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
- [X] 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
COMMUNIHEALTH 403(B) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2015

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)
MOREHOUSE COMMUNITY MEDICAL CENTER, INC.

518 DURHAM STREET
BASTROP, LA 71220

2b Employer Identification Number (EIN)
82-0579411

2c Plan Sponsor's telephone number
318-283-8887

2d Business code (see instructions)
621498

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/18/2022	KATIE PARNELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/18/2022	KATIE PARNELL
	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 MOREHOUSE COMMUNITY MEDICAL CENTERS, INC.

c Plan Name MCMC 403(B) RETIREMENT PLAN

4b EIN 82-0579411

4d PN 001

5 Total number of participants at the beginning of the plan year	**5**	150
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)**	133
a(2) Total number of active participants at the end of the plan year	**6a(2)**	155
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	3
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	158
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	158
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	126
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
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 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

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

A Name of plan
COMMUNIHEALTH 403(B) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MOREHOUSE COMMUNITY MEDICAL CENTER, INC.

D Employer Identification Number (EIN)
82-0579411

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	664FH4	158	01/14/2021	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
0	0

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

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

(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	

(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	96959
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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	0
c	Additions: (1) Contributions deposited during the year	7c(1)	43363		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	160		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	67863		
	▶ TRANSFERRED ASSETS				
	(6) Total additions			7c(6)	111386
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	111386
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	164		
	(2) Administration charge made by carrier	7e(2)	78		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	14185		
	▶ TRANSFERS TO MUTUAL FUNDS				
	(5) Total deductions			7e(5)	14427
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	96959

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
COMMUNIHEALTH 403(B) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MOREHOUSE COMMUNITY MEDICAL CENTER, INC.

D Employer Identification Number (EIN)
82-0579411

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
THE VARIABLE ANNUITY LIFE INSURANCE CO.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
74-1625348	70238	71505	57	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
0	0

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

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

(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	

(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	132675
5	Current value of plan's interest under this contract in separate accounts at year end	5	2133291

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 ▶

b	Balance at the end of the previous year			7b	204734
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	2795		
	(4) Transferred from separate account	7c(4)	10440		
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	13235
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	217969
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	84917		
	(2) Administration charge made by carrier	7e(2)	377		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	85294
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	132675

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
COMMUNIHEALTH 403(B) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MOREHOUSE COMMUNITY MEDICAL CENTER, INC.

D Employer Identification Number (EIN)
82-0579411

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

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

THE VARIABLE ANNUITY LIFE INSURANCE

74-1625348

(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)

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(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?
64	SERVICE PROVIDER	996	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 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
COMMUNIHEALTH 403(B) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MOREHOUSE COMMUNITY MEDICAL CENTER, INC.

D Employer Identification Number (EIN)
82-0579411

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2506342	3401039
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	204734	229634
(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	2711076	3630673
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2711076	3630673

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)	248781	
	(B) Participants	2a(1)(B)	368801	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		617582
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)		
	(F) Other	2b(1)(F)	2955	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2955
	(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)	79286	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		79286
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		276721
c Other income	2c		454
d Total income. Add all **income** amounts in column (b) and enter total	2d		976998
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	54010	
(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)		54010
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	3391	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3391
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		57401
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		919597
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: LAPORTE CPAS & BUSINESS ADVISORS **(2)** EIN: 72-1088864

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		300000
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
COMMUNIHEALTH 403(B) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MOREHOUSE COMMUNITY MEDICAL CENTER, INC.

D Employer Identification Number (EIN)
82-0579411

Part I Distributions

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

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

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

EIN(s): 71-0294708 74-1625348

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

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 _____

COMMUNIHEALTH 403(b) RETIREMENT PLAN

Audit of Financial Statements
December 31, 2021

Compilation of Financial Statements
December 31, 2020

LAPORTE
CPAs & BUSINESS ADVISORS

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Independent Auditor's Report

To the Plan Administrator and Participants of the
Communihealth 403(b) Retirement Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements
We have performed an audit of the financial statements of the Communihealth 403(b) Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions 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 (U.S. GAAP).
- The information in the accompanying 2021 financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

RSM US Alliance member firms are separate and independent businesses and legal entities that are responsible for their own acts and omissions, and each is separate and independent from RSM US LLP. RSM US LLP is the U.S. member firm of RSM International, a global network of independent audit, tax, and consulting firms. Members of RSM US Alliance have access to RSM International resources through RSM US LLP but are not member firms of RSM International.

Basis for Opinion on the 2021 Financial Statements
We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements
Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

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

In performing an audit in accordance with GAAS, we:

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

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

Other Matters

2021 Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

Report on the Compilation of the 2020 Financial Statements

Plan management is responsible for the accompanying financial statements of the Communihealth 403(b) Retirement Plan, which comprise the statement of net assets available for benefits as of December 31, 2020, and the related notes to the financial statements in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review these financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements as of December 31, 2020.



A Professional Accounting Corporation

Baton Rouge, LA
October 14, 2022

Communihealth 403(b) Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020

	2021	(Compiled) 2020
Assets		
Investments		
Investments, at Fair Value	**$ 3,401,039**	$ 2,506,342
Investments, at Contract Value	**229,634**	204,734
Total Investments	**3,630,673**	2,711,076
Total Assets	**3,630,673**	2,711,076
Net Assets Available for Benefits	**$ 3,630,673**	$ 2,711,076

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

Communihealth 403(b) Retirement Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2021

Additions to Net Assets Attributed to:		
Investment Income		
Net Appreciation in Fair Value of Investments	$	277,175
Interest and Dividends		82,241
Total Investment Income		359,416
Contributions		
Participant		368,801
Employer		248,781
Total Contributions		617,582
Total Additions		976,998
Deductions from Net Assets Attributed to:		
Benefits Paid to Participants		54,009
Administrative Expenses		3,392
Total Deductions		57,401
Net Increase		919,597
Net Assets Available for Benefits Beginning of Year (Compiled)		2,711,076
End of Year	$	3,630,673

