Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SAN JUAN REGIONAL MEDICAL CENTER 403(B) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 02/24/1989

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
SAN JUAN REGIONAL MEDICAL CENTER

801 WEST MAPLE STREET
FARMINGTON, NM 87401-5630

801 WEST MAPLE STREET
FARMINGTON, NM 87401-5630

2b Employer Identification Number (EIN) 85-0127924

2c Plan Sponsor's telephone number 505-609-6025

2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	JOHN MAYER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5 Total number of participants at the beginning of the plan year	**5**	2416
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)**	1939
a(2) Total number of active participants at the end of the plan year	**6a(2)**	1835
b Retired or separated participants receiving benefits	**6b**	80
c Other retired or separated participants entitled to future benefits	**6c**	436
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	2351
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**	**6f**	2352
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1829
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	89
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

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

A Name of plan
SAN JUAN REGIONAL MEDICAL CENTER 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SAN JUAN REGIONAL MEDICAL CENTER

D Employer Identification Number (EIN)
85-0127924

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

1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	CR18301	447	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
36523	

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

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

LINCOLN FINANCIAL ADVISORS
PO BOX 2239
FORT WAYNE, IN 46801-2239

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
36523			4

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	13092553
5	Current value of plan's interest under this contract in separate accounts at year end	5	14632497

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	13890336
c	Additions: (1) Contributions deposited during the year	7c(1)	19007		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	456069		
	(4) Transferred from separate account	7c(4)	315129		
	(5) Other (specify below)	7c(5)	316455		
	▶ LOAN REPAY, FMV ADJ, TRANSFER, OTHE				
	(6) Total additions			7c(6)	1106660
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	14996996
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1407875		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	111362		
	(4) Other (specify below)	7e(4)	385206		
	▶ LOAD DISB, FMV ADJ, TRANSFER, OTHER				
	(5) Total deductions			7e(5)	1904443
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	13092553

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

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

A Name of plan
SAN JUAN REGIONAL MEDICAL CENTER 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SAN JUAN REGIONAL MEDICAL CENTER

D Employer Identification Number (EIN)
85-0127924

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

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VF6021	317	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
20070	9

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

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

SHERRY FLYNN
3005 NORTHRIDGE DR STE A
FARMINGTON, NM 87401

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
2269			3

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

RHONDA MURPHEY
3005 NORTHRIDGE DR STE A
FARMINGTON, NM 87401

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
14087			3

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

JAMES BISHOPP
7481 E BROADWAY BLVD STE 100
TUSCON, AZ 85710

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
2100	6		3

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

CRIS GIRON
9400 HOLLY AVE NE BLDG 4
ALBUQUERQUE, NM 87122

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1614	3		

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	3667952
5	Current value of plan's interest under this contract in separate accounts at year end	5	15982722

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			7b	3990290
c	Additions: (1) Contributions deposited during the year	7c(1)	1556		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	136958		
	(4) Transferred from separate account	7c(4)	178030		
	(5) Other (specify below)	7c(5)	15627		
	▶ LOAN REPAY, POSITIVE VALUE				
	(6) Total additions			7c(6)	332171
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	4322461
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	653462		
	(2) Administration charge made by carrier	7e(2)	91		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	956		
	▶ LOAN DISB, NEG. VALUE ADJ, TRANSFER				
	(5) Total deductions			7e(5)	654509
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	3667952

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

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

A Name of plan
SAN JUAN REGIONAL MEDICAL CENTER 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SAN JUAN REGIONAL MEDICAL CENTER

D Employer Identification Number (EIN)
85-0127924

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

1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE CO

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
35-0472300	65676	895170 007	19	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
2040	

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

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

LINCOLN FINANCIAL ADVISORS
PO BOX 2239
FORT WAYNE, IN 46801-2239

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
2040			4

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	1083611
5	Current value of plan's interest under this contract in separate accounts at year end	5	89923807

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE

b	Balance at the end of the previous year			7b	940233
c	Additions: (1) Contributions deposited during the year	7c(1)	99343		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	15249		
	(4) Transferred from separate account	7c(4)	108895		
	(5) Other (specify below)	7c(5)	87440		
	▶ LOAN REPAY, FMV ADJ, TRANSFER, OTHE				
	(6) Total additions			7c(6)	310927
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1251160
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	158142		
	(2) Administration charge made by carrier	7e(2)	4682		
	(3) Transferred to separate account	7e(3)	4725		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	167549
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1083611

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan
SAN JUAN REGIONAL MEDICAL CENTER 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SAN JUAN REGIONAL MEDICAL CENTER

D Employer Identification Number (EIN)
85-0127924

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

LINCOLN NATIONAL CORPORATION

35-1140070

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

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

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

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

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

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

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

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

LINCOLN NATIONAL CORPORATION

35-1140070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	419869	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

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

A Name of plan
SAN JUAN REGIONAL MEDICAL CENTER 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SAN JUAN REGIONAL MEDICAL CENTER

D Employer Identification Number (EIN)
85-0127924

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: VARIABLE ANNUITY ACCOUNT C

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
71-0294708-000	P	15982722

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

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

A Name of plan
SAN JUAN REGIONAL MEDICAL CENTER 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SAN JUAN REGIONAL MEDICAL CENTER

D Employer Identification Number (EIN)
85-0127924

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	83647	227
(2) Participant contributions	1b(2)	249903	
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1355661	1337248
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	108367620	121622637
(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)	1610574	1811021
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	17880626	16760505
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**		
	(2) Employer real property	**1d(2)**		
e	Buildings and other property used in plan operation	**1e**		
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	129548031	141531638
	Liabilities			
g	Benefit claims payable	**1g**		
h	Operating payables	**1h**		
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**		
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	129548031	141531638

Part II Income and Expense Statement

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	**2a(1)(A)**	2747355	
	(B) Participants	**2a(1)(B)**	7537928	
	(C) Others (including rollovers)	**2a(1)(C)**	79195	
	(2) Noncash contributions	**2a(2)**		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		10364478
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**		
	(B) U.S. Government securities	**2b(1)(B)**		
	(C) Corporate debt instruments	**2b(1)(C)**		
	(D) Loans (other than to participants)	**2b(1)(D)**		
	(E) Participant loans	**2b(1)(E)**	13678	
	(F) Other	**2b(1)(F)**	503373	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		517051
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**		
	(B) Common stock	**2b(2)(B)**		
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		
	(3) Rents	**2b(3)**		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**		
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		
	(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)		2376309
(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)		13060312
c Other income	2c		221664
d Total income. Add all **income** amounts in column (b) and enter total	2d		26539814
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14041378	
(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)		14041378
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		106999
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	407830	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		407830
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		14556207
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		11983607
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: FORVIS, LLP **(2)** EIN: 44-0160260

