

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>07/01/2021</u> and ending <u>06/30/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN</u> 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ASHTABULA COUNTY MEDICAL CENTER</u> <u>2420 LAKE AVENUE</u> <u>ASHTABULA, OH 44004-3817</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 50%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1969</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>34-0726081</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>440-997-2262</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>622000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1969</u>		2b Employer Identification Number (EIN) <u>34-0726081</u>		2c Plan Sponsor's telephone number <u>440-997-2262</u>		2d Business code (see instructions) <u>622000</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>07/01/1969</u>											
2b Employer Identification Number (EIN) <u>34-0726081</u>											
2c Plan Sponsor's telephone number <u>440-997-2262</u>											
2d Business code (see instructions) <u>622000</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/14/2023	ALANNA DAMES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	785
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)	239
a(2) Total number of active participants at the end of the plan year		6a(2)	215
b Retired or separated participants receiving benefits.....		6b	337
c Other retired or separated participants entitled to future benefits		6c	160
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	712
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	43
f Total. Add lines 6d and 6e		6f	755
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 3D 3H 1I			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

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

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

A Name of plan <u>ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ASHTABULA COUNTY MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>34-0726081</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2021</u>	
2 Assets:	
a Market value	2a <u>45881406</u>
b Actuarial value	2b <u>45881406</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>386</u> (2) Vested Funding Target <u>21115306</u> (3) Total Funding Target <u>21115306</u>
b For terminated vested participants.....	<u>160</u> <u>4273770</u> <u>4273770</u>
c For active participants	<u>239</u> <u>8720704</u> <u>8847173</u>
d Total.....	<u>785</u> <u>34109780</u> <u>34236249</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>5.54</u> %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a <u>0</u>
b Expected plan-related expenses	6b <u>263000</u>
c Total (line 6a + line 6b)	6c <u>263000</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>04/03/2023</u>
Signature of actuary		Date
<u>LAWRENCE E. SCHERER</u>		<u>23-06389</u>
Type or print name of actuary		Most recent enrollment number
<u>USI CONSULTING GROUP</u>		<u>216-343-0223</u>
Firm name		Telephone number (including area code)
<u>1660 WEST 2ND STREET, SUITE 900</u> <u>CLEVELAND, OH 44113</u>		
Address of the firm		

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

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

Schedule SB (Form 5500) 2021
v. 201209

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	2090494	7545718
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	2090494	7545718
10 Interest on line 9 using prior year's actual return of <u>7.44</u> %	155533	561401
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.33</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	10000	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	2236027	8107119

Part III Funding Percentages

14 Funding target attainment percentage	14	103.80 %
15 Adjusted funding target attainment percentage	15	134.01 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	107.15 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	263000	
b Excess assets, if applicable, but not greater than line 31a	31b	263000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022		
A Name of plan ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ASHTABULA COUNTY MEDICAL CENTER	D Employer Identification Number (EIN) 34-0726081	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

MORGAN STANLEY

26-4310844

(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?
27 50	NONE	95869	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

USI CONSULTING GROUP

06-1053228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	35734	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIRST STATE TRUST

13-3124172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	31213	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
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(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>07/01/2021</u> and ending <u>06/30/2022</u>		
A Name of plan <u>ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ASHTABULA COUNTY MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>34-0726081</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	35784	22003
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	188236
(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)	5914	0
(B) Common	1c(4)(B)	2483053	711064
(5) Partnership/joint venture interests	1c(5)	519367	657280
(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)	42867472	34276889
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	45911590	35855472

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	30184	25065
k Total liabilities (add all amounts in lines 1g through 1j)	1k	30184	25065

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	45881406	35830407
---	-----------	----------	----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	191	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	-177	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)	1099	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1113
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)	53227	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1800755	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1853982
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	11077110	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	11393251	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-316141
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-109436	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-109436

		(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)		-7835337
c Other income.....	2c		114169
d Total income. Add all income amounts in column (b) and enter total.....	2d		-6291650
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3527996	
(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)		3527996
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)	31212	
(2) Contract administrator fees.....	2i(2)	35734	
(3) Investment advisory and management fees.....	2i(3)	95869	
(4) Other.....	2i(4)	68538	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		231353
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3759349
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-10050999
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: CLIFTONLARSONALLEN

(2) EIN: 41-0746749

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
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 456933 _____.			

