
Participant contributions	45,245	51,500
Notes receivable from participants	711,877	855,967
Total receivables	781,862	922,973
Net assets available for benefits	$ 29,354,973	26,523,346

The notes to financial statements are an integral part of these statements.

SWEETWATER HOSPITAL ASSOCIATION

SWEETWATER HOSPITAL ASSOCIATION RETIREMENT PLAN

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2021 and 2020

	2021	2020
Additions:		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$ 2,565,196	2,200,613
Interest and dividends	314,183	274,942
	2,879,379	2,475,555
Interest income on notes receivable from participants	47,328	55,593
Contributions:		
Employer	618,801	569,040
Participants	1,146,618	1,001,042
Rollovers	694	-
Total contributions	1,766,113	1,570,082
Total additions	4,692,820	4,101,230
Deductions:		
Deductions from net assets attributed to:		
Benefits paid to participants	1,854,418	1,183,958
Trustee fees	6,775	7,438
Total deductions	1,861,193	1,191,396
Net increase in net assets	2,831,627	2,909,834
Net assets available for benefits:		
Beginning of year	26,523,346	23,613,512
End of year	$ 29,354,973	26,523,346

The notes to financial statements are an integral part of these statements.

SWEETWATER HOSPITAL ASSOCIATION
SWEETWATER HOSPITAL ASSOCIATION RETIREMENT PLAN
Notes to Financial Statements
December 31, 2021 and 2020

(1) Description of Plan

The following description of the Sweetwater Hospital Association (the Hospital) Retirement Plan (the Plan) is provided for general purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

(a) General

The Plan is a defined contribution plan covering all full-time employees of the Hospital who have completed three months of service and are age eighteen or older. The Plan was amended effective March 1, 2009, January 1, 1999, and November 1, 2021, to (a) allow for participant loans, (b) to become a deferred compensation type plan to allow participants to increase the amount of their compensation available for retirement, and (c) to change distributions following a participant's death to such time as the participant's beneficiary elects as soon as practical for a distribution, respectively. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

(b) Participant Accounts

Each participant may make an employee contribution to the Plan through payroll deduction in an amount from one up to seventy-five percent of their compensation not to exceed $19,500 for the years ending December 31, 2021 and 2020, respectively, as adjusted for inflation. Catch-up contributions are allowed under the Plan.

Compensation shall mean total salary as defined under the Plan document, which is not necessarily as reflected on tax form W-2. Compensation will include amounts received by the participant during the Plan year and earned while a participant. Compensation shall include amounts deferred under 401(k) plans and Section 125 cafeteria plans. Compensation shall be limited to $200,000 as adjusted for inflation (which is $290,000 in 2021).

Each participant account is credited with the employee's elective deferral, the employer's matching contribution, an allocation of Plan earnings and appreciation in the value of investments and the amount of any personal transfer contributions or rollover contributions. Forfeitures of terminated participant's nonvested accounts are used to reduce employer-matching contributions. Forfeitures of $15,647 and $31,645 were used to reduce employer contributions in 2021 and 2020, respectively. At December 31, 2021 forfeitures of $11,540 are available to be used in 2022. There were no unused forfeitures at December 31, 2020.

The Hospital will make a matching contribution of four percent of compensation to a participant account as long as that participant defers at least one percent of their compensation.

(continued)

SWEETWATER HOSPITAL ASSOCIATION
SWEETWATER HOSPITAL ASSOCIATION RETIREMENT PLAN
Notes to Financial Statements
December 31, 2021 and 2020

(1) Description of Plan (continued)

(c) Vesting

Vesting refers to participants earning or acquiring a non-forfeitable right to the full amount of their account. Any elective deferrals, rollover contributions, transfer contributions, plus or minus any earnings or losses, are always 100% vested and cannot be forfeited for any reason. Any contribution not listed previously, and the earnings or losses thereon, will vest according to the following schedule:

Years of Service	Non-forfeitable Percentage
Less than 3	0%
3 or more	100%

(d) Payment of Benefits

Participants are eligible to receive their vested benefits upon retirement, death, disability, or termination of employment. Benefits may be received in a lump sum or in installments over a period of years. The full value of a participant account balance is payable as of the later of normal retirement age or as of the participant's actual retirement date. Due to the CARES Act that took effect in late March 2020, participants could take in-service withdrawals prior to reaching retirement age if needed due to the coronavirus pandemic thru December 31, 2020. Effective January 1, 2021, in-service withdrawals are available when a participant reaches the Plan's defined normal retirement age.

