

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>PENSION PLAN FOR EMPLOYEES OF UNITED MEMORIAL MEDICAL CENTER</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1966</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>16-0743029</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>585-343-6030</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>622000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1966</u>		2b Employer Identification Number (EIN) <u>16-0743029</u>		2c Plan Sponsor's telephone number <u>585-343-6030</u>		2d Business code (see instructions) <u>622000</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/01/1966</u>											
2b Employer Identification Number (EIN) <u>16-0743029</u>											
2c Plan Sponsor's telephone number <u>585-343-6030</u>											
2d Business code (see instructions) <u>622000</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>UNITED MEMORIAL MEDICAL CENTER</u> <u>127 NORTH STREET</u> <u>BATAVIA, NY 14020-1631</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	HOWARD GLASTONBURY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 662
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) 160
a(2) Total number of active participants at the end of the plan year		6a(2) 131
b Retired or separated participants receiving benefits.....		6b 223
c Other retired or separated participants entitled to future benefits		6c 264
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 618
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 19
f Total. Add lines 6d and 6e		6f 637
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
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		
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>PENSION PLAN FOR EMPLOYEES OF UNITED MEMORIAL 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>UNITED MEMORIAL MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>16-0743029</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>22584644</u>
b Actuarial value	2b <u>21218338</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>233</u> (2) Vested Funding Target <u>9784696</u> (3) Total Funding Target <u>9784696</u>
b For terminated vested participants.....	<u>269</u> <u>7128868</u> <u>7128868</u>
c For active participants	<u>160</u> <u>5215236</u> <u>5218563</u>
d Total.....	<u>662</u> <u>22128800</u> <u>22132127</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>5.60</u> %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a <u>0</u>
b Expected plan-related expenses	6b <u>520000</u>
c Total (line 6a + line 6b)	6c <u>520000</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>10/06/2022</u>
Signature of actuary		Date
<u>TODD WEBER, EA, MAAA</u>		<u>20-06399</u>
Type or print name of actuary		Most recent enrollment number
<u>MERCER</u>		<u>585-389-8700</u>
Firm name		Telephone number (including area code)
<u>70 LINDEN OAKS, SUITE 310</u> <u>ROCHESTER, NY 14625</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	1405141
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1405141
9 Amount remaining (line 7 minus line 8)		
10 Interest on line 9 using prior year's actual return of <u>12.15</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1505958
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>5.41</u> %		5454
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		170725
c Total available at beginning of current plan year to add to prefunding balance		1682137
d Portion of (c) to be added to prefunding balance		1682137
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	1682137

Part III Funding Percentages

14 Funding target attainment percentage	14	88.27 %
15 Adjusted funding target attainment percentage	15	87.92 %
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	83.96 %
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)		18(c)

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
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
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	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
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	520000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	2595926	242048	
b Waiver amortization installment			
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	762048	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	762048	762048
36 Additional cash requirement (line 34 minus line 35)	36		
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37		
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 PENSION PLAN FOR EMPLOYEES OF UNITED MEMORIAL MEDICAL CENTER	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED MEMORIAL MEDICAL CENTER	D Employer Identification Number (EIN) 16-0743029	

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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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)

RELiance TRUST COMPANY

58-1428634

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28	NONE	226593	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER

13-2834414

(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?
11 50	NONE	92761	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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 PENSION PLAN FOR EMPLOYEES OF UNITED MEMORIAL MEDICAL CENTER	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED MEMORIAL MEDICAL CENTER		
D Employer Identification Number (EIN) 16-0743029		

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1800000	
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	15667	145
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	353031	1118287
(2) U.S. Government securities	1c(2)	1033990	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	786519	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	9558088	
(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)	5163720	7165241
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	3920483	13442571

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	22631498 21726244
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	
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	22631498 21726244

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(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)	
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	42507
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	42507
(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)	440805
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	440805
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	33396461
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	32415975
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	980486
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(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)		504675
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1968473
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2217978	
(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)		2217978
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)	102871	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	200268	
(4) Other.....	2i(4)	352610	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		655749
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2873727
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-905254
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: FREED MAXICK CPAS, P.C.

(2) EIN: 45-4051133

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		4000000
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.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	
4n		X	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 446707 _____.

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 PENSION PLAN FOR EMPLOYEES OF UNITED MEMORIAL MEDICAL CENTER	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED MEMORIAL MEDICAL CENTER	D Employer Identification Number (EIN) 16-0743029

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 58-1428634		
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	16

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

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

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

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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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: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

FINANCIAL STATEMENTS

Pension Plan for Employees of United Memorial Medical Center
Years Ended December 31, 2021 and 2020
With Report of Independent Auditors

Pension Plan for Employees of United Memorial Medical Center

Financial Statements

Years Ended December 31, 2021 and 2020

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the
Pension Plan for Employees of United Memorial Medical Center

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

We have performed an audit of the financial statements of the Pension Plan for Employees of United Memorial Medical Center (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (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 9 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 Auditor's 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 (U.S. GAAP).
- 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 Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

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

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

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 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 U.S. 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 U.S. GAAP.

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

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedule of Schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2021, and Schedule H, line 4j – 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).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 7, 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.

Freed Maxick CPAs, P.C.

Buffalo, NY
October 12, 2022

Pension Plan for Employees of United Memorial Medical Center

Statements of Net Assets Available for Benefits

	December 31, 2021	December 31, 2020
ASSETS		
Investments at fair value:		
Cash and cash equivalents	\$ 1,118,287	\$ 353,031
Exchange traded funds	13,442,571	3,920,483
Mutual funds	7,165,241	5,163,720
U.S. government and agency obligations	-	1,033,990
Corporate obligations and convertible bonds	-	786,519
Common and preferred stocks	-	9,558,088
Total investments	21,726,099	20,815,831
Receivables:		
Accrued investment income	145	15,667
Employer contributions	-	1,800,000
Total receivables	145	1,815,667
Net Assets Available for Benefits	\$ 21,726,244	\$ 22,631,498

See accompanying notes.

Pension Plan for Employees of United Memorial Medical Center

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31,

	<u>2021</u>	<u>2020</u>
Additions:		
Employer contributions	\$ -	\$ 1,800,000
Interest and dividends	483,312	500,495
Net appreciation in fair value of investments	1,485,161	2,008,744
Total additions	<u>1,968,473</u>	<u>4,309,239</u>
Deductions:		
Benefits paid directly to participants	2,217,978	3,267,044
Administrative expenses	655,749	671,556
Total deductions	<u>2,873,727</u>	<u>3,938,600</u>
Changes in Net Assets Available for Benefits	(905,254)	370,639
Net Assets Available for Benefits - beginning of year	<u>22,631,498</u>	<u>22,260,859</u>
Net Assets Available for Benefits - end of year	<u><u>\$ 21,726,244</u></u>	<u><u>\$ 22,631,498</u></u>

See accompanying notes.

Pension Plan for Employees of United Memorial Medical Center

Notes to the Financial Statements

Note 1. Description of the Plan

The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan covering eligible employees of United Memorial Medical Center (the Hospital), a subsidiary of Rochester Regional Health (the System). The Plan is subject to the provisions of ERISA. The Investment Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

The Plan was frozen for all employees on April 6, 2007. Any participant who completed the requirements to complete an additional plan year before this date would be granted an additional year of service under the Plan. No participant met the requirements. After April 6, 2007, the participants who were in the Plan prior to its freezing will not accrue any more service that would be applicable to their future benefit. Additionally, individuals who have not vested in their benefits will still be required to complete service time requirements to receive their benefits. A 403(b) plan was put into place to replace the Plan for all employees.

Funding Policy

The Plan's funding policy is for the Hospital to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2021 and 2020, the Plan made contributions of \$0 and \$1,800,000, respectively. Additionally, the Plan used credit balances of \$762,048 for the year ended December 31, 2021. Although it has not expressed any intention to do so, the System has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Pension Benefits

Benefits are determined based on the participant's years of benefit service and compensation as defined by the Plan agreement. The Plan provides for 100% vesting after five years of service of credited service and 0% vesting if less than five years of service have been credited. The Plan permits early retirement at age 55 upon completion of 15 years of benefit service and termination of service, or at age 60 upon completion of 10 years of benefit service and termination of service. Employees may elect to receive their benefits in the form of an annuity. Employees hired prior to January 1, 2004 may also elect their benefit in the form of a lump sum.

If an active vested participant dies before reaching retirement date, a death benefit equal to 50% of the retirement income payable had the participant elected early retirement would be paid to a qualified surviving spouse.

Pension Plan for Employees of United Memorial Medical Center

Notes to the Financial Statements

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investments 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. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by its investment advisers, custodians, and the trustee of the Plan. See Note 5 for discussion of fair value measurements.

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

Payments of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid by the Plan, as provided by the plan document. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Subsequent Events

These financial statements have not been updated for subsequent events occurring after October 12, 2022, which is the date these financial statements were available to be issued.

Pension Plan for Employees of United Memorial Medical Center

Notes to the Financial Statements

Note 3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. 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. Benefits under the plan are accumulated based on 1-1/2% of employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation of the annual benefit accruals as of the Plan freeze date. Benefits payable under all circumstances — retirement, death, disability, and termination of employment — are included, to the extent they are deemed attributable to employee service rendered to the valuation date. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that 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 (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of December 31, 2021 was (a) life expectancy of participants (Pri-2012 Mortality Tables projected with Scale MP – 2020), (b) retirement age assumptions (graded by age), and (c) investment return. The interest rate used to discount the obligation for 2021 was 2.39%. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2021. Had the valuations been performed as of December 31, there would be no material differences.

The accumulated plan benefit information as of the beginning of the Plan year is as follows:

	December 31, 2020
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 12,384,383
Active participants	8,139,864
Other participants	12,088,195
Non-vested benefits	<u>1,285</u>
Actuarial present value of accumulated benefits	<u>\$ 32,613,727</u>

The changes in the actuarial present value of accumulated plan benefits are as follows:

Actuarial present value of accumulated plan benefits as of January 1, 2020	\$ 31,563,101
Changes during the year attributed to:	
Increase for interest due to decrease in discount period	980,297
Benefits paid directly to participants	(3,267,044)
Actuarial gain	(46,280)
Change in actuarial assumptions	<u>3,383,653</u>
Net increase	<u>1,050,626</u>
Actuarial present value of accumulated plan benefits as of December 31, 2020	<u>\$ 32,613,727</u>

Pension Plan for Employees of United Memorial Medical Center

Notes to the Financial Statements

Note 3. Actuarial Present Value of Accumulated Plan Benefits (Continued)

The change in actuarial assumptions for the year ended December 31, 2020 were as follows:

- The discount rate decreased from 3.29% to 2.39% per year.
- The lump sum conversion rates were updated to reflect current mortality and interest rates.
- The mortality incidence was updated to reflect the MP-2020 projection scale.

Note 4. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC)(a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

Pension Plan for Employees of United Memorial Medical Center

Notes to the Financial Statements

Note 5. 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:

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

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

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

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

	2021			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents (a)	\$ 1,118,287	\$ -	\$ -	\$ 1,118,287
Exchange traded funds (b)	13,442,571	-	-	13,442,571
Mutual funds (b)	<u>7,165,241</u>	<u>-</u>	<u>-</u>	<u>7,165,241</u>
Total investments at fair value	<u>\$ 21,726,099</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 21,726,099</u>

	2020			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents (a)	\$ 353,031	\$ -	\$ -	\$ 353,031
Exchange traded funds (b)	3,920,483	-	-	3,920,483
Mutual funds (b)	5,163,720	-	-	5,163,720
U.S. government and agency obligations (c)	-	1,033,990	-	1,033,990
Corporate obligations and convertible bonds (d)	-	786,519	-	786,519
Common and preferred stocks (e)	<u>9,558,088</u>	<u>-</u>	<u>-</u>	<u>9,558,088</u>
Total investments at fair value	<u>\$ 18,995,322</u>	<u>\$ 1,820,509</u>	<u>\$ -</u>	<u>\$ 20,815,831</u>

Pension Plan for Employees of United Memorial Medical Center

Notes to the Financial Statements

Note 5. Fair Value Measurements (Continued)

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

- (a) Cash and cash equivalents: Stated at cost, which approximates fair value and are classified as Level 1 investments.
- (b) Exchange traded and mutual funds: Valued at the daily closing prices as reported by the fund. Exchange traded and mutual funds held by the Plan are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The exchange traded and mutual funds held by the Plan are deemed to be actively traded. These investments are classified as Level 1 investments.
- (c) U.S. government and agency obligations: U.S. government and agency obligations are valued using pricing models maximizing the use of observable inputs for similar securities. These investments are classified as Level 2 investments.
- (d) Corporate obligations and convertible bonds: Corporate obligations and convertible bonds are 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 corporate 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. These investments are classified as Level 2 investments.
- (e) Common and preferred stocks: Valued at the closing price reported in the active market in which the individual security is traded. These investments are classified as Level 1 investments.