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A Name of plan ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ASHTABULA COUNTY MEDICAL CENTER	D Employer Identification Number (EIN) 34-0726081

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ 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	20

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year.....

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**ASHTABULA COUNTY MEDICAL CENTER
RETIREMENT PLAN**

**FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES**

YEARS ENDED JUNE 30, 2022 AND 2021



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**ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN
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YEARS ENDED JUNE 30, 2022 AND 2021**

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INDEPENDENT AUDITORS' REPORT

Investment Committee
Ashtabula County Medical Center Retirement Plan
Ashtabula, Ohio

Report on the Financial Statements

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2022 Financial Statements

We have performed an audit of the accompanying financial statements of Ashtabula County Medical Center 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 June 30, 2022, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2022 Financial Statements).

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

Management has obtained a certification from a qualified institution as of and for the year ended June 30, 2022, stating that the certified investment information as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2022 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2022 Financial Statements section:

- The amounts and disclosures in the 2022 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the 2022 financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2022 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2022 Financial Statements section of our report. We are required to be independent of Ashtabula County Medical Center Retirement Plan, and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion on the 2022 financial statements.

Responsibilities of Management for the 2022 Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the 2022 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Investment Committee
Ashtabula County Medical Center Retirement Plan

- 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 Ashtabula County Medical Center Retirement 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 Ashtabula County Medical Center Retirement 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 2022 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matters

2022 Supplemental Schedules Required by ERISA

The supplemental Schedule H, Line 4i—schedule of assets (held at end of year) and Schedule H, Line 4j—schedule of reportable transactions as of or for the year ended June 30, 2022, respectively, are presented for purposes of additional analysis and are not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

Investment Committee
Ashtabula County Medical Center Retirement Plan

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

In our opinion:

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

Auditors' Report on the 2021 Financial Statements

We were engaged to audit the 2021 financial statements of Ashtabula County Medical Center Retirement Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated March 1, 2022, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2021 financial statements, and (b) the form and content of the information included in the 2021 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



CliftonLarsonAllen LLP

Akron, Ohio
April 5, 2023

**ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2022 AND 2021**

	<u>2022</u>	<u>2021</u>
ASSETS		
INVESTMENTS (at Fair Value)		
Mutual Funds	\$ 14,712,750	\$ 16,296,118
Common and Preferred Stock	711,064	2,488,967
Exchange Traded Funds	19,564,139	26,571,354
Money Market Funds	188,236	-
Real Estate Income Trust	657,280	519,367
Total Investments	<u>35,833,469</u>	<u>45,875,806</u>
RECEIVABLES		
Interest and Dividends	<u>22,003</u>	<u>35,784</u>
Total Assets	35,855,472	45,911,590
LIABILITIES		
DUE TO BROKER FOR PENDING TRADES	<u>25,065</u>	<u>30,184</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 35,830,407</u></u>	<u><u>\$ 45,881,406</u></u>

See accompanying Notes to Financial Statements.

ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED JUNE 30, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ADDITIONS:		
INVESTMENT INCOME (LOSS)		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ (8,260,914)	\$ 1,656,069
Interest and Dividends	1,855,095	1,667,211
Other	114,169	-
Total Investment Income (Loss)	<u>(6,291,650)</u>	<u>3,323,280</u>
Total Additions	(6,291,650)	3,323,280
DEDUCTIONS:		
BENEFITS PAID TO PARTICIPANTS	3,527,996	3,573,614
ADMINISTRATIVE EXPENSES	<u>231,353</u>	<u>264,592</u>
Total Deductions	<u>3,759,349</u>	<u>3,838,206</u>
NET DECREASE	(10,050,999)	(514,926)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	<u>45,881,406</u>	<u>46,396,332</u>
End of Year	<u><u>\$ 35,830,407</u></u>	<u><u>\$ 45,881,406</u></u>

See accompanying Notes to Financial Statements.

ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

NOTE 1 DESCRIPTION OF PLAN

The following description of Ashtabula County Medical Center (the Company) 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 noncontributory defined benefit pension plan established July 1, 1969. The Plan was amended and restated throughout the years to comply with tax legislation and most recently amended effective July 1, 2015.

