

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

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>RETIREMENT INCOME PLAN FOR GRANDVIEW HOSPITAL AND MEDICAL CENTER</u>
1b	Three-digit plan number (PN) ▶ <u>001</u>
	1c Effective date of plan <u>01/01/1967</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GRANDVIEW HOSPITAL AND MEDICAL CENTER</u> <u>405 W. GRAND AVENUE</u> <u>DAYTON, OH 45405</u> <u>405 W. GRAND AVENUE</u> <u>DAYTON, OH 45405</u>
2b	Employer Identification Number (EIN) <u>31-0564121</u>
2c	Plan Sponsor's telephone number <u>937-395-8135</u>
2d	Business code (see instructions) <u>622000</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2022	GEORGIA HIMES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2022	GEORGIA HIMES
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☐ Same as Plan Sponsor KMCN RETIREMENT PLAN ADMINISTRATIVE COMMITTEE 405 W. GRAND AVENUE DAYTON, OH 45405		3b Administrator's EIN 31-0564121
		3c Administrator's telephone number 937-395-8135
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 1326
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) 209
a(2) Total number of active participants at the end of the plan year		6a(2) 188
b Retired or separated participants receiving benefits.....		6b 877
c Other retired or separated participants entitled to future benefits		6c 138
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 1203
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 69
f Total. Add lines 6d and 6e		6f 1272
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

A Name of plan <u>RETIREMENT INCOME PLAN FOR GRANDVIEW HOSPITAL AND MEDICAL CENTER</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GRANDVIEW HOSPITAL AND MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>31-0564121</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>	
2 Assets:	
a Market value	2a <u>54837593</u>
b Actuarial value	2b <u>50914471</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>929</u> (2) Vested Funding Target <u>32046787</u> (3) Total Funding Target <u>32046787</u>
b For terminated vested participants.....	<u>188</u> <u>5005327</u> <u>5005327</u>
c For active participants	<u>209</u> <u>5788463</u> <u>5788463</u>
d Total.....	<u>1326</u> <u>42840577</u> <u>42840577</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>4.85</u> %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a <u>0</u>
b Expected plan-related expenses	6b <u>0</u>
c Total (line 6a + line 6b)	6c <u>0</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>10/07/2022</u> Date
Signature of actuary		<u>20-05750</u> Most recent enrollment number
<u>KENNETH R. GERMANN, ASA, EA, MAAA</u> Type or print name of actuary		<u>317-524-3556</u> Telephone number (including area code)
<u>MILLIMAN, INC.</u> Firm name		
<u>17335 GOLF PARKWAY</u> <u>SUITE 100</u> <u>BROOKFIELD, WI 53045</u> Address of the firm		

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

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

Schedule SB (Form 5500) 2021
v. 201209

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	2478855
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	2478855
10 Interest on line 9 using prior year's actual return of <u>14.10</u> %	0	349519
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		4608554
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.28</u> %		243332
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		4851886
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2828374

Part III Funding Percentages

14 Funding target attainment percentage	14	112.24 %
15 Adjusted funding target attainment percentage	15	112.24 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.69 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.32 %2nd segment:
4.79 %3rd segment:
5.47 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

0

22 Weighted average retirement age**22**

64

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 RETIREMENT INCOME PLAN FOR GRANDVIEW HOSPITAL AND MEDICAL CENTER	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GRANDVIEW HOSPITAL AND MEDICAL CENTER	D Employer Identification Number (EIN) 31-0564121

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

FORT WASHINGTON INVESTMENT ADVISORS

31-1301863

(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?
28	INVESTMENT MANAGER	125418	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KEY BANK

34-1974250

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 21 99	TRUSTEE	21537	Yes ☒ No ☐	Yes ☒ No ☐	208	Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan RETIREMENT INCOME PLAN FOR GRANDVIEW HOSPITAL AND MEDICAL CENTER	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 GRANDVIEW HOSPITAL AND MEDICAL CENTER	D Employer Identification Number (EIN) 31-0564121	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	77	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4900000	
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	165392	463257
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	758468	1057880
(2) U.S. Government securities	1c(2)		576231
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		53383944
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	21124237	
(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)		
(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)	27937610	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	54885784	55481312

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	54885784	55481312
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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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	354	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	1441466	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)	2682	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1444502
(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)	136108	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		136108
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	68364589	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	58003804	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		10360785
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-8058117	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-8058117

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3883278
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3140795	
(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)		3140795
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)	146955	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		146955
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3287750
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		595528
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: CLARK, SCHAEFER, HACKETT & CO.

(2) EIN: 31-0800053

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☒ Yes ☐ No If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.			
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 427896.			

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

A Name of plan RETIREMENT INCOME PLAN FOR GRANDVIEW HOSPITAL AND MEDICAL CENTER	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 GRANDVIEW HOSPITAL AND MEDICAL CENTER	D Employer Identification Number (EIN) 31-0564121

Part I	Distributions
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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): 34-1974250		
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	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.)
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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
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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
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: 97 % High-Yield Debt: _____% Real Estate: _____% Other: 3 %

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 _____

October 12, 2022

Administrative Committee
Retirement Income Plan of Grandview Hospital and Medical Center
405 W. Grand Avenue
Dayton, Ohio 45405

We have audited the financial statements of Retirement Income Plan of Grandview Hospital and Medical Center, 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] for the year ended December 31, 2021, and we will issue our report thereon dated October 12, 2022. As permitted by ERISA Section 103(a)(3)(C), our audit did not extend to any statements or information related to assets held for investment of the Plan (investment information) by KeyBank National Association, the trustee, which is a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, that prepared and certified the statements or information regarding assets so held in accordance with 29 CFR 2520.103-5. Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements and ERISA-required supplemental schedules, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP. Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated May 26, 2022. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Matters

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by Retirement Income Plan of Grandview Hospital and Medical Center are described in Note 2 to the financial statements. No new accounting policies were adopted, and the application of existing policies was not changed during 2021. We noted no transactions entered into by the Plan during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the financial statements were:

- Estimates used in determining fair value of the Plan's investments. These estimates are disclosed in Note 4 to the financial statements.

- Estimates used in determining the actuarial present value of accumulated plan benefits. The estimates are based on various assumptions determined by the Plan's actuary as described in Note 5 to the financial statements.

The financial statement disclosures are neutral, consistent, and clear.

Form 5500 Procedures

We are required to obtain and read a substantially complete draft of Form 5500 prior to dating our auditors' report. The purpose of this procedure is to identify any material inconsistencies between the draft Form 5500 and the Plan's financial statements. We identified no material inconsistencies in performing and completing our audit.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. There were no misstatements noted.

Reportable Findings

For purposes of this letter, a reportable finding is a matter that includes one or more of the following: (1) noncompliance or suspected noncompliance with laws and regulations, (2) a finding that in our professional judgment is significant and relevant to you regarding your responsibility to oversee the financial reporting process, and (3) an indication of internal control deficiencies identified during the audit that have not been previously communicated to management by other parties and that we determined are sufficiently important to merit management's attention. We identified the following reportable finding:

Insufficient Review of Benefits Paid to Participants

During our audit, we noted several employees whose benefits were not made in accordance with the participant application or were not paid in accordance with the provisions of the Plan document. We identified several participants who did not have the correct amount of taxes withheld from their benefit payments and we noted several other participants whose payments were made for the wrong amount. In several instances plan management was already aware of the error and was working to correct these issues. Although the discrepancies were not material to the financial statements, failure to calculate benefit payments to participants in accordance with their application or the Plan document could result in penalties and interest being assessed and the Plan could lose its qualified status, if uncorrected. We recommend the Plan should consult with their retirement plan advisors to take corrective action, if deemed necessary. Further, we recommend the plan sponsor review all distribution requests for accuracy and periodically spot-check reports for any distribution errors.

Disagreements with Management

For purposes of this letter, a disagreement with management is a disagreement on a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditors' report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated October 12, 2022.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a “second opinion” on certain situations. If a consultation involves application of an accounting principle to the Plan’s financial statements or a determination of the type of auditors’ opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Plan’s auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Other Matters

Our responsibility for the ERISA-required supplemental schedules accompanying the financial statements is to perform adequate procedures to evaluate whether the form and content of the ERISA-required supplemental schedules, other than that agreed to or derived from the certified investment information, is presented in compliance with the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA, and whether 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).

This information is intended solely for the use of the Administrative Committee and management of Retirement Income Plan of Grandview Hospital and Medical Center and is not intended to be, and should not be, used by anyone other than these specified parties.

Very truly yours,

Clark, Schaefer, Hackett & Co.

Retirement Income Plan of Grandview Hospital and Medical Center

Financial Statements and Supplemental Schedules
December 31, 2021 and 2020
with Independent Auditors' Report

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INDEPENDENT AUDITORS' REPORT

To the Participants and Administrative Committee
Retirement Income Plan of Grandview Hospital and Medical Center

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

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

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 Financial Statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 Financial Statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2021 Financial Statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of Retirement Income Plan of Grandview Hospital and Medical Center and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. 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 2021 Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Retirement Income Plan of Grandview Hospital and Medical Center'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 Retirement Income Plan of Grandview Hospital and Medical Center's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 Financial Statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matters - 2021 Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2021 and the supplemental schedule of reportable transactions for the year ended December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content are presented in conformity with the 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).

Auditors' Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of Retirement Income Plan of Grandview Hospital and Medical Center. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 12, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Clark, Schaefer, Hackett & Co.

Dayton, Ohio
October 12, 2022

Retirement Income Plan of Grandview Hospital and Medical Center
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets		
Investments at fair value:		
Money market fund	\$ 1,057,880	758,468
Equity securities	-	27,937,610
U.S. government securities	576,231	-
Municipal bond	245,622	257,860
Corporate bonds	<u>53,138,322</u>	<u>20,866,377</u>
Total investments at fair value	55,018,055	49,820,315
Non-interest bearing cash	-	77
Accrued interest and dividends	<u>463,257</u>	<u>165,392</u>
Total assets	<u>55,481,312</u>	<u>49,985,784</u>
Net assets available for benefits	\$ <u>55,481,312</u>	<u>49,985,784</u>

See accompanying notes to the financial statements.