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

Note 1. Description of the Plan

The following description of the Communihealth 403(b) Retirement 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 covering all eligible employees of Morehouse Community Medical Center, Inc. (the Plan Sponsor). Effective January 1, 2021, the Plan name was changed from MCMC 403(b) Retirement Plan to Communihealth 403(b) Retirement Plan. Employees are immediately eligible to make elective deferral contributions to the Plan and receive employer matching contributions after sixty days of service and employer non-elective contributions after one year of service to the Plan Sponsor. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Each year, participants may contribute up to 100% of their eligible compensation to the Plan, up to the maximum allowable by the Internal Revenue Code (IRC). The Plan allows catch-up contributions for participants that attain the age of 50. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The employer may contribute a discretionary matching contribution and a discretionary non-elective contribution in an amount to be determined annually by the Plan Sponsor. The Plan Sponsor made discretionary matching contributions to the Plan equal to 100% of the participants' elective deferrals that did not exceed 5% of the participants' compensation for the year ended December 31, 2021. The Plan Sponsor did not make any non-elective contributions during the year ended December 31, 2021.

Participant Accounts

Each participant's account is credited with the participant's contributions, allocations of Plan Sponsor contributions, plan gains or losses, and applicable administrative expenses. Allocations of the Plan Sponsor's contributions are based on participant compensation or salary deferrals, as defined. Allocations of plan earnings and expenses are based on account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their elective deferrals plus actual earnings thereon. Vesting in the Company's discretionary match and non-elective portion of their accounts plus actual earnings thereon is based on years of continuous service. Participants hired prior to January 1, 2021 become 100% vested after five years of credited service. Participants hired after January 1, 2021 become 100% vested after six years of credited service.

Note 1. Description of the Plan (Continued)

Payment of Benefits

Account balances may be withdrawn by, or distributed to, a participant only upon (1) termination of employment or (2) attaining the age of 59½. Withdrawals prior to attaining age 59½ are not permitted, except in the event of retirement, disability, or as a hardship distribution. Upon proof, to the satisfaction of the Plan Administrator, of an immediate and heavy financial need, amounts contributed may be withdrawn for hardship purposes. Certain income tax penalties may apply to withdrawals or distributions prior to age 59½.

Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right to terminate the Plan at any time. In the event of termination or partial plan termination, the net assets will be allocated to participants as prescribed by ERISA and regulations issued pursuant thereto.

Forfeited Accounts

When certain terminations of participation in the Plan occur, the non-vested portion of the participant's account, as defined by the Plan, represents a forfeiture. Forfeitures may be used to pay any administrative expenses incurred by the Plan, or to reduce future employer contributions. At December 31, 2021 and 2020, forfeited non-vested accounts totaled $11,865 and $-0-, respectively. During the year ended December 31, 2021, no forfeitures were used to reduce employer contributions and/or plan expenses.

Administrative Expenses

Administrative expenses of the Plan may be paid by the Plan Sponsor or the Plan as provided in the Plan Document.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Note 2. Summary of Significant Accounting Policies (Continued)

Use of Estimates

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

Tax Status

The Plan has adopted a volume submitter plan sponsored by Voya Retirement Insurance and Annuity Company. The volume submitter plan provider has received an advisory letter from the Internal Revenue Service as to the volume submitter plan's compliance with IRC section 403(b). The volume submitter plan advisory letter has been relied upon by the Plan. The Plan has been amended since the volume submitter document provider received the advisory letter. The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America provide accounting and disclosure guidance about positions taken by a plan in its tax returns that might be uncertain. The Plan Administrator believes that it has appropriate support for any tax positions taken, and as such, does not have any uncertain tax positions that are material to the financial statements.

Payment of Benefits

Benefits are recorded when paid.

Note 3. Information Certified by AIG Retirement Services (AIG), as agent for The Variable Annuity Life Insurance Company, and The Voya Retirement Insurance and Annuity Company (Voya)

The following is a summary of the plan's asset information as of December 31, 2021 and 2020, and for the year ended December 31, 2021, included throughout the Plan's financial statements and ERISA-required supplemental schedule, obtained by management and agreed to or derived from information certified by AIG and Voya, the custodians of the Plan. The Plan Administrator has obtained certifications from the custodians that information provided to the Plan Administrator by the custodians related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and ERISA-required supplemental schedule related to the following assets at December 31, 2021 and 2020:

Note 3. Information Certified by AIG Retirement Services (AIG), as agent for The Variable Annuity Life Insurance Company, and The Voya Retirement Insurance and Annuity Company (Voya) (Continued)

	2021	(Compiled) 2020
Investments, at Fair Value		
Pooled Separate Accounts	**$ 1,950,206**	$ 2,320,889
Mutual Funds	**1,264,824**	-
Money Market Accounts	**186,009**	185,453
Total Investments, at Fair Value	**3,401,039**	2,506,342
Investments, at Contract Value		
Group Annuity Contract	**132,675**	204,734
Insurance Company General Account	**96,959**	-
Total Investments, at Contract Value	**229,634**	204,734
Total Investments	**$ 3,630,673**	$ 2,711,076

The custodians also certified to the completeness and accuracy of $277,175 of net appreciation in fair value of investments and $82,241 of interest and dividends related to the aforementioned investments for the year ended December 31, 2021.

Note 4. Fair Value Measurements

The *Fair Value Measurement* Topic of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Note 4. Fair Value Measurements (Continued)

Level 2 Inputs other than the quoted prices included within the Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

Level 3 Inputs that are unobservable inputs for the asset or liability.