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

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

A Name of plan
SAN JUAN REGIONAL MEDICAL CENTER 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SAN JUAN REGIONAL MEDICAL CENTER

D Employer Identification Number (EIN)
85-0127924

Part I Distributions

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

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

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

EIN(s): 35-1140070 71-0294708

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** 310

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** 0

b Enter the amount contributed by the employer to the plan for this plan year **6b** 0

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

San Juan Regional Medical Center 403(b) Plan

EIN 85-0127924 PN 002

Independent Auditor's Report and Financial Statements

December 31, 2021 and 2020

San Juan Regional Medical Center 403(b) Plan

December 31, 2021 and 2020

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FORVIS

1401 50th Street, Suite 350 / West Des Moines, IA 50266
P 515.223.0159 / **F** 515.223.5429
forvis.com

Independent Auditor's Report

Plan Administrator
San Juan Regional Medical Center
403(b) Plan
Farmington, New Mexico

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

We have performed an audit of the financial statements of San Juan Medical Center 403(b) 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 3* to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the "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.

- 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).

FORVIS is a trademark of FORVIS, LLP, registration of which is pending with the U.S. Patent and Trademark Office

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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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the 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 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matters

2021 Supplemental Schedule Required by ERISA

The supplemental schedule listed in the table of contents 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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

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

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of San Juan Medical Center 403(b) 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 14, 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 under ERISA.

FORVIS, LLP

West Des Moines, Iowa
October 17, 2022

Federal Employer Identification Number: 44-0160260

San Juan Regional Medical Center 403(b) Plan

Statements of Net Assets Available for Benefits

December 31, 2021 and 2020

Assets

	2021	2020
Investments		
At fair value	$ 127,101,610	$ 113,968,484
At contract value	13,092,553	13,890,336
Total investments	140,194,163	127,858,820
Receivables		
Notes receivable from participants	1,337,248	1,355,661
Employee contributions receivable	-	249,903
Employer contributions receivable	227	83,647
Total receivables	1,337,475	1,689,211
Net Assets Available for Benefits	$ 141,531,638	$ 129,548,031

San Juan Regional Medical Center 403(b) Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2021 and 2020

	2021	2020
Investment Income		
Net appreciation in fair value of investments	$ 15,658,285	$ 15,998,711
Interest and dividends	503,373	520,785
Investment income	16,161,658	16,519,496
Interest Income on Notes Receivable from Participants	13,678	21,995
Contributions		
Participants	7,537,928	7,294,459
Employer	2,747,355	1,892,410
Rollovers	79,195	272,120
Total contributions	10,364,478	9,458,989
Total net additions	26,539,814	26,000,480
Deductions		
Benefit payments	14,148,377	16,286,189
Administrative expenses	407,830	250,428
Total deductions	14,556,207	16,536,617
Net Increase	11,983,607	9,463,863
Net Assets Available for Benefits, Beginning of Year	129,548,031	120,084,168
Net Assets Available for Benefits, End of Year	$ 141,531,638	$ 129,548,031

San Juan Regional Medical Center 403(b) Plan

Notes to Financial Statements

December 31, 2021 and 2020

Note 1: Description of the Plan

The following description of San Juan Regional Medical Center 403(b) Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan sponsored by San Juan Regional Medical Center, Inc. (the plan sponsor or hospital) under the provisions of Section 403(b) of the Internal Revenue Code (the Code), for the benefit of its eligible employees. An employee is eligible to become a participant in the Plan on the first day of employment. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA).

Under the Plan, certain members of the hospital's management were appointed as trustees of the Plan. The Plan is administered by the trustees under the direction of the hospital's Board of Directors. The Lincoln Financial Group Trust Company, Inc. (Lincoln), serves as the Plan's trustee, Voya Retirement Insurance and Annuity Company (Voya) serves as the Plan's insurance company, and American Funds (American) serve as the Plan's custodian. The insurance company, trustee and custodian also serve as record-keepers of their individual assets.

Contributions

Each year, participants may defer a minimum of $200 up to the maximum amount allowable under Section 402(g) of the Code. After one year of a participant's credited service, the hospital contributes, as a matching contribution, 50% of the first 8% of compensation that a participant contributes to the Plan.

Participant Accounts

An employee becomes eligible to participate in the Plan upon the first date of employment. An employee becomes eligible to receive matching contributions after completing 12 months of service (during which time the employee must complete 1,000 hours of service) and no minimum age requirement. Entry dates are the day following completion of eligibility requirements.

Participants direct the investment of all contributions and earnings into various investment options. Each participant's account is credited with the participant's contributions, the hospital's matching contributions, and allocations of plan earnings, and is charged with an allocation of administrative expenses. Plan earnings are allocated based on the participant's share of net earnings or losses of their respective elected investment options. Allocations of administrative expenses are based on the participant's account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. Employee and employer contributions and related plan earnings are 100% vested at all times.

Vesting

A participant is immediately vested in the employee contribution portion of their balance and 0% vested in the employer match portion until they reach three years of continuous service at which time they become immediately 100% vested in the employer match.

In-service Distributions

While employed by the hospital, a participant may withdraw a portion of his or her vested account balance upon either a hardship, as defined in the plan document, or upon attaining 59½ years of age.

Payment of Benefits

Benefits are available to plan participants upon reaching the normal retirement age of 65 with early retirement permitted at age 55, if at least five years of credited service has been completed. In the case of normal retirement, retirement due to permanent disability, or termination of employment, participants may elect to receive the value of their vested account balances in accordance with the provisions of the Plan.