Retirement Income Plan of Grandview Hospital and Medical Center
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Additions to net assets		
Contributions - Employer	\$ <u>4,900,000</u>	<u>2,000,000</u>
Investment income:		
Interest and dividends	1,580,610	4,673,088
Net appreciation in fair value of investments	<u>2,302,668</u>	<u>1,784,832</u>
Total investment income	<u>3,883,278</u>	<u>6,457,920</u>
Total additions	<u>8,783,278</u>	<u>8,457,920</u>
Deductions from net assets		
Benefits paid to participants	3,140,795	3,021,927
Administrative expenses	<u>146,955</u>	<u>137,509</u>
Total deductions	<u>3,287,750</u>	<u>3,159,436</u>
Net change	5,495,528	5,298,484
Net assets available for benefits		
Beginning of year	<u>49,985,784</u>	<u>44,687,300</u>
End of year	\$ <u>55,481,312</u>	<u>49,985,784</u>

See accompanying notes to the financial statements.

1. DESCRIPTION OF THE PLAN:

The following description of the Retirement Income Plan of Grandview Hospital and Medical Center (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of plan provisions.

General

The Plan is a noncontributory, defined benefit pension plan covering eligible employees of Grandview Hospital and Medical Center (the Employer and Plan Sponsor) who had completed 1,000 hours of service during any Plan year by December 31, 2000. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective as of December 31, 2000, the benefits were frozen under the Plan. Employees do not earn any additional years of benefit accrual service for any period of employment after December 31, 2000. Continued employment is counted for purposes of determining how much of the December 31, 2000 accrued benefit is vested.

Funding

The Plan Sponsor contributes amounts as actuarially determined in order to provide assets sufficient to meet the benefits to be paid to plan participants and comply with ERISA funding requirements. The Plan has met the ERISA minimum funding requirements during 2021 and 2020.

Pension benefits

All employees who had completed 1,000 hours of service during any Plan year by December 31, 2000, are entitled to monthly pension benefits beginning at normal retirement age (65). Benefits are equal to the sum of the following: (a) the number of years of benefit accrual service earned prior to January 1, 1967, times $\frac{1}{2}\%$ of the first \$550 of monthly compensation in effect as of December 1, 1966, plus 1% of such monthly compensation in excess of \$550, plus (b) 1% of the first \$550 of monthly compensation for each year of benefit accrual service earned on or after January 1, 1967, and prior to January 1, 2001, plus $1\frac{3}{4}\%$ of such monthly compensation in excess of \$550 in accordance with the Salary Class Table (see the table in the Summary Plan Description). In no event shall the amount of the normal retirement benefit exceed, in total, \$600 per month.

The Plan permits early retirement upon the completion of five years of service and the attainment of age 55. If employees terminate employment prior to completion of five years of service, they forfeit the rights to receive their accumulated plan benefits. The Plan also permits in-service distributions. Employees with five or more years of service may elect to receive monthly pension benefits following the first day of any month the participant attains age 62. Monthly pension benefits under the amendment are subject to the same reduction factors set forth in the Plan, which reduce the total accrued benefit amount by a factor if the participant elects retirement before the age of 65.

Payment of benefits

Distributions are payable upon retirement, death, disability, or terminations of employment in the form of various installment annuities or lump-sum payments.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of accounting

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

Use of estimates

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

Investment valuation and income recognition

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

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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits

Benefits are recorded when paid.

Administrative expenses

Fees charged by the plan trustees for management and investment of plan assets were paid by the Plan. All other administrative expenses are paid by the Plan Sponsor.

Subsequent events

The Plan has evaluated subsequent events through October 12, 2022, the date the financial statements were available to be issued.

3. INFORMATION CERTIFIED BY THE TRUSTEES:

Bank of America, N.A., a trustee of the Plan, held certain Plan investments and executed related transactions from January 1, 2020 to May 1, 2020. KeyBank National Association, a trustee of the Plan, held certain Plan investments and executed related transactions from May 1, 2020 to December 31, 2021. The trustees, have certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2021 and 2020 and the supplemental schedule of assets (held at end of year) as of December 31, 2021 and the related investment activity reflected in the statements of changes in net assets available for benefits for the years ended December 31, 2021 and 2020 and the information reflected on the supplemental schedule of reportable transactions for the year ended December 31, 2021.

4. FAIR VALUE MEASUREMENTS:

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

Retirement Income Plan of Grandview Hospital and Medical Center
Notes to the Financial Statements
December 31, 2021 and 2020

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Equity securities: Equity securities primarily include mutual funds and stocks. Stocks held by the Plan are valued at the daily closing price as reported on the active market on which the individual securities are traded. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. The mutual funds held by the Plan are deemed to be actively traded.

US government securities, municipal bonds, and corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, those bonds are valued under a discounted cash flow approach that maximizes observable inputs, such as current yields or similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

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

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

<u>December 31, 2021</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Assets at NAV</u>	<u>Total</u>
Assets in fair value hierarchy:					
Money market fund	\$ 1,057,880	\$ -	\$ -	\$ -	\$ 1,057,880
U.S. government securities	-	576,231	-	-	576,231
Municipal bond	-	245,622	-	-	245,622
Corporate bonds	-	<u>53,138,322</u>	-	-	<u>53,138,322</u>
Investments at fair value	<u>\$ 1,057,880</u>	<u>\$ 53,960,175</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 55,018,055</u>
<u>December 31, 2020</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Assets at NAV</u>	<u>Total</u>
Assets in fair value hierarchy:					
Money market fund	\$ 758,468	\$ -	\$ -	\$ -	\$ 758,468
Equity securities	27,937,610	-	-	-	27,937,610
Municipal bonds	-	257,860	-	-	257,860
Corporate bonds	-	<u>20,866,377</u>	-	-	<u>20,866,377</u>
Investments at fair value	<u>\$ 28,696,078</u>	<u>\$ 21,124,237</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 49,820,315</u>

5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The accumulated plan benefits are based upon benefit levels as provided by the Plan provisions. Benefits payable under all circumstances are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money through discounts for interest and the probability of payment between the valuation date and the expected date of payment.

The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2021 using the projected unit credit cost method. Had the valuation been performed as of December 31, 2020, there would be no material differences. This computation is not reflective of Plan changes and amendments occurring after the valuation date.

The significant actuarial assumptions used in the valuation as of January 1, 2021, were: (a) life expectancy of participants based on the Pri-2012 Blue Collar Mortality Table for Employees / Retirees with mortality projection scale MP-2020 generational from 2012, (b) retirement age based on a probability schedule ranging from 25% at age 62 to 75% at age 69, and (c) investment return of 6.00%.

Significant changes in assumptions during the year included updating the mortality projection scale from MP-2019 to MP-2020 and reducing the interest rate from 6.50% to 6.00%.

The foregoing actuarial assumptions are based on the presumption that the Plan, although frozen as of January 1, 2001, will continue for participants who were eligible as of December 31, 2000. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by consulting actuaries. The calculations of the estimated present value of accumulated plan benefits attributable to participants in the Plan, which were made as of January 1, 2021, the most recent actuarial valuations, are as follows:

	2021	2020
Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits:		
Participants currently receiving benefit payments	\$ 28,200,893	27,938,438
Other vested participants	<u>9,278,946</u>	<u>8,843,084</u>
Total vested benefits	37,479,839	36,781,522
Nonvested benefits	<u>-</u>	<u>306</u>
Total actuarial present value of accumulated plan benefits	\$ <u>37,479,839</u>	<u>36,781,828</u>

Changes in the actuarial present value of accumulated plan benefits is as follows:

Actuarial Present Value of Accumulated Plan Benefits - January 1, 2020	\$ 36,781,828
Increase (decrease) during the year attributable to:	
Benefits paid, including purchase of annuity contracts	(3,021,927)
Change of assumptions	3,836,777
Benefits accumulated and actuarial (gain) loss, net	<u>(116,839)</u>
Net change	<u>698,011</u>
Actuarial Present Value of Accumulated Plan Benefits - January 1, 2021	\$ <u>37,479,839</u>

6. PLAN TERMINATION:

Subsequent to year end, the Plan Sponsor expressed its intent to terminate the Plan. The Plan Sponsor has the right under the Plan to terminate the Plan subject to the provisions set forth in the Plan and ERISA. Upon termination of the Plan, the net assets will not be available on a pro-rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty while other benefits may not be provided for at all.

7. TAX STATUS:

The IRS has determined and informed the Plan Sponsor by a letter dated August 28, 2012, that the Plan, as designed, is qualified for tax-exempt treatment under the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator believes the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified.

8. RELATED PARTY TRANSACTIONS:

Certain plan investments are managed by Bank of America, N.A. and KeyBank National Association, the trustees as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. The Plan also pays the trustees direct compensation for administrative functions related to the operations of the Plan. The Plan Sponsor pays directly any other fees related to the Plan's operations.

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 the amounts reported in the statement of net assets available for benefits.

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

On March 11, 2020, the World Health Organization declared the novel coronavirus (COVID-19) outbreak a pandemic which has impacted the financial markets and global economy. The COVID-19 pandemic is on-going and the duration and extent of the related financial impact on the Plan's net assets available for benefits and changes in net assets available for benefits is uncertain and cannot be reasonably estimated at this time.