Benefits attributable to employer contributions are not payable prior to separation from service except for retirement. Benefits attributable to participant voluntary contributions under the Plan plus any rollovers are available for withdrawal upon request to the Plan administrator for hardship withdrawals only.

Hardship distributions are allowed for any of the hardship events as defined by the Plan document. Hardship distributions will include earnings on all participants' account balances attributable to elective deferrals. Hardship distributions no longer require first obtaining nontaxable loans available under the Plan. Effective January 1, 2020, hardship distributions will no longer require suspending the making of salary deferrals for any period of time after the receipt of the Hardship distribution. Any hardship distribution is limited to the amount needed to meet the financial need.

(continued)

SWEETWATER HOSPITAL ASSOCIATION
SWEETWATER HOSPITAL ASSOCIATION RETIREMENT PLAN
Notes to Financial Statements
December 31, 2021 and 2020

(1) Description of Plan (continued)

(e) Notes Receivable from Participants

Participants may borrow from their fund accounts, for any reasonable purpose, at a minimum of $1,000 and up to a maximum of 50% of their non-forfeitable account balance, or $50,000, whichever is less. The notes are secured by the balance in the participant accounts and bear interest at a reasonable rate as determined by the Plan Administrator. Principal and interest are paid through bi-weekly payroll deductions. Participants may have only one outstanding loan from the Plan at any one time and the note term may not exceed five years unless qualifying as a home loan. Home loan note terms are for thirty years. Any outstanding loan amount is due and payable upon participant termination from the Plan Sponsor.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The accounting records of the Plan are maintained on the accrual basis of accounting and present net assets available for plan benefits and changes in those net assets.

(b) Investment Valuation and Income Recognition

Investments held by the Plan are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation and depreciation of fair values includes the plan's gains and losses on investments bought and sold as well as held during the year. All investment information in the accompanying financial statements, including investment income information, is based upon data certified as complete and accurate by Empower Retirement.

(c) Notes Receivable from Participants

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

(continued)

SWEETWATER HOSPITAL ASSOCIATION
SWEETWATER HOSPITAL ASSOCIATION RETIREMENT PLAN
Notes to Financial Statements
December 31, 2021 and 2020

(2) Summary of Significant Accounting Policies (continued)

(d) Payment of Benefits

Benefits are recorded when paid.

(e) Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

(3) Fair Value of Financial Instruments

At December 31, 2021 and 2020, the Plan had notes receivable from participants totaling $711,877 and $855,967, respectively. The carrying value of these financial instruments approximates their estimated fair value at December 31, 2021 and 2020, due to their relatively short maturities.

(4) Plan Termination

Although the Hospital expects to continue the Plan indefinitely, it reserves the right to terminate the Plan by action of its Board and to discontinue all contributions from time to time as it shall deem appropriate and necessary. In the event of plan termination, the assets of the Plan will be distributed to the participants with the individual account of each affected participant becoming nonforfeitable.

(5) Financial Information Certified by the Administrative Agent

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Accordingly, the amounts for investment assets and transactions in those assets included in the accompanying financial statements and schedule as of December 31, 2021 and 2020, and for the years then ended have been compiled from statements certified as complete and accurate by the Administrative Agent in accordance with the DOL regulations.

(6) Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount 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 fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted market prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 and Level 2 inputs were not available.

Level 1 Fair Value Investments

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end as reported by the fund and are open-end mutual funds registered with the U.S. Securities and Exchange Commission.

Level 3 Fair Value Investments

The guaranteed investment contract with an insurance company is not actively traded and significant other observable inputs are not available. Thus, the fair value of the guaranteed investment contract is determined by discounting the related cash flows based on current yields on similar instruments with comparable durations considering the credit-worthiness of the issuer.