Notes Receivable from Participants

The Plan has a loan feature available to plan participants. Loans are made from the participant's account by reducing the participant's investment balance and creating a note receivable from the participant's account. Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range from one to five years or up to 20 years for the purchase of a primary residence. The $50,000 limit is reduced by the participant's highest outstanding loan balance during the preceding 12-month period. A participant may not have more than two loans outstanding at any point in time. Principal and interest are paid ratably through monthly or quarterly installment payments made directly to the plan custodians. If the loan is not repaid, it will automatically be treated as a distribution to the participant. The loans bear interest at a rate determined by the custodian based on the prevailing commercial interest rates. For loans originated with Voya, the interest rate is adjusted on each anniversary date of the loan if the rate in effect at the anniversary date has changed by 0.5% or greater from the rate in effect prior to the anniversary date. Interest rates on outstanding loans range from 4.25-6.50% at December 31, 2021 and 2020. Notes receivable from participants are stated at the outstanding principal balance plus unpaid accrued interest.

Plan Termination

Although it has not expressed any intent to do so, the hospital has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

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

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan invests in group annuity contracts with various custodians that provide for investments to be held in either pooled separate accounts, mutual funds, or fixed or guaranteed accumulation accounts (GAA).

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Quoted market prices, if available, are used to value investments. Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year-end.

Pooled separate accounts are valued at estimated fair value as provided by Lincoln and Voya.

Under certain circumstances, participant transfers from the fixed or guaranteed interest account may be adjusted for market valuation or surrender charges, as determined by the individual custodians. Therefore, these are not considered fully benefit-responsive, and are thus reported at fair value which is calculated by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer. These investments include Voya Fixed Account, Voya Fixed Plus Account, Voya Fixed Plus II Account, Voya Short Term GAA, and Voya Long Term GAA.

Fully benefit-responsive investment contracts are valued at contract value. Contract value represents contributions made under the contract, plus interest at the contract rate, less participant withdrawals and administration expenses.

Purchases and sales of securities are recorded on a trade-date basis. Interest income and loss is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation and depreciation includes the Plan's gains and losses on investments bought, sold and held during the year.

Notes Receivable from Participants

Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 or 2020. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

Plan Tax Status

The Plan, together with the investment vehicles, is intended to be a tax-sheltered annuity plan under Section 403(b) of the Internal Revenue Code of 1986, as amended. The Plan has not requested or obtained a determination letter, as the IRS does not currently provide that service for 403(b) plans. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and not subject to tax.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Certain administrative expenses are paid by the Plan and are reflected in the accompanying financial statements. Other expenses of the Plan are paid by the hospital on behalf of the Plan.

Transfers Between Fair Value Hierarchy Levels

Transfers in and out of Level 1 (quoted market prices), Level 2 (other significant observable inputs) and Level 3 (significant unobservable inputs) are recognized on the period beginning date.

Note 3: Certification of Plan Custodian

The Company has elected the method of annual reporting compliance permitted by 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. Accordingly, Lincoln and Voya, qualified institutions, have certified the following information included in the accompanying financial statements and ERISA-required supplemental schedule are complete and accurate:

- Investments and notes receivable from participants as shown in the statements of net assets available for benefits and related disclosures as of December 31, 2021 and 2020
- Investment income and interest income from notes receivable from participants as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2021 and 2020
- Investment information included in the accompanying schedule of assets (held at end of year) as of December 31, 2021

The Plan's independent auditors did not perform auditing procedures with respect to this certified information, except for comparing such certified information to the related investment information included in the financial statements and ERISA-required supplemental schedule.

Investments held by American Funds in the amounts of $1,811,021 and $1,610,574 for the years ended December 31, 2021 and 2020, respectively, were not certified by the custodian.

Note 4: Disclosures About Fair Value of Plan Assets and Liabilities

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. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

Level 1 Quoted prices in active markets for identical assets or liabilities

Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full-term of the assets or liabilities

Level 3 Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets or liabilities

Recurring Measurements

The following tables present the fair value measurements of assets and liabilities recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2021 and 2020:

	2021			
		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 1,811,021	$ 1,811,021	$ -	$ -
Voya fixed account	62,669	-	-	62,669
Voya fixed plus	1,262,100	-	-	1,262,100
Guaranteed accumulation accounts	2,343,183	-	-	2,343,183
Total assets in the fair value hierarchy	5,478,973	1,811,021	-	3,667,952
Pooled separate accounts (A)	121,622,637	-	-	-
	$ 127,101,610	$ 1,811,021	$ -	$ 3,667,952

	2020			
		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 1,610,574	$ 1,610,574	$ -	$ -
Voya fixed account	62,275	-	-	62,275
Voya fixed plus	1,339,815	-	-	1,339,815
Guaranteed accumulation accounts	2,588,200	-	-	2,588,200
Total assets in the fair value hierarchy	5,600,864	1,610,574	-	3,990,290
Pooled separate accounts (A)	108,367,620	-	-	-
	$ 113,968,484	$ 1,610,574	$ -	$ 3,990,290

(A) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended December 31, 2021 and 2020. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis. For assets classified within Level 3 of the fair value hierarchy, the process used to develop the reported fair value is described below.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. See the tables below for inputs and valuation techniques used for Level 3 securities.

Fair value determinations for Level 3 measurements of securities are the responsibility of the plan administrator. The plan administrator obtains fair value estimates from the custodians at least annually. The plan administrator challenges the reasonableness of the assumptions used and reviews the methodology to ensure the estimated fair value complies with accounting standards generally accepted in the United States.

Level 3 Activity

Activity of Level 3 investments are as follows:

	Voya GAAs	Voya Fixed Account	Voya Fixed Plus
2021			
Purchases	$ 214,984	$ -	$ 16,989
Sales	$ (543,632)	$ (2,038)	$ (132,599)

	Voya GAAs	Voya Fixed Account	Voya Fixed Plus
2020			
Purchases	$ 540,803	$ -	$ 14,565
Sales	$ (425,868)	$ (725)	$ (160,193)

Unobservable (Level 3) Inputs

The following table presents quantitative information about unobservable inputs used in recurring Level 3 fair value measurements at December 31, 2021 and 2020.

	Fair Value at December 31, 2021 and 2020	Valuation Technique	Unobservable Inputs	Range
Voya GAAs	2021 - $2,343,183 2020 - $2,588,200	Discounted cash flow	Risk-adjusted discount rate applied	1.0%-3.5%
Voya Fixed Account	2021 - $62,669 2020 - $62,275	Discounted cash flow	Risk-adjusted discount rate applied	1.0%-3.5%
Voya Fixed Plus	2021 - $1,262,100 2020 - $1,339,815	Discounted cash flow	Risk-adjusted discount rate applied	1.0%-3.5%

Investment Contract with Insurance Company

The Plan entered into a fully benefit-responsive investment contract with Lincoln. Lincoln maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate guaranteed to the Plan.