10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500:

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31:

	<u>2020</u>
Net assets available for benefits per the financial statements	\$ 49,985,784
Employer contribution receivable	<u>4,900,000</u>
Net assets available for benefits per Form 5500	<u><u>\$ 54,885,784</u></u>

The following is a reconciliation of changes in net assets available for benefits per the financial statements to the Form 5500 as of December 31:

	<u>2021</u>	<u>2020</u>
Net change per the financial statements	\$ 5,495,528	5,298,484
Employer contribution receivable, net	<u>(4,900,000)</u>	<u>2,900,000</u>
Net change per Form 5500	<u><u>\$ 595,528</u></u>	<u><u>8,198,484</u></u>

11. SUBSEQUENT EVENTS:

In July 2021, the Plan Sponsor expressed its intent to terminate the plan effective 60 days following the date that a Notice of Intent to Terminate was distributed to affected parties. On March 2, 2022, participants were provided with the Notice of Intent to Terminate with a proposed termination date of May 31, 2022.

Retirement Income Plan of Grandview Hospital and Medical Center
 EIN: 31-0564121 Plan Number: 001
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
 December 31, 2021

(a)	(b)		(c)		(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Maturity Date	Units	Cost	Current Value
*	FEDERATED GOVT OBLIGATIONS FUND	Money Market Fund		1,057,880	\$ 1,057,880	\$ 1,057,880
	NATIONAL FIN AUTH NEW HAMPSHIRE	Municipal Bond	10/1/2037	245,000	245,000	245,622
	ABBOTT LABORATORIES	Corporate Bonds	11/30/2046	225,000	286,484	307,620
	ABBVIE INC	Corporate Bonds	5/14/2046	422,000	497,923	510,337
	ALABAMA POWER CO	Corporate Bonds	1/15/2042	200,000	235,650	223,020
	ALCON FINANCE CORP	Corporate Bonds	9/23/2049	300,000	325,075	334,050
	ALEXANDRIA REAL ESTATE EQUITIES INC	Corporate Bonds	7/1/2030	188,000	231,112	219,947
	ALPHABET INC	Corporate Bonds	8/15/2040	250,000	221,430	227,650
	AMERICAN EXPRESS CREDIT CORP	Corporate Bonds	3/3/2022	290,000	293,474	290,490
	AMERICAN FINANCIAL GROUP INC	Corporate Bonds	4/2/2030	289,000	346,041	344,361
	AMERICAN HOMES 4 RENT	Corporate Bonds	2/15/2028	88,000	94,878	97,486
	AMERICAN WATER CAPITAL CORP	Corporate Bonds	10/15/2037	228,000	333,710	328,858
	AMFAM HOLDINGS INC	Corporate Bonds	3/11/2051	300,000	301,584	331,122
	ANHEUSER BUSCH COS LLC / INBEV	Corporate Bonds	2/1/2046	399,000	480,014	504,312
	APPLE INC	Corporate Bonds	2/23/2046	308,000	407,607	404,001
	AT&T INC	Corporate Bonds	5/15/2035	241,000	283,141	278,403
	AVALONBAY COMMUNITIES INC	Corporate Bonds	3/1/2030	188,000	197,609	190,183
	BANK OF AMERICA CORP	Corporate Bonds	4/23/2040	267,000	316,056	306,740
	BANK OF AMERICA CORP	Corporate Bonds	4/24/2028	167,000	189,577	181,233
	BANNER HEALTH	Corporate Bonds	1/1/2031	250,000	250,000	243,350
	BB&T CORP	Corporate Bonds	6/20/2022	1,085,000	1,102,696	1,095,655
	BB&T CORP	Corporate Bonds	4/1/2022	250,000	253,587	251,010
	BECTON DICKINSON & CO	Corporate Bonds	12/15/2044	284,000	356,388	357,579
	BERKSHIRE HATHAWAY FINANCE CORP	Corporate Bonds	1/15/2049	360,000	449,433	442,040
	BMW US CAPITAL LLC	Corporate Bonds	4/18/2029	288,000	324,916	316,869
	BMW US CAPITAL LLC	Corporate Bonds	4/6/2022	250,000	251,063	250,370
	BOARDWALK PIPELINES LP	Corporate Bonds	5/3/2029	290,000	335,913	324,777
	BOEING CO	Corporate Bonds	5/1/2050	281,000	352,940	380,511
	BP CAP MARKETS AMERICA	Corporate Bonds	4/6/2030	250,000	273,280	275,833
	BRISTOL-MYERS SQUIBB CO	Corporate Bonds	8/15/2045	268,000	364,087	356,014
	BROADCOM INC	Corporate Bonds	2/15/2041	355,000	346,274	364,237
	BURLINGTON NORTHERN SANTA FE LLC	Corporate Bonds	5/1/2040	235,000	324,114	326,194
	CARGILL INC	Corporate Bonds	4/23/2030	188,000	197,109	185,917
	CARRIER GLOBAL CORP	Corporate Bonds	4/5/2050	347,000	341,898	368,941
	CATERPILLAR FINL SERVICES	Corporate Bonds	1/6/2022	210,000	210,181	210,000
	CENTERPOINT ENERGY RESOURCES COF	Corporate Bonds	9/1/2047	200,000	221,210	228,600
	CHARLES SCHWAB CORP	Corporate Bonds	12/11/2020	200,000	196,940	192,066
	CHEVRON CORP	Corporate Bonds	5/11/2030	188,000	197,462	190,154
	CIGNA CORP	Corporate Bonds	10/15/2028	241,000	285,496	273,897
	CINTAS CORPORATION NO 2	Corporate Bonds	4/1/2022	150,000	152,270	150,603
	CITIGROUP INC	Corporate Bonds	10/21/2026	172,000	189,183	182,267
	CITIGROUP INC	Corporate Bonds	5/18/2046	250,000	310,295	307,413
	CMS ENERGY CORP	Corporate Bonds	12/1/2050	250,000	250,000	245,625
	COMCAST CORP	Corporate Bonds	3/1/2048	331,000	394,123	381,272
	COMMONSPIRIT HEALTH	Corporate Bonds	10/1/2049	344,000	368,716	400,251
	COX COMMUNICATIONS INC	Corporate Bonds	6/30/2046	100,000	115,830	116,225
	CRH AMERICA FINANCE INC	Corporate Bonds	4/4/2048	200,000	223,082	243,882

Retirement Income Plan of Grandview Hospital and Medical Center
 EIN: 31-0564121 Plan Number: 001
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
 December 31, 2021

(a)	(b)		(c)		(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Maturity Date	Units	Cost	Current Value
	CROWN CASTLE INTL CORP	Corporate Bonds	9/1/2027	252,000	282,086	270,716
	CVS HEALTH CORP	Corporate Bonds	7/20/2045	401,000	499,724	521,244
	DAIMLER FINANCE NA LLC	Corporate Bonds	3/2/2031	400,000	398,686	406,388
	DAIMLER FINANCE NA LLC	Corporate Bonds	2/22/2022	250,000	254,058	251,020
	DOW CHEMICAL CO	Corporate Bonds	11/15/2022	284,000	290,139	307,538
	DOWDUPOINT INC	Corporate Bonds	11/15/2048	275,000	356,481	384,816
	DUKE ENERGY PROGRESS INC	Corporate Bonds	12/1/2044	157,000	193,441	184,420
	ECOLAB INC	Corporate Bonds	3/24/2030	148,000	187,902	177,757
	ENABLE MIDSTREAM PARTNER LP	Corporate Bonds	9/15/2029	151,000	166,968	161,538
	ENTERPRISE PRODUCTS OPERATING LLC	Corporate Bonds	1/31/2050	188,000	213,421	210,746
	EQUINIX INC	Corporate Bonds	11/18/2026	176,000	190,890	182,329
	EXXON MOBIL CORP	Corporate Bonds	3/1/2046	400,000	447,516	466,760
	FEDEX CORP	Corporate Bonds	1/15/2044	222,000	267,283	281,523
	FIDELITY NATIONAL INFORMATION SVCS	Corporate Bonds	3/1/2041	284,000	282,411	286,752
	FIFTH THIRD BANCORP	Corporate Bonds	3/15/2022	200,000	202,661	200,668
	FISERV INC	Corporate Bonds	7/1/2029	167,000	187,197	179,598
	FMC CORP	Corporate Bonds	10/1/2049	200,000	246,994	239,910
	FOX CORP	Corporate Bonds	1/25/2039	267,000	352,220	344,339
	GENERAL MOTORS FINL CO INC	Corporate Bonds	1/17/2027	188,000	196,580	207,101
	GOLDMAN SACHS GROUP INC	Corporate Bonds	6/5/2028	504,000	559,233	542,727
	HEALTHCARE REALTY TRUST	Corporate Bonds	3/15/2030	250,000	242,915	248,778
	HOME DEPOT INC SENIOR NT	Corporate Bonds	3/1/2022	1,240,000	1,255,074	1,245,555
	HOME DEPOT INC SENIOR BD	Corporate Bonds	4/1/2041	324,000	469,339	464,882
	HUNTINGTON BANCSHARES INC	Corporate Bonds	2/4/2030	284,000	290,471	288,308
	HYUNDAI CAPITAL AMERICA	Corporate Bonds	4/5/2022	1,000,000	1,012,000	1,006,670
	INTEL CORP	Corporate Bonds	3/25/2050	284,000	373,534	378,197
	JOHN DEERE CAPITAL CORP	Corporate Bonds	1/9/2030	370,000	395,561	381,093
	JPMORGAN CHASE & CO	Corporate Bonds	5/13/2031	510,000	535,340	528,039
	KROGER CO	Corporate Bonds	4/15/2042	323,000	400,016	409,874
	LOWES COS INC	Corporate Bonds	4/15/2030	155,000	189,833	179,924
	LSEGA FINANCINF PLC	Corporate Bonds	4/6/2041	400,000	397,308	417,508
	MARS INC	Corporate Bonds	4/1/2039	272,000	320,125	314,410
	MCDONALDS CORP	Corporate Bonds	12/9/2045	350,000	431,442	449,666
	METROPOLITAN LIFE GLOBAL FDG 1	Corporate Bonds	4/11/2022	315,000	322,636	317,914
	MICRON TECHNOLOGY INC	Corporate Bonds	2/6/2029	391,000	465,602	463,120
	MICROSOFT CORP	Corporate Bonds	2/12/2035	276,000	327,529	315,206
	MID ATLANTIC INTST TRANSMISSION LLC	Corporate Bonds	5/15/2028	250,000	283,445	274,590
	MONDELEZ INTERNATIONAL INC	Corporate Bonds	4/13/2030	267,000	283,237	275,144
	MORGAN STANLEY	Corporate Bonds	4/23/2027	501,000	560,864	551,541
	MYLAN INC	Corporate Bonds	4/15/2028	338,000	385,979	378,334
	NATIONAL RURAL UTILS COOP FIN CORP	Corporate Bonds	4/20/2046	300,000	324,750	322,431
	NEW YORK LIFE GLOBAL FUNDING	Corporate Bonds	1/10/2028	257,000	285,748	273,669
	NGPL PIPECO LLC	Corporate Bonds	12/15/2037	176,000	226,046	246,407
	NIKE INC	Corporate Bonds	3/27/2050	224,000	248,144	253,205
	NORFOLK SOUTHERN CORP	Corporate Bonds	10/1/2041	147,000	191,595	185,223
	NORTHWESTERN MUTUAL LIFE INS CO	Corporate Bonds	9/30/2047	168,000	194,277	189,376
	OCHSNER CLINIC FOUNDATION	Corporate Bonds	5/15/2045	200,000	284,294	281,516
	OHIO POWER COMPANY	Corporate Bonds	10/1/2051	250,000	242,763	241,080
	ONCOR ELECTRIC DELIVERY CO LLC	Corporate Bonds	9/30/2047	197,000	240,011	228,120