(continued)

SWEETWATER HOSPITAL ASSOCIATION
SWEETWATER HOSPITAL ASSOCIATION RETIREMENT PLAN
Notes to Financial Statements
December 31, 2021 and 2020

(6) Fair Value Measurements (continued)

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2021 and 2020:

		Fair Value Measurements Using:	
	Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
December 31, 2021			
Investment contract with insurance company (General Account)	$10,112,105	-	11,112,105
Mutual Funds:			
American Funds Amcap – R1	3,670,761	3,670,761	-
American Funds Cap World Growth	862,364	862,364	-
American Funds Fundamental Inv – R1	484,206	484,206	-
American Funds Inv Co – AM R1	379,575	379,575	-
American Funds New Pers – R1	334,805	334,805	-
Blackrock Lifepath 2030	192,754	192,754	-
Blackrock Lifepath 2040	186,794	186,794	-
Blackrock Lifepath 2050	19,335	19,335	-
BNY Mellon S&P 500 Index	1,757,626	1,757,626	-
BNY Mellon Midcap Index Inv	2,167,665	2,167,665	-
BNY Mellon Smallcap Stock Index	560,343	560,343	-
Franklin Strategic Income - R	432,718	432,718	-
Goldman Sachs Absolute Ret. Track - R	7,200	7,200	-
Goldman Sachs Growth Opportunity - R	277,860	277,860	-
Hartford High Yield	454,566	454,566	-
Hartford Moderate Allocation – R3	953,882	953,882	-
Hartford Small Company – R3	602,007	602,007	-
Hartford Global Impact – R4	305,169	305,169	-
Invesco Common Stock – R	394,506	394,506	-
Invesco Global - R	466,366	466,366	-
Invesco Global Strategic Income - R	458,279	458,279	-
Invesco Gold & Spec Minerals	46,749	46,749	-
JP Morgan US Govt MM Service	187,005	187,005	-
MFS Government Securities – R2	517,152	517,152	-
MFS Research International – R2	37,281	37,281	-
PIMCO Total Return – R	704,314	704,314	-
Pioneer - R	999,724	999,724	-
Total investments at fair value	$28,573,111	17,461,006	11,112,105

(continued)

SWEETWATER HOSPITAL ASSOCIATION
SWEETWATER HOSPITAL ASSOCIATION RETIREMENT PLAN
Notes to Financial Statements
December 31, 2021 and 2020

(6) Fair Value Measurements (continued)

		Fair Value Measurements Using:	
	Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
December 31, 2020			
Investment contract with insurance company (General Account)	$ 10,080,229	-	10,080,229
Mutual Funds:			
American Funds Amcap – R1	3,329,940	3,329,940	-
American Funds Cap World Growth	786,090	786,090	-
American Funds Fundamental Inv – R1	422,803	422,803	-
American Funds Inv Co – AM R1	348,314	348,314	-
American Funds New Pers – R1	286,439	286,439	-
Blackrock Lifepath 2030	128,226	128,226	-
Blackrock Lifepath 2040	109,062	109,062	-
Blackrock Lifepath 2050	11,938	11,938	-
Blackrock Retirement Inv - A	123	123	-
BNY Mellon S&P 500 Index	1,424,041	1,424,041	-
BNY Mellon Midcap Index Inv	1,693,962	1,693,962	-
BNY Mellon Smallcap Stock Index	445,626	445,626	-
Franklin Strategic Income – R	466,077	466,077	-
Goldman Sachs Absolute Ret. Track - R	6,810	6,810	-
Goldman Sachs Growth Opportunity - R	282,390	282,390	-
Hartford High Yield	483,906	483,906	-
Hartford Moderate Allocation – R3	932,664	932,664	-
Hartford Small Company – R3	615,275	615,275	-
Hartford Global Impact – R4	284,395	284,395	-
Invesco Common Stock –R	353,687	353,687	-
Invesco Global – R	363,311	363,311	-
Invesco Global Strategic Income – R	475,286	475,286	-
Invesco Gold & Spec Minerals	38,712	38,712	-
JP Morgan U.S. Govt MM Service	180,450	180,450	-
MFS Government Securities – R2	527,383	527,383	-
MFS Research International – R2	312	312	-
PIMCO Total Return – R	714,429	714,429	-
Pioneer - R	808,493	808,493	-
Total investments at fair value	$ 25,600,373	15,520,144	10,080,229