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

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

Pooled Separate Accounts: The net asset value (NAV) of a pooled separate account is based on the market value of the underlying investments as adjusted for the Plan's units of participation in the pooled accounts. Units are established for each investment division of the pooled separate accounts. The value of these units is determined at the close of the stock exchange each day the exchange is open for regular trading. The pooled separate NAV is not a publicly quoted price in an active market. Therefore, the NAV is used as a practical expedient to estimate fair value. The value increases or decreases based on the investment performance of the corresponding underlying portfolios.

Money Market: Valued at the quoted market prices on an available mark*et.*

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Note 4. Fair Value Measurements (Continued)

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

December 31, 2021	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual Funds	**$ 1,264,824**	**$ -**	**$ -**	**$ 1,264,824**
Money Market Accounts	**186,009**	**-**	**-**	**186,009**
Investments in Fair Value Hierarchy	**1,450,833**	**-**	**-**	**1,450,833**
Investments Measured, at NAV [(a)]				**1,950,206**
Total Investments, at Fair Value				**$ 3,401,039**

December 31, 2020 (Compiled)	Level 1	Level 2	Level 3	Total
Money Market Accounts	$ 185,453	$ -	$ -	$ 185,453
Investments in Fair Value Hierarchy	$ -	$ -	$ -	185,453
Investments Measured, at NAV [(a)]				2,320,889
Total Investments, at Fair Value				$ 2,506,342

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

Note 4. Fair Value Measurements (Continued)

Investments Measured Using the NAV per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2021 and 2020. There are no participant redemption restrictions for these investments.

	Fair Value at December 31, 2021	(Compiled) Fair Value at December 31, 2020	Unfunded Commitment
Pooled Separate Accounts			
Fixed Income [a]	**$ -**	$ 36,852	$ -
Global & International Equity [b]	**3,530**	111,114	-
Hybrid [c]	**1,840,130**	1,869,439	-
Large Cap [d]	**45,495**	146,342	-
Mid Cap [e]	**3,286**	63,634	-
Small Cap [f]	**2,727**	20,543	-
Specialty [g]	**55,038**	72,965	-
Total	**$ 1,950,206**	$ 2,320,889	$ -

(a) This category includes funds seeking current income, with a secondary objective of preservation of capital. The funds invest primarily in investment grade, publicly traded debt securities, bonds, U.S. Government and agency securities, mortgage-backed securities, and zero-coupon securities.

(b) This category is made up of funds investing in assets outside of the United States primarily seeking long-term capital growth.

(c) This category is made up of conservative, moderate, and aggressive allocation funds, all seeking current income and capital appreciation. The funds invest in fixed income and equity funds. The degree of allocation in fixed income and equity funds varies, with the conservative funds investing a larger percentage in fixed income, and the aggressive funds investing a larger percentage in equity funds.

(d) This category includes equity investments in companies with a market capitalization value of more than $10 billion. Large Cap is an abbreviation of the term "large market capitalization". Market capitalization is calculated by multiplying the number of a company's shares outstanding by its stock price per share.

(e) This category includes equity investments in companies with a market capitalization between $2 and $10 billion, which is calculated by multiplying the number of a company's shares outstanding by its stock price. Mid Cap is an abbreviation for the term "middle capitalization".

(f) This category includes equity investments in companies with a relatively small market capitalization. The definition of Small Cap can vary among brokerages, but generally it is a company with a market capitalization of between $300 million and $2 billion.

(g) This category is comprised of funds which invest in specialized sectors or industries such as real estate, healthcare, commodities, and science related investments.

Note 5. Related-Party and Party-in-Interest Transactions

Certain plan investment options are managed by AIG and Voya, the Plan's custodians. Therefore, these transactions qualify as party-in-interest. Consequently, such transactions are permitted under the provisions of the Plan and are exempt from the provision of the party-in-interest transactions under ERISA. The Plan pays administrative fees to these parties, which totaled $3,392 for the year ended December 31, 2021, and is included in the accompanying statement of changes in net assets available for benefits.

Note 6. Risks and Uncertainties

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

Note 7. Investments, at Contract Value

Group Annuity Contracts - AIG

The Plan's annuity contract provides two guaranteed fixed options that are invested in accordance with applicable state regulations to provide fixed-rate earnings and guarantee safety of principal. The guarantees are backed by the claims-paying ability of AIG. A minimum rate is contractually guaranteed by AIG. The Fixed Account Plus provides fixed-return investment growth for the long-term. It is credited with interest rates set by AIG for the years ended December 31, 2021 and 2020. The Fixed Account Plus is designed for long-term investing and may limit transfers out of the account. The Short-Term Fixed Account provides fixed-return investment growth for the short-term. It is credited with interest at rates (3%) set by AIG which may be lower than the interest rates credited to Fixed Account Plus for the years ended December 31, 2021 and 2020. As of December 31, 2021 and 2020, the amounts held in the guaranteed fixed options are $132,675 and $204,734, respectively.

Because the group annuity 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 group annuity contract. The group annuity contract is presented on the face of the statements of net assets available for benefits at contract value. Contract value 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 investment at contract value.

Note 7. Investments, at Contract Value (Continued)

Certain events limit the Plan's ability to transact at contract value with AIG. Such events include the following: (a) amendments to the Plan Documents (including complete or partial plan termination or merger with another plan), (b) changes to the plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the Plan Sponsor or other plan sponsors events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the ERISA. The Plan Administrator does not believe that any event that would limit the Plan's ability to transact at contract value with plan participants are probably of occurring.

Investment Contract with Voya

The Plan allows participants to invest in a traditional annuity contract in which the invested funds are held in an insurance company general account which supports insurance and annuity obligations. This option is the Voya Fixed Account. As of December 31, 2021 and 2020, the amounts held in the Voya Fixed Account are $96,959 and $-0-, respectively.