Note 6. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility, valuation, 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 change 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.

Pension Plan for Employees of United Memorial Medical Center

Notes to the Financial Statements

Note 7. Income Tax Status

The Plan obtained its latest determination letter on December 8, 2015, in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8. Related-Party and Party-in-Interest Transactions

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party in interest transactions under ERISA.

Note 9. Financial Certification

The following unaudited financial information as of December 31, 2021 and 2020 and for the years then ended, has been furnished by the Plan Administrator and certified by the trustee, Reliance Trust Company. The incorporation of this financial information in the accompanying financial statements is based solely on their certification, and the information relating to assets has not been audited by independent accountants.

	<u>2021</u>	<u>2020</u>
Investments at fair value:		
Cash and cash equivalents	\$ 1,118,287	\$ 353,031
Exchange traded funds	\$ 13,442,571	\$ 3,920,483
Mutual funds	\$ 7,165,241	\$ 5,163,720
U.S. government and agency obligations	\$ -	\$ 1,033,990
Corporate obligations and convertible bonds	\$ -	\$ 786,519
Common and preferred stocks	\$ -	\$ 9,558,088
Transactions for the years ended:		
Interest and dividends	\$ 483,312	\$ 500,495
Net appreciation in fair value of investments	\$ 1,485,161	\$ 2,008,744

Pension Plan for Employees of United Memorial Medical Center
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021
EIN # 16-0743029, Plan #001

Description	Cost	Current Value
Cash and cash equivalents:		
MSDW MONEY MARKET BANK DEPOSIT PROGRAM SYSTEM *	\$ 1,026,920	\$ 1,026,920
FIDELITY INVESTMENTS MONEY MARKET FUNDS TREASURY PORTFOLIO CLASS I	91,367	91,367
Total cash and cash equivalents	<u>1,118,287</u>	<u>1,118,287</u>
Exchange traded funds:		
ISHARES CORE MSCI EMERGING	1,808,973	1,898,640
SPDR S&P WORLD EX-US (MKT)	3,267,091	3,348,791
VANGUARD RUSSELL 1000 GROWTH	2,854,250	3,239,696
VANGUARD RUSSELL 1000 VALUE	3,054,451	3,336,219
VANGUARD EXTENDED MARKET INDEX	1,485,971	1,619,225
Total exchange traded funds	<u>12,470,736</u>	<u>13,442,571</u>
Mutual funds:		
DOUBLELINE TOTAL RETURN BOND I	7,218,845	7,165,241
Total mutual funds	<u>7,218,845</u>	<u>7,165,241</u>
Total investments	<u>\$ 20,807,868</u>	<u>\$ 21,726,099</u>

*Denotes known party-in-interest to the Plan

The above data is based solely upon information which has been certified
as complete and accurate by Reliance Trust Company.

ACCOUNT STATEMENT

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Statement Period
Account Number

01/01/2021 through 12/31/2021
M16857
RELiance TRUST CO, TRUSTEE
UNITED MEMORIAL MEDICAL CENTER
DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
BEGINNING MARKET VALUE: 20,830,459.06				
SECURITY TRANSACTIONS EXCEEDING 5%:				
SHORT TERM INVESTMENTS				
MSDW MONEY MARKET BANK DEPOSIT PROGRAM SYSTEM				
DEPOSIT ON 01/04/2021	53,513.82	53,513.82	53,513.82	
WITHDRAWAL ON 01/05/2021	81,609.11	81,609.11	81,609.11	
WITHDRAWAL ON 01/06/2021	116.52	116.52	116.52	
DEPOSIT ON 01/07/2021	26,304.78	26,304.78	26,304.78	
DEPOSIT ON 01/08/2021	129,705.67	129,705.67	129,705.67	
WITHDRAWAL ON 01/11/2021	32,893.67	32,893.67	32,893.67	
WITHDRAWAL ON 01/12/2021	42,745.25	42,745.25	42,745.25	
WITHDRAWAL ON 01/13/2021	9,651.94	9,651.94	9,651.94	
WITHDRAWAL ON 01/14/2021	34,282.96	34,282.96	34,282.96	
DEPOSIT ON 01/15/2021	7,898.33	7,898.33	7,898.33	
DEPOSIT ON 01/19/2021	1,625.34	1,625.34	1,625.34	
WITHDRAWAL ON 01/20/2021	29,431.05	29,431.05	29,431.05	
DEPOSIT ON 01/21/2021	25,399.81	25,399.81	25,399.81	

The above data is based solely upon information which has been certified
as complete and accurate by Reliance Trust Company.

ACCOUNT STATEMENT

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Statement Period
Account Number

01/01/2021 through 12/31/2021
M16857
RELiance TRUST CO, TRUSTEE
UNITED MEMORIAL MEDICAL CENTER
DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
DEPOSIT ON 01/22/2021	68.08	68.08	68.08	
DEPOSIT ON 01/25/2021	343.73	343.73	343.73	
DEPOSIT ON 01/26/2021	5,387.97	5,387.97	5,387.97	
WITHDRAWAL ON 01/27/2021	82,795.28	82,795.28	82,795.28	
WITHDRAWAL ON 01/28/2021	1,952.18	1,952.18	1,952.18	
DEPOSIT ON 01/29/2021	0.52	0.52	0.52	
DEPOSIT ON 01/29/2021	2.07	2.07	2.07	
DEPOSIT ON 01/29/2021	29,238.10	29,238.10	29,238.10	
DEPOSIT ON 02/01/2021	5,279.33	5,279.33	5,279.33	
DEPOSIT ON 02/02/2021	42,884.66	42,884.66	42,884.66	
DEPOSIT ON 02/03/2021	10,931.30	10,931.30	10,931.30	
DEPOSIT ON 02/04/2021	2,993.33	2,993.33	2,993.33	
DEPOSIT ON 02/05/2021	44,792.64	44,792.64	44,792.64	
WITHDRAWAL ON 02/08/2021	21,748.73	21,748.73	21,748.73	
DEPOSIT ON 02/09/2021	6,380.60	6,380.60	6,380.60	

The above data is based solely upon information which has been certified
as complete and accurate by Reliance Trust Company.

ACCOUNT STATEMENT

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Statement Period
Account Number

01/01/2021 through 12/31/2021
M16857
RELiance TRUST CO, TRUSTEE
UNITED MEMORIAL MEDICAL CENTER
DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
WITHDRAWAL ON 02/10/2021	1,453.33	1,453.33	1,453.33	
WITHDRAWAL ON 02/11/2021	13,965.59	13,965.59	13,965.59	
WITHDRAWAL ON 02/12/2021	180,268.58	180,268.58	180,268.58	
DEPOSIT ON 02/16/2021	17,848.34	17,848.34	17,848.34	
DEPOSIT ON 02/17/2021	13,633.41	13,633.41	13,633.41	
DEPOSIT ON 02/18/2021	4,983.86	4,983.86	4,983.86	
WITHDRAWAL ON 02/19/2021	48,287.76	48,287.76	48,287.76	
WITHDRAWAL ON 02/22/2021	6,598.08	6,598.08	6,598.08	
DEPOSIT ON 02/23/2021	14,701.69	14,701.69	14,701.69	
DEPOSIT ON 02/24/2021	34,478.00	34,478.00	34,478.00	
DEPOSIT ON 02/25/2021	12,707.64	12,707.64	12,707.64	
DEPOSIT ON 02/26/2021	0.26	0.26	0.26	
DEPOSIT ON 02/26/2021	1.50	1.50	1.50	
DEPOSIT ON 02/26/2021	1,495.31	1,495.31	1,495.31	
DEPOSIT ON 03/01/2021	47,016.88	47,016.88	47,016.88	

The above data is based solely upon information which has been certified
as complete and accurate by Reliance Trust Company.

ACCOUNT STATEMENT

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Statement Period
Account Number

01/01/2021 through 12/31/2021
M16857
RELiance TRUST CO, TRUSTEE
UNITED MEMORIAL MEDICAL CENTER
DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
WITHDRAWAL ON 03/02/2021	196,055.37	196,055.37	196,055.37	
DEPOSIT ON 03/03/2021	192,791.33	192,791.33	192,791.33	
DEPOSIT ON 03/04/2021	353.77	353.77	353.77	
WITHDRAWAL ON 03/05/2021	95.34	95.34	95.34	
DEPOSIT ON 03/08/2021	6,492.36	6,492.36	6,492.36	
WITHDRAWAL ON 03/09/2021	417.53	417.53	417.53	
WITHDRAWAL ON 03/10/2021	24,151.41	24,151.41	24,151.41	
DEPOSIT ON 03/11/2021	17,718.36	17,718.36	17,718.36	
WITHDRAWAL ON 03/12/2021	15,454.12	15,454.12	15,454.12	
DEPOSIT ON 03/15/2021	19,634.88	19,634.88	19,634.88	
DEPOSIT ON 03/16/2021	17,847.40	17,847.40	17,847.40	
DEPOSIT ON 03/17/2021	75.46	75.46	75.46	
WITHDRAWAL ON 03/18/2021	15,344.31	15,344.31	15,344.31	
DEPOSIT ON 03/19/2021	22,027.76	22,027.76	22,027.76	
DEPOSIT ON 03/22/2021	16,833.94	16,833.94	16,833.94	
DEPOSIT ON 03/23/2021	324.03	324.03	324.03	

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ACCOUNT STATEMENT

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M16857
RELiance TRUST CO, TRUSTEE
UNITED MEMORIAL MEDICAL CENTER
DEFINED BENEFIT PLAN

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PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
WITHDRAWAL ON 03/24/2021	18,116.77	18,116.77	18,116.77	
DEPOSIT ON 03/25/2021	8,298.19	8,298.19	8,298.19	
DEPOSIT ON 03/26/2021	5,645.22	5,645.22	5,645.22	
WITHDRAWAL ON 03/29/2021	85,815.03	85,815.03	85,815.03	
DEPOSIT ON 03/30/2021	2,123.16	2,123.16	2,123.16	
DEPOSIT ON 03/31/2021	6,249.66	6,249.66	6,249.66	
DEPOSIT ON 03/31/2021	0.08	0.08	0.08	
DEPOSIT ON 03/31/2021	1.94	1.94	1.94	
DEPOSIT ON 04/01/2021	9,103.36	9,103.36	9,103.36	
DEPOSIT ON 04/05/2021	50,507.49	50,507.49	50,507.49	
DEPOSIT ON 04/06/2021	1,861.94	1,861.94	1,861.94	
DEPOSIT ON 04/07/2021	8,267.78	8,267.78	8,267.78	
WITHDRAWAL ON 04/08/2021	2,807.33	2,807.33	2,807.33	
DEPOSIT ON 04/09/2021	12,147.92	12,147.92	12,147.92	
WITHDRAWAL ON 04/12/2021	11,450.45	11,450.45	11,450.45	

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PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
DEPOSIT ON 04/13/2021	4,392.06	4,392.06	4,392.06	
DEPOSIT ON 04/14/2021	634,439.01	634,439.01	634,439.01	
DEPOSIT ON 04/15/2021	25,035.68	25,035.68	25,035.68	
WITHDRAWAL ON 04/16/2021	605,896.63	605,896.63	605,896.63	
WITHDRAWAL ON 04/19/2021	4,579.74	4,579.74	4,579.74	
DEPOSIT ON 04/20/2021	13,950.51	13,950.51	13,950.51	
WITHDRAWAL ON 04/21/2021	1,745.50	1,745.50	1,745.50	
DEPOSIT ON 04/22/2021	10,625.57	10,625.57	10,625.57	
WITHDRAWAL ON 04/23/2021	18,596.37	18,596.37	18,596.37	
DEPOSIT ON 04/26/2021	13,292.03	13,292.03	13,292.03	
WITHDRAWAL ON 04/27/2021	6,501.67	6,501.67	6,501.67	
WITHDRAWAL ON 04/28/2021	9,297.53	9,297.53	9,297.53	
DEPOSIT ON 04/29/2021	10,691.44	10,691.44	10,691.44	
DEPOSIT ON 04/30/2021	0.54	0.54	0.54	
DEPOSIT ON 04/30/2021	2.22	2.22	2.22	