(continued)

SWEETWATER HOSPITAL ASSOCIATION
SWEETWATER HOSPITAL ASSOCIATION RETIREMENT PLAN
Notes to Financial Statements
December 31, 2021 and 2020

(6) Fair Value Measurements (continued)

The following tables reconcile the beginning and ending balances of the fair value measurements using significant unobservable inputs (Level 3) of the investment contract with insurance company for the years ending December 31, 2021 and 2020:

	Investment Contract
December 31, 2021	
Beginning balance	$10,080,229
Purchases, sales, issuances and settlements:	
Purchases	809,792
Issues	-
Sales	(767,236)
Settlements	-
Transfers in	1,198,541
Transfers out	(523,404)
Total gains or losses included in changes in net assets available for benefits	314,183
Ending balance	$11,112,105
December 31, 2020	
Beginning balance	$ 8,807,300
Purchases, sales, issuances and settlements:	
Purchases	683,130
Issues	-
Sales	(522,898)
Settlements	-
Transfers in	1,290,411
Transfers out	(452,656)
Total gains or losses included in changes in net assets available for benefits	274,942
Ending balance	$10,080,229

Gains and losses included in changes in net assets available for benefits for the years ended December 31, 2021 and 2020, are reported in investment income as interest and dividends. All appreciation/depreciation in fair value of investments is thru mutual funds. The Plan's policy is to recognize transfers between Level 1 and 2 and into and out of Level 3 as of the date of the event or change in circumstances that cause the transfer. For the years ended December 31, 2021 and 2020, there were no significant transfers between Levels 1 and 2 and no transfers into or out of a Level 3 classification that were not properly recorded as noted in the schedule above.

SWEETWATER HOSPITAL ASSOCIATION
SWEETWATER HOSPITAL ASSOCIATION RETIREMENT PLAN
Notes to Financial Statements
December 31, 2021 and 2020

(7) Investment Contract with Insurance Company

In 2009, the Plan entered into a group variable contract with Hartford Life Insurance Company ("Empower Retirement" as of January 1, 2021). Empower Retirement maintains the contributions in a General Account. The General Account is part of Empower Retirement's general account that includes other company assets. The General Account rates are guaranteed by the claims-paying ability of Empower Retirement.

Empower Retirement credits interest on contributions made to the General Account at a rate declared for the calendar quarter in which they are received. Empower Retirement guarantees the declared interest rate applicable to any quarter to the end of the year in which the rate was applied. Empower Retirement may change the declared interest rate applicable to contributions made for any subsequent quarter at its discretion. For each subsequent calendar year, Empower Retirement will credit assets in the General Account at a rate guaranteed for the entire calendar year – the "Guaranteed Interest Rate". The Guaranteed Interest Rate for a calendar year will be determined at the end of the preceding calendar year and will never be less than the minimum interest rate specified in the contract. Empower Retirement may, from time to time, credit interest rates in excess of the Guaranteed Interest Rate.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date. Average yields on the General Account were 3% for 2021 and 2020.

(8) Related Party and Party in Interest Transactions

Certain Plan assets are invested in mutual funds managed by Empower Retirement. Empower Retirement is the administrative agent and record keeper of the Plan and therefore, these transactions qualify as party in interest transactions. These transactions are exempt from the prohibited transaction rules of ERISA.

(9) 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 statement of net assets available for benefits.

SWEETWATER HOSPITAL ASSOCIATION
SWEETWATER HOSPITAL ASSOCIATION RETIREMENT PLAN
Notes to Financial Statements
December 31, 2021 and 2020

(10) Tax Status

A letter of determination has been received from the Internal Revenue Service qualifying the Plan in accordance with the Internal Revenue Code (IRC) for exemption from federal income taxes. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and therefore believe that the Plan is qualified appropriately.

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 for any uncertain position that more likely than not would be sustained upon examination by taxing authorities. The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in progress.