As described in Note 2, because the 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 investment contract. Contract value, as reported in the Plan by Voya, 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 investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The investment contract has a guarantee that the interest rate will not go below a floor rate, which is 1%. Such interest rate is reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (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; (3) bankruptcy of the Plan Sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that significantly affect the Plan's normal operations; (4) the failure of the Plan to qualify under 401(a) of the IRC or the failure of the trust to be tax exempt under Section 501(a) of the IRC; or (5) premature termination of the contract.

The Plan Administrator believes that no events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer, and that also would limit the ability of the Plan to transact at contract value with the participants.

Note 8. Subsequent Events

The Plan Administrator has evaluated subsequent events through the date that the financial statements were available to be issued, October 14, 2022, and determined that no events occurred that require disclosure. No further subsequent events occurring after this date have been evaluated for inclusion in these financial statements.

Communihealth 403(b) Retirement Plan
Supplemental Information - EIN 82-0579411 - Plan#001
Schedule of Assets (Held at End of Year)
As of December 31, 2021

(a) Party-in-Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Asset	(d) Cost	(e) Current Value
Investments				
	Money Market Accounts			
*	AIG Retirement Services	GOVERNMENT MONEY MARKET I	**	$ 183,086
*	Voya Retirement Insurance and Annuity Company	VOYA GOV MONEY MKT FND A (HOLD ACCT)	**	2,923
				186,009
	Mutual Funds			
*	Voya Retirement Insurance and Annuity Company	FID US BD ID FD	**	182,047
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2035 FD INV	**	151,856
*	Voya Retirement Insurance and Annuity Company	VANGRD TOT INT STK IN F ADM	**	147,039
*	Voya Retirement Insurance and Annuity Company	VANGRD U.S. GROWTH FUND ADM	**	123,355
*	Voya Retirement Insurance and Annuity Company	VANGRD EQUITY INCOME FUND ADM	**	118,366
*	Voya Retirement Insurance and Annuity Company	FIDELITY 500 INDEX FUND	**	108,625
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2025 FD INV	**	55,615
*	Voya Retirement Insurance and Annuity Company	FIDELITY ADV INTL CAP APPREC Z	**	50,767
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2040 FD INV	**	48,561
*	Voya Retirement Insurance and Annuity Company	JPMORGAN MID CAP GROWTH FUND R6	**	47,235
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2045 FD INV	**	42,935
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2020 FD INV	**	40,906
*	Voya Retirement Insurance and Annuity Company	FIDELITY SM CP IND FD	**	36,834
*	Voya Retirement Insurance and Annuity Company	ALLSPG SPEC MDCP VI FD R6	**	22,619
*	Voya Retirement Insurance and Annuity Company	AB SMALL CAP GRW PORT Z	**	21,145
*	Voya Retirement Insurance and Annuity Company	FIDELITY MID CAP IDX FD	**	15,740
*	Voya Retirement Insurance and Annuity Company	AMBCN SMALL CAP VALUE FUND R6	**	7,998
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2050 FD INV	**	7,549
*	Voya Retirement Insurance and Annuity Company	AMERICAN FUNDS AM BALANCED R6	**	6,563
*	Voya Retirement Insurance and Annuity Company	PGIM TOTAL RETURN BOND FD R6	**	6,112
*	Voya Retirement Insurance and Annuity Company	AB GLOBAL BOND FUND Z	**	6,101
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2055 FD INV	**	5,939
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2015 FD INV	**	5,915
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2030 FD INV	**	2,592
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2060 FD INV	**	2,150
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE INCOME FD INV	**	212
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2065 FD INV	**	48
				1,264,824
	Pooled Separate Accounts			
*	AIG Retirement Services	MODERATE GROWTH LIFESTYLE	**	$ 405,628
*	AIG Retirement Services	AGGRESSIVE GROWTH LIFESTYLE	**	376,238
*	AIG Retirement Services	T ROWE PRICE RETIRMENT 2040 ADV	**	370,273
*	AIG Retirement Services	T ROWE PRICE RETIRMENT 2035 ADV	**	186,599
*	AIG Retirement Services	T ROWE PRICE RETIRMENT 2050 ADV	**	183,561
*	AIG Retirement Services	T ROWE PRICE RETIRMENT 2045 ADV	**	130,123
*	AIG Retirement Services	T ROWE PRICE RETIRMENT 2060 ADV	**	65,299
*	AIG Retirement Services	T ROWE PRICE RETIRMENT 2055 ADV	**	60,199
*	AIG Retirement Services	SCIENCE & TECHNOLOGY FUND	**	55,038
*	AIG Retirement Services	T ROWE PRICE RETIRMENT 2030 ADV	**	37,755
*	AIG Retirement Services	VC I CONSERV GROWTH LIFESTYLE	**	24,455
*	AIG Retirement Services	SYSTEMATIC CORE FUND	**	22,987
*	AIG Retirement Services	NASDAQ-100(R) INDEX FUND	**	15,969
*	AIG Retirement Services	BLUE CHIP GROWTH FUND	**	6,539
*	AIG Retirement Services	INTERNATL EQUITIES INDEX FUND	**	3,530
*	AIG Retirement Services	MID CAP INDEX FUND	**	3,286
*	AIG Retirement Services	SMALL CAP INDEX FUND	**	2,727
				1,950,206

Communihealth 403(b) Retirement Plan
Supplemental Information - EIN 82-0579411 - Plan#001
Schedule of Assets (Held at End of Year) (Continued)
As of December 31, 2021

(a) Party-in-Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Asset	(d) Cost	(e) Current Value
Investments (Continued)				
	Fixed Accounts Held in Group Annuity Contracts			
*	Variable Annuity Life Insurance Company	FIXED ACCOUNT PLUS	**	124,393
*	Variable Annuity Life Insurance Company	SHORT-TERM FIXED ACCOUNT	**	8,282
				132,675
	Fixed Accounts Held in Insurance Company			
*	Voya Retirement Insurance and Annuity Company	VOYA FIXED ACCOUNT (4452)	**	96,959
	Total Investments			$ 3,630,673

* Represents a party-in-interest as defined by ERISA.
** Cost omitted for participant-directed investments.