Retirement Income Plan of Grandview Hospital and Medical Center
 EIN: 31-0564121 Plan Number: 001
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
 December 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	ORACLE CORP	Corporate Bonds	4/1/2030	188,000	209,408	190,138
	OTIS WORLDWIDE CORP	Corporate Bonds	2/15/2040	375,000	377,402	384,656
	PACCAR FINANCIAL CORP	Corporate Bonds	3/1/2022	250,000	253,798	251,003
	PACIFIC GAS & ELECTRIC CO	Corporate Bonds	8/1/2050	330,000	311,433	305,699
	PACIFICORP	Corporate Bonds	4/1/2037	209,000	291,041	274,983
	PEPSICO INC	Corporate Bonds	3/19/2050	188,000	227,151	222,075
	PHILLIPS 66	Corporate Bonds	4/1/2022	60,000	61,449	60,539
	PHILLIPS 66	Corporate Bonds	12/15/2030	267,000	261,530	256,953
	POLAR TANKERS INC	Corporate Bonds	5/10/2037	300,000	376,473	369,195
	PSI ENERGY INC	Corporate Bonds	10/15/2035	100,000	132,752	133,328
	REALTY INCOME CORP	Corporate Bonds	1/15/2031	134,000	145,099	144,085
	ROPER TECHNOLOGIES INC	Corporate Bonds	9/15/2029	250,000	268,747	258,573
	SHERWIN-WILLIAMS CO	Corporate Bonds	6/1/2047	258,000	310,070	321,522
	SOUTH JERSEY INDUSTRIES INC	Corporate Bonds	4/15/2031	400,000	404,500	433,636
	SOUTHERN CALIF EDISON CO	Corporate Bonds	2/1/2022	250,000	251,618	250,370
	SOUTHERN CALIF EDISON CO	Corporate Bonds	2/1/2051	426,000	373,431	405,629
	STARBUCKS CORP	Corporate Bonds	3/12/2050	284,000	285,556	296,959
	STORE CAPITAL CORP	Corporate Bonds	3/15/2029	100,000	103,615	112,028
	SUNOCO LOGISTICS PARTNER	Corporate Bonds	2/15/2022	400,000	405,420	401,788
	SYSCO CORP	Corporate Bonds	4/1/2030	142,000	178,898	177,244
	SYSCO CORP	Corporate Bonds	4/1/2040	45,000	61,868	65,186
	T-MOBILE USA INC	Corporate Bonds	4/15/2030	303,000	334,430	331,406
	TAMPA ELECTRIC CO	Corporate Bonds	5/15/2044	250,000	314,728	298,438
	TEACHERS INS & ANNUITY ASSN AMERIC/	Corporate Bonds	5/15/2050	400,000	396,144	417,148
	TEXAS EASTERN TRANSMISSION LP	Corporate Bonds	1/15/2048	350,000	379,785	393,512
	TRISTATE GENERATION & TRANSM ASSN	Corporate Bonds	11/1/2044	350,000	400,680	421,617
	TRUST FINANCIAL CORP	Corporate Bonds	6/5/2030	288,000	288,755	284,383
	UNION PACIFIC CORP	Corporate Bonds	2/5/2050	284,000	299,029	304,383
	UNITED TECHNOLOGIES CORP	Corporate Bonds	6/1/2042	355,000	424,786	438,858
	UNITEDHEALTH GROUP INC	Corporate Bonds	3/15/2022	250,000	252,345	250,493
	UNITEDHEALTH GROUP INC	Corporate Bonds	8/15/2039	243,000	281,703	269,436
	VERIZON COMMUNICATIONS INC	Corporate Bonds	10/30/2056	347,000	341,079	328,467
	VIACOMCBS INC	Corporate Bonds	5/19/2050	324,000	372,778	413,019
	VISA INC	Corporate Bonds	12/14/2035	272,000	336,579	325,511
	WALT DISNEY CO	Corporate Bonds	3/23/2050	288,000	374,719	379,953
	WALT DISNEY CO	Corporate Bonds	3/4/2022	250,000	253,143	250,880
	WELLS FARGO & CO	Corporate Bonds	10/30/2030	188,000	200,023	195,443
	WESTAR ENERGY INC	Corporate Bonds	9/1/2043	350,000	412,122	416,924
	WILLIAMS COS INC	Corporate Bonds	6/24/2044	250,000	307,918	324,483
	WRKCO INC	Corporate Bonds	6/15/2033	291,000	299,769	299,241
	XYLEM INC	Corporate Bonds	1/30/2028	144,000	143,726	142,364
	AKER BP ASA	Corporate Bonds	1/15/2031	200,000	213,516	216,252
	BANK OF MONTREAL	Corporate Bonds	12/15/2032	377,000	411,697	404,370
	BARCLAYS PLC	Corporate Bonds	6/24/2031	250,000	251,785	248,930
	BARRICK INTL	Corporate Bonds	10/15/2036	300,000	410,460	403,104
	BELL CANADA	Corporate Bonds	7/29/2049	250,000	275,563	303,583
	BHP BILLITON FINANCE USA LTD	Corporate Bonds	2/24/2022	507,000	511,624	508,445
	BNP PARIBAS	Corporate Bonds	8/12/2035	400,000	379,476	383,204
	CANADIAN NATURAL RESOURCES LTD	Corporate Bonds	3/15/2038	278,000	349,528	365,767

Retirement Income Plan of Grandview Hospital and Medical Center
 EIN: 31-0564121 Plan Number: 001
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
 December 31, 2021

(a)	(b)		(c)		(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Maturity Date	Units	Cost	Current Value
	CANADIAN PACIFIC RAILWAY CO	Corporate Bonds	9/15/2115	250,000	371,260	372,058
	CREDIT AGRICOLE S A	Corporate Bonds	1/10/2022	1,000,000	1,006,950	1,000,420
	DANONE S A	Corporate Bonds	6/15/2022	750,000	763,005	758,198
	DUETSCHTE TELEKOM INTL FIN BV	Corporate Bonds	6/15/2030	89,000	138,990	129,358
	DH EUROPE FINANCE II SARL	Corporate Bonds	11/15/2039	275,000	292,766	293,565
	FERGUSON FINANCE PLC	Corporate Bonds	6/2/2030	400,000	414,132	420,436
	HEINEKEN N V	Corporate Bonds	4/1/2022	100,000	101,956	100,671
	HSBC HOLDINGS PLC	Corporate Bonds	1/14/2022	112,000	114,172	112,139
	HSBC HOLDINGS PLC	Corporate Bonds	5/25/2026	200,000	222,876	215,692
	JAB HOLDINGS BV	Corporate Bonds	11/23/2030	250,000	249,220	244,773
	JDE PEETS NV	Corporate Bonds	9/24/2024	300,000	299,352	293,952
	LLOYDS BANKING GROUP PLC	Corporate Bonds	11/7/2028	325,000	354,312	347,103
	NXP BV / NXP FUNDING LLC	Corporate Bonds	3/1/2026	159,000	189,483	179,656
	ONTARIO TEACHERS CADILLAC FAIR	Corporate Bonds	3/20/2022	270,000	274,120	270,913
	PERUSAHAAN LITSTRIK NEGARA	Corporate Bonds	2/5/2030	350,000	354,200	357,438
	ROYAL BANK OF CANADA	Corporate Bonds	4/29/2022	200,000	203,702	201,632
	SIEMENS FINANCIERINGSMAT	Corporate Bonds	3/11/2041	250,000	249,433	254,975
	TAKEDA PHARMACEUTICAL CO LTD	Corporate Bonds	7/9/2050	450,000	435,641	453,600
	TRITON CONTAINER INTERNATIONAL LTD	Corporate Bonds	6/15/2031	300,000	299,718	302,550
	USB GROUP AG	Corporate Bonds	2/1/2022	250,000	252,763	250,438
	VODAFONE GROUP PLC	Corporate Bonds	2/27/2037	300,000	401,679	406,680
	WOODSIDE FINANCE LTD	Corporate Bonds	3/4/2029	250,000	276,370	279,335
	YATA INTERNATIONAL ASA	Corporate Bonds	6/4/2030	338,000	352,569	348,723
	NATWEST MKTS PLC	Corporate Bonds	2/1/2022	250,000	249,800	249,779
					<u>53,013,238</u>	<u>53,138,322</u>
	REPUBLIC OF PERU DEB	Government Securities	3/11/2041	300,000	288,948	300,003
	UNITED MEXICAN STATES SENIOR BOND	Government Securities	5/24/2061	300,000	265,500	276,228
					<u>554,448</u>	<u>576,231</u>
				Total	\$ <u>54,870,566</u>	\$ <u>55,018,055</u>