Effective December 31, 2006, the Plan was amended to freeze pension benefits and cease all future benefit accruals for all participants not covered by a collective bargaining agreement.

On December 21, 2007, the Ashtabula County Medical Center's Board of Trustees voted to freeze pension benefits and cease all future benefit accruals for participants covered by a collective bargaining agreement. Each participant elected whether to have their benefits frozen as of December 31, 2007 or December 31, 2008.

The Plan is administered by the Company's Investment Committee (the Committee), which is a committee of the Board of Directors of the Company. The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Trustees.

The Plan covers substantially all employees of the Company who have completed five or more years of service through the freeze dates of December 31, 2006 and December 31, 2007. The Plan excludes nonresident aliens with no U.S. source income, leased employees, employees covered by another Pension Plan to which Ashtabula County Medical Center contributes, and employees covered by a collective bargaining agreement, unless the collective bargaining agreement specifically allows for participation. The current collective bargaining agreement allows for participation in the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Pension Benefits

Employees with five or more years of service prior to the freeze dates are entitled to retirement benefit payments upon reaching age 65. The amount of individual pensions is based upon several factors including compensation, years of service, age, and the estimated social security benefit. Compensation is based upon the average of the highest three consecutive calendar years of employment out of the last 10 years prior to the pension benefit freeze date.

ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Death and Disability Benefits

If an active, eligible employee with at least 10 years of eligibility service dies, a death benefit equal to the normal retirement benefits the employee had accumulated as described above, reduced for early retirement and joint and survivor benefits (as applicable) is paid to the employee's surviving spouse beginning on the employee's early retirement date and continuing until such spouse's death. Active, eligible employees with at least 10 years of eligibility service who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled. Disability benefits commence five months after the month in which the former employee became disabled and such payments continue until the death of the former employee.

Vesting

Participants with at least one year of service after 1969 are 100% vested upon completion of three years of service. Participants are fully vested upon attainment of normal retirement age.

Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. There were no Company contributions made during 2022 or 2021. No Company contributions were required to meet the minimum funding requirements of ERISA for 2022 and 2021.

Although it has not expressed an intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to provisions set forth in ERISA.

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

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 the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and trustee. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Investment 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.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

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

Subsequent Events

The Plan has evaluated subsequent events through April 5, 2023, the date the financial statements were available to be issued.

ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered through the freeze dates. Accumulated plan benefits include benefits expected to be paid to:

- a) retired or terminated employees or their beneficiaries,
- b) beneficiaries of employees who have died, and
- c) present employees or their beneficiaries.

Benefits under the Plan are accumulated based on certain formulas determined by the Plan. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the freeze dates. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent they are deemed attributable to employee service rendered to the freeze dates. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of June 30, 2022 and 2021 were:

- a) Life expectancy of Participants (the PRI-2012 Blue Collar Mortality Tables using the Scale MP-2021).
- b) Retirement Age Assumptions based on a table of anticipated rates of retirement at each of the ages at which retirement eligibility occurs.
- c) Discount Rate and expected rate of return on Plan assets of 5.0% for 2022 and 4.0% for 2021.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The computations of the actuarial present value of accumulated plan benefits were made as of July 1, 2022 and 2021. Had the valuations been performed as of June 30, 2022 and 2021 there would be no material differences.

ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The following is a summary of actuarial present value of accumulated plan benefits as of June 30:

	2022	2021
Actuarial Present Value of Accumulated Plan Benefits:		
Vested Benefits:		
Participants Currently Receiving Payments	\$ 20,211,133	\$ 22,716,459
Other Participants	13,327,352	17,483,830
Total Vested Benefits	<u>33,538,485</u>	<u>40,200,289</u>
Nonvested Benefits	114,473	144,540
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 33,652,958</u>	<u>\$ 40,344,829</u>

The changes in the actuarial present value of accumulated plan benefits are summarized as follows for the years ended June 30:

	2022	2021
Actuarial Present Value of Accumulated Plan Benefits - Beginning of Year	\$ 40,344,829	\$ 42,513,323
Increase (Decrease) During the Year Attributable to:		
Change in Actuarial Assumptions	(4,829,254)	(466,010)
Benefits Accumulated (including Gains and Losses)	121,454	241,370
Change in Discount Period	1,543,925	1,629,760
Benefits Paid	(3,527,996)	(3,573,614)
Net Decrease	<u>(6,691,871)</u>	<u>(2,168,494)</u>
Actuarial Present Value of Accumulated Plan Benefits - End of Year	<u>\$ 33,652,958</u>	<u>\$ 40,344,829</u>

The lump sum interest rate assumption was changed to 5.25% in 2022 from 2.75% in 2021.