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PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
WITHDRAWAL ON 04/30/2021	82,548.42	82,548.42	82,548.42	
DEPOSIT ON 05/03/2021	9,512.78	9,512.78	9,512.78	
WITHDRAWAL ON 05/04/2021	17,366.00	17,366.00	17,366.00	
DEPOSIT ON 05/05/2021	5,291.94	5,291.94	5,291.94	
DEPOSIT ON 05/06/2021	38,331.03	38,331.03	38,331.03	
DEPOSIT ON 05/07/2021	8,433.51	8,433.51	8,433.51	
WITHDRAWAL ON 05/10/2021	8,448.95	8,448.95	8,448.95	
DEPOSIT ON 05/11/2021	396.64	396.64	396.64	
DEPOSIT ON 05/12/2021	11,920.73	11,920.73	11,920.73	
DEPOSIT ON 05/13/2021	6,902.57	6,902.57	6,902.57	
DEPOSIT ON 05/14/2021	2,469.16	2,469.16	2,469.16	
DEPOSIT ON 05/17/2021	11,255.24	11,255.24	11,255.24	
DEPOSIT ON 05/18/2021	4,490.57	4,490.57	4,490.57	
WITHDRAWAL ON 05/19/2021	1,243.93	1,243.93	1,243.93	
WITHDRAWAL ON 05/20/2021	48,282.23	48,282.23	48,282.23	
DEPOSIT ON 05/21/2021	3,001.91	3,001.91	3,001.91	

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PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
WITHDRAWAL ON 05/24/2021	2,827.40	2,827.40	2,827.40	
DEPOSIT ON 05/25/2021	18,616.50	18,616.50	18,616.50	
WITHDRAWAL ON 05/26/2021	5,631.60	5,631.60	5,631.60	
DEPOSIT ON 05/27/2021	24,653.77	24,653.77	24,653.77	
DEPOSIT ON 05/28/2021	0.42	0.42	0.42	
DEPOSIT ON 05/28/2021	2.08	2.08	2.08	
DEPOSIT ON 05/28/2021	685.91	685.91	685.91	
WITHDRAWAL ON 06/01/2021	8,087.70	8,087.70	8,087.70	
DEPOSIT ON 06/02/2021	5,918.19	5,918.19	5,918.19	
WITHDRAWAL ON 06/03/2021	1,980.67	1,980.67	1,980.67	
DEPOSIT ON 06/04/2021	7,394.58	7,394.58	7,394.58	
WITHDRAWAL ON 06/07/2021	82,270.07	82,270.07	82,270.07	
WITHDRAWAL ON 06/08/2021	1,455.68	1,455.68	1,455.68	
DEPOSIT ON 06/09/2021	259.60	259.60	259.60	
DEPOSIT ON 06/10/2021	76,955.11	76,955.11	76,955.11	

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PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
WITHDRAWAL ON 06/11/2021	13,968.96	13,968.96	13,968.96	
DEPOSIT ON 06/14/2021	1,826.55	1,826.55	1,826.55	
WITHDRAWAL ON 06/15/2021	74,106.38	74,106.38	74,106.38	
DEPOSIT ON 06/16/2021	13,479.55	13,479.55	13,479.55	
DEPOSIT ON 06/17/2021	4,419.01	4,419.01	4,419.01	
DEPOSIT ON 06/18/2021	54,932.27	54,932.27	54,932.27	
WITHDRAWAL ON 06/21/2021	105,987.43	105,987.43	105,987.43	
WITHDRAWAL ON 06/22/2021	1,569.51	1,569.51	1,569.51	
DEPOSIT ON 06/23/2021	297.38	297.38	297.38	
DEPOSIT ON 06/24/2021	3,359.86	3,359.86	3,359.86	
WITHDRAWAL ON 06/25/2021	82,565.56	82,565.56	82,565.56	
DEPOSIT ON 06/28/2021	1,786.30	1,786.30	1,786.30	
WITHDRAWAL ON 06/29/2021	16,372.79	16,372.79	16,372.79	
DEPOSIT ON 06/30/2021	670.45	670.45	670.45	
DEPOSIT ON 06/30/2021	0.23	0.23	0.23	

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PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
DEPOSIT ON 06/30/2021	1.72	1.72	1.72	
DEPOSIT ON 07/01/2021	22,113.98	22,113.98	22,113.98	
DEPOSIT ON 07/02/2021	19,744.65	19,744.65	19,744.65	
DEPOSIT ON 07/06/2021	362,567.65	362,567.65	362,567.65	
DEPOSIT ON 07/07/2021	9,308.69	9,308.69	9,308.69	
DEPOSIT ON 07/08/2021	114,570.79	114,570.79	114,570.79	
WITHDRAWAL ON 07/09/2021	434,092.81	434,092.81	434,092.81	
DEPOSIT ON 07/12/2021	8,447.47	8,447.47	8,447.47	
WITHDRAWAL ON 07/13/2021	1,177.06	1,177.06	1,177.06	
DEPOSIT ON 07/14/2021	349.62	349.62	349.62	
DEPOSIT ON 07/15/2021	22,221.70	22,221.70	22,221.70	
DEPOSIT ON 07/16/2021	18,772.04	18,772.04	18,772.04	
WITHDRAWAL ON 07/19/2021	5,303.98	5,303.98	5,303.98	
DEPOSIT ON 07/20/2021	94.42	94.42	94.42	
WITHDRAWAL ON 07/21/2021	4,823.69	4,823.69	4,823.69	
WITHDRAWAL ON 07/22/2021	108.80	108.80	108.80	

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PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
WITHDRAWAL ON 07/23/2021	16,740.49	16,740.49	16,740.49	
WITHDRAWAL ON 07/26/2021	84,900.72	84,900.72	84,900.72	
DEPOSIT ON 07/27/2021	2,064.02	2,064.02	2,064.02	
WITHDRAWAL ON 07/28/2021	2,929.01	2,929.01	2,929.01	
DEPOSIT ON 07/29/2021	2,412.81	2,412.81	2,412.81	
DEPOSIT ON 07/30/2021	0.20	0.20	0.20	
DEPOSIT ON 07/30/2021	1.65	1.65	1.65	
DEPOSIT ON 07/30/2021	220.08	220.08	220.08	
DEPOSIT ON 08/02/2021	70,647.52	70,647.52	70,647.52	
DEPOSIT ON 08/03/2021	25,438.29	25,438.29	25,438.29	
DEPOSIT ON 08/04/2021	8,832.73	8,832.73	8,832.73	
WITHDRAWAL ON 08/05/2021	8,234.86	8,234.86	8,234.86	
WITHDRAWAL ON 08/06/2021	7,720.40	7,720.40	7,720.40	
DEPOSIT ON 08/09/2021	40,542.10	40,542.10	40,542.10	
WITHDRAWAL ON 08/10/2021	20,952.53	20,952.53	20,952.53	

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RELIANCE TRUST CO, TRUSTEE
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PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
DEPOSIT ON 08/11/2021	2,754.91	2,754.91	2,754.91	
DEPOSIT ON 08/12/2021	1,047.11	1,047.11	1,047.11	
DEPOSIT ON 08/13/2021	2,049.41	2,049.41	2,049.41	
WITHDRAWAL ON 08/16/2021	13,623.76	13,623.76	13,623.76	
WITHDRAWAL ON 08/17/2021	10,091.24	10,091.24	10,091.24	
WITHDRAWAL ON 08/18/2021	758.96	758.96	758.96	
DEPOSIT ON 08/19/2021	254.90	254.90	254.90	
DEPOSIT ON 08/20/2021	3,952.40	3,952.40	3,952.40	
WITHDRAWAL ON 08/23/2021	796.84	796.84	796.84	
WITHDRAWAL ON 08/24/2021	12,901.31	12,901.31	12,901.31	
WITHDRAWAL ON 08/25/2021	84,497.62	84,497.62	84,497.62	
DEPOSIT ON 08/26/2021	1,061.31	1,061.31	1,061.31	
DEPOSIT ON 08/27/2021	11,069.55	11,069.55	11,069.55	
WITHDRAWAL ON 08/30/2021	68,801.42	68,801.42	68,801.42	
DEPOSIT ON 08/31/2021	11,373.69	11,373.69	11,373.69	

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PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
DEPOSIT ON 08/31/2021	0.01	0.01	0.01	
DEPOSIT ON 08/31/2021	1.71	1.71	1.71	
DEPOSIT ON 09/01/2021	18,226.36	18,226.36	18,226.36	
DEPOSIT ON 09/02/2021	107,644.39	107,644.39	107,644.39	
DEPOSIT ON 09/03/2021	28,144.96	28,144.96	28,144.96	
DEPOSIT ON 09/07/2021	4,531.78	4,531.78	4,531.78	
WITHDRAWAL ON 09/08/2021	8,563.44	8,563.44	8,563.44	
DEPOSIT ON 09/09/2021	722,388.64	722,388.64	722,388.64	
DEPOSIT ON 09/10/2021	6,173.65	6,173.65	6,173.65	
WITHDRAWAL ON 09/13/2021	104,821.70	104,821.70	104,821.70	
WITHDRAWAL ON 09/14/2021	675,263.47	675,263.47	675,263.47	
DEPOSIT ON 09/15/2021	6,123.28	6,123.28	6,123.28	
DEPOSIT ON 09/16/2021	570.94	570.94	570.94	
DEPOSIT ON 09/17/2021	7,958.37	7,958.37	7,958.37	
DEPOSIT ON 09/20/2021	41,122.03	41,122.03	41,122.03	
DEPOSIT ON 09/21/2021	27,032.70	27,032.70	27,032.70	

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PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
WITHDRAWAL ON 09/22/2021	47.92	47.92	47.92	
DEPOSIT ON 09/23/2021	7,740.32	7,740.32	7,740.32	
WITHDRAWAL ON 09/24/2021	4,029.64	4,029.64	4,029.64	
DEPOSIT ON 09/27/2021	315.00	315.00	315.00	
WITHDRAWAL ON 09/28/2021	177.85	177.85	177.85	
DEPOSIT ON 09/29/2021	9,318.31	9,318.31	9,318.31	
DEPOSIT ON 09/30/2021	0.40	0.40	0.40	
DEPOSIT ON 09/30/2021	2.47	2.47	2.47	
DEPOSIT ON 09/30/2021	2,868.29	2,868.29	2,868.29	
DEPOSIT ON 10/01/2021	13,160.23	13,160.23	13,160.23	
WITHDRAWAL ON 10/04/2021	64,368.48	64,368.48	64,368.48	
WITHDRAWAL ON 10/05/2021	11,135.30	11,135.30	11,135.30	
DEPOSIT ON 10/06/2021	140.26	140.26	140.26	
DEPOSIT ON 10/07/2021	8,281.77	8,281.77	8,281.77	
WITHDRAWAL ON 10/08/2021	32,570.68	32,570.68	32,570.68	

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PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
WITHDRAWAL ON 10/12/2021	10,437.35	10,437.35	10,437.35	
WITHDRAWAL ON 10/13/2021	39,206.31	39,206.31	39,206.31	
DEPOSIT ON 10/14/2021	17,284.21	17,284.21	17,284.21	
DEPOSIT ON 10/15/2021	9,654.13	9,654.13	9,654.13	
WITHDRAWAL ON 10/18/2021	4,648.53	4,648.53	4,648.53	
WITHDRAWAL ON 10/19/2021	28,969.29	28,969.29	28,969.29	
DEPOSIT ON 10/20/2021	21,869.98	21,869.98	21,869.98	
DEPOSIT ON 10/21/2021	43,216.16	43,216.16	43,216.16	
DEPOSIT ON 10/22/2021	17,457.50	17,457.50	17,457.50	
DEPOSIT ON 10/25/2021	7,936.75	7,936.75	7,936.75	
WITHDRAWAL ON 10/26/2021	70,666.22	70,666.22	70,666.22	
DEPOSIT ON 10/27/2021	22,541.83	22,541.83	22,541.83	
WITHDRAWAL ON 10/28/2021	975.33	975.33	975.33	
DEPOSIT ON 10/29/2021	0.04	0.04	0.04	
DEPOSIT ON 10/29/2021	1.65	1.65	1.65	