(11) Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for plan benefits per the financial statements at December 31, 2021 and 2020 to form 5500:

		2021	2020
Net assets available for benefits per the financial statements	$	29,354,973	26,523,346
Less:			
Contributions to be remitted by employer due to accrual based financial statements		69,985	67,006
	$	29,284,988	26,456,340

(12) Subsequent Events

Subsequent events were evaluated through August 22, 2022, which is the date the financial statements were available to be issued. Based on that evaluation the following item is of note:

As of the latest available Plan valuation date of June 30, 2022, due to a significant drop in the stock market, the Plan has lost approximately $3,527,000 or 12% of its Plan net asset value from that at December 31, 2021.

Supplementary Information

SWEETWATER HOSPITAL ASSOCIATION

SWEETWATER HOSPITAL ASSOCIATION RETIREMENT PLAN

Schedule H, Line 4i - Schedule of Assets Held at End of Year

December 31, 2021

(a) Party in Interest	(b) Identity of Issuer	(c) Descripton of Investment	Number of Shares	(d) Cost	(e) Current Value
*	MFS	General Account	9,400,882.20	$ 9,440,159	11,112,105
	Mutual Funds:				
	American Funds	Amcap - R1	93,142.90	2,536,105	3,670,761
	American Funds	Capital World Growth and Income	13,690.48	626,025	862,364
	American Funds	Fundamental Inv - R1	6,412.48	383,786	484,206
	American Funds	Investment Co - AM R1	7,399.12	292,315	379,575
	American Funds	New Prospective - R1	5,405.31	241,244	334,805
	Blackrock	Lifepath 2030	14,492.76	200,828	192,754
	Blackrock	Lifepath 2040	11,928.09	202,013	186,794
	Blackrock	Lifepath 2050	845.42	18,049	19,335
	BNY Mellon	S&P 500 Index	29,352.47	1,517,227	1,757,626
	BNY Mellon	Midcap Index Inv	60,752.95	2,064,307	2,167,665
	BNY Mellon	Smallcap Stock Index	16,706.69	502,184	560,343
	Franklin	Strategic Income - R	46,329.62	444,903	432,718
	Goldman Sachs	Absolute Return Track - R	794.68	7,117	7,200
	Goldman Sachs	Growth Opportunity - R	22,211.03	331,975	277,860
*	Hartford	High Yield	59,576.10	441,044	454,566
*	Hartford	Moderate Allocation - R3	74,001.71	843,382	953,882
*	Hartford	Small Company - R3	23,369.85	540,480	602,007
*	Hartford	Global Impact - R4	18,676.21	230,932	305,169
	Invesco	Common Stock - R	13,300.95	320,954	394,506
	Invesco	Global - R	3,805.52	360,276	466,366
	Invesco	Global Strategic Income - R	128,010.98	483,044	458,279
	Invesco	Gold & Spec Minerals	1,883.50	43,306	46,749
	JP Morgan	US Govt MM Service	187,005.00	187,005	187,005
*	MFS	Government Securities - R2	51,509.14	516,544	517,152
*	MFS	Research International - R2	1,580.40	36,256	37,281
	PIMCO	Total Return - R	68,579.73	716,479	704,314
	Pioneer	Pioneer - R	26,370.97	866,057	999,724
				14,953,837	17,461,006
				24,393,996	28,573,111
	Notes receivable - participants - rates charged from 5.25% to 8.00%			-	711,877
				$ 24,393,996	29,284,988

Employer Identification Number: 62-0544855
Plan Number: 001

The above data is based on information which has been certified as complete and accurate by Empower Retirement, the Plan Administrative Agent.

SWEETWATER HOSPITAL ASSOCIATION

SWEETWATER HOSPITAL ASSOCIATION RETIREMENT PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions

December 31, 2021

Plan Sponsor Employer Identification Number: 62-0544855

Plan Number: 001

Beginning net assets available for plan benefits	$	26,456,340	*
5% of beginning net assets available for plan bene	$	1,322,817	

*Includes investments, at fair value, plus notes receivable from participants

Single transactions over 5% of beginning net assets:

(a) Identity	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss

NO REPORTABLE TRANSACTIONS

Series of transactions with the same party over 5% of beginning net assets:

(a) Identity	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss

NO REPORTABLE TRANSACTIONS

The above data is based on information which has been certified as complete and accurate by EmpowerRetirement, the Plan Administrative Agent.