As described in the basis of accounting disclosure, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by Lincoln, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value.

There are no reserves against the contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 1.00%. Such interest rates are reviewed on a semiannual basis for resetting. Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

	2021	2020
Traditional investment contract	$ 13,092,553	$ 13,890,336

Note 5: Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

The Plan also incurs fees for certain accounting and auditing services. The plan sponsor pays these fees and provides certain administrative services at no cost to the Plan. During December 31, 2021 and 2020, the Plan paid $407,830 and $250,428, respectively, of administrative fees.

The Plan holds units in various investments managed by Lincoln, Voya, and American, the custodians of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transaction rules under ERISA.

Note 6: Risks and Uncertainties

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

Note 7: Subsequent Events

Subsequent events have been evaluated through October 17, 2022, which is the date the financial statements were available to be issued.

Supplemental Schedule

San Juan Regional Medical Center 403(b) Plan

EIN 85-0127924 PN 002

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2021

Identity of Issuer	Description of Investment	Cost	Current Value
Lincoln Financial Group*			
Fixed Account	Fixed Account	**	$ 13,092,553
American Funds Growth	Pooled Separate Accounts	**	3,083,427
American Funds Growth-income	Pooled Separate Accounts	**	1,814,586
LVIP Dimensional U.S. Core Equity 1	Pooled Separate Accounts	**	953,689
LVIP T Rowe Price 2030 Fund	Pooled Separate Accounts	**	853,937
LVIP Delaware Social Awareness	Pooled Separate Accounts	**	671,504
LVIP Ssga S&P 500 Index	Pooled Separate Accounts	**	591,845
American Funds International	Pooled Separate Accounts	**	515,536
MFS Utilities	Pooled Separate Accounts	**	467,095
American Funds Global Growth	Pooled Separate Accounts	**	466,591
LVIP Delaware Special Opportunities	Pooled Separate Accounts	**	410,503
Fidelity Vip Contrafund	Pooled Separate Accounts	**	406,802
LVIP Delaware Bond	Pooled Separate Accounts	**	355,439
LVIP Ssga Glbl Tactical Alloctn Mgd Vlty	Pooled Separate Accounts	**	314,663
LVIP Government Money Market	Pooled Separate Accounts	**	265,944
Delaware Vip Diversified Income	Pooled Separate Accounts	**	234,375
Delaware Vip Smid Cap Core Series	Pooled Separate Accounts	**	233,390
LVIP Blackrock Scientific Allocation	Pooled Separate Accounts	**	224,190
LVIP Baron Growth Opportunities	Pooled Separate Accounts	**	217,314
LVIP Delaware Wealth Builder Fund	Pooled Separate Accounts	**	216,053
LVIP Vanguard Domestic Equity Etf	Pooled Separate Accounts	**	212,987
Fidelity Vip Growth	Pooled Separate Accounts	**	195,035
Fidelity Vip Freedom 2020 Fund	Pooled Separate Accounts	**	191,015
LVIP T Rowe Price 2040 Fund	Pooled Separate Accounts	**	160,587
LVIP Global Growth Allocation Mangd Risk	Pooled Separate Accounts	**	158,635
LVIP JPMorgan Retirement Income Fund	Pooled Separate Accounts	**	147,384
LVIP Ssga Small-cap Index	Pooled Separate Accounts	**	131,486
Delaware Vip Small Cap Value	Pooled Separate Accounts	**	114,352
LVIP Blended Lrg Cap Growth Mngd Voltlty	Pooled Separate Accounts	**	97,435
Delaware Vip Reit	Pooled Separate Accounts	**	86,868
LVIP Ssga Emerging Markets 100	Pooled Separate Accounts	**	76,681
LVIP T. Rowe Price Mid Cap Growth	Pooled Separate Accounts	**	76,046
LVIP T Rowe Price 2050 Fund	Pooled Separate Accounts	**	72,167
Delaware Vip High Yield	Pooled Separate Accounts	**	69,902
LVIP T Rowe Price 2020 Fund	Pooled Separate Accounts	**	68,531
Delaware Vip Value	Pooled Separate Accounts	**	66,939
Pimco Vit Total Return Portfolio	Pooled Separate Accounts	**	65,725
LVIP Global Conservative Allocation Mrsk	Pooled Separate Accounts	**	55,849
LVIP Global Growth Moderate Allocation Mangd Risk	Pooled Separate Accounts	**	53,377
LVIP Ssga Bond Index	Pooled Separate Accounts	**	52,310
LVIP Blackrock Inflation Protected Bond	Pooled Separate Accounts	**	29,067
Ab Vps Global Thematic Growth	Pooled Separate Accounts	**	24,636