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EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
DEPOSIT ON 10/29/2021	17,825.21	17,825.21	17,825.21	
DEPOSIT ON 11/01/2021	12,275.93	12,275.93	12,275.93	
DEPOSIT ON 11/03/2021	14,112.49	14,112.49	14,112.49	
DEPOSIT ON 11/04/2021	8,560.75	8,560.75	8,560.75	
DEPOSIT ON 11/05/2021	8,431.32	8,431.32	8,431.32	
DEPOSIT ON 11/08/2021	9,976.08	9,976.08	9,976.08	
DEPOSIT ON 11/09/2021	3,940.08	3,940.08	3,940.08	
DEPOSIT ON 11/10/2021	747.36	747.36	747.36	
WITHDRAWAL ON 11/12/2021	8,121.59	8,121.59	8,121.59	
WITHDRAWAL ON 11/15/2021	13,462.73	13,462.73	13,462.73	
DEPOSIT ON 11/16/2021	24,168.22	24,168.22	24,168.22	
WITHDRAWAL ON 11/17/2021	515.46	515.46	515.46	
DEPOSIT ON 11/19/2021	4,770.42	4,770.42	4,770.42	
WITHDRAWAL ON 11/22/2021	2,259.06	2,259.06	2,259.06	
WITHDRAWAL ON 11/23/2021	13,059.47	13,059.47	13,059.47	
WITHDRAWAL ON 11/24/2021	99,569.85	99,569.85	99,569.85	

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EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
WITHDRAWAL ON 11/26/2021	6,101.70	6,101.70	6,101.70	
DEPOSIT ON 11/29/2021	354,887.20	354,887.20	354,887.20	
DEPOSIT ON 11/30/2021	0.15	0.15	0.15	
DEPOSIT ON 11/30/2021	1.83	1.83	1.83	
WITHDRAWAL ON 11/30/2021	16,364.20	16,364.20	16,364.20	
DEPOSIT ON 12/01/2021	1,642,083.15	1,642,083.15	1,642,083.15	
DEPOSIT ON 12/02/2021	79.15	79.15	79.15	
DEPOSIT ON 12/03/2021	1,188,748.85	1,188,748.85	1,188,748.85	
WITHDRAWAL ON 12/06/2021	2,363,758.35	2,363,758.35	2,363,758.35	
DEPOSIT ON 12/07/2021	47,911.46	47,911.46	47,911.46	
WITHDRAWAL ON 12/08/2021	33,733.54	33,733.54	33,733.54	
DEPOSIT ON 12/09/2021	414.36	414.36	414.36	
WITHDRAWAL ON 12/10/2021	3,609.80	3,609.80	3,609.80	
DEPOSIT ON 12/13/2021	1,538.73	1,538.73	1,538.73	
DEPOSIT ON 12/14/2021	724.92	724.92	724.92	

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ACCOUNT STATEMENT

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Statement Period
Account Number

01/01/2021 through 12/31/2021
M16857
RELiance TRUST CO, TRUSTEE
UNITED MEMORIAL MEDICAL CENTER
DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
DEPOSIT ON 12/15/2021	2,327.12	2,327.12	2,327.12	
DEPOSIT ON 12/16/2021	1,552.58	1,552.58	1,552.58	
DEPOSIT ON 12/17/2021	44,108.49	44,108.49	44,108.49	
DEPOSIT ON 12/20/2021	629.48	629.48	629.48	
DEPOSIT ON 12/21/2021	22,061.74	22,061.74	22,061.74	
DEPOSIT ON 12/22/2021	31.00	31.00	31.00	
DEPOSIT ON 12/23/2021	5.08	5.08	5.08	
WITHDRAWAL ON 12/27/2021	84,248.59	84,248.59	84,248.59	
DEPOSIT ON 12/28/2021	54,900.34	54,900.34	54,900.34	
WITHDRAWAL ON 12/30/2021	999,519.72	999,519.72	999,519.72	
TOTAL	14,985,552.40	14,985,552.40	14,985,552.40	
TOTAL SHORT TERM INVESTMENTS	14,985,552.40	14,985,552.40	14,985,552.40	

MUTUAL FUNDS/EQUITY

BLACKROCK EVENT DRIVEN EQ INSTL

PURCHASED 6,861.028 SHS ON 04/14/2021 AT 10.11	69,364.99	69,364.99	69,364.99	
SOLD 1,257.961 SHS ON 06/17/2021 AT 10.28	12,931.84	11,943.20	12,931.84	988.64

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ACCOUNT STATEMENT

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RELiance TRUST CO, TRUSTEE
UNITED MEMORIAL MEDICAL CENTER
DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
PURCHASED 1,356.988 SHS ON 07/07/2021 AT 10.23	13,881.99	13,881.99	13,881.99	
PURCHASED 7,125.075 SHS ON 09/10/2021 AT 9.85	70,181.99	70,181.99	70,181.99	
SOLD 3,903.947 SHS ON 10/08/2021 AT 9.87	38,531.96	37,216.15	38,531.96	1,315.81
SOLD 87,050.577 SHS ON 12/02/2021 AT 9.86	858,318.69	829,849.32	858,318.69	28,469.37
TOTAL	1,063,211.46	1,032,437.64	1,063,211.46	30,773.82
IQ HEDGE MULTI-STRATEGY TRACKER ETF (MKT)				
PURCHASED 2,798 SHS ON 04/14/2021 AT 31.995	89,522.01	89,522.01	89,480.04	
SOLD 346 SHS ON 07/06/2021 AT 32.2611	11,162.35	10,619.21	11,161.03	543.14
PURCHASED 570 SHS ON 07/07/2021 AT 32.28	18,399.60	18,399.60	18,382.50	
PURCHASED 1,619 SHS ON 09/10/2021 AT 32.25	52,212.75	52,212.75	52,147.99	
SOLD 1,053 SHS ON 10/08/2021 AT 31.8197	33,506.17	32,412.72	33,535.21	1,093.45
SOLD 37,069 SHS ON 12/02/2021 AT 31.4928	1,167,408.06	1,141,032.25	1,166,932.12	26,375.81
TOTAL	1,372,210.94	1,344,198.54	1,371,638.89	28,012.40
ISHARES CORE MSCI EMERGING MARKET (MKT)				
SOLD 644 SHS ON 01/06/2021 AT 63.4212	40,843.24	31,365.66	40,842.48	9,477.58
SOLD 329 SHS ON 01/27/2021 AT 65.6785	21,608.24	16,023.76	21,408.03	5,584.48

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M16857
RELiance TRUST CO, TRUSTEE
UNITED MEMORIAL MEDICAL CENTER
DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
PURCHASED 321 SHS ON 04/14/2021 AT 65.09	20,893.89	20,893.89	20,848.95	
SOLD 160 SHS ON 06/17/2021 AT 66.4918	10,638.68	7,866.86	10,617.60	2,771.82
PURCHASED 261 SHS ON 07/07/2021 AT 65.60	17,121.60	17,121.60	17,113.77	
PURCHASED 699 SHS ON 09/10/2021 AT 64.35	44,980.65	44,980.65	44,868.81	
SOLD 104 SHS ON 10/08/2021 AT 62.3149	6,480.75	5,241.01	6,481.28	1,239.74
PURCHASED 19,672 SHS ON 12/02/2021 AT 61.0982	1,201,923.79	1,201,923.79	1,199,598.56	
TOTAL	1,364,490.84	1,345,417.22	1,361,779.48	19,073.62
SPDR S&P WORLD EX-US (MKT)				
PURCHASED 91,798 SHS ON 12/02/2021 AT 35.59	3,267,090.82	3,267,090.82	3,292,794.26	
TOTAL	3,267,090.82	3,267,090.82	3,292,794.26	
VANGUARD RUSSELL 1000 GROWTH INDEX ETF (MKT)				
SOLD 284 SHS ON 06/17/2021 AT 68.0132	19,315.76	12,878.28	19,303.48	6,437.48
SOLD 545 SHS ON 07/06/2021 AT 70.9358	38,660.03	24,713.61	38,814.90	13,946.42
PURCHASED 85 SHS ON 07/07/2021 AT 71.3232	6,062.47	6,062.47	6,069.00	
SOLD 355 SHS ON 08/31/2021 AT 74.7796	26,546.76	16,172.85	26,564.65	10,373.91
PURCHASED 327 SHS ON 09/10/2021 AT 74.66	24,413.82	24,413.82	24,250.32	

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ACCOUNT STATEMENT

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Account Number

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M16857
RELiance TRUST CO, TRUSTEE
UNITED MEMORIAL MEDICAL CENTER
DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
SOLD 289 SHS ON 10/25/2021 AT 75.2097	21,735.60	13,429.91	21,747.25	8,305.69
SOLD 450 SHS ON 11/24/2021 AT 78.3728	35,267.76	20,911.62	35,361.00	14,356.14
PURCHASED 31,564 SHS ON 12/02/2021 AT 76.1686	2,404,185.69	2,404,185.69	2,414,014.72	
TOTAL	2,576,187.89	2,522,768.25	2,586,125.32	53,419.64
VANGUARD RUSSELL 1000 VALUE INDEX ETF (MKT)				
SOLD 139 SHS ON 03/01/2021 AT 129.052	17,938.23	13,559.08	17,912.93	4,379.15
SOLD 69 SHS ON 03/12/2021 AT 133.0819	9,182.65	6,730.77	9,217.02	2,451.88
SOLD 193 SHS ON 05/10/2021 AT 71.5106	13,801.54	9,413.32	13,695.28	4,388.22
PURCHASED 57 SHS ON 07/07/2021 AT 69.6151	3,968.06	3,968.06	3,972.33	
PURCHASED 167 SHS ON 09/10/2021 AT 70.68	11,803.56	11,803.56	11,730.08	
SOLD 238 SHS ON 10/08/2021 AT 70.4846	16,775.34	11,790.84	16,771.86	4,984.50
PURCHASED 39,168 SHS ON 12/02/2021 AT 70.2994	2,753,486.90	2,753,486.90	2,760,168.96	
TOTAL	2,826,956.28	2,810,752.53	2,833,468.46	16,203.75
VANGUARD EXTENDED MARKET INDEX ETF (MKT)				
SOLD 198 SHS ON 01/06/2021 AT 167.8746	33,239.18	27,108.18	33,301.62	6,131.00
SOLD 224 SHS ON 03/01/2021 AT 183.0983	41,014.01	30,667.84	41,088.32	10,346.17

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ACCOUNT STATEMENT

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Statement Period
Account Number

01/01/2021 through 12/31/2021
M16857
RELiance TRUST CO, TRUSTEE
UNITED MEMORIAL MEDICAL CENTER
DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
PURCHASED 34 SHS ON 04/14/2021 AT 183.10	6,225.40	6,225.40	6,204.32	
SOLD 14 SHS ON 06/17/2021 AT 185.1086	2,591.52	1,924.72	2,597.70	666.80
SOLD 37 SHS ON 07/06/2021 AT 187.293	6,929.84	5,086.75	6,953.04	1,843.09
PURCHASED 41 SHS ON 07/07/2021 AT 186.6883	7,654.22	7,654.22	7,648.14	
PURCHASED 97 SHS ON 09/10/2021 AT 188.928	18,326.02	18,326.02	18,156.46	
SOLD 63 SHS ON 10/08/2021 AT 184.8233	11,643.87	8,816.53	11,642.40	2,827.34
SOLD 115 SHS ON 11/12/2021 AT 197.9614	22,765.56	16,093.66	22,820.60	6,671.90
PURCHASED 6,190 SHS ON 12/02/2021 AT 179.8091	1,113,018.33	1,113,018.33	1,125,899.10	
TOTAL	1,263,407.95	1,234,921.65	1,276,311.70	28,486.30
TOTAL MUTUAL FUNDS/EQUITY	13,733,556.18	13,557,586.65	13,785,329.57	175,969.53
MUTUAL FUNDS/FIXED INCOME				
DOUBLELINE TOTAL RETURN BOND I				
PURCHASED 16,132.772 SHS ON 02/10/2021 AT 10.71	172,781.99	172,781.99	172,781.99	
PURCHASED 9,475.569 SHS ON 04/14/2021 AT 10.52	99,682.99	99,682.99	99,682.99	
PURCHASED 588.111 SHS ON 07/07/2021 AT 10.60	6,233.98	6,233.98	6,233.98	
PURCHASED 3,627.057 SHS ON 09/10/2021 AT 10.57	38,337.99	38,337.99	38,337.99	
SOLD 2,615.935 SHS ON 10/08/2021 AT 10.47	27,388.84	27,753.68	27,388.84	364.84-