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets
(Held at End of Year)
CommuniHealth 403(b) Retirement Plan
EIN 82-0579411
Plan 001
As of December 31, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d) Cost	(e) Current Value
	AB Global Bond Fund Z	Registered Investment Company		$6,101
	AB Small Cap Grw Port Z	Registered Investment Company		$21,145
	Allspg Spec MdCp Vl Fd R6	Registered Investment Company		$22,619
	AmBcn Small Cap Value Fund R6	Registered Investment Company		$7,998
	American Funds Am Balanced R6	Registered Investment Company		$6,563
	Fid US Bd Id Fd	Registered Investment Company		$182,047
	Fidelity 500 Index Fund	Registered Investment Company		$108,625
	Fidelity Adv Intl Cap Apprec Z	Registered Investment Company		$50,767
	Fidelity Mid Cap Idx Fd	Registered Investment Company		$15,740
	Fidelity Sm Cp Ind Fd	Registered Investment Company		$36,834
	JPMorgan Mid Cap Growth Fd R6	Registered Investment Company		$47,235
*	The Variable Annuity Life Insurance Co.	Insurance Company General Account		$132,675
*	The Variable Annuity Life Insurance Co.	Separate Account		$2,133,291
	PGIM Total Return Bond Fund R6	Registered Investment Company		$6,112
	Vangrd Equity Income Fund Adm	Registered Investment Company		$118,366
	Vangrd Tot Int Stk In F Adm	Registered Investment Company		$147,039
	Vangrd Trgt Retire 2015 Fd Inv	Registered Investment Company		$5,915
	Vangrd Trgt Retire 2020 Fd Inv	Registered Investment Company		$40,906
	Vangrd Trgt Retire 2025 Fd Inv	Registered Investment Company		$55,615
	Vangrd Trgt Retire 2030 Fd Inv	Registered Investment Company		$2,592
	Vangrd Trgt Retire 2035 Fd Inv	Registered Investment Company		$151,856
	Vangrd Trgt Retire 2040 Fd Inv	Registered Investment Company		$48,561
	Vangrd Trgt Retire 2045 Fd Inv	Registered Investment Company		$42,935
	Vangrd Trgt Retire 2050 Fd Inv	Registered Investment Company		$7,549
	Vangrd Trgt Retire 2055 Fd Inv	Registered Investment Company		$5,939
	Vangrd Trgt Retire 2060 Fd Inv	Registered Investment Company		$2,150
	Vangrd Trgt Retire 2065 Fd Inv	Registered Investment Company		$49
	Vangrd Trgt Retire Inc Fd Inv	Registered Investment Company		$212
	Vangrd U.S. Growth Fund Adm	Registered Investment Company		$123,355
*	Voya Fixed Account (4452)	Insurance Company General Account		$96,959
*	Voya Gv Mny Mkt F A (Hld Acct)	Registered Investment Company		$2,923
	Total			$3,630,673

* denotes party-in-interest
Column (d) is not required as the Plan's investments are totally participant directed.

COMMUNIHEALTH 403(b) RETIREMENT PLAN

Audit of Financial Statements
December 31, 2021

Compilation of Financial Statements
December 31, 2020

LAPORTE
CPAs & BUSINESS ADVISORS

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Independent Auditor's Report

To the Plan Administrator and Participants of the
Communihealth 403(b) Retirement Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements
We have performed an audit of the financial statements of the Communihealth 403(b) Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions 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 (U.S. GAAP).
- The information in the accompanying 2021 financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

RSM US Alliance member firms are separate and independent businesses and legal entities that are responsible for their own acts and omissions, and each is separate and independent from RSM US LLP. RSM US LLP is the U.S. member firm of RSM International, a global network of independent audit, tax, and consulting firms. Members of RSM US Alliance have access to RSM International resources through RSM US LLP but are not member firms of RSM International.

Basis for Opinion on the 2021 Financial Statements
We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements
Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

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

In performing an audit in accordance with GAAS, we:

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

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

Other Matters

2021 Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

Report on the Compilation of the 2020 Financial Statements

Plan management is responsible for the accompanying financial statements of the Communihealth 403(b) Retirement Plan, which comprise the statement of net assets available for benefits as of December 31, 2020, and the related notes to the financial statements in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review these financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements as of December 31, 2020.



A Professional Accounting Corporation

Baton Rouge, LA
October 14, 2022

Communihealth 403(b) Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020

	2021	(Compiled) 2020
Assets		
Investments		
Investments, at Fair Value	**$ 3,401,039**	$ 2,506,342
Investments, at Contract Value	**229,634**	204,734
Total Investments	**3,630,673**	2,711,076
Total Assets	**3,630,673**	2,711,076
Net Assets Available for Benefits	**$ 3,630,673**	$ 2,711,076

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

Communihealth 403(b) Retirement Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2021

Additions to Net Assets Attributed to:		
Investment Income		
Net Appreciation in Fair Value of Investments	$	277,175
Interest and Dividends		82,241
Total Investment Income		359,416
Contributions		
Participant		368,801
Employer		248,781
Total Contributions		617,582
Total Additions		976,998
Deductions from Net Assets Attributed to:		
Benefits Paid to Participants		54,009
Administrative Expenses		3,392
Total Deductions		57,401
Net Increase		919,597
Net Assets Available for Benefits Beginning of Year (Compiled)		2,711,076
End of Year	$	3,630,673

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

Note 1. Description of the Plan

The following description of the Communihealth 403(b) Retirement 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 covering all eligible employees of Morehouse Community Medical Center, Inc. (the Plan Sponsor). Effective January 1, 2021, the Plan name was changed from MCMC 403(b) Retirement Plan to Communihealth 403(b) Retirement Plan. Employees are immediately eligible to make elective deferral contributions to the Plan and receive employer matching contributions after sixty days of service and employer non-elective contributions after one year of service to the Plan Sponsor. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Each year, participants may contribute up to 100% of their eligible compensation to the Plan, up to the maximum allowable by the Internal Revenue Code (IRC). The Plan allows catch-up contributions for participants that attain the age of 50. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The employer may contribute a discretionary matching contribution and a discretionary non-elective contribution in an amount to be determined annually by the Plan Sponsor. The Plan Sponsor made discretionary matching contributions to the Plan equal to 100% of the participants' elective deferrals that did not exceed 5% of the participants' compensation for the year ended December 31, 2021. The Plan Sponsor did not make any non-elective contributions during the year ended December 31, 2021.