* A party in interest as defined by ERISA

SUPPLEMENTAL SCHEDULES

Retirement Income Plan of Grandview Hospital and Medical Center
 EIN: 31-0564121 Plan Number: 001
 Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
 Year Ended December 31, 2021

(a) Identity of Party Involved	(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 (Loss)
<u>Category (i) - Single transactions in excess of 5% of the net plan assets:</u>						
Key Bank	Vanguard S&P 500 10,375 units sold	\$ -	3,761,063	2,681,206	3,761,063	1,079,857
Key Bank	Vanguard S&P 500 10,339 units sold	-	3,763,005	2,671,903	3,763,005	1,091,102
Key Bank	Vanguard S&P 500 7,523 units sold	-	3,000,369	1,944,165	3,000,369	1,056,204
Key Bank	Vanguard S&P 500 7,005 units sold	-	2,799,124	1,810,299	2,799,124	988,825
Key Bank	Vanguard S&P 500 9,930 units sold	-	3,965,545	2,566,205	3,965,545	1,399,340
<u>Category (iii) - Series of transactions in excess of 5% of the net plan assets:</u>						
Key Bank	Federated Government Obligations Institutional Shares 35,708,372 units purchased	35,708,372	-	35,708,372	35,708,372	-
Key Bank	Federated Government Obligations Institutional Shares 35,408,959 units sold		35,408,959	35,408,959	35,408,959	-
Key Bank	Vanguard S&P 500 61,810 units sold in a series of 12 transactions	-	23,295,481	15,973,527	23,295,481	7,321,954
Key Bank	iShares Core S&P Small-Cap ETF 26,044 units sold in a series of 5 transactions	-	2,827,600	1,558,048	2,827,600	1,269,552
Key Bank	iShares Core S&P Mid-Cap ETF 12,377 units sold in a series of 5 transactions	-	3,187,334	1,942,524	3,187,334	1,244,810

Note: "Reportable Transactions" as defined in Section 2520.103-6 of The Department of Labor Regulations.
 There were no reportable category (ii) or (iv) transactions from January 1, 2021 to December 31, 2021.
 Columns (e) and (f) were excluded as they were not applicable.



Retirement Income Plan of Grandview Hospital and Medical Center
 EIN: 31-0564121 Plan Number: 001
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
 December 31, 2021

(a)	(b)		(c)		(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Maturity Date	Units	Cost	Current Value
*	FEDERATED GOVT OBLIGATIONS FUND	Money Market Fund		1,057,880	\$ 1,057,880	\$ 1,057,880
	NATIONAL FIN AUTH NEW HAMPSHIRE	Municipal Bond	10/1/2037	245,000	245,000	245,622
	ABBOTT LABORATORIES	Corporate Bonds	11/30/2046	225,000	286,484	307,620
	ABBVIE INC	Corporate Bonds	5/14/2046	422,000	497,923	510,337
	ALABAMA POWER CO	Corporate Bonds	1/15/2042	200,000	235,650	223,020
	ALCON FINANCE CORP	Corporate Bonds	9/23/2049	300,000	325,075	334,050
	ALEXANDRIA REAL ESTATE EQUITIES INC	Corporate Bonds	7/1/2030	188,000	231,112	219,947
	ALPHABET INC	Corporate Bonds	8/15/2040	250,000	221,430	227,650
	AMERICAN EXPRESS CREDIT CORP	Corporate Bonds	3/3/2022	290,000	293,474	290,490
	AMERICAN FINANCIAL GROUP INC	Corporate Bonds	4/2/2030	289,000	346,041	344,361
	AMERICAN HOMES 4 RENT	Corporate Bonds	2/15/2028	88,000	94,878	97,486
	AMERICAN WATER CAPITAL CORP	Corporate Bonds	10/15/2037	228,000	333,710	328,858
	AMFAM HOLDINGS INC	Corporate Bonds	3/11/2051	300,000	301,584	331,122
	ANHEUSER BUSCH COS LLC / INBEV	Corporate Bonds	2/1/2046	399,000	480,014	504,312
	APPLE INC	Corporate Bonds	2/23/2046	308,000	407,607	404,001
	AT&T INC	Corporate Bonds	5/15/2035	241,000	283,141	278,403
	AVALONBAY COMMUNITIES INC	Corporate Bonds	3/1/2030	188,000	197,609	190,183
	BANK OF AMERICA CORP	Corporate Bonds	4/23/2040	267,000	316,056	306,740
	BANK OF AMERICA CORP	Corporate Bonds	4/24/2028	167,000	189,577	181,233
	BANNER HEALTH	Corporate Bonds	1/1/2031	250,000	250,000	243,350
	BB&T CORP	Corporate Bonds	6/20/2022	1,085,000	1,102,696	1,095,655
	BB&T CORP	Corporate Bonds	4/1/2022	250,000	253,587	251,010
	BECTON DICKINSON & CO	Corporate Bonds	12/15/2044	284,000	356,388	357,579
	BERKSHIRE HATHAWAY FINANCE CORP	Corporate Bonds	1/15/2049	360,000	449,433	442,040
	BMW US CAPITAL LLC	Corporate Bonds	4/18/2029	288,000	324,916	316,869
	BMW US CAPITAL LLC	Corporate Bonds	4/6/2022	250,000	251,063	250,370
	BOARDWALK PIPELINES LP	Corporate Bonds	5/3/2029	290,000	335,913	324,777
	BOEING CO	Corporate Bonds	5/1/2050	281,000	352,940	380,511
	BP CAP MARKETS AMERICA	Corporate Bonds	4/6/2030	250,000	273,280	275,833
	BRISTOL-MYERS SQUIBB CO	Corporate Bonds	8/15/2045	268,000	364,087	356,014
	BROADCOM INC	Corporate Bonds	2/15/2041	355,000	346,274	364,237
	BURLINGTON NORTHERN SANTA FE LLC	Corporate Bonds	5/1/2040	235,000	324,114	326,194
	CARGILL INC	Corporate Bonds	4/23/2030	188,000	197,109	185,917
	CARRIER GLOBAL CORP	Corporate Bonds	4/5/2050	347,000	341,898	368,941
	CATERPILLAR FINL SERVICES	Corporate Bonds	1/6/2022	210,000	210,181	210,000
	CENTERPOINT ENERGY RESOURCES COF	Corporate Bonds	9/1/2047	200,000	221,210	228,600
	CHARLES SCHWAB CORP	Corporate Bonds	12/11/2020	200,000	196,940	192,066
	CHEVRON CORP	Corporate Bonds	5/11/2030	188,000	197,462	190,154
	CIGNA CORP	Corporate Bonds	10/15/2028	241,000	285,496	273,897
	CINTAS CORPORATION NO 2	Corporate Bonds	4/1/2022	150,000	152,270	150,603
	CITIGROUP INC	Corporate Bonds	10/21/2026	172,000	189,183	182,267
	CITIGROUP INC	Corporate Bonds	5/18/2046	250,000	310,295	307,413
	CMS ENERGY CORP	Corporate Bonds	12/1/2050	250,000	250,000	245,625
	COMCAST CORP	Corporate Bonds	3/1/2048	331,000	394,123	381,272
	COMMONSPIRIT HEALTH	Corporate Bonds	10/1/2049	344,000	368,716	400,251
	COX COMMUNICATIONS INC	Corporate Bonds	6/30/2046	100,000	115,830	116,225
	CRH AMERICA FINANCE INC	Corporate Bonds	4/4/2048	200,000	223,082	243,882