San Juan Regional Medical Center 403(b) Plan

EIN 85-0127924 PN 002

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

December 31, 2021

Identity of Issuer	Description of Investment	Cost	Current Value
LVIP Delaware Wealth Builder Fund	Pooled Separate Accounts	**	23,425
LVIP Vanguard International Equity Etf	Pooled Separate Accounts	**	22,863
LVIP Mondrian International Value	Pooled Separate Accounts	**	16,042
LVIP JPM Select Mid Cap Value Mngd Vlty	Pooled Separate Accounts	**	12,462
LVIP T. Rowe Price Structured Mid-cap	Pooled Separate Accounts	**	11,851
Fidelity VIP Freedom Target Date 2050	Pooled Separate Accounts	**	11,831
Fidelity VIP Freedom Target Date 2050	Pooled Separate Accounts	**	11,825
LVIP Ssga International Index	Pooled Separate Accounts	**	6,281
LVIP Blackrock Dividend Value Mngdvltlty	Pooled Separate Accounts	**	5,250
Blackrock Global Allocation	Pooled Separate Accounts	**	3,903
LVIP Blackrock Global Real Estate Rund	Pooled Separate Accounts	**	1,443
Deutsche Altrtv Asset Allo Vip	Pooled Separate Accounts	**	1,301
LVIP Delaware Diversified Floating Rate	Pooled Separate Accounts	**	123
			27,725,050
Voya Life Insurance and Annuity Company*			
Voya Large Cap Growth Prt Ins	Pooled Separate Accounts	**	2,280,276
Voya Mid Cap Opport Port I	Pooled Separate Accounts	**	1,399,553
American Funds Nw Prspctv R4	Pooled Separate Accounts	**	1,311,758
Voya Short-Term GAA (4559)	Guaranteed Account	**	1,297,717
Voya Intermediate Bond Prt I	Pooled Separate Accounts	**	1,174,204
Fidelity VIP Contrafund Pt I	Pooled Separate Accounts	**	1,158,322
Voya Fixed Plus Acct II (4568)	Fixed Account	**	1,111,322
Voya Short-Term GAA (4555)	Guaranteed Account	**	1,043,439
American Funds Wash Mtual R4	Pooled Separate Accounts	**	838,727
American Funds Growth Fnd R4	Pooled Separate Accounts	**	803,111
Voya Russell LgCp Indx Prt I	Pooled Separate Accounts	**	632,584
Voya Large Cap Value Port Ins	Pooled Separate Accounts	**	487,520
VY Inv Opp Global Port I	Pooled Separate Accounts	**	485,335
VY TRwPr Grw Eqty Pt I	Pooled Separate Accounts	**	462,627
Voya Russell LCp Gr Ind Prt I	Pooled Separate Accounts	**	455,804
VY TRwPr Divr MdCp Gr Pt I	Pooled Separate Accounts	**	402,638
Fidelity VIP Growth Port I	Pooled Separate Accounts	**	400,503
VY TRwPr Cap Apprec Port Srv	Pooled Separate Accounts	**	383,644
Inv Dev Mrkts Fd A	Pooled Separate Accounts	**	286,384
VY Clarion Rl Estate Prt Srv	Pooled Separate Accounts	**	239,884
VY Baron Growth Port Srv	Pooled Separate Accounts	**	214,999
Voya Growth and Income Port I	Pooled Separate Accounts	**	195,819
Voya Fixed Plus Account (4564)	Fixed Account	**	150,778

San Juan Regional Medical Center 403(b) Plan

EIN 85-0127924 PN 002

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

December 31, 2021

Identity of Issuer	Description of Investment	Cost	Current Value
Templeton Global Bond Fund A	Pooled Separate Accounts	**	146,021
Voya Strategic Alloc Grw Prt I	Pooled Separate Accounts	**	144,787
Fidelity VIP Eqty-Inc Prt I	Pooled Separate Accounts	**	133,872
WllFrg Spec SmCp Vl Fd A	Pooled Separate Accounts	**	115,689
Voya Solution 2035 Port Srv	Pooled Separate Accounts	**	107,413
Voya Glo Hi Div Low Vol Prtf I	Pooled Separate Accounts	**	98,172
PIMCO VIT Real Return Port Adm	Pooled Separate Accounts	**	96,894
Voya Russell MC Gr Ind Prt S	Pooled Separate Accounts	**	96,693
Wanger Select	Pooled Separate Accounts	**	90,880
Lord Abbett Srs Fd MC St Pt VC	Pooled Separate Accounts	**	89,546
VY AmCen Sm-MdCp Vl Pt Srv	Pooled Separate Accounts	**	85,899
Voya Strategic Alloc Mod Prt I	Pooled Separate Accounts	**	82,581
Voya Solution 2045 Port Srv	Pooled Separate Accounts	**	80,083
Voya Index Plus LargeCap Prt I	Pooled Separate Accounts	**	79,816
Voya Global Bond Port I	Pooled Separate Accounts	**	78,020
Invesco VI Core Eqty Fund SI	Pooled Separate Accounts	**	73,643
Pioneer High Yield VCT Port I	Pooled Separate Accounts	**	65,122
Voya Fixed Account (4550)	Fixed Account	**	62,669
VY JPM Emrg Mkts Eq Port Srv	Pooled Separate Accounts	**	61,821
Voya Gov Money Market Port I	Pooled Separate Accounts	**	60,947
Voya Small Company Port I	Pooled Separate Accounts	**	58,033
VY Invesco Eqty & Inc Pt I	Pooled Separate Accounts	**	53,786
Neuberg Berm Sus Equ Fd Trs	Pooled Separate Accounts	**	48,146
Fidelity VIP Overseas Prt I	Pooled Separate Accounts	**	45,366
VY Col Contr Core Port Srv	Pooled Separate Accounts	**	41,039
Invesco VI Amr Franchise Fd I	Pooled Separate Accounts	**	38,442
VY JPM SmCp Cr Eq Port Srv	Pooled Separate Accounts	**	37,339
Wanger USA	Pooled Separate Accounts	**	31,712
Franklin Small Cap Val VIP 2	Pooled Separate Accounts	**	31,044
VY Clarion Glb RlEst Prt Ins	Pooled Separate Accounts	**	30,965
Voya Russell LC Vl Ind Prt S	Pooled Separate Accounts	**	25,186
Voya Solution 2055 Port Srv	Pooled Separate Accounts	**	21,886
Voya High Yield Port Ins	Pooled Separate Accounts	**	20,831
VY TRwPr Eqty Income Prt Srv	Pooled Separate Accounts	**	16,529
VY Invesco Comstock Port Srv	Pooled Separate Accounts	**	15,514
Voya Index Plus MidCap Prt I	Pooled Separate Accounts	**	11,957
Inv Opp VI Main Str SC Fd I	Pooled Separate Accounts	**	11,124
Voya SmCp Opport Port I	Pooled Separate Accounts	**	9,812
Voya Solution Income Pt Srv	Pooled Separate Accounts	**	9,257
Voya Solution 2025 Port Srv	Pooled Separate Accounts	**	7,821
Voya Index Plus SmallCap Prt I	Pooled Separate Accounts	**	4,581