Participant Accounts

Each participant's account is credited with the participant's contributions, allocations of Plan Sponsor contributions, plan gains or losses, and applicable administrative expenses. Allocations of the Plan Sponsor's contributions are based on participant compensation or salary deferrals, as defined. Allocations of plan earnings and expenses are based on account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their elective deferrals plus actual earnings thereon. Vesting in the Company's discretionary match and non-elective portion of their accounts plus actual earnings thereon is based on years of continuous service. Participants hired prior to January 1, 2021 become 100% vested after five years of credited service. Participants hired after January 1, 2021 become 100% vested after six years of credited service.

Note 1. Description of the Plan (Continued)

Payment of Benefits

Account balances may be withdrawn by, or distributed to, a participant only upon (1) termination of employment or (2) attaining the age of 59½. Withdrawals prior to attaining age 59½ are not permitted, except in the event of retirement, disability, or as a hardship distribution. Upon proof, to the satisfaction of the Plan Administrator, of an immediate and heavy financial need, amounts contributed may be withdrawn for hardship purposes. Certain income tax penalties may apply to withdrawals or distributions prior to age 59½.

Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right to terminate the Plan at any time. In the event of termination or partial plan termination, the net assets will be allocated to participants as prescribed by ERISA and regulations issued pursuant thereto.

Forfeited Accounts

When certain terminations of participation in the Plan occur, the non-vested portion of the participant's account, as defined by the Plan, represents a forfeiture. Forfeitures may be used to pay any administrative expenses incurred by the Plan, or to reduce future employer contributions. At December 31, 2021 and 2020, forfeited non-vested accounts totaled $11,865 and $-0-, respectively. During the year ended December 31, 2021, no forfeitures were used to reduce employer contributions and/or plan expenses.

Administrative Expenses

Administrative expenses of the Plan may be paid by the Plan Sponsor or the Plan as provided in the Plan Document.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Note 2. Summary of Significant Accounting Policies (Continued)

Use of Estimates

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

Tax Status

The Plan has adopted a volume submitter plan sponsored by Voya Retirement Insurance and Annuity Company. The volume submitter plan provider has received an advisory letter from the Internal Revenue Service as to the volume submitter plan's compliance with IRC section 403(b). The volume submitter plan advisory letter has been relied upon by the Plan. The Plan has been amended since the volume submitter document provider received the advisory letter. The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America provide accounting and disclosure guidance about positions taken by a plan in its tax returns that might be uncertain. The Plan Administrator believes that it has appropriate support for any tax positions taken, and as such, does not have any uncertain tax positions that are material to the financial statements.

Payment of Benefits

Benefits are recorded when paid.

Note 3. Information Certified by AIG Retirement Services (AIG), as agent for The Variable Annuity Life Insurance Company, and The Voya Retirement Insurance and Annuity Company (Voya)

The following is a summary of the plan's asset information as of December 31, 2021 and 2020, and for the year ended December 31, 2021, included throughout the Plan's financial statements and ERISA-required supplemental schedule, obtained by management and agreed to or derived from information certified by AIG and Voya, the custodians of the Plan. The Plan Administrator has obtained certifications from the custodians that information provided to the Plan Administrator by the custodians related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and ERISA-required supplemental schedule related to the following assets at December 31, 2021 and 2020:

Note 3. Information Certified by AIG Retirement Services (AIG), as agent for The Variable Annuity Life Insurance Company, and The Voya Retirement Insurance and Annuity Company (Voya) (Continued)

	2021	(Compiled) 2020
Investments, at Fair Value		
Pooled Separate Accounts	**$ 1,950,206**	$ 2,320,889
Mutual Funds	**1,264,824**	-
Money Market Accounts	**186,009**	185,453
Total Investments, at Fair Value	**3,401,039**	2,506,342
Investments, at Contract Value		
Group Annuity Contract	**132,675**	204,734
Insurance Company General Account	**96,959**	-
Total Investments, at Contract Value	**229,634**	204,734
Total Investments	**$ 3,630,673**	$ 2,711,076

The custodians also certified to the completeness and accuracy of $277,175 of net appreciation in fair value of investments and $82,241 of interest and dividends related to the aforementioned investments for the year ended December 31, 2021.

Note 4. Fair Value Measurements

The *Fair Value Measurement* Topic of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Note 4. Fair Value Measurements (Continued)

Level 2 Inputs other than the quoted prices included within the Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

Level 3 Inputs that are unobservable inputs for the asset or liability.

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

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

Pooled Separate Accounts: The net asset value (NAV) of a pooled separate account is based on the market value of the underlying investments as adjusted for the Plan's units of participation in the pooled accounts. Units are established for each investment division of the pooled separate accounts. The value of these units is determined at the close of the stock exchange each day the exchange is open for regular trading. The pooled separate NAV is not a publicly quoted price in an active market. Therefore, the NAV is used as a practical expedient to estimate fair value. The value increases or decreases based on the investment performance of the corresponding underlying portfolios.