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ACCOUNT STATEMENT

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Statement Period
Account Number

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M16857
RELIANCE TRUST CO, TRUSTEE
UNITED MEMORIAL MEDICAL CENTER
DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
PURCHASED 606,899.115 SHS ON 12/02/2021 AT 10.46	6,348,164.74	6,348,164.74	6,348,164.74	
TOTAL	6,692,590.53	6,692,955.37	6,692,590.53	364.84-
TOTAL MUTUAL FUNDS/FIXED INCOME	6,692,590.53	6,692,955.37	6,692,590.53	364.84-
TOTAL SECURITY TRANSACTIONS EXCEEDING 5%		35,236,094.42		

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ACCOUNT STATEMENT

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Statement Period
Account Number

01/01/2021 through 12/31/2021
M16857
RELiance TRUST CO, TRUSTEE
UNITED MEMORIAL MEDICAL CENTER
DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
BEGINNING MARKET VALUE: 20,830,459.06				
SINGLE TRANSACTIONS EXCEEDING 5%:				
12/02/2021 DEPOSIT MSDW MONEY MARKET BANK DEPOSIT PROGRAM SYSTEM ON 12/01/2021		1,642,083.15		
12/03/2021 PURCHASED 91,798 SHS SPDR S&P WORLD EX-US (MKT) ON 12/02/2021 AT 35.59		3,267,090.82		
12/03/2021 PURCHASED 606,899.115 SHS DOUBLELINE TOTAL RETURN BOND I ON 12/02/2021 AT 10.46		6,348,164.74		
12/03/2021 PURCHASED 19,672 SHS ISHARES CORE MSCI EMERGING MARKET (MKT) ON 12/02/2021 AT 61.0982		1,201,923.79		
12/03/2021 PURCHASED 31,564 SHS VANGUARD RUSSELL 1000 GROWTH INDEX ETF (MKT) ON 12/02/2021 AT 76.1686		2,404,185.69		
12/03/2021 PURCHASED 39,168 SHS VANGUARD RUSSELL 1000 VALUE INDEX ETF (MKT) ON 12/02/2021 AT 70.2994		2,753,486.90		
12/03/2021 PURCHASED 6,190 SHS VANGUARD EXTENDED MARKET INDEX ETF (MKT) ON 12/02/2021 AT 179.8091		1,113,018.33		
12/03/2021 SOLD 37,069 SHS IQ HEDGE MULTI-STRATEGY TRACKER ETF (MKT) ON 12/02/2021 AT 31.4928		1,141,032.25		
12/06/2021 DEPOSIT MSDW MONEY MARKET BANK DEPOSIT PROGRAM SYSTEM ON 12/03/2021		1,188,748.85		
12/07/2021 WITHDRAWAL MSDW MONEY MARKET BANK DEPOSIT PROGRAM SYSTEM ON 12/06/2021		2,363,758.35		
TOTAL SINGLE TRANSACTIONS EXCEEDING 5%		23,423,492.87		

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as complete and accurate by Reliance Trust Company.

Schedule SB, Part V — Summary of Plan Provisions**Summary of major plan provisions**

Effective date and plan year	Original plan: The St. Jerome Hospital Retirement Plan (originally effective July 1, 1963) merged into the Genesee Memorial Hospital Pension Plan (originally effective January 1, 1966) effective October 1, 1999, at which time the plan was renamed the Pension Plan for Employees of United Memorial Medical Center. Plan year: January 1 – December 31.
Status of the plan	Participation and benefit accruals were frozen effective April 6, 2007.
Significant events that occurred during the year	None.
Definitions	
• Participation	The January 1 or July 1 coincident with or next following attainment of age 21 and completion of one year of service. The plan was closed to new entrants effective April 6, 2007.
• Vesting service	A full year is credited for each plan year during which 1,000 or more hours of service are credited. No partial years of vesting service are credited.
• Credited service	Effective January 1, 2000, for purposes of determining benefits, a full year is credited for each plan year during which a participant completes at least 1,000 hours of service. No partial years of service are credited. No service is credited with respect to hours of service on or after April 6, 2007.
• Compensation	Total earnings excluding fringe benefits.
Normal retirement	
• Eligibility	The first of the month coincident with or next following the attainment of age 65.
• Benefit	1.5% of each year's compensation for each year of credited service. Former participants of the Genesee Memorial Hospital Pension Plan: Benefit accrued as of December 31, 1999 under the terms of that plan plus 1.5% of each year's compensation for each year of credited service after that date. Benefit accruals ceased effective April 6, 2007.
Early retirement	
• Eligibility	The first of the month coincident with or next following the attainment of age 55 and completion of 15 years of vesting service or the attainment of age 60 and completion of 10 years of vesting service.
• Benefit	The normal retirement benefit reduced by 1/180 for each of the first 60 months and by 1/360 for each of the next 60 months by which the benefit commencement date precedes the normal retirement date.

Schedule SB, Part V — Summary of Plan Provisions

Late retirement

- Eligibility Benefit commencement after normal retirement date.
 - Benefit The normal retirement benefit actuarially increased from the normal retirement date to the late retirement date.
-

Deferred vested

- Eligibility 100% vested upon five years of service.
 - Benefit Accrued benefit payable at normal retirement date. At the election of the participant, the benefit (reduced for early retirement) can commence upon the attainment of age 55 if he/she completed at least 15 years of vesting service, or upon the attainment of age 60 if he/she completed at least 10 years of vesting service.
-

Pre-retirement death

- Eligibility A death benefit is payable to the beneficiary of a participant whose death occurs after becoming vested but prior to retirement.
 - Benefit For surviving spouses, 50% of the benefit which would have been payable had the deceased participant terminated service on the date of death, survived to the earliest possible benefit commencement date, elected a 50% joint and survivor annuity, and died on that same date.

For beneficiaries of unmarried participants, a lump sum benefit equal to the lesser of the actuarially equivalent present value of the participant's accrued benefit or \$5,000.
-

Form of benefits

- Automatic form for unmarried participants Life annuity.
 - Automatic form for married participants Qualified joint and 50% survivor annuity.
 - Optional forms A life annuity; 50%, 66 2/3%, 75%, or 100% joint and survivor annuity; 5-, 10-, or 15-year certain and life annuity; and a lump sum distribution if: (i) hired before 2004 (and, for former employees of St. Jerome Hospital, if terminated employment after 1999) or (ii) the present value of the accrued benefit is \$7,000 or less at the time of retirement.
 - Actuarial equivalence Actuarial equivalence is based on the 1984 Unisex Pension Mortality Table and 7% interest. Conversion from a life annuity to a lump sum is based on mortality and interest rates specified under Code Section 417(e).
-

Schedule SB, Part V — Summary of Plan Provisions**Benefits included or excluded**

Unless noted below, all benefits provided by the plan are included in valuations.

- **Late retirement increases:** Participants over normal retirement age are valued including late retirement actuarial increases.
- **Code Section 415(b) limitations:** The limitations of Code Section 415(b) are included in valuations.
- **Code Section 416 rules for top-heavy plans:** We do not test whether the plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants.

Plan provision changes since prior valuation

There have been no plan provision changes since the prior valuation.

Pension Plan for Employees of United Memorial Medical Center
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2021
EIN # 16-0743029, Plan #001

Description	Cost	Current Value
Cash and cash equivalents:		
MSDW MONEY MARKET BANK DEPOSIT PROGRAM SYSTEM *	\$ 1,026,920	\$ 1,026,920
FIDELITY INVESTMENTS MONEY MARKET FUNDS TREASURY PORTFOLIO CLASS I	91,367	91,367
Total cash and cash equivalents	<u>1,118,287</u>	<u>1,118,287</u>
Exchange traded funds:		
ISHARES CORE MSCI EMERGING	1,808,973	1,898,640
SPDR S&P WORLD EX-US (MKT)	3,267,091	3,348,791
VANGUARD RUSSELL 1000 GROWTH	2,854,250	3,239,696
VANGUARD RUSSELL 1000 VALUE	3,054,451	3,336,219
VANGUARD EXTENDED MARKET INDEX	1,485,971	1,619,225
Total exchange traded funds	<u>12,470,736</u>	<u>13,442,571</u>
Mutual funds:		
DOUBLELINE TOTAL RETURN BOND I	7,218,845	7,165,241
Total mutual funds	<u>7,218,845</u>	<u>7,165,241</u>
Total investments	<u>\$ 20,807,868</u>	<u>\$ 21,726,099</u>

*Denotes known party-in-interest to the Plan

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Schedule SB, line 26 — Schedule of Active Participant Data

Years of credited service as of April 6, 2007										
Attained age	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40+
< 25										
25 - 29										
30 - 34										
35 - 39		6	1							
40 - 44		4	6							
45 - 49		8	7	4	1					
50 - 54		7	10	8	11					
55 - 59		4	11	5	9	10	4			
60 - 64		3	6	7	9	4	5	2		
65 - 69			2	1	3					
70+					1				1	

In each cell, the number is the count of active participants for each age/service combination.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial assumptions****Discount rate sponsor elections**

• Segment rates or full yield curve	Segment rates
• Look-back months	4
• First 5 years	4.75%
• Next 15 years	5.36%
• Over 20 years	6.11%

Mortality sponsor elections

Code Section 430(h)(3) prescribed separate static annuitant and non-annuitant mortality tables. These tables are based on the RP-2014 Mortality Tables, adjusted to remove post-2006 improvements and projected with mortality improvement using Scale MP-2019.

Lump sum basis

Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates, rather than Code Section 417(e) rates, and current year Code Section 417(e) unisex mortality.

Economic assumptions

• Salary increases	Not applicable. The plan is frozen.
• Expected rate of return on assets	6.50% per year.
• Expenses	\$520,000 is added to the current year normal cost.

Demographic assumptions

• Withdrawal incidence	Years of service	Rate
	< 2	20%
	2 - 4	15%
	5 - 9	4%
	10+	2%

• Disability incidence	None.
------------------------	-------

• Retirement incidence	Attained age	Rate
	55 - 59	3%
	60 - 61	15%
	62	25%
	63 - 64	20%
	65+	100%

Benefits for terminated participants with vested benefits are assumed to commence at age 65.

• Spouse assumptions	Male participants	Female participants
— Percentage married	80%	60%
— Spouse age difference	3 years younger	3 years older

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Form of payment	For those eligible for a lump sum distribution, 100% are assumed to elect a lump sum. All other benefits are assumed to be paid as life annuities.
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Actuarial methods for funding

Asset method

The asset valuation method is an average of the adjusted market value determined from three dates: the current and two preceding valuation dates. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in Code Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants are included or excluded from the valuation as described below:

- Participants included:** Employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date.
- Insurance contracts:** The plan does not have any insurance contracts.

Funding method

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

The plan's valuation date is the beginning of the plan year.

An individual's funding target is the present value of future benefits based on credited service as of the beginning of the plan year. If multiple decrements are used, the funding target for an individual is the sum of the component funding targets associated with the various anticipated separation dates.

The plan's funding target is the sum of the individual funding targets for all participants under the plan

Schedule SB, line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installments for each plan year. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be negative.

Shortfall bases			
Year established	Outstanding balance	Years remaining	2020 installment
2021	\$ 2,595,926	15	\$ 242,048
Total	\$ 2,595,926		\$ 242,048

Schedule SB, line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the below table of retirement rates. The average retirement age is 62.