San Juan Regional Medical Center 403(b) Plan

EIN 85-0127924 PN 002

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

December 31, 2021

Identity of Issuer	Description of Investment	Cost	Current Value
Calvert VP SRI Balanced Port	Pooled Separate Accounts	**	3,983
VoyIntlHiDivLow Vol Port-In	Pooled Separate Accounts	**	2,100
Voya Long-Term GAA (4560)	Guaranteed Account	**	2,027
VY Columbia SmCp Vl II P Srv	Pooled Separate Accounts	**	1,433
Voya Strategic Alloc Cns Prt I	Pooled Separate Accounts	**	1,295
VY JPM MdCp Value Port Srv	Pooled Separate Accounts	**	1,159
American Funds EuroPacific R4	Pooled Separate Accounts	**	678
Janus Hndr Enterprise Port Ins	Pooled Separate Accounts	**	60
Janus Hndr Glbl Research P Ins	Pooled Separate Accounts	**	53
			19,650,674
*Notes receivables from participants	Interest rates range from 2.70% to 3.55% with maturity dates through 2033		199,191
			19,849,865
American Funds			
*The Growth Fund of America	Mutual Fund	**	342,043
*The Investment Company of America	Mutual Fund	**	266,654
*Short-Term Bond Fund of America	Mutual Fund	**	181,648
*Capital World Growth and Income Fund	Mutual Fund	**	166,337
*American Funds Money Market Fund	Mutual Fund	**	113,701
*New Perspective Fund	Mutual Fund	**	187,791
*Euro Pacific Growth Fund	Mutual Fund	**	120,916
*Capital Income Builder	Mutual Fund	**	110,602
*American High-Income Trust	Mutual Fund	**	51,244
*American Funds Mortgage Fund	Mutual Fund	**	42,501
*U.S. Government Securities Fund	Mutual Fund	**	34,845
*International Growth and Income Fund	Mutual Fund	**	38,838
*Fundamental Investors	Mutual Fund	**	39,124
*Washington Mutual Investors Fund	Mutual Fund	**	40,431
*SmallCap World Fund	Mutual Fund	**	37,398
*New World Fund	Mutual Fund	**	36,948
			1,811,021

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Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

December 31, 2021

Identity of Issuer	Description of Investment	Cost	Current Value
Lincoln Financial Group*			
Vanguard Target Retirement 2040 Investor Shares	Pooled Separate Accounts	**	16,374,145
Vanguard Target Retirement 2030 Investor Shares	Pooled Separate Accounts	**	11,569,165
Vanguard Target Retirement 2035 Investor Shares	Pooled Separate Accounts	**	10,525,832
Vanguard Target Retirement 2025 Investor Shares	Pooled Separate Accounts	**	9,675,854
Vanguard Target Retirement 2050 Investor Shares	Pooled Separate Accounts	**	9,411,668
Vanguard Target Retirement 2045 Investor Shares	Pooled Separate Accounts	**	6,704,329
Amrtrde Self Directed Brokerage Account	Pooled Separate Accounts	**	5,259,070
Vanguard Target Retirement 2020 Investor Shares	Pooled Separate Accounts	**	3,516,080
Vanguard Target Retirement 2055 Investor Shares	Pooled Separate Accounts	**	3,148,172
Vanguard 500 Index Admiral Class	Pooled Separate Accounts	**	2,428,697
American Funds The Growth Of America Class R6	Pooled Separate Accounts	**	1,694,273
Vanguard Target Retirement 2015 Investor Shares	Pooled Separate Accounts	**	1,635,463
Vanguard Target Retirement 2060 Investor Shares	Pooled Separate Accounts	**	1,507,908
Lincoln Stable Value Account	Pooled Separate Accounts	**	1,083,611
Vanguard Mid Cap Growth Index Admiral Shares	Pooled Separate Accounts	**	841,207
Vanguard Small Cap Growth Index Admiral Shares	Pooled Separate Accounts	**	793,624
American Funds Investment Company Of America Class R6	Pooled Separate Accounts	**	671,706
American Funds Europacific Growth Class R6	Pooled Separate Accounts	**	524,871
Vanguard Small Cap Value Index Admiral Shares	Pooled Separate Accounts	**	498,560
Vanguard Real Estate Index Admiral Shares	Pooled Separate Accounts	**	397,711
Vanguard International Growth Admiral Shares	Pooled Separate Accounts	**	383,803
American Funds American Balanced Class R6	Pooled Separate Accounts	**	383,388
Vanguard Target Retirement Income Investor Shares	Pooled Separate Accounts	**	240,897
Pimco Income Institutional Class	Pooled Separate Accounts	**	234,077
American Funds New World Class R6	Pooled Separate Accounts	**	205,700
Vanguard Mid Cap Value Index Admiral Shares	Pooled Separate Accounts	**	201,760
Blackrock High Yield Bond Class K	Pooled Separate Accounts	**	186,445
Vanguard Value Index Admiral Shares	Pooled Separate Accounts	**	158,820
American Funds New Perspective Class R6	Pooled Separate Accounts	**	142,219
Barid Aggregate Bond Class Institutional	Pooled Separate Accounts	**	134,482
Vanguard International Value Investor Shares	Pooled Separate Accounts	**	133,847
Pimco Commodityrealreturn Strategy Institutional Class	Pooled Separate Accounts	**	101,080
Vanguard Target Retirement 2065 Investor Shares	Pooled Separate Accounts	**	87,292
Vanguard Inflation Protected Securities Admiral Shares	Pooled Separate Accounts	**	72,505
Pimco International Bond US Dollar Hedged Institutional Class	Pooled Separate Accounts	**	48,346
Pimco Short Term Institutional Class	Pooled Separate Accounts	**	30,811
			91,007,418
*Notes receivables from participants	Interest rates range from 4.25% to 6.50% with various maturity dates through 2039		1,138,057
			$ 141,531,411

* Represents a party in interest

** Investments are participant-directed; therefore, cost information is not required

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Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2021