Retirement Income Plan of Grandview Hospital and Medical Center
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 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
 December 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	(c) Maturity Date	Units	(d) Cost	(e) Current Value
	CROWN CASTLE INTL CORP	Corporate Bonds	9/1/2027	252,000	282,086	270,716
	CVS HEALTH CORP	Corporate Bonds	7/20/2045	401,000	499,724	521,244
	DAIMLER FINANCE NA LLC	Corporate Bonds	3/2/2031	400,000	398,686	406,388
	DAIMLER FINANCE NA LLC	Corporate Bonds	2/22/2022	250,000	254,058	251,020
	DOW CHEMICAL CO	Corporate Bonds	11/15/2022	284,000	290,139	307,538
	DOWDUPOINT INC	Corporate Bonds	11/15/2048	275,000	356,481	384,816
	DUKE ENERGY PROGRESS INC	Corporate Bonds	12/1/2044	157,000	193,441	184,420
	ECOLAB INC	Corporate Bonds	3/24/2030	148,000	187,902	177,757
	ENABLE MIDSTREAM PARTNER LP	Corporate Bonds	9/15/2029	151,000	166,968	161,538
	ENTERPRISE PRODUCTS OPERATING LLC	Corporate Bonds	1/31/2050	188,000	213,421	210,746
	EQUINIX INC	Corporate Bonds	11/18/2026	176,000	190,890	182,329
	EXXON MOBIL CORP	Corporate Bonds	3/1/2046	400,000	447,516	466,760
	FEDEX CORP	Corporate Bonds	1/15/2044	222,000	267,283	281,523
	FIDELITY NATIONAL INFORMATION SVCS	Corporate Bonds	3/1/2041	284,000	282,411	286,752
	FIFTH THIRD BANCORP	Corporate Bonds	3/15/2022	200,000	202,661	200,668
	FISERV INC	Corporate Bonds	7/1/2029	167,000	187,197	179,598
	FMC CORP	Corporate Bonds	10/1/2049	200,000	246,994	239,910
	FOX CORP	Corporate Bonds	1/25/2039	267,000	352,220	344,339
	GENERAL MOTORS FINL CO INC	Corporate Bonds	1/17/2027	188,000	196,580	207,101
	GOLDMAN SACHS GROUP INC	Corporate Bonds	6/5/2028	504,000	559,233	542,727
	HEALTHCARE REALTY TRUST	Corporate Bonds	3/15/2030	250,000	242,915	248,778
	HOME DEPOT INC SENIOR NT	Corporate Bonds	3/1/2022	1,240,000	1,255,074	1,245,555
	HOME DEPOT INC SENIOR BD	Corporate Bonds	4/1/2041	324,000	469,339	464,882
	HUNTINGTON BANCSHARES INC	Corporate Bonds	2/4/2030	284,000	290,471	288,308
	HYUNDAI CAPITAL AMERICA	Corporate Bonds	4/5/2022	1,000,000	1,012,000	1,006,670
	INTEL CORP	Corporate Bonds	3/25/2050	284,000	373,534	378,197
	JOHN DEERE CAPITAL CORP	Corporate Bonds	1/9/2030	370,000	395,561	381,093
	JPMORGAN CHASE & CO	Corporate Bonds	5/13/2031	510,000	535,340	528,039
	KROGER CO	Corporate Bonds	4/15/2042	323,000	400,016	409,874
	LOWES COS INC	Corporate Bonds	4/15/2030	155,000	189,833	179,924
	LSEGA FINANCINF PLC	Corporate Bonds	4/6/2041	400,000	397,308	417,508
	MARS INC	Corporate Bonds	4/1/2039	272,000	320,125	314,410
	MCDONALDS CORP	Corporate Bonds	12/9/2045	350,000	431,442	449,666
	METROPOLITAN LIFE GLOBAL FDG 1	Corporate Bonds	4/11/2022	315,000	322,636	317,914
	MICRON TECHNOLOGY INC	Corporate Bonds	2/6/2029	391,000	465,602	463,120
	MICROSOFT CORP	Corporate Bonds	2/12/2035	276,000	327,529	315,206
	MID ATLANTIC INTST TRANSMISSION LLC	Corporate Bonds	5/15/2028	250,000	283,445	274,590
	MONDELEZ INTERNATIONAL INC	Corporate Bonds	4/13/2030	267,000	283,237	275,144
	MORGAN STANLEY	Corporate Bonds	4/23/2027	501,000	560,864	551,541
	MYLAN INC	Corporate Bonds	4/15/2028	338,000	385,979	378,334
	NATIONAL RURAL UTILS COOP FIN CORP	Corporate Bonds	4/20/2046	300,000	324,750	322,431
	NEW YORK LIFE GLOBAL FUNDING	Corporate Bonds	1/10/2028	257,000	285,748	273,669
	NGPL PIPECO LLC	Corporate Bonds	12/15/2037	176,000	226,046	246,407
	NIKE INC	Corporate Bonds	3/27/2050	224,000	248,144	253,205
	NORFOLK SOUTHERN CORP	Corporate Bonds	10/1/2041	147,000	191,595	185,223
	NORTHWESTERN MUTUAL LIFE INS CO	Corporate Bonds	9/30/2047	168,000	194,277	189,376
	OCHSNER CLINIC FOUNDATION	Corporate Bonds	5/15/2045	200,000	284,294	281,516
	OHIO POWER COMPANY	Corporate Bonds	10/1/2051	250,000	242,763	241,080
	ONCOR ELECTRIC DELIVERY CO LLC	Corporate Bonds	9/30/2047	197,000	240,011	228,120

Retirement Income Plan of Grandview Hospital and Medical Center
 EIN: 31-0564121 Plan Number: 001
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
 December 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment	Maturity Date	Units	(d) Cost	(e) Current Value
	ORACLE CORP	Corporate Bonds	4/1/2030	188,000	209,408	190,138
	OTIS WORLDWIDE CORP	Corporate Bonds	2/15/2040	375,000	377,402	384,656
	PACCAR FINANCIAL CORP	Corporate Bonds	3/1/2022	250,000	253,798	251,003
	PACIFIC GAS & ELECTRIC CO	Corporate Bonds	8/1/2050	330,000	311,433	305,699
	PACIFICORP	Corporate Bonds	4/1/2037	209,000	291,041	274,983
	PEPSICO INC	Corporate Bonds	3/19/2050	188,000	227,151	222,075
	PHILLIPS 66	Corporate Bonds	4/1/2022	60,000	61,449	60,539
	PHILLIPS 66	Corporate Bonds	12/15/2030	267,000	261,530	256,953
	POLAR TANKERS INC	Corporate Bonds	5/10/2037	300,000	376,473	369,195
	PSI ENERGY INC	Corporate Bonds	10/15/2035	100,000	132,752	133,328
	REALTY INCOME CORP	Corporate Bonds	1/15/2031	134,000	145,099	144,085
	ROPER TECHNOLOGIES INC	Corporate Bonds	9/15/2029	250,000	268,747	258,573
	SHERWIN-WILLIAMS CO	Corporate Bonds	6/1/2047	258,000	310,070	321,522
	SOUTH JERSEY INDUSTRIES INC	Corporate Bonds	4/15/2031	400,000	404,500	433,636
	SOUTHERN CALIF EDISON CO	Corporate Bonds	2/1/2022	250,000	251,618	250,370
	SOUTHERN CALIF EDISON CO	Corporate Bonds	2/1/2051	426,000	373,431	405,629
	STARBUCKS CORP	Corporate Bonds	3/12/2050	284,000	285,556	296,959
	STORE CAPITAL CORP	Corporate Bonds	3/15/2029	100,000	103,615	112,028
	SUNOCO LOGISTICS PARTNER	Corporate Bonds	2/15/2022	400,000	405,420	401,788
	SYSCO CORP	Corporate Bonds	4/1/2030	142,000	178,898	177,244
	SYSCO CORP	Corporate Bonds	4/1/2040	45,000	61,868	65,186
	T-MOBILE USA INC	Corporate Bonds	4/15/2030	303,000	334,430	331,406
	TAMPA ELECTRIC CO	Corporate Bonds	5/15/2044	250,000	314,728	298,438
	TEACHERS INS & ANNUITY ASSN AMERIC/	Corporate Bonds	5/15/2050	400,000	396,144	417,148
	TEXAS EASTERN TRANSMISSION LP	Corporate Bonds	1/15/2048	350,000	379,785	393,512
	TRISTATE GENERATION & TRANSM ASSN	Corporate Bonds	11/1/2044	350,000	400,680	421,617
	TRUST FINANCIAL CORP	Corporate Bonds	6/5/2030	288,000	288,755	284,383
	UNION PACIFIC CORP	Corporate Bonds	2/5/2050	284,000	299,029	304,383
	UNITED TECHNOLOGIES CORP	Corporate Bonds	6/1/2042	355,000	424,786	438,858
	UNITEDHEALTH GROUP INC	Corporate Bonds	3/15/2022	250,000	252,345	250,493
	UNITEDHEALTH GROUP INC	Corporate Bonds	8/15/2039	243,000	281,703	269,436
	VERIZON COMMUNICATIONS INC	Corporate Bonds	10/30/2056	347,000	341,079	328,467
	VIACOMCBS INC	Corporate Bonds	5/19/2050	324,000	372,778	413,019
	VISA INC	Corporate Bonds	12/14/2035	272,000	336,579	325,511
	WALT DISNEY CO	Corporate Bonds	3/23/2050	288,000	374,719	379,953
	WALT DISNEY CO	Corporate Bonds	3/4/2022	250,000	253,143	250,880
	WELLS FARGO & CO	Corporate Bonds	10/30/2030	188,000	200,023	195,443
	WESTAR ENERGY INC	Corporate Bonds	9/1/2043	350,000	412,122	416,924
	WILLIAMS COS INC	Corporate Bonds	6/24/2044	250,000	307,918	324,483
	WRKCO INC	Corporate Bonds	6/15/2033	291,000	299,769	299,241
	XYLEM INC	Corporate Bonds	1/30/2028	144,000	143,726	142,364
	AKER BP ASA	Corporate Bonds	1/15/2031	200,000	213,516	216,252
	BANK OF MONTREAL	Corporate Bonds	12/15/2032	377,000	411,697	404,370
	BARCLAYS PLC	Corporate Bonds	6/24/2031	250,000	251,785	248,930
	BARRICK INTL	Corporate Bonds	10/15/2036	300,000	410,460	403,104
	BELL CANADA	Corporate Bonds	7/29/2049	250,000	275,563	303,583
	BHP BILLITON FINANCE USA LTD	Corporate Bonds	2/24/2022	507,000	511,624	508,445
	BNP PARIBAS	Corporate Bonds	8/12/2035	400,000	379,476	383,204
	CANADIAN NATURAL RESOURCES LTD	Corporate Bonds	3/15/2038	278,000	349,528	365,767

Retirement Income Plan of Grandview Hospital and Medical Center
 EIN: 31-0564121 Plan Number: 001
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
 December 31, 2021