(A) Retirement age	(B) Retirement rate	(C) Number of employees	(D) Number of employees expected to retire (B) x (C)	(E) Accumulation of retirement ages (A) x (D)
55	3.0%	10,000	300	16,500
56	3.0%	9,700	291	16,296
57	3.0%	9,409	282	16,074
58	3.0%	9,127	274	15,892
59	3.0%	8,853	266	15,694
60	15.0%	8,587	1,288	77,280
61	15.0%	7,299	1,095	66,795
62	25.0%	6,204	1,551	96,162
63	20.0%	4,653	931	58,653
64	20.0%	3,722	744	47,616
65	100.0%	2,978	2,978	193,570
Total			10,000	620,532
Average				62.05

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Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
BEGINNING MARKET VALUE: 20,830,459.06				
SECURITY TRANSACTIONS EXCEEDING 5%:				
SHORT TERM INVESTMENTS				
MSDW MONEY MARKET BANK DEPOSIT PROGRAM SYSTEM				
DEPOSIT ON 01/04/2021	53,513.82	53,513.82	53,513.82	
WITHDRAWAL ON 01/05/2021	81,609.11	81,609.11	81,609.11	
WITHDRAWAL ON 01/06/2021	116.52	116.52	116.52	
DEPOSIT ON 01/07/2021	26,304.78	26,304.78	26,304.78	
DEPOSIT ON 01/08/2021	129,705.67	129,705.67	129,705.67	
WITHDRAWAL ON 01/11/2021	32,893.67	32,893.67	32,893.67	
WITHDRAWAL ON 01/12/2021	42,745.25	42,745.25	42,745.25	
WITHDRAWAL ON 01/13/2021	9,651.94	9,651.94	9,651.94	
WITHDRAWAL ON 01/14/2021	34,282.96	34,282.96	34,282.96	
DEPOSIT ON 01/15/2021	7,898.33	7,898.33	7,898.33	
DEPOSIT ON 01/19/2021	1,625.34	1,625.34	1,625.34	
WITHDRAWAL ON 01/20/2021	29,431.05	29,431.05	29,431.05	
DEPOSIT ON 01/21/2021	25,399.81	25,399.81	25,399.81	

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PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
DEPOSIT ON 01/22/2021	68.08	68.08	68.08	
DEPOSIT ON 01/25/2021	343.73	343.73	343.73	
DEPOSIT ON 01/26/2021	5,387.97	5,387.97	5,387.97	
WITHDRAWAL ON 01/27/2021	82,795.28	82,795.28	82,795.28	
WITHDRAWAL ON 01/28/2021	1,952.18	1,952.18	1,952.18	
DEPOSIT ON 01/29/2021	0.52	0.52	0.52	
DEPOSIT ON 01/29/2021	2.07	2.07	2.07	
DEPOSIT ON 01/29/2021	29,238.10	29,238.10	29,238.10	
DEPOSIT ON 02/01/2021	5,279.33	5,279.33	5,279.33	
DEPOSIT ON 02/02/2021	42,884.66	42,884.66	42,884.66	
DEPOSIT ON 02/03/2021	10,931.30	10,931.30	10,931.30	
DEPOSIT ON 02/04/2021	2,993.33	2,993.33	2,993.33	
DEPOSIT ON 02/05/2021	44,792.64	44,792.64	44,792.64	
WITHDRAWAL ON 02/08/2021	21,748.73	21,748.73	21,748.73	
DEPOSIT ON 02/09/2021	6,380.60	6,380.60	6,380.60	

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PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
WITHDRAWAL ON 02/10/2021	1,453.33	1,453.33	1,453.33	
WITHDRAWAL ON 02/11/2021	13,965.59	13,965.59	13,965.59	
WITHDRAWAL ON 02/12/2021	180,268.58	180,268.58	180,268.58	
DEPOSIT ON 02/16/2021	17,848.34	17,848.34	17,848.34	
DEPOSIT ON 02/17/2021	13,633.41	13,633.41	13,633.41	
DEPOSIT ON 02/18/2021	4,983.86	4,983.86	4,983.86	
WITHDRAWAL ON 02/19/2021	48,287.76	48,287.76	48,287.76	
WITHDRAWAL ON 02/22/2021	6,598.08	6,598.08	6,598.08	
DEPOSIT ON 02/23/2021	14,701.69	14,701.69	14,701.69	
DEPOSIT ON 02/24/2021	34,478.00	34,478.00	34,478.00	
DEPOSIT ON 02/25/2021	12,707.64	12,707.64	12,707.64	
DEPOSIT ON 02/26/2021	0.26	0.26	0.26	
DEPOSIT ON 02/26/2021	1.50	1.50	1.50	
DEPOSIT ON 02/26/2021	1,495.31	1,495.31	1,495.31	
DEPOSIT ON 03/01/2021	47,016.88	47,016.88	47,016.88	

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PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
WITHDRAWAL ON 03/02/2021	196,055.37	196,055.37	196,055.37	
DEPOSIT ON 03/03/2021	192,791.33	192,791.33	192,791.33	
DEPOSIT ON 03/04/2021	353.77	353.77	353.77	
WITHDRAWAL ON 03/05/2021	95.34	95.34	95.34	
DEPOSIT ON 03/08/2021	6,492.36	6,492.36	6,492.36	
WITHDRAWAL ON 03/09/2021	417.53	417.53	417.53	
WITHDRAWAL ON 03/10/2021	24,151.41	24,151.41	24,151.41	
DEPOSIT ON 03/11/2021	17,718.36	17,718.36	17,718.36	
WITHDRAWAL ON 03/12/2021	15,454.12	15,454.12	15,454.12	
DEPOSIT ON 03/15/2021	19,634.88	19,634.88	19,634.88	
DEPOSIT ON 03/16/2021	17,847.40	17,847.40	17,847.40	
DEPOSIT ON 03/17/2021	75.46	75.46	75.46	
WITHDRAWAL ON 03/18/2021	15,344.31	15,344.31	15,344.31	
DEPOSIT ON 03/19/2021	22,027.76	22,027.76	22,027.76	
DEPOSIT ON 03/22/2021	16,833.94	16,833.94	16,833.94	
DEPOSIT ON 03/23/2021	324.03	324.03	324.03	

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PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
WITHDRAWAL ON 03/24/2021	18,116.77	18,116.77	18,116.77	
DEPOSIT ON 03/25/2021	8,298.19	8,298.19	8,298.19	
DEPOSIT ON 03/26/2021	5,645.22	5,645.22	5,645.22	
WITHDRAWAL ON 03/29/2021	85,815.03	85,815.03	85,815.03	
DEPOSIT ON 03/30/2021	2,123.16	2,123.16	2,123.16	
DEPOSIT ON 03/31/2021	6,249.66	6,249.66	6,249.66	
DEPOSIT ON 03/31/2021	0.08	0.08	0.08	
DEPOSIT ON 03/31/2021	1.94	1.94	1.94	
DEPOSIT ON 04/01/2021	9,103.36	9,103.36	9,103.36	
DEPOSIT ON 04/05/2021	50,507.49	50,507.49	50,507.49	
DEPOSIT ON 04/06/2021	1,861.94	1,861.94	1,861.94	
DEPOSIT ON 04/07/2021	8,267.78	8,267.78	8,267.78	
WITHDRAWAL ON 04/08/2021	2,807.33	2,807.33	2,807.33	
DEPOSIT ON 04/09/2021	12,147.92	12,147.92	12,147.92	
WITHDRAWAL ON 04/12/2021	11,450.45	11,450.45	11,450.45	

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EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
DEPOSIT ON 04/13/2021	4,392.06	4,392.06	4,392.06	
DEPOSIT ON 04/14/2021	634,439.01	634,439.01	634,439.01	
DEPOSIT ON 04/15/2021	25,035.68	25,035.68	25,035.68	
WITHDRAWAL ON 04/16/2021	605,896.63	605,896.63	605,896.63	
WITHDRAWAL ON 04/19/2021	4,579.74	4,579.74	4,579.74	
DEPOSIT ON 04/20/2021	13,950.51	13,950.51	13,950.51	
WITHDRAWAL ON 04/21/2021	1,745.50	1,745.50	1,745.50	
DEPOSIT ON 04/22/2021	10,625.57	10,625.57	10,625.57	
WITHDRAWAL ON 04/23/2021	18,596.37	18,596.37	18,596.37	
DEPOSIT ON 04/26/2021	13,292.03	13,292.03	13,292.03	
WITHDRAWAL ON 04/27/2021	6,501.67	6,501.67	6,501.67	
WITHDRAWAL ON 04/28/2021	9,297.53	9,297.53	9,297.53	
DEPOSIT ON 04/29/2021	10,691.44	10,691.44	10,691.44	
DEPOSIT ON 04/30/2021	0.54	0.54	0.54	
DEPOSIT ON 04/30/2021	2.22	2.22	2.22	

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PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
WITHDRAWAL ON 04/30/2021	82,548.42	82,548.42	82,548.42	
DEPOSIT ON 05/03/2021	9,512.78	9,512.78	9,512.78	
WITHDRAWAL ON 05/04/2021	17,366.00	17,366.00	17,366.00	
DEPOSIT ON 05/05/2021	5,291.94	5,291.94	5,291.94	
DEPOSIT ON 05/06/2021	38,331.03	38,331.03	38,331.03	
DEPOSIT ON 05/07/2021	8,433.51	8,433.51	8,433.51	
WITHDRAWAL ON 05/10/2021	8,448.95	8,448.95	8,448.95	
DEPOSIT ON 05/11/2021	396.64	396.64	396.64	
DEPOSIT ON 05/12/2021	11,920.73	11,920.73	11,920.73	
DEPOSIT ON 05/13/2021	6,902.57	6,902.57	6,902.57	
DEPOSIT ON 05/14/2021	2,469.16	2,469.16	2,469.16	
DEPOSIT ON 05/17/2021	11,255.24	11,255.24	11,255.24	
DEPOSIT ON 05/18/2021	4,490.57	4,490.57	4,490.57	
WITHDRAWAL ON 05/19/2021	1,243.93	1,243.93	1,243.93	
WITHDRAWAL ON 05/20/2021	48,282.23	48,282.23	48,282.23	
DEPOSIT ON 05/21/2021	3,001.91	3,001.91	3,001.91	

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DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
WITHDRAWAL ON 05/24/2021	2,827.40	2,827.40	2,827.40	
DEPOSIT ON 05/25/2021	18,616.50	18,616.50	18,616.50	
WITHDRAWAL ON 05/26/2021	5,631.60	5,631.60	5,631.60	
DEPOSIT ON 05/27/2021	24,653.77	24,653.77	24,653.77	
DEPOSIT ON 05/28/2021	0.42	0.42	0.42	
DEPOSIT ON 05/28/2021	2.08	2.08	2.08	
DEPOSIT ON 05/28/2021	685.91	685.91	685.91	
WITHDRAWAL ON 06/01/2021	8,087.70	8,087.70	8,087.70	
DEPOSIT ON 06/02/2021	5,918.19	5,918.19	5,918.19	
WITHDRAWAL ON 06/03/2021	1,980.67	1,980.67	1,980.67	
DEPOSIT ON 06/04/2021	7,394.58	7,394.58	7,394.58	
WITHDRAWAL ON 06/07/2021	82,270.07	82,270.07	82,270.07	
WITHDRAWAL ON 06/08/2021	1,455.68	1,455.68	1,455.68	
DEPOSIT ON 06/09/2021	259.60	259.60	259.60	
DEPOSIT ON 06/10/2021	76,955.11	76,955.11	76,955.11	

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PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
WITHDRAWAL ON 06/11/2021	13,968.96	13,968.96	13,968.96	
DEPOSIT ON 06/14/2021	1,826.55	1,826.55	1,826.55	
WITHDRAWAL ON 06/15/2021	74,106.38	74,106.38	74,106.38	
DEPOSIT ON 06/16/2021	13,479.55	13,479.55	13,479.55	
DEPOSIT ON 06/17/2021	4,419.01	4,419.01	4,419.01	
DEPOSIT ON 06/18/2021	54,932.27	54,932.27	54,932.27	
WITHDRAWAL ON 06/21/2021	105,987.43	105,987.43	105,987.43	
WITHDRAWAL ON 06/22/2021	1,569.51	1,569.51	1,569.51	
DEPOSIT ON 06/23/2021	297.38	297.38	297.38	
DEPOSIT ON 06/24/2021	3,359.86	3,359.86	3,359.86	
WITHDRAWAL ON 06/25/2021	82,565.56	82,565.56	82,565.56	
DEPOSIT ON 06/28/2021	1,786.30	1,786.30	1,786.30	
WITHDRAWAL ON 06/29/2021	16,372.79	16,372.79	16,372.79	
DEPOSIT ON 06/30/2021	670.45	670.45	670.45	
DEPOSIT ON 06/30/2021	0.23	0.23	0.23	