Identity of Issuer	Description of Investment	Cost	Current Value
Lincoln Financial Group*			
Fixed Account	Fixed Account	**	$ 13,092,553
American Funds Growth	Pooled Separate Accounts	**	3,083,427
American Funds Growth-income	Pooled Separate Accounts	**	1,814,586
LVIP Dimensional U.S. Core Equity 1	Pooled Separate Accounts	**	953,689
LVIP T Rowe Price 2030 Fund	Pooled Separate Accounts	**	853,937
LVIP Delaware Social Awareness	Pooled Separate Accounts	**	671,504
LVIP Ssga S&P 500 Index	Pooled Separate Accounts	**	591,845
American Funds International	Pooled Separate Accounts	**	515,536
MFS Utilities	Pooled Separate Accounts	**	467,095
American Funds Global Growth	Pooled Separate Accounts	**	466,591
LVIP Delaware Special Opportunities	Pooled Separate Accounts	**	410,503
Fidelity Vip Contrafund	Pooled Separate Accounts	**	406,802
LVIP Delaware Bond	Pooled Separate Accounts	**	355,439
LVIP Ssga Glbl Tactical Alloctn Mgd Vlty	Pooled Separate Accounts	**	314,663
LVIP Government Money Market	Pooled Separate Accounts	**	265,944
Delaware Vip Diversified Income	Pooled Separate Accounts	**	234,375
Delaware Vip Smid Cap Core Series	Pooled Separate Accounts	**	233,390
LVIP Blackrock Scientific Allocation	Pooled Separate Accounts	**	224,190
LVIP Baron Growth Opportunities	Pooled Separate Accounts	**	217,314
LVIP Delaware Wealth Builder Fund	Pooled Separate Accounts	**	216,053
LVIP Vanguard Domestic Equity Etf	Pooled Separate Accounts	**	212,987
Fidelity Vip Growth	Pooled Separate Accounts	**	195,035
Fidelity Vip Freedom 2020 Fund	Pooled Separate Accounts	**	191,015
LVIP T Rowe Price 2040 Fund	Pooled Separate Accounts	**	160,587
LVIP Global Growth Allocation Mangd Risk	Pooled Separate Accounts	**	158,635
LVIP JPMorgan Retirement Income Fund	Pooled Separate Accounts	**	147,384
LVIP Ssga Small-cap Index	Pooled Separate Accounts	**	131,486
Delaware Vip Small Cap Value	Pooled Separate Accounts	**	114,352
LVIP Blended Lrg Cap Growth Mngd Voltlty	Pooled Separate Accounts	**	97,435
Delaware Vip Reit	Pooled Separate Accounts	**	86,868
LVIP Ssga Emerging Markets 100	Pooled Separate Accounts	**	76,681
LVIP T. Rowe Price Mid Cap Growth	Pooled Separate Accounts	**	76,046
LVIP T Rowe Price 2050 Fund	Pooled Separate Accounts	**	72,167
Delaware Vip High Yield	Pooled Separate Accounts	**	69,902
LVIP T Rowe Price 2020 Fund	Pooled Separate Accounts	**	68,531
Delaware Vip Value	Pooled Separate Accounts	**	66,939
Pimco Vit Total Return Portfolio	Pooled Separate Accounts	**	65,725
LVIP Global Conservative Allocation Mrsk	Pooled Separate Accounts	**	55,849
LVIP Global Growth Moderate Allocation Mangd Risk	Pooled Separate Accounts	**	53,377
LVIP Ssga Bond Index	Pooled Separate Accounts	**	52,310
LVIP Blackrock Inflation Protected Bond	Pooled Separate Accounts	**	29,067
Ab Vps Global Thematic Growth	Pooled Separate Accounts	**	24,636

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Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

December 31, 2021

Identity of Issuer	Description of Investment	Cost	Current Value
LVIP Delaware Wealth Builder Fund	Pooled Separate Accounts	**	23,425
LVIP Vanguard International Equity Etf	Pooled Separate Accounts	**	22,863
LVIP Mondrian International Value	Pooled Separate Accounts	**	16,042
LVIP JPM Select Mid Cap Value Mngd Vlty	Pooled Separate Accounts	**	12,462
LVIP T. Rowe Price Structured Mid-cap	Pooled Separate Accounts	**	11,851
Fidelity VIP Freedom Target Date 2050	Pooled Separate Accounts	**	11,831
Fidelity VIP Freedom Target Date 2050	Pooled Separate Accounts	**	11,825
LVIP Ssga International Index	Pooled Separate Accounts	**	6,281
LVIP Blackrock Dividend Value Mngdvltlty	Pooled Separate Accounts	**	5,250
Blackrock Global Allocation	Pooled Separate Accounts	**	3,903
LVIP Blackrock Global Real Estate Rund	Pooled Separate Accounts	**	1,443
Deutsche Altrtv Asset Allo Vip	Pooled Separate Accounts	**	1,301
LVIP Delaware Diversified Floating Rate	Pooled Separate Accounts	**	123
			27,725,050
Voya Life Insurance and Annuity Company*			
Voya Large Cap Growth Prt Ins	Pooled Separate Accounts	**	2,280,276
Voya Mid Cap Opport Port I	Pooled Separate Accounts	**	1,399,553
American Funds Nw Prspctv R4	Pooled Separate Accounts	**	1,311,758
Voya Short-Term GAA (4559)	Guaranteed Account	**	1,297,717
Voya Intermediate Bond Prt I	Pooled Separate Accounts	**	1,174,204
Fidelity VIP Contrafund Pt I	Pooled Separate Accounts	**	1,158,322
Voya Fixed Plus Acct II (4568)	Fixed Account	**	1,111,322
Voya Short-Term GAA (4555)	Guaranteed Account	**	1,043,439
American Funds Wash Mtual R4	Pooled Separate Accounts	**	838,727
American Funds Growth Fnd R4	Pooled Separate Accounts	**	803,111
Voya Russell LgCp Indx Prt I	Pooled Separate Accounts	**	632,584
Voya Large Cap Value Port Ins	Pooled Separate Accounts	**	487,520
VY Inv Opp Global Port I	Pooled Separate Accounts	**	485,335
VY TRwPr Grw Eqty Pt I	Pooled Separate Accounts	**	462,627
Voya Russell LCp Gr Ind Prt I	Pooled Separate Accounts	**	455,804
VY TRwPr Divr MdCp Gr Pt I	Pooled Separate Accounts	**	402,638
Fidelity VIP Growth Port I	Pooled Separate Accounts	**	400,503
VY TRwPr Cap Apprec Port Srv	Pooled Separate Accounts	**	383,644
Inv Dev Mrkts Fd A	Pooled Separate Accounts	**	286,384
VY Clarion Rl Estate Prt Srv	Pooled Separate Accounts	**	239,884
VY Baron Growth Port Srv	Pooled Separate Accounts	**	214,999
Voya Growth and Income Port I	Pooled Separate Accounts	**	195,819
Voya Fixed Plus Account (4564)	Fixed Account	**	150,778

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Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