Money Market: Valued at the quoted market prices on an available mark*et.*

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Note 4. Fair Value Measurements (Continued)

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

December 31, 2021	**Level 1**	**Level 2**	**Level 3**	**Total**
Mutual Funds	**$ 1,264,824**	**$ -**	**$ -**	**$ 1,264,824**
Money Market Accounts	**186,009**	**-**	**-**	**186,009**
Investments in Fair Value Hierarchy	**1,450,833**	**-**	**-**	**1,450,833**
Investments Measured, at NAV [(a)]				**1,950,206**
Total Investments, at Fair Value				**$ 3,401,039**

December 31, 2020 (Compiled)	Level 1	Level 2	Level 3	Total
Money Market Accounts	$ 185,453	$ -	$ -	$ 185,453
Investments in Fair Value Hierarchy	$ -	$ -	$ -	185,453
Investments Measured, at NAV [(a)]				2,320,889
Total Investments, at Fair Value				$ 2,506,342

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

Note 4. Fair Value Measurements (Continued)

Investments Measured Using the NAV per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2021 and 2020. There are no participant redemption restrictions for these investments.

	Fair Value at December 31, 2021	(Compiled) Fair Value at December 31, 2020	Unfunded Commitment
Pooled Separate Accounts			
Fixed Income [a]	**$ -**	$ 36,852	$ -
Global & International Equity [b]	**3,530**	111,114	-
Hybrid [c]	**1,840,130**	1,869,439	-
Large Cap [d]	**45,495**	146,342	-
Mid Cap [e]	**3,286**	63,634	-
Small Cap [f]	**2,727**	20,543	-
Specialty [g]	**55,038**	72,965	-
Total	**$ 1,950,206**	$ 2,320,889	$ -

(a) This category includes funds seeking current income, with a secondary objective of preservation of capital. The funds invest primarily in investment grade, publicly traded debt securities, bonds, U.S. Government and agency securities, mortgage-backed securities, and zero-coupon securities.

(b) This category is made up of funds investing in assets outside of the United States primarily seeking long-term capital growth.

(c) This category is made up of conservative, moderate, and aggressive allocation funds, all seeking current income and capital appreciation. The funds invest in fixed income and equity funds. The degree of allocation in fixed income and equity funds varies, with the conservative funds investing a larger percentage in fixed income, and the aggressive funds investing a larger percentage in equity funds.

(d) This category includes equity investments in companies with a market capitalization value of more than $10 billion. Large Cap is an abbreviation of the term "large market capitalization". Market capitalization is calculated by multiplying the number of a company's shares outstanding by its stock price per share.

(e) This category includes equity investments in companies with a market capitalization between $2 and $10 billion, which is calculated by multiplying the number of a company's shares outstanding by its stock price. Mid Cap is an abbreviation for the term "middle capitalization".

(f) This category includes equity investments in companies with a relatively small market capitalization. The definition of Small Cap can vary among brokerages, but generally it is a company with a market capitalization of between $300 million and $2 billion.

(g) This category is comprised of funds which invest in specialized sectors or industries such as real estate, healthcare, commodities, and science related investments.

Note 5. Related-Party and Party-in-Interest Transactions

Certain plan investment options are managed by AIG and Voya, the Plan's custodians. Therefore, these transactions qualify as party-in-interest. Consequently, such transactions are permitted under the provisions of the Plan and are exempt from the provision of the party-in-interest transactions under ERISA. The Plan pays administrative fees to these parties, which totaled $3,392 for the year ended December 31, 2021, and is included in the accompanying statement of changes in net assets available for benefits.

Note 6. Risks and Uncertainties

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

Note 7. Investments, at Contract Value

Group Annuity Contracts - AIG

The Plan's annuity contract provides two guaranteed fixed options that are invested in accordance with applicable state regulations to provide fixed-rate earnings and guarantee safety of principal. The guarantees are backed by the claims-paying ability of AIG. A minimum rate is contractually guaranteed by AIG. The Fixed Account Plus provides fixed-return investment growth for the long-term. It is credited with interest rates set by AIG for the years ended December 31, 2021 and 2020. The Fixed Account Plus is designed for long-term investing and may limit transfers out of the account. The Short-Term Fixed Account provides fixed-return investment growth for the short-term. It is credited with interest at rates (3%) set by AIG which may be lower than the interest rates credited to Fixed Account Plus for the years ended December 31, 2021 and 2020. As of December 31, 2021 and 2020, the amounts held in the guaranteed fixed options are $132,675 and $204,734, respectively.

Because the group annuity 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 group annuity contract. The group annuity contract is presented on the face of the statements of net assets available for benefits at contract value. Contract value 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 investment at contract value.

Note 7. Investments, at Contract Value (Continued)

Certain events limit the Plan's ability to transact at contract value with AIG. Such events include the following: (a) amendments to the Plan Documents (including complete or partial plan termination or merger with another plan), (b) changes to the plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the Plan Sponsor or other plan sponsors events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under the ERISA. The Plan Administrator does not believe that any event that would limit the Plan's ability to transact at contract value with plan participants are probably of occurring.

Investment Contract with Voya

The Plan allows participants to invest in a traditional annuity contract in which the invested funds are held in an insurance company general account which supports insurance and annuity obligations. This option is the Voya Fixed Account. As of December 31, 2021 and 2020, the amounts held in the Voya Fixed Account are $96,959 and $-0-, respectively.

As described in Note 2, because the 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 investment contract. Contract value, as reported in the Plan by Voya, 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 investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The investment contract has a guarantee that the interest rate will not go below a floor rate, which is 1%. Such interest rate is reviewed on a quarterly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (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; (3) bankruptcy of the Plan Sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that significantly affect the Plan's normal operations; (4) the failure of the Plan to qualify under 401(a) of the IRC or the failure of the trust to be tax exempt under Section 501(a) of the IRC; or (5) premature termination of the contract.