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PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
DEPOSIT ON 06/30/2021	1.72	1.72	1.72	
DEPOSIT ON 07/01/2021	22,113.98	22,113.98	22,113.98	
DEPOSIT ON 07/02/2021	19,744.65	19,744.65	19,744.65	
DEPOSIT ON 07/06/2021	362,567.65	362,567.65	362,567.65	
DEPOSIT ON 07/07/2021	9,308.69	9,308.69	9,308.69	
DEPOSIT ON 07/08/2021	114,570.79	114,570.79	114,570.79	
WITHDRAWAL ON 07/09/2021	434,092.81	434,092.81	434,092.81	
DEPOSIT ON 07/12/2021	8,447.47	8,447.47	8,447.47	
WITHDRAWAL ON 07/13/2021	1,177.06	1,177.06	1,177.06	
DEPOSIT ON 07/14/2021	349.62	349.62	349.62	
DEPOSIT ON 07/15/2021	22,221.70	22,221.70	22,221.70	
DEPOSIT ON 07/16/2021	18,772.04	18,772.04	18,772.04	
WITHDRAWAL ON 07/19/2021	5,303.98	5,303.98	5,303.98	
DEPOSIT ON 07/20/2021	94.42	94.42	94.42	
WITHDRAWAL ON 07/21/2021	4,823.69	4,823.69	4,823.69	
WITHDRAWAL ON 07/22/2021	108.80	108.80	108.80	

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PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
WITHDRAWAL ON 07/23/2021	16,740.49	16,740.49	16,740.49	
WITHDRAWAL ON 07/26/2021	84,900.72	84,900.72	84,900.72	
DEPOSIT ON 07/27/2021	2,064.02	2,064.02	2,064.02	
WITHDRAWAL ON 07/28/2021	2,929.01	2,929.01	2,929.01	
DEPOSIT ON 07/29/2021	2,412.81	2,412.81	2,412.81	
DEPOSIT ON 07/30/2021	0.20	0.20	0.20	
DEPOSIT ON 07/30/2021	1.65	1.65	1.65	
DEPOSIT ON 07/30/2021	220.08	220.08	220.08	
DEPOSIT ON 08/02/2021	70,647.52	70,647.52	70,647.52	
DEPOSIT ON 08/03/2021	25,438.29	25,438.29	25,438.29	
DEPOSIT ON 08/04/2021	8,832.73	8,832.73	8,832.73	
WITHDRAWAL ON 08/05/2021	8,234.86	8,234.86	8,234.86	
WITHDRAWAL ON 08/06/2021	7,720.40	7,720.40	7,720.40	
DEPOSIT ON 08/09/2021	40,542.10	40,542.10	40,542.10	
WITHDRAWAL ON 08/10/2021	20,952.53	20,952.53	20,952.53	

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EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
DEPOSIT ON 08/11/2021	2,754.91	2,754.91	2,754.91	
DEPOSIT ON 08/12/2021	1,047.11	1,047.11	1,047.11	
DEPOSIT ON 08/13/2021	2,049.41	2,049.41	2,049.41	
WITHDRAWAL ON 08/16/2021	13,623.76	13,623.76	13,623.76	
WITHDRAWAL ON 08/17/2021	10,091.24	10,091.24	10,091.24	
WITHDRAWAL ON 08/18/2021	758.96	758.96	758.96	
DEPOSIT ON 08/19/2021	254.90	254.90	254.90	
DEPOSIT ON 08/20/2021	3,952.40	3,952.40	3,952.40	
WITHDRAWAL ON 08/23/2021	796.84	796.84	796.84	
WITHDRAWAL ON 08/24/2021	12,901.31	12,901.31	12,901.31	
WITHDRAWAL ON 08/25/2021	84,497.62	84,497.62	84,497.62	
DEPOSIT ON 08/26/2021	1,061.31	1,061.31	1,061.31	
DEPOSIT ON 08/27/2021	11,069.55	11,069.55	11,069.55	
WITHDRAWAL ON 08/30/2021	68,801.42	68,801.42	68,801.42	
DEPOSIT ON 08/31/2021	11,373.69	11,373.69	11,373.69	

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EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
DEPOSIT ON 08/31/2021	0.01	0.01	0.01	
DEPOSIT ON 08/31/2021	1.71	1.71	1.71	
DEPOSIT ON 09/01/2021	18,226.36	18,226.36	18,226.36	
DEPOSIT ON 09/02/2021	107,644.39	107,644.39	107,644.39	
DEPOSIT ON 09/03/2021	28,144.96	28,144.96	28,144.96	
DEPOSIT ON 09/07/2021	4,531.78	4,531.78	4,531.78	
WITHDRAWAL ON 09/08/2021	8,563.44	8,563.44	8,563.44	
DEPOSIT ON 09/09/2021	722,388.64	722,388.64	722,388.64	
DEPOSIT ON 09/10/2021	6,173.65	6,173.65	6,173.65	
WITHDRAWAL ON 09/13/2021	104,821.70	104,821.70	104,821.70	
WITHDRAWAL ON 09/14/2021	675,263.47	675,263.47	675,263.47	
DEPOSIT ON 09/15/2021	6,123.28	6,123.28	6,123.28	
DEPOSIT ON 09/16/2021	570.94	570.94	570.94	
DEPOSIT ON 09/17/2021	7,958.37	7,958.37	7,958.37	
DEPOSIT ON 09/20/2021	41,122.03	41,122.03	41,122.03	
DEPOSIT ON 09/21/2021	27,032.70	27,032.70	27,032.70	

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ACCOUNT STATEMENT

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Statement Period
Account Number

01/01/2021 through 12/31/2021
M16857
RELiance TRUST CO, TRUSTEE
UNITED MEMORIAL MEDICAL CENTER
DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
WITHDRAWAL ON 09/22/2021	47.92	47.92	47.92	
DEPOSIT ON 09/23/2021	7,740.32	7,740.32	7,740.32	
WITHDRAWAL ON 09/24/2021	4,029.64	4,029.64	4,029.64	
DEPOSIT ON 09/27/2021	315.00	315.00	315.00	
WITHDRAWAL ON 09/28/2021	177.85	177.85	177.85	
DEPOSIT ON 09/29/2021	9,318.31	9,318.31	9,318.31	
DEPOSIT ON 09/30/2021	0.40	0.40	0.40	
DEPOSIT ON 09/30/2021	2.47	2.47	2.47	
DEPOSIT ON 09/30/2021	2,868.29	2,868.29	2,868.29	
DEPOSIT ON 10/01/2021	13,160.23	13,160.23	13,160.23	
WITHDRAWAL ON 10/04/2021	64,368.48	64,368.48	64,368.48	
WITHDRAWAL ON 10/05/2021	11,135.30	11,135.30	11,135.30	
DEPOSIT ON 10/06/2021	140.26	140.26	140.26	
DEPOSIT ON 10/07/2021	8,281.77	8,281.77	8,281.77	
WITHDRAWAL ON 10/08/2021	32,570.68	32,570.68	32,570.68	

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ACCOUNT STATEMENT

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Statement Period
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M16857
RELiance TRUST CO, TRUSTEE
UNITED MEMORIAL MEDICAL CENTER
DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
WITHDRAWAL ON 10/12/2021	10,437.35	10,437.35	10,437.35	
WITHDRAWAL ON 10/13/2021	39,206.31	39,206.31	39,206.31	
DEPOSIT ON 10/14/2021	17,284.21	17,284.21	17,284.21	
DEPOSIT ON 10/15/2021	9,654.13	9,654.13	9,654.13	
WITHDRAWAL ON 10/18/2021	4,648.53	4,648.53	4,648.53	
WITHDRAWAL ON 10/19/2021	28,969.29	28,969.29	28,969.29	
DEPOSIT ON 10/20/2021	21,869.98	21,869.98	21,869.98	
DEPOSIT ON 10/21/2021	43,216.16	43,216.16	43,216.16	
DEPOSIT ON 10/22/2021	17,457.50	17,457.50	17,457.50	
DEPOSIT ON 10/25/2021	7,936.75	7,936.75	7,936.75	
WITHDRAWAL ON 10/26/2021	70,666.22	70,666.22	70,666.22	
DEPOSIT ON 10/27/2021	22,541.83	22,541.83	22,541.83	
WITHDRAWAL ON 10/28/2021	975.33	975.33	975.33	
DEPOSIT ON 10/29/2021	0.04	0.04	0.04	
DEPOSIT ON 10/29/2021	1.65	1.65	1.65	

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ACCOUNT STATEMENT

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Statement Period
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01/01/2021 through 12/31/2021
M16857
RELiance TRUST CO, TRUSTEE
UNITED MEMORIAL MEDICAL CENTER
DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
DEPOSIT ON 10/29/2021	17,825.21	17,825.21	17,825.21	
DEPOSIT ON 11/01/2021	12,275.93	12,275.93	12,275.93	
DEPOSIT ON 11/03/2021	14,112.49	14,112.49	14,112.49	
DEPOSIT ON 11/04/2021	8,560.75	8,560.75	8,560.75	
DEPOSIT ON 11/05/2021	8,431.32	8,431.32	8,431.32	
DEPOSIT ON 11/08/2021	9,976.08	9,976.08	9,976.08	
DEPOSIT ON 11/09/2021	3,940.08	3,940.08	3,940.08	
DEPOSIT ON 11/10/2021	747.36	747.36	747.36	
WITHDRAWAL ON 11/12/2021	8,121.59	8,121.59	8,121.59	
WITHDRAWAL ON 11/15/2021	13,462.73	13,462.73	13,462.73	
DEPOSIT ON 11/16/2021	24,168.22	24,168.22	24,168.22	
WITHDRAWAL ON 11/17/2021	515.46	515.46	515.46	
DEPOSIT ON 11/19/2021	4,770.42	4,770.42	4,770.42	
WITHDRAWAL ON 11/22/2021	2,259.06	2,259.06	2,259.06	
WITHDRAWAL ON 11/23/2021	13,059.47	13,059.47	13,059.47	
WITHDRAWAL ON 11/24/2021	99,569.85	99,569.85	99,569.85	

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Account Number

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M16857
RELiance TRUST CO, TRUSTEE
UNITED MEMORIAL MEDICAL CENTER
DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
WITHDRAWAL ON 11/26/2021	6,101.70	6,101.70	6,101.70	
DEPOSIT ON 11/29/2021	354,887.20	354,887.20	354,887.20	
DEPOSIT ON 11/30/2021	0.15	0.15	0.15	
DEPOSIT ON 11/30/2021	1.83	1.83	1.83	
WITHDRAWAL ON 11/30/2021	16,364.20	16,364.20	16,364.20	
DEPOSIT ON 12/01/2021	1,642,083.15	1,642,083.15	1,642,083.15	
DEPOSIT ON 12/02/2021	79.15	79.15	79.15	
DEPOSIT ON 12/03/2021	1,188,748.85	1,188,748.85	1,188,748.85	
WITHDRAWAL ON 12/06/2021	2,363,758.35	2,363,758.35	2,363,758.35	
DEPOSIT ON 12/07/2021	47,911.46	47,911.46	47,911.46	
WITHDRAWAL ON 12/08/2021	33,733.54	33,733.54	33,733.54	
DEPOSIT ON 12/09/2021	414.36	414.36	414.36	
WITHDRAWAL ON 12/10/2021	3,609.80	3,609.80	3,609.80	
DEPOSIT ON 12/13/2021	1,538.73	1,538.73	1,538.73	
DEPOSIT ON 12/14/2021	724.92	724.92	724.92	

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M16857
RELiance TRUST CO, TRUSTEE
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Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
DEPOSIT ON 12/15/2021	2,327.12	2,327.12	2,327.12	
DEPOSIT ON 12/16/2021	1,552.58	1,552.58	1,552.58	
DEPOSIT ON 12/17/2021	44,108.49	44,108.49	44,108.49	
DEPOSIT ON 12/20/2021	629.48	629.48	629.48	
DEPOSIT ON 12/21/2021	22,061.74	22,061.74	22,061.74	
DEPOSIT ON 12/22/2021	31.00	31.00	31.00	
DEPOSIT ON 12/23/2021	5.08	5.08	5.08	
WITHDRAWAL ON 12/27/2021	84,248.59	84,248.59	84,248.59	
DEPOSIT ON 12/28/2021	54,900.34	54,900.34	54,900.34	
WITHDRAWAL ON 12/30/2021	999,519.72	999,519.72	999,519.72	
TOTAL	14,985,552.40	14,985,552.40	14,985,552.40	
TOTAL SHORT TERM INVESTMENTS	14,985,552.40	14,985,552.40	14,985,552.40	