(a)	(b)		(c)		(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Maturity Date	Units	Cost	Current Value
	CANADIAN PACIFIC RAILWAY CO	Corporate Bonds	9/15/2115	250,000	371,260	372,058
	CREDIT AGRICOLE S A	Corporate Bonds	1/10/2022	1,000,000	1,006,950	1,000,420
	DANONE S A	Corporate Bonds	6/15/2022	750,000	763,005	758,198
	DUETSCHTE TELEKOM INTL FIN BV	Corporate Bonds	6/15/2030	89,000	138,990	129,358
	DH EUROPE FINANCE II SARL	Corporate Bonds	11/15/2039	275,000	292,766	293,565
	FERGUSON FINANCE PLC	Corporate Bonds	6/2/2030	400,000	414,132	420,436
	HEINEKEN N V	Corporate Bonds	4/1/2022	100,000	101,956	100,671
	HSBC HOLDINGS PLC	Corporate Bonds	1/14/2022	112,000	114,172	112,139
	HSBC HOLDINGS PLC	Corporate Bonds	5/25/2026	200,000	222,876	215,692
	JAB HOLDINGS BV	Corporate Bonds	11/23/2030	250,000	249,220	244,773
	JDE PEETS NV	Corporate Bonds	9/24/2024	300,000	299,352	293,952
	LLOYDS BANKING GROUP PLC	Corporate Bonds	11/7/2028	325,000	354,312	347,103
	NXP BV / NXP FUNDING LLC	Corporate Bonds	3/1/2026	159,000	189,483	179,656
	ONTARIO TEACHERS CADILLAC FAIR	Corporate Bonds	3/20/2022	270,000	274,120	270,913
	PERUSAHAAN LITSTRIK NEGARA	Corporate Bonds	2/5/2030	350,000	354,200	357,438
	ROYAL BANK OF CANADA	Corporate Bonds	4/29/2022	200,000	203,702	201,632
	SIEMENS FINANCIERINGSMAT	Corporate Bonds	3/11/2041	250,000	249,433	254,975
	TAKEDA PHARMACEUTICAL CO LTD	Corporate Bonds	7/9/2050	450,000	435,641	453,600
	TRITON CONTAINER INTERNATIONAL LTD	Corporate Bonds	6/15/2031	300,000	299,718	302,550
	USB GROUP AG	Corporate Bonds	2/1/2022	250,000	252,763	250,438
	VODAFONE GROUP PLC	Corporate Bonds	2/27/2037	300,000	401,679	406,680
	WOODSIDE FINANCE LTD	Corporate Bonds	3/4/2029	250,000	276,370	279,335
	YATA INTERNATIONAL ASA	Corporate Bonds	6/4/2030	338,000	352,569	348,723
	NATWEST MKTS PLC	Corporate Bonds	2/1/2022	250,000	249,800	249,779
					<u>53,013,238</u>	<u>53,138,322</u>
	REPUBLIC OF PERU DEB	Government Securities	3/11/2041	300,000	288,948	300,003
	UNITED MEXICAN STATES SENIOR BOND	Government Securities	5/24/2061	300,000	265,500	276,228
					<u>554,448</u>	<u>576,231</u>
				Total	\$ <u>54,870,566</u>	\$ <u>55,018,055</u>

* A party in interest as defined by ERISA

Retirement Income Plan of Grandview Hospital and Medical Center
 EIN: 31-0564121 Plan Number: 001
 Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
 Year Ended December 31, 2021

(a) Identity of Party Involved	(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 (Loss)
<u>Category (i) - Single transactions in excess of 5% of the net plan assets:</u>						
Key Bank	Vanguard S&P 500 10,375 units sold	\$ -	3,761,063	2,681,206	3,761,063	1,079,857
Key Bank	Vanguard S&P 500 10,339 units sold	-	3,763,005	2,671,903	3,763,005	1,091,102
Key Bank	Vanguard S&P 500 7,523 units sold	-	3,000,369	1,944,165	3,000,369	1,056,204
Key Bank	Vanguard S&P 500 7,005 units sold	-	2,799,124	1,810,299	2,799,124	988,825
Key Bank	Vanguard S&P 500 9,930 units sold	-	3,965,545	2,566,205	3,965,545	1,399,340
<u>Category (iii) - Series of transactions in excess of 5% of the net plan assets:</u>						
Key Bank	Federated Government Obligations Institutional Shares 35,708,372 units purchased	35,708,372	-	35,708,372	35,708,372	-
Key Bank	Federated Government Obligations Institutional Shares 35,408,959 units sold		35,408,959	35,408,959	35,408,959	-
Key Bank	Vanguard S&P 500 61,810 units sold in a series of 12 transactions	-	23,295,481	15,973,527	23,295,481	7,321,954
Key Bank	iShares Core S&P Small-Cap ETF 26,044 units sold in a series of 5 transactions	-	2,827,600	1,558,048	2,827,600	1,269,552
Key Bank	iShares Core S&P Mid-Cap ETF 12,377 units sold in a series of 5 transactions	-	3,187,334	1,942,524	3,187,334	1,244,810

Note: "Reportable Transactions" as defined in Section 2520.103-6 of The Department of Labor Regulations.
 There were no reportable category (ii) or (iv) transactions from January 1, 2021 to December 31, 2021.
 Columns (e) and (f) were excluded as they were not applicable.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

A Name of plan Retirement Income Plan for Grandview Hospital and Medical Center	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Grandview Hospital and Medical Center	D Employer Identification Number (EIN) 31-0564121
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2021</u>			
2 Assets:			
a Market value	2a	54,837,593	
b Actuarial value	2b	50,914,471	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	929	32,046,787	32,046,787
b For terminated vested participants.....	188	5,005,327	5,005,327
c For active participants	209	5,788,463	5,788,463
d Total.....	1,326	42,840,577	42,840,577
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate	5	4.85 %	
6 Target normal cost.....			
a Present value of current plan year accruals.....	6a	0	
b Expected plan-related expenses	6b		
c Total (line 6a + line 6b)	6c	0	

Statement by Enrolled Actuary

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

SIGN HERE		10/07/2022
Signature of actuary		Date
Kenneth R. Germann, ASA, EA, MAAA		20-05750
Type or print name of actuary		Most recent enrollment number
Milliman, Inc.		(317) 524-3556
Firm name		Telephone number (including area code)
17335 Golf Parkway Suite 100 Brookfield WI 53045		
Address of the firm		

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

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

Schedule SB (Form 5500) 2021
v. 210624

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	2,478,855
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	2,478,855
10 Interest on line 9 using prior year's actual return of <u>14.10</u> %	0	349519
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		4608554
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.28</u> %		243332
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		4851886
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2828374

Part III Funding Percentages

14 Funding target attainment percentage	14	112.24%
15 Adjusted funding target attainment percentage	15	112.24%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.69%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21 Discount rate:			
a Segment rates:			
1st segment: 3.32 %	2nd segment: 4.79 %	3rd segment: 5.47 %	☐ N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			
Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No			
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment			27
Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			30 0
Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....			31a 0
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)			36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0
Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)			
41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected ☐ 2 plus 7 years ☐ 15 years			
b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011			

Appendix A – Summary of Actuarial Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. A plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that a plan will be adequately and systematically funded. Annual contributions are also affected by a plan's "asset valuation method" (as well as plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

Actuarial Cost Method

The actuarial cost method used for determining the Plan's ERISA funding requirements and the FASB ASC Topic 960 values is the Unit Credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Plan's Normal Cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits. This method is prescribed for ERISA funding requirements by the Pension Protection Act of 2006.

Asset Valuation Method

The Actuarial Value of Assets used for determining the Plan's ERISA funding requirements is equal to the Adjusted Market Value of Assets minus a decreasing fraction of the investment gain or loss for each of the two immediately preceding plan years, but it must be within 90% to 110% of the Adjusted Market Value of Assets. The expected investment return for a plan year is based on the lesser of the expected rate of return on plan assets (currently 6.00% per year effective January 1, 2021, previously 6.5% per year) or the applicable statutory interest rate for the year.

The Actuarial Value of Assets for IRC Section 404 purposes, used in determining the Maximum Deductible Contribution, reflects the Plan Sponsor's election to use segment rate stabilization as permitted under IRS Notice 2012-61.

PBGC Variable-Rate Premium Method

The alternative method is used for the PBGC variable-rate premium calculation (adopted January 1, 2021).

Amortization Method

For the Plan's ERISA funding requirements, incremental Funding Shortfall amounts are amortized over a seven year period, and the related shortfall amortization payment is determined on the first valuation date following the plan year in which it arises based on the segment rates used for ERISA minimum funding purposes on that date, as prescribed under IRC Section 430.

Changes in Actuarial Methods Since Prior Valuation

The PBGC variable-rate premium method was changed to the alternative method from the standard method as of January 1, 2021.

Appendix B – Summary of Actuarial Assumptions

ECONOMIC ASSUMPTIONS

Interest Rates

The current funding and PBGC interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election. The PBGC interest rates are based on the Plan Sponsor's elected method for determining the premium funding target.

	Minimum Funding	Maximum Deductible	PBGC Premium
Segment 1 (0–5 years)	3.32%	1.75%	1.75%
Segment 2 (5–20 years)	4.79%	3.04%	3.04%
Segment 3 (20+ years)	5.47%	3.65%	3.65%
Effective Interest Rate	4.85%	3.15%	3.15%

ERISA minimum funding: 24-month average segment rates, using a four-month lookback period, adjusted to reflect the applicable segment rate stabilization corridor (adopted January 1, 2008).

Maximum Deductible Contribution: 24-month average segment rates, using a four-month lookback period, but not adjusted to reflect segment rate stabilization (adopted January 1, 2008).

FASB ASC Topic 960: 6.00% per year (adopted January 1, 2021). This is the assumed rate of return for the Plan's entire portfolio of assets, net of investment expenses and including assumed inflation rate of 2.20%. It is based on the Plan's investment policy, including target asset allocation, and Milliman's capital market expectations.

Asset Returns

ERISA minimum funding and Maximum Deductible Contribution: 6.00% per year (adopted January 1, 2021). It is based on the Plan's investment policy, including target asset allocation, and Milliman's capital market expectations.

Compensation Increases

Not applicable.

Inflation (CPI)

2.20% per year (adopted January 1, 2020). It is based on Milliman's capital market expectations.