The Plan Administrator believes that no events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer, and that also would limit the ability of the Plan to transact at contract value with the participants.

Note 8. Subsequent Events

The Plan Administrator has evaluated subsequent events through the date that the financial statements were available to be issued, October 14, 2022, and determined that no events occurred that require disclosure. No further subsequent events occurring after this date have been evaluated for inclusion in these financial statements.

Communihealth 403(b) Retirement Plan
Supplemental Information - EIN 82-0579411 - Plan#001
Schedule of Assets (Held at End of Year)
As of December 31, 2021

(a) Party-in-Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Asset	(d) Cost	(e) Current Value
Investments				
	Money Market Accounts			
*	AIG Retirement Services	GOVERNMENT MONEY MARKET I	**	$ 183,086
*	Voya Retirement Insurance and Annuity Company	VOYA GOV MONEY MKT FND A (HOLD ACCT)	**	2,923
				186,009
	Mutual Funds			
*	Voya Retirement Insurance and Annuity Company	FID US BD ID FD	**	182,047
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2035 FD INV	**	151,856
*	Voya Retirement Insurance and Annuity Company	VANGRD TOT INT STK IN F ADM	**	147,039
*	Voya Retirement Insurance and Annuity Company	VANGRD U.S. GROWTH FUND ADM	**	123,355
*	Voya Retirement Insurance and Annuity Company	VANGRD EQUITY INCOME FUND ADM	**	118,366
*	Voya Retirement Insurance and Annuity Company	FIDELITY 500 INDEX FUND	**	108,625
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2025 FD INV	**	55,615
*	Voya Retirement Insurance and Annuity Company	FIDELITY ADV INTL CAP APPREC Z	**	50,767
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2040 FD INV	**	48,561
*	Voya Retirement Insurance and Annuity Company	JPMORGAN MID CAP GROWTH FUND R6	**	47,235
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2045 FD INV	**	42,935
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2020 FD INV	**	40,906
*	Voya Retirement Insurance and Annuity Company	FIDELITY SM CP IND FD	**	36,834
*	Voya Retirement Insurance and Annuity Company	ALLSPG SPEC MDCP VI FD R6	**	22,619
*	Voya Retirement Insurance and Annuity Company	AB SMALL CAP GRW PORT Z	**	21,145
*	Voya Retirement Insurance and Annuity Company	FIDELITY MID CAP IDX FD	**	15,740
*	Voya Retirement Insurance and Annuity Company	AMBCN SMALL CAP VALUE FUND R6	**	7,998
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2050 FD INV	**	7,549
*	Voya Retirement Insurance and Annuity Company	AMERICAN FUNDS AM BALANCED R6	**	6,563
*	Voya Retirement Insurance and Annuity Company	PGIM TOTAL RETURN BOND FD R6	**	6,112
*	Voya Retirement Insurance and Annuity Company	AB GLOBAL BOND FUND Z	**	6,101
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2055 FD INV	**	5,939
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2015 FD INV	**	5,915
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2030 FD INV	**	2,592
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2060 FD INV	**	2,150
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE INCOME FD INV	**	212
*	Voya Retirement Insurance and Annuity Company	VANGRD TRGT RETIRE 2065 FD INV	**	48
				1,264,824
	Pooled Separate Accounts			
*	AIG Retirement Services	MODERATE GROWTH LIFESTYLE	**	$ 405,628
*	AIG Retirement Services	AGGRESSIVE GROWTH LIFESTYLE	**	376,238
*	AIG Retirement Services	T ROWE PRICE RETIRMENT 2040 ADV	**	370,273
*	AIG Retirement Services	T ROWE PRICE RETIRMENT 2035 ADV	**	186,599
*	AIG Retirement Services	T ROWE PRICE RETIRMENT 2050 ADV	**	183,561
*	AIG Retirement Services	T ROWE PRICE RETIRMENT 2045 ADV	**	130,123
*	AIG Retirement Services	T ROWE PRICE RETIRMENT 2060 ADV	**	65,299
*	AIG Retirement Services	T ROWE PRICE RETIRMENT 2055 ADV	**	60,199
*	AIG Retirement Services	SCIENCE & TECHNOLOGY FUND	**	55,038
*	AIG Retirement Services	T ROWE PRICE RETIRMENT 2030 ADV	**	37,755
*	AIG Retirement Services	VC I CONSERV GROWTH LIFESTYLE	**	24,455
*	AIG Retirement Services	SYSTEMATIC CORE FUND	**	22,987
*	AIG Retirement Services	NASDAQ-100(R) INDEX FUND	**	15,969
*	AIG Retirement Services	BLUE CHIP GROWTH FUND	**	6,539
*	AIG Retirement Services	INTERNATL EQUITIES INDEX FUND	**	3,530
*	AIG Retirement Services	MID CAP INDEX FUND	**	3,286
*	AIG Retirement Services	SMALL CAP INDEX FUND	**	2,727
				1,950,206

Communihealth 403(b) Retirement Plan
Supplemental Information - EIN 82-0579411 - Plan#001
Schedule of Assets (Held at End of Year) (Continued)
As of December 31, 2021

(a) Party-in-Interest	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Asset	(d) Cost	(e) Current Value
Investments (Continued)				
	Fixed Accounts Held in Group Annuity Contracts			
*	Variable Annuity Life Insurance Company	FIXED ACCOUNT PLUS	**	124,393
*	Variable Annuity Life Insurance Company	SHORT-TERM FIXED ACCOUNT	**	8,282
				132,675
	Fixed Accounts Held in Insurance Company			
*	Voya Retirement Insurance and Annuity Company	VOYA FIXED ACCOUNT (4452)	**	96,959
	Total Investments			$ 3,630,673

* Represents a party-in-interest as defined by ERISA.
** Cost omitted for participant-directed investments.