MUTUAL FUNDS/EQUITY

BLACKROCK EVENT DRIVEN EQ INSTL

PURCHASED 6,861.028 SHS ON 04/14/2021 AT 10.11	69,364.99	69,364.99	69,364.99	
SOLD 1,257.961 SHS ON 06/17/2021 AT 10.28	12,931.84	11,943.20	12,931.84	988.64

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M16857
RELiance TRUST CO, TRUSTEE
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DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

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DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
PURCHASED 1,356.988 SHS ON 07/07/2021 AT 10.23	13,881.99	13,881.99	13,881.99	
PURCHASED 7,125.075 SHS ON 09/10/2021 AT 9.85	70,181.99	70,181.99	70,181.99	
SOLD 3,903.947 SHS ON 10/08/2021 AT 9.87	38,531.96	37,216.15	38,531.96	1,315.81
SOLD 87,050.577 SHS ON 12/02/2021 AT 9.86	858,318.69	829,849.32	858,318.69	28,469.37
TOTAL	1,063,211.46	1,032,437.64	1,063,211.46	30,773.82
IQ HEDGE MULTI-STRATEGY TRACKER ETF (MKT)				
PURCHASED 2,798 SHS ON 04/14/2021 AT 31.995	89,522.01	89,522.01	89,480.04	
SOLD 346 SHS ON 07/06/2021 AT 32.2611	11,162.35	10,619.21	11,161.03	543.14
PURCHASED 570 SHS ON 07/07/2021 AT 32.28	18,399.60	18,399.60	18,382.50	
PURCHASED 1,619 SHS ON 09/10/2021 AT 32.25	52,212.75	52,212.75	52,147.99	
SOLD 1,053 SHS ON 10/08/2021 AT 31.8197	33,506.17	32,412.72	33,535.21	1,093.45
SOLD 37,069 SHS ON 12/02/2021 AT 31.4928	1,167,408.06	1,141,032.25	1,166,932.12	26,375.81
TOTAL	1,372,210.94	1,344,198.54	1,371,638.89	28,012.40
ISHARES CORE MSCI EMERGING MARKET (MKT)				
SOLD 644 SHS ON 01/06/2021 AT 63.4212	40,843.24	31,365.66	40,842.48	9,477.58
SOLD 329 SHS ON 01/27/2021 AT 65.6785	21,608.24	16,023.76	21,408.03	5,584.48

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M16857
RELiance TRUST CO, TRUSTEE
UNITED MEMORIAL MEDICAL CENTER
DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

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DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
PURCHASED 321 SHS ON 04/14/2021 AT 65.09	20,893.89	20,893.89	20,848.95	
SOLD 160 SHS ON 06/17/2021 AT 66.4918	10,638.68	7,866.86	10,617.60	2,771.82
PURCHASED 261 SHS ON 07/07/2021 AT 65.60	17,121.60	17,121.60	17,113.77	
PURCHASED 699 SHS ON 09/10/2021 AT 64.35	44,980.65	44,980.65	44,868.81	
SOLD 104 SHS ON 10/08/2021 AT 62.3149	6,480.75	5,241.01	6,481.28	1,239.74
PURCHASED 19,672 SHS ON 12/02/2021 AT 61.0982	1,201,923.79	1,201,923.79	1,199,598.56	
TOTAL	1,364,490.84	1,345,417.22	1,361,779.48	19,073.62
SPDR S&P WORLD EX-US (MKT)				
PURCHASED 91,798 SHS ON 12/02/2021 AT 35.59	3,267,090.82	3,267,090.82	3,292,794.26	
TOTAL	3,267,090.82	3,267,090.82	3,292,794.26	
VANGUARD RUSSELL 1000 GROWTH INDEX ETF (MKT)				
SOLD 284 SHS ON 06/17/2021 AT 68.0132	19,315.76	12,878.28	19,303.48	6,437.48
SOLD 545 SHS ON 07/06/2021 AT 70.9358	38,660.03	24,713.61	38,814.90	13,946.42
PURCHASED 85 SHS ON 07/07/2021 AT 71.3232	6,062.47	6,062.47	6,069.00	
SOLD 355 SHS ON 08/31/2021 AT 74.7796	26,546.76	16,172.85	26,564.65	10,373.91
PURCHASED 327 SHS ON 09/10/2021 AT 74.66	24,413.82	24,413.82	24,250.32	

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ACCOUNT STATEMENT

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Statement Period
Account Number

01/01/2021 through 12/31/2021
M16857
RELiance TRUST CO, TRUSTEE
UNITED MEMORIAL MEDICAL CENTER
DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
SOLD 289 SHS ON 10/25/2021 AT 75.2097	21,735.60	13,429.91	21,747.25	8,305.69
SOLD 450 SHS ON 11/24/2021 AT 78.3728	35,267.76	20,911.62	35,361.00	14,356.14
PURCHASED 31,564 SHS ON 12/02/2021 AT 76.1686	2,404,185.69	2,404,185.69	2,414,014.72	
TOTAL	2,576,187.89	2,522,768.25	2,586,125.32	53,419.64
VANGUARD RUSSELL 1000 VALUE INDEX ETF (MKT)				
SOLD 139 SHS ON 03/01/2021 AT 129.052	17,938.23	13,559.08	17,912.93	4,379.15
SOLD 69 SHS ON 03/12/2021 AT 133.0819	9,182.65	6,730.77	9,217.02	2,451.88
SOLD 193 SHS ON 05/10/2021 AT 71.5106	13,801.54	9,413.32	13,695.28	4,388.22
PURCHASED 57 SHS ON 07/07/2021 AT 69.6151	3,968.06	3,968.06	3,972.33	
PURCHASED 167 SHS ON 09/10/2021 AT 70.68	11,803.56	11,803.56	11,730.08	
SOLD 238 SHS ON 10/08/2021 AT 70.4846	16,775.34	11,790.84	16,771.86	4,984.50
PURCHASED 39,168 SHS ON 12/02/2021 AT 70.2994	2,753,486.90	2,753,486.90	2,760,168.96	
TOTAL	2,826,956.28	2,810,752.53	2,833,468.46	16,203.75
VANGUARD EXTENDED MARKET INDEX ETF (MKT)				
SOLD 198 SHS ON 01/06/2021 AT 167.8746	33,239.18	27,108.18	33,301.62	6,131.00
SOLD 224 SHS ON 03/01/2021 AT 183.0983	41,014.01	30,667.84	41,088.32	10,346.17

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Account Number

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RELiance TRUST CO, TRUSTEE
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Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
PURCHASED 34 SHS ON 04/14/2021 AT 183.10	6,225.40	6,225.40	6,204.32	
SOLD 14 SHS ON 06/17/2021 AT 185.1086	2,591.52	1,924.72	2,597.70	666.80
SOLD 37 SHS ON 07/06/2021 AT 187.293	6,929.84	5,086.75	6,953.04	1,843.09
PURCHASED 41 SHS ON 07/07/2021 AT 186.6883	7,654.22	7,654.22	7,648.14	
PURCHASED 97 SHS ON 09/10/2021 AT 188.928	18,326.02	18,326.02	18,156.46	
SOLD 63 SHS ON 10/08/2021 AT 184.8233	11,643.87	8,816.53	11,642.40	2,827.34
SOLD 115 SHS ON 11/12/2021 AT 197.9614	22,765.56	16,093.66	22,820.60	6,671.90
PURCHASED 6,190 SHS ON 12/02/2021 AT 179.8091	1,113,018.33	1,113,018.33	1,125,899.10	
TOTAL	1,263,407.95	1,234,921.65	1,276,311.70	28,486.30
TOTAL MUTUAL FUNDS/EQUITY	13,733,556.18	13,557,586.65	13,785,329.57	175,969.53
MUTUAL FUNDS/FIXED INCOME				
DOUBLELINE TOTAL RETURN BOND I				
PURCHASED 16,132.772 SHS ON 02/10/2021 AT 10.71	172,781.99	172,781.99	172,781.99	
PURCHASED 9,475.569 SHS ON 04/14/2021 AT 10.52	99,682.99	99,682.99	99,682.99	
PURCHASED 588.111 SHS ON 07/07/2021 AT 10.60	6,233.98	6,233.98	6,233.98	
PURCHASED 3,627.057 SHS ON 09/10/2021 AT 10.57	38,337.99	38,337.99	38,337.99	
SOLD 2,615.935 SHS ON 10/08/2021 AT 10.47	27,388.84	27,753.68	27,388.84	364.84-

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RELIANCE TRUST CO, TRUSTEE
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Schedule Of Reportable Transactions

PLAN NUMBER :

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DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
PURCHASED 606,899.115 SHS ON 12/02/2021 AT 10.46	6,348,164.74	6,348,164.74	6,348,164.74	
TOTAL	6,692,590.53	6,692,955.37	6,692,590.53	364.84-
TOTAL MUTUAL FUNDS/FIXED INCOME	6,692,590.53	6,692,955.37	6,692,590.53	364.84-
TOTAL SECURITY TRANSACTIONS EXCEEDING 5%		35,236,094.42		

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PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
BEGINNING MARKET VALUE: 20,830,459.06				
SINGLE TRANSACTIONS EXCEEDING 5%:				
12/02/2021 DEPOSIT MSDW MONEY MARKET BANK DEPOSIT PROGRAM SYSTEM ON 12/01/2021		1,642,083.15		
12/03/2021 PURCHASED 91,798 SHS SPDR S&P WORLD EX-US (MKT) ON 12/02/2021 AT 35.59		3,267,090.82		
12/03/2021 PURCHASED 606,899.115 SHS DOUBLELINE TOTAL RETURN BOND I ON 12/02/2021 AT 10.46		6,348,164.74		
12/03/2021 PURCHASED 19,672 SHS ISHARES CORE MSCI EMERGING MARKET (MKT) ON 12/02/2021 AT 61.0982		1,201,923.79		
12/03/2021 PURCHASED 31,564 SHS VANGUARD RUSSELL 1000 GROWTH INDEX ETF (MKT) ON 12/02/2021 AT 76.1686		2,404,185.69		
12/03/2021 PURCHASED 39,168 SHS VANGUARD RUSSELL 1000 VALUE INDEX ETF (MKT) ON 12/02/2021 AT 70.2994		2,753,486.90		
12/03/2021 PURCHASED 6,190 SHS VANGUARD EXTENDED MARKET INDEX ETF (MKT) ON 12/02/2021 AT 179.8091		1,113,018.33		
12/03/2021 SOLD 37,069 SHS IQ HEDGE MULTI-STRATEGY TRACKER ETF (MKT) ON 12/02/2021 AT 31.4928		1,141,032.25		
12/06/2021 DEPOSIT MSDW MONEY MARKET BANK DEPOSIT PROGRAM SYSTEM ON 12/03/2021		1,188,748.85		
12/07/2021 WITHDRAWAL MSDW MONEY MARKET BANK DEPOSIT PROGRAM SYSTEM ON 12/06/2021		2,363,758.35		
TOTAL SINGLE TRANSACTIONS EXCEEDING 5%		23,423,492.87		

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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 PENSION PLAN FOR EMPLOYEES OF UNITED MEMORIAL 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 UNITED MEMORIAL MEDICAL CENTER	D Employer Identification Number (EIN) 16-0743029
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 22,584,644
b Actuarial value	2b 21,218,338
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants 233 (2) Vested Funding Target 9,784,696 (3) Total Funding Target 9,784,696
b For terminated vested participants.....	269 7,128,868 7,128,868
c For active participants	160 5,215,236 5,218,563
d Total.....	662 22,128,800 22,132,127
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 5.60%
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a 0
b Expected plan-related expenses	6b 520,000
c Total (line 6a + line 6b)	6c 520,000

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	Todd Weber <i>TEW</i>	10/06/2022
	Signature of actuary	Date
TODD WEBER, E.A., M.A.A.A.		2006399
	Type or print name of actuary	Most recent enrollment number
MERCER		585-389-8700
	Firm name	Telephone number (including area code)
70 LINDEN OAKS SUITE 310 ROCHESTER NY 14625		
	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.

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Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
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	520,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	2,595,926	242,048	
b Waiver amortization installment			
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	762,048	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	762,048	762,048
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