Postretirement Benefit Increases

None. (The Plan does not provide for automatic postretirement benefit increases)

Maximum Benefit and Annual Compensation Limitation Increases

ERISA minimum funding and Maximum Deductible Contribution: 0% per year as required by statute.

FASB ASC Topic 960: Not applicable.

Social Security Taxable Wage Base Increases

Not applicable.

Administrative Expenses

None assumed payable from plan assets.

DEMOGRAPHIC ASSUMPTIONS

Except where noted, demographic assumptions are based the actuary's judgment and continued review of experience.

Mortality

ERISA minimum funding, Maximum Deductible Contribution, and PBGC premium: Statutory static tables for 2021 based on RP-2006 Mortality Tables, with projections to anticipate greater future longevity using projection scale MP-2019, with separate rates for non-annuitants and annuitants.

FASB ASC Topic 960: Pri-2012 Mortality Tables (Employee, Retiree & Contingent Survivor as appropriate) projected with Mortality Improvement Scale MP-2020 from 2012 (adopted January 1, 2021). As a generational table, it reflects mortality improvements both before and after the measurement date. The Society of Actuaries' Retirement Plans Experience Committee recommends use of the Pri-2012 tables and MP-2020 scales for valuing retirement plan liabilities.

Retirement

Annual rates of retirement are shown in the following table for active participants who are eligible to retire.

Age	Rate
62-64	25%
65-69	75%
70 & Over	100%

Terminated vested participants are assumed to retire at age 65.

Termination

Annual rates of termination are based on age and come from Table T-9 from the "Actuaries Pension Handbook". Sample rates are shown in the following table.

Age	Rate
25	17.22%
40	11.25%
55	1.73%

Disability

Annual rates of termination are based on age and sex and come from the 1975 Social Security disability rates. Sample rates are shown in the following table.

Age	Male	Female
25	.163%	.089%
35	.296%	.266%
45	.699%	.587%
55	1.906%	1.566%

Decrement Timing

Decrements are assumed to occur at the middle of the year, except that 100% retirement (see above) is assumed to occur at the beginning of the year.

Form of Payment

Life annuity.

Marital Characteristics

For participants not in pay status: 75% of participants are assumed to be married to a spouse of the opposite sex. Males are assumed to be 3 years older than females.

For participants in pay status: Actual birth dates of spouses are included in the census data, where relevant.

Benefits Not Valued

None.

Special Data Adjustments

None.

CHANGES IN ACTUARIAL ASSUMPTIONS SINCE PRIOR VALUATION

Interest rates for ERISA minimum funding: From 3.64%, 5.21%, and 5.94% per year to 3.32%, 4.79%, and 5.47% per year, respectively, as required by statute. The interest rates do not reflect the extension of the pension funding stabilization percentages under Section 9706 of the American Rescue Plan Act of 2021.

Interest rates for Maximum Deductible Contribution: From 2.77%, 3.83%, and 4.28% per year to 1.75%, 3.04%, and 3.65% per year, respectively, as required by statute

Interest rates for PBGC premium: Effective January 1, 2021, the interest rates used for PBGC variable-rate premium purposes were updated as noted above for maximum deductible purposes, but not adjusted to reflect segment rate stabilization. The interest rates were updated to comply with PBGC requirements.

Interest rate for FASB ASC Topic 960: Effective January 1, 2021, the FASB ASC Topic 960 interest rate was changed from 6.50% to 6.00% per year. The interest rate was changed to reflect anticipated future asset experience.

Asset return for funding: Effective January 1, 2021, the asset return assumption for funding purposes was changed from 6.50% to 6.00% per year. The asset return assumption was changed to reflect anticipated future asset experience.

Mortality for ERISA minimum funding, Maximum Deductible Contribution, and PBGC premium: From statutory tables for 2020 to statutory tables for 2021.

Mortality for FASB ASC Topic 960 purposes: Effective January 1, 2021 for FASB ASC Topic 960, the mortality assumption was updated to reflect the MP-2020 mortality improvement scales released by the Society of Actuaries' Retirement Plans Experience Committee. This reflects the most current mortality experience published by the Society of Actuaries. The prior assumption used the MP-2019 mortality improvement scales.

Appendix C – Summary of Principal Plan Provisions

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

Definitions

Accrued Benefit: The Accrued Benefit for each Participant is determined using the same formula which is used to compute such Participant's Normal Retirement Benefit, taking into account the Participant's Years of Benefit Service and Final Average Pay as of December 31, 2000.

Actuarially Equivalent: Equality in value such that the present value of the amount under any form of payment is essentially the same as the present value of the amount under the normal form of annuity payment for single participants. In general, for purposes other than determining lump sum amounts, actuarially equivalent factors are based on the applicable mortality table specified by the the 1984 Unisex Pension Mortality Table with a 5 year setback and an interest rate of 8.0%. For purposes of determining lump sum distribution amounts, actuarially equivalent factors are based on the applicable mortality table specified by the IRS for the plan year of distribution and the statutory three-tier segment interest rates in effect for the November prior to the plan year of distribution.

Credited Service: A full year is credited for each employment year in which 1,000 or more hours of service are credited. No partial years of Credited Service are credited.

Plan Effective Date: January 1, 1967; the Plan was last amended effective July 26, 2013.

Plan Year: The 12-month period beginning January 1 and ending December 31.

Vesting Service: A full year is credited for each employment year in which 1,000 or more hours of service are credited. No partial years of Vesting Service are credited.

Normal Retirement

Normal Retirement Date: The first day of the month coincident with or next following the later of the attainment of age 65 or the fifth anniversary of the date the Participant commenced participation in the Plan.

Normal Retirement Benefit: A Participant's Normal Retirement Benefit is a monthly pension benefit commencing on his Normal Retirement Date payable in the Normal Benefit Form in an amount equal to:

- a. 1/1/1967-12/31/2000 Service: 1.00% of the first \$550 of Monthly Compensation plus 1.75% of the next \$1,950 of Monthly Compensation for each Year of Benefit Service, plus
- b. Pre-1/1/1967 Service: 0.50% of the first \$550 of Monthly Compensation plus 1.00% of the next \$1,667 of Monthly Compensation for each Year of Benefit Service.

Notwithstanding the preceding, the total benefit payable to a Participant at their Normal Retirement Age shall be subject to a maximum limitation of \$400 per month prior to January 1, 1976 and \$600 per month after January 1, 1976.

Notwithstanding anything to the contrary, no additional shall accrue under the Plan on or after January 1, 2001.

Early Retirement

Early Retirement Date: The first day of the month coincident with or next following the attainment of age 55 and completion of 5 years of Vesting Service.

Early Retirement Benefit: The Accrued Benefit, actuarially reduced for commencement prior to Normal Retirement Date.

Deferred Retirement

Deferred Retirement Date: The first day of the month coincident with or next following the date of termination of service if it occurs after the Normal Retirement Date.

Deferred Retirement Benefit: The greater of (i) the Accrued Benefit determined as of the Deferred Retirement Date or (ii) the Accrued Benefit determined as of the Normal Retirement Date and actuarially increased to the Deferred Retirement Date.

Termination

Termination Date: The date of termination of service other than for reasons of retirement, disability, or death.

Termination Benefit: The Accrued Benefit, multiplied by the vested percentage in the following table, payable at the Normal Retirement Date, or payable as of the first day of any month coincident with or next following attainment of age 55 if at least 5 years of Vesting Service have been completed (actuarially reduced for commencement prior to Normal Retirement Date).

Years of Vesting Service	Vested Percentage
Less than 5	0%
5 or more	100%

Preretirement Death

Preretirement Death Benefit Eligibility: Surviving spouses of participants with a vested Accrued Benefit who die before commencement of payments, provided they have been married at least one year.

Preretirement Death Benefit: 50% of the benefit which would have been payable had the deceased participant instead terminated service on the date of death, survived to his earliest possible benefit commencement date, elected a joint and 50% survivor annuity, and died on that same date.

Disability Retirement

Disability Retirement Eligibility: As soon as practical following the disability determination date and five years of vesting service, after the occurrence of total disability as defined by the Plan document.

Disability Retirement Benefit: The Accrued Benefit, determined as of the disability determination date.

Forms of Payment

Normal Forms: Life annuity if single, actuarially equivalent joint and 50% survivor annuity if married.

Optional Forms: Life annuity; actuarially equivalent life annuity with 10 years certain; actuarially equivalent joint and 50%, 66.67%, 75% and 100% (as elected) survivor annuity; lump sum distribution (available at any age).

Small Lump Sum: Payable automatically if the actuarially equivalent present value of the vested Accrued Benefit is \$5,000 or less.

Schedule SB, Part V – Summary of Principal Plan Provisions
Retirement Income Plan of Grandview Hospital and Medical Center
EIN: 31-0564121
PN: 001

Lump Sum Window

A lump sum window was completed in 2018 in which 309 participants were paid out their plan benefits.

Changes in Principal Plan Provisions Since Prior Valuation

None.

Exhibit 20

Active Participants by Age and Service

The number of active participants, summarized by attained age and years of vesting service as of January 1, 2021, is shown below.

Age	Years of Vesting Service										Total
	0	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+	
0–24	-	-	-	-	-	-	-	-	-	-	-
25–29	-	-	-	-	-	-	-	-	-	-	-
30–34	-	-	-	-	-	-	-	-	-	-	-
35–39	-	-	-	-	-	-	-	-	-	-	-
40–44	-	-	-	-	-	5	1	-	-	-	6
45–49	-	-	-	-	-	16	13	-	-	-	29
50–54	-	-	-	-	-	10	13	14	1	-	38
55–59	-	-	-	-	-	18	18	25	11	2	74
60–64	-	-	-	-	-	6	9	19	15	9	58
65–69	-	-	-	-	-	1	1	2	-	-	4
70+	-	-	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	56	55	60	27	11	209