December 31, 2021

Identity of Issuer	Description of Investment	Cost	Current Value
Templeton Global Bond Fund A	Pooled Separate Accounts	**	146,021
Voya Strategic Alloc Grw Prt I	Pooled Separate Accounts	**	144,787
Fidelity VIP Eqty-Inc Prt I	Pooled Separate Accounts	**	133,872
WllFrg Spec SmCp Vl Fd A	Pooled Separate Accounts	**	115,689
Voya Solution 2035 Port Srv	Pooled Separate Accounts	**	107,413
Voya Glo Hi Div Low Vol Prtf I	Pooled Separate Accounts	**	98,172
PIMCO VIT Real Return Port Adm	Pooled Separate Accounts	**	96,894
Voya Russell MC Gr Ind Prt S	Pooled Separate Accounts	**	96,693
Wanger Select	Pooled Separate Accounts	**	90,880
Lord Abbett Srs Fd MC St Pt VC	Pooled Separate Accounts	**	89,546
VY AmCen Sm-MdCp Vl Pt Srv	Pooled Separate Accounts	**	85,899
Voya Strategic Alloc Mod Prt I	Pooled Separate Accounts	**	82,581
Voya Solution 2045 Port Srv	Pooled Separate Accounts	**	80,083
Voya Index Plus LargeCap Prt I	Pooled Separate Accounts	**	79,816
Voya Global Bond Port I	Pooled Separate Accounts	**	78,020
Invesco VI Core Eqty Fund SI	Pooled Separate Accounts	**	73,643
Pioneer High Yield VCT Port I	Pooled Separate Accounts	**	65,122
Voya Fixed Account (4550)	Fixed Account	**	62,669
VY JPM Emrg Mkts Eq Port Srv	Pooled Separate Accounts	**	61,821
Voya Gov Money Market Port I	Pooled Separate Accounts	**	60,947
Voya Small Company Port I	Pooled Separate Accounts	**	58,033
VY Invesco Eqty & Inc Pt I	Pooled Separate Accounts	**	53,786
Neuberg Berm Sus Equ Fd Trs	Pooled Separate Accounts	**	48,146
Fidelity VIP Overseas Prt I	Pooled Separate Accounts	**	45,366
VY Col Contr Core Port Srv	Pooled Separate Accounts	**	41,039
Invesco VI Amr Franchise Fd I	Pooled Separate Accounts	**	38,442
VY JPM SmCp Cr Eq Port Srv	Pooled Separate Accounts	**	37,339
Wanger USA	Pooled Separate Accounts	**	31,712
Franklin Small Cap Val VIP 2	Pooled Separate Accounts	**	31,044
VY Clarion Glb RlEst Prt Ins	Pooled Separate Accounts	**	30,965
Voya Russell LC Vl Ind Prt S	Pooled Separate Accounts	**	25,186
Voya Solution 2055 Port Srv	Pooled Separate Accounts	**	21,886
Voya High Yield Port Ins	Pooled Separate Accounts	**	20,831
VY TRwPr Eqty Income Prt Srv	Pooled Separate Accounts	**	16,529
VY Invesco Comstock Port Srv	Pooled Separate Accounts	**	15,514
Voya Index Plus MidCap Prt I	Pooled Separate Accounts	**	11,957
Inv Opp VI Main Str SC Fd I	Pooled Separate Accounts	**	11,124
Voya SmCp Opport Port I	Pooled Separate Accounts	**	9,812
Voya Solution Income Pt Srv	Pooled Separate Accounts	**	9,257
Voya Solution 2025 Port Srv	Pooled Separate Accounts	**	7,821
Voya Index Plus SmallCap Prt I	Pooled Separate Accounts	**	4,581

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Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

December 31, 2021

Identity of Issuer	Description of Investment	Cost	Current Value
Calvert VP SRI Balanced Port	Pooled Separate Accounts	**	3,983
VoyIntlHiDivLow Vol Port-In	Pooled Separate Accounts	**	2,100
Voya Long-Term GAA (4560)	Guaranteed Account	**	2,027
VY Columbia SmCp Vl II P Srv	Pooled Separate Accounts	**	1,433
Voya Strategic Alloc Cns Prt I	Pooled Separate Accounts	**	1,295
VY JPM MdCp Value Port Srv	Pooled Separate Accounts	**	1,159
American Funds EuroPacific R4	Pooled Separate Accounts	**	678
Janus Hndr Enterprise Port Ins	Pooled Separate Accounts	**	60
Janus Hndr Glbl Research P Ins	Pooled Separate Accounts	**	53
			19,650,674
*Notes receivables from participants	Interest rates range from 2.70% to 3.55% with maturity dates through 2033		199,191
			19,849,865
American Funds			
*The Growth Fund of America	Mutual Fund	**	342,043
*The Investment Company of America	Mutual Fund	**	266,654
*Short-Term Bond Fund of America	Mutual Fund	**	181,648
*Capital World Growth and Income Fund	Mutual Fund	**	166,337
*American Funds Money Market Fund	Mutual Fund	**	113,701
*New Perspective Fund	Mutual Fund	**	187,791
*Euro Pacific Growth Fund	Mutual Fund	**	120,916
*Capital Income Builder	Mutual Fund	**	110,602
*American High-Income Trust	Mutual Fund	**	51,244
*American Funds Mortgage Fund	Mutual Fund	**	42,501
*U.S. Government Securities Fund	Mutual Fund	**	34,845
*International Growth and Income Fund	Mutual Fund	**	38,838
*Fundamental Investors	Mutual Fund	**	39,124
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*SmallCap World Fund	Mutual Fund	**	37,398
*New World Fund	Mutual Fund	**	36,948
			1,811,021

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Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (continued)

December 31, 2021

Identity of Issuer	Description of Investment	Cost	Current Value
Lincoln Financial Group*			
Vanguard Target Retirement 2040 Investor Shares	Pooled Separate Accounts	**	16,374,145
Vanguard Target Retirement 2030 Investor Shares	Pooled Separate Accounts	**	11,569,165
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Vanguard Target Retirement 2020 Investor Shares	Pooled Separate Accounts	**	3,516,080
Vanguard Target Retirement 2055 Investor Shares	Pooled Separate Accounts	**	3,148,172
Vanguard 500 Index Admiral Class	Pooled Separate Accounts	**	2,428,697
American Funds The Growth Of America Class R6	Pooled Separate Accounts	**	1,694,273
Vanguard Target Retirement 2015 Investor Shares	Pooled Separate Accounts	**	1,635,463
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Pimco Short Term Institutional Class	Pooled Separate Accounts	**	30,811
			91,007,418
*Notes receivables from participants	Interest rates range from 4.25% to 6.50% with various maturity dates through 2039		1,138,057
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