NOTE 4 CERTIFICATION OF INVESTMENT INFORMATION

First State Trust Company, the trustee of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of all investment information reflected on the accompanying statements of net assets available for benefits as of June 30, 2022 and 2021, the statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule of assets (held at end of year) as of June 30, 2022 and supplemental schedule of reportable transactions for the year ended June 30, 2022.

ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

NOTE 5 FAIR VALUE OF INVESTMENTS

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

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

Level 2 – Inputs other than quoted prices included within 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;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at June 30, 2022 and 2021.

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

Common and Preferred Stock: Investments in common and preferred stock are valued at the closing price reported on the active market on which the individual securities are traded.

ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

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

Real Estate Income Trust: The real estate income trust is valued monthly based on the net asset value per unit, which is based on the fair value of the underlying investments, plus the addition of any other assets (such as cash on hand) and the deduction of liabilities. The underlying investments largely comprise real estate properties valued using a combination of a discounted cash flow analysis and valuations by a third-party appraiser. The asset is a Level 3 investment due to the limited trading market for the security and its underlying holdings.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30:

	2022			
	Level 1	Level 2	Level 3	Total
Common and Preferred Stock	\$ 711,064	\$ -	\$ -	\$ 711,064
Exchange Traded Funds	19,564,139	-	-	19,564,139
Real Estate Income Trusts	-	-	657,280	657,280
Mutual Funds	14,712,750	-	-	14,712,750
Money Market Funds	188,236	-	-	188,236
Total Investments at Fair Value	<u>\$ 35,176,189</u>	<u>\$ -</u>	<u>\$ 657,280</u>	<u>\$ 35,833,469</u>

	2021			
	Level 1	Level 2	Level 3	Total
Common and Preferred Stock	\$ 2,488,967	\$ -	\$ -	\$ 2,488,967
Exchange Traded Funds	26,571,354	-	-	26,571,354
Real Estate Income Trusts	-	-	519,367	519,367
Mutual Funds	16,296,118	-	-	16,296,118
Total Investments at Fair Value	<u>\$ 45,356,439</u>	<u>\$ -</u>	<u>\$ 519,367</u>	<u>\$ 45,875,806</u>

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

The following table sets forth a summary of certain changes in the fair value of the Plan's Level 3 assets for the years ended June 30:

	2022	2021
Purchases	\$ 23,591	\$ 25,961

Gains and losses (realized and unrealized) included in the changes in net assets for the period above are reported in net appreciation (depreciation) in fair value of investments in the statements of changes in net assets available for benefits.

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurement

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs as of June 30:

Investment Type	Fair Value		Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values	Weighted Average
	2022	2021				
Real Estate Income Trust	\$ 657,280	\$ 519,367	Net Asset Value	Third-Party Appraisal	Various Dependent on Market Data	N/A
				Discounted Cash Flow by Property Type	Discount Rate Range of Values 6.4%-9.1%; Exit Cap Rate 4.6%-9.2%	6.4%-9.1% 4.6%-9.2%

ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

NOTE 6 PLAN TERMINATION

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

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

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. For Plan terminations occurring during 2022 and 2021, the statutory ceiling was approximately \$6,200 and \$6,000 per month, respectively.

The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings will be actuarially adjusted downward.

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

ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021

NOTE 7 PLAN TAX STATUS

The IRS has determined and informed the Company by a letter dated May 3, 2013, that the Plan and related trust are designed in accordance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8 RISKS AND UNCERTAINTIES

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

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

NOTE 9 PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Morgan Stanley. Morgan Stanley is a bank depository as defined by the Plan and, therefore, the investment transactions qualify as party-in-interest transactions. Fees paid to First State Trust Company for administering the Plan are paid by the Plan or the Company. These transactions qualify as party in interest transactions, which are exempt from the prohibited transaction rules of ERISA.

ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN
E.I.N. 34-0726081 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral and Par or Maturity Value	Cost	Current Value
	Mutual Funds			
	Gmo Trust Resources Fd I	10,439 Shares	\$ 282,795	\$ 258,681
	GQG Emerging Markets	64,940 Shares	1,173,436	901,368
	Pimco Fds	634,393 Shares	7,732,002	5,880,826
	Pioneer Strategic Income Fd	805,869 Shares	8,642,321	7,671,875
	Total Mutual Funds		17,830,554	14,712,750
	Exchange Traded Funds			
	Ishares Barclays Aggregate Bond Fund ETF	17,778 Shares	1,965,262	1,807,667
	Ishares Barclays Intermediate Gov	35,129 Shares	3,970,097	3,707,866
	Ishares US Credit Bond ETF	142,999 Shares	8,056,385	7,288,659
	Spdr Index Shs Fds	13,983 Shares	936,162	866,666
	Vanguard Long-Term Corp Bond	49,610 Shares	4,673,150	4,023,867
	Vanguard US Total Stock Market Index ETF	9,911 Shares	1,569,684	1,869,414
	Total Exchange Traded Funds		21,170,740	19,564,139
	Common and Preferred Stock			
	Academy Sports & Outdoors Inc	250 Shares	9,699	8,885
	Acuity Brands (Holding Co) Inc	39 Shares	7,380	6,008
	Adtalem Global Ed Inc	62 Shares	2,378	2,230
	Amedisys Inc	14 Shares	3,502	1,472
	Amkor Technology Inc	612 Shares	8,540	10,373
	Amn Healthcare Svcs Inc	96 Shares	9,270	10,532
	Amphastar Pharmaceuticals Inc	96 Shares	2,284	3,340
	Applied Indl Technologies Inc	60 Shares	3,823	5,770
	Atkore International Group Inc	89 Shares	7,015	7,388
	Autonation Inc	67 Shares	7,773	7,488
	Avient Corporation	84 Shares	2,716	3,367
	Avnet Inc	150 Shares	6,380	6,432
	Bank Of Hawaii Corp	108 Shares	7,094	8,035
	Block H & R Inc	371 Shares	7,480	13,104
	Bruker Corp	253 Shares	11,873	15,878
	Builders Firstsource Inc	158 Shares	5,170	8,485
	C S G Systems International Inc	152 Shares	6,455	9,071
	Cadence Bank	258 Shares	7,259	6,058
	Carters Inc	82 Shares	7,520	5,779
	Chemed Corp	11 Shares	4,955	5,163
	Cirrus Logic Inc	101 Shares	8,036	7,327
	City Office Reit Inc	247 Shares	2,090	3,199
	Clean Hbrs Inc	32 Shares	3,113	2,805
	Comfort Systems Usa Inc	80 Shares	4,395	6,652
	Commercial Metals Co	166 Shares	4,667	5,495
	Concentrix Corp	69 Shares	6,268	9,359
	Consensus Cloud Solutions Inc	29 Shares	1,286	1,267
	Cra International Inc	12 Shares	634	1,072
	Crane Hldgs Co	63 Shares	6,283	5,516

ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN
E.I.N. 34-0726081 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral and Par or Maturity Value	Cost	Current Value
	Common and Preferred Stock (Continued)			
	Deckers Outdoor Corp	50 Shares	\$ 13,784	\$ 12,768
	Diodes Inc	126 Shares	10,599	8,136
	Donaldson Co Inc	89 Shares	5,245	4,284
	Donnelley Financial Solution	85 Shares	2,930	2,490
	EmcOr Group Inc	143 Shares	12,431	14,723
	Evercore Partners Inc Cl A	47 Shares	5,645	4,400
	Evertec Inc	88 Shares	3,998	3,245
	Exelixis Inc	278 Shares	5,420	5,788
	Exlservice Holdings	80 Shares	10,180	11,786
	Federated Inv Inc Cl B	164 Shares	4,920	5,214
	Financial Institutions Inc	23 Shares	558	598
	First Comwlth Finl Corp Pa	187 Shares	2,181	2,510
	First Financial Corp Indiana	46 Shares	1,871	2,047
	Fnb Corporation	657 Shares	6,467	7,135
	Formfactor Inc	174 Shares	6,542	6,739
	Fti Consulting Inc	92 Shares	11,732	16,638
	Fulton Finl Corp Pa	399 Shares	5,691	5,766
	Globus Medical Inc	65 Shares	5,107	3,649
	Graphic Packaging Corp	251 Shares	4,478	5,146
	Gray Television Inc	115 Shares	2,599	1,942
	Hanover Insurance Group Inc	101 Shares	11,714	14,771
	Hf Sinclair Corporation	62 Shares	2,297	2,800
	Hilltop Holdings Inc	118 Shares	4,287	3,146
	Hub Group Inc	131 Shares	9,163	9,293
	Huntsman Corp	209 Shares	7,649	5,925
	Insight Enterprises Inc	28 Shares	1,826	2,416
	Integra Lifesciences Corp Com	103 Shares	6,454	5,565
	Interger Holdings Corp	105 Shares	8,504	7,419
	J2 Global Inc	165 Shares	13,336	12,297
	Jabil Circuit Inc	402 Shares	15,995	20,586
	Jefferies Finl Group Inc	37 Shares	1,193	1,022
	K.Force Inc.	31 Shares	1,345	1,902
	Kb Home	123 Shares	4,697	3,501
	Kemper Corporation	67 Shares	5,127	3,209
	Kontoor Brands Inc	90 Shares	5,204	3,003
	Lakeland Bancorp Inc	52 Shares	697	760
	Lakeland Financial Corp	16 Shares	692	1,063
	Landstar Sys Inc	115 Shares	15,273	16,723
	Lhc Group Inc	15 Shares	2,763	2,336
	Louisiana Pac Corp	219 Shares	13,003	11,478
	Lumentum Hldgs Inc	40 Shares	3,627	3,177
	Manpower Inc	37 Shares	4,264	2,827
	Mantech International Corp-A	47 Shares	4,001	4,486
	Marinemax Inc	39 Shares	2,205	1,409
	Mastec Inc	88 Shares	6,751	6,306

ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN
E.I.N. 34-0726081 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral and Par or Maturity Value	Cost	Current Value
	Common and Preferred Stock (Continued)			
	Maxlinear Inc - Class A	102 Shares	\$ 3,647	\$ 3,466
	Medpace Hldgs Inc	68 Shares	7,484	10,178
	Meridian Bioscience Inc	70 Shares	1,502	2,129
	Merit Med Sys Inc	63 Shares	4,320	3,419
	Meritage Homes Corporation	118 Shares	11,136	8,555
	Mueller Industries Inc	69 Shares	3,908	3,677
	Murphy USA Inc	53 Shares	7,130	12,342
	Newmark Group Inc	310 Shares	3,892	2,998
	Nexstar Broadcasting Group -A	83 Shares	12,432	13,519
	Oasis Petroleum Inc	132 Shares	16,756	16,058
	Otter Tail Corporation	51 Shares	2,255	3,424
	Perdoceo Ed Corp	85 Shares	1,074	1,001
	Portland General Electric Co	21 Shares	1,046	1,015
	Primerica Inc	44 Shares	6,260	5,266
	Primoris Services Corp	43 Shares	1,387	936
	Progress Software Corp	147 Shares	5,677	6,659
	Ralph Lauren Corporation	58 Shares	6,815	5,200
	Regal Beloit Corp	15 Shares	2,204	1,703
	Rent A Ctr Inc New	67 Shares	3,763	1,303
	RMR Group Inc	18 Shares	712	510
	Sanmina Corp	236 Shares	7,685	9,612
	Science Applications International	87 Shares	7,593	8,100
	Select Medical Holdings Corporation	157 Shares	4,813	3,708
	Semtech Corp	83 Shares	4,625	4,563
	Simply Good Foods Co	121 Shares	3,340	4,570
	Sonoco Products Co	123 Shares	7,123	7,016
	Stepan Co	15 Shares	1,799	1,520
	Stewart Information Svcs Corp	77 Shares	3,800	3,831
	Stifel Finl Corp	105 Shares	6,697	5,882
	Stride Inc	76 Shares	1,781	3,100
	Syneos Health Inc	59 Shares	4,540	4,229
	Topbuild Corp	7 Shares	1,541	1,170
	Towne Bank	32 Shares	662	869
	Trinet Group Inc	63 Shares	5,668	4,890
	Ttec Hldgs Inc	53 Shares	5,353	3,598
	United Therapeutics Corp Del	86 Shares	15,283	20,265
	Valvoline INC	138 Shares	3,432	3,979
	Virtu Finl Inc Cl A	462 Shares	14,390	10,815
	Washington Federal Inc	259 Shares	7,683	7,775
	Zumiez Inc	50 Shares	2,209	1,300
	Helen Of Troy Limited	25 Shares	4,081	4,060
	Masonite Int'l Corp	75 Shares	7,309	5,762
	PJSC LukoilADR	298 Shares	23,600	2,074
	Signet Jewelers Ltd	102 Shares	7,375	5,453

ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN
E.I.N. 34-0726081 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral and Par or Maturity Value	Cost	Current Value
	Common and Preferred Stock (Continued)			
	Yandex NV	190 Shares	\$ 12,716	\$ 3,599
	Apple Hospitality Reit Inc	701 Shares	9,161	10,284
	Industrial Logistics Pptys Tr	70 Shares	1,448	986
	Office Pptys Income Tr	48 Shares	1,214	958
	Piedmont Office A Reit	287 Shares	4,633	3,765
	Total Common and Preferred Stock	17,778 Shares	724,739	711,064
	Money Market Funds			
	FDIC Bank Deposit Fund	3,889 Shares	3,889	3,889
*	Morgan Stanley Bank Deposit	184,347 Shares	184,347	184,347
	Total Money Market Funds		188,236	188,236
	Real Estate Income Trust			
	Blackstone REIT	43,874 Shares	478,380	657,280
	Total Real Estate Income Trust		478,380	657,280
	Total Investments		<u>\$ 39,667,910</u>	<u>\$ 35,833,469</u>

* Indicates party-in-interest

ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN
E.I.N. 34-0726081 PLAN NO. 001
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED JUNE 30, 2022

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Leased Rental	(f) Expense Incurred With Transaction	(g) Cost	(h) Current Value	(i) Net Gain (Loss)
Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets								
FDIC Bank Deposit Fund	FDIC Bank Deposit Fund	\$ 3,114,325	\$ -	\$ -	-	\$ 3,114,325	\$ 3,114,325	\$ -
FDIC Bank Deposit Fund	FDIC Bank Deposit Fund	-	3,112,015	-	-	3,112,015	3,112,015	-
Pioneer	Pioneer Strategic Income Fund	2,595,150	-	-	-	2,595,150	2,595,150	-
Pioneer	Pioneer Strategic Income Fund	-	574,874	-	-	528,823	574,874	46,051
Vanguard	Vanguard Long-Term Corp Bond	170,083	-	-	-	170,083	170,083	-
Vanguard	Vanguard Long-Term Corp Bond	-	2,179,807	-	-	1,848,207	2,179,807	331,600
Category (iv) - A Series of Transactions in Excess of 5% of Plan Assets with the Same Broker								
Dean Witter Reynolds, Inc.	Pioneer Strategic Income Fd	\$ 2,595,150	\$ -	\$ -	-	\$ 2,595,150	\$ 2,595,150	\$ -
	Pioneer Strategic Income Fd	-	574,874	-	-	528,823	574,874	46,051
Dean Witter Reynolds, Inc.	Vanguard Long-Term Corp Bond	170,083	-	-	-	170,083	170,083	-
	Vanguard Long-Term Corp Bond	-	2,179,807	-	-	1,848,207	2,179,807	331,600

There were no category (i) or (ii) reportable transactions for the year ended June 30, 2022.

Schedule SB, Line 26 - Schedule of Active Participant Data

July 1, 2021 Valuation
Ashtabula County Medical Center Retirement Plan
(EIN: 34-0726081; PN: 001)

Attained Age	Years of Credited Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-
35 to 39	1 (*)	4 (*)		-	-	-	-	-	-	-
40 to 44	1 (*)	7 (*)	9 (*)	-	-	-	-	-	-	-
45 to 49	1 (*)	10 (*)	12 (*)	3 (*)	-	-	-	-	-	-
50 to 54	1 (*)	14 (*)	19 (*)	14 (*)	4 (*)	-	-	-	-	-
55 to 59	-	11 (*)	26 (*)	12 (*)	13 (*)	2 (*)	-	-	-	-
60 to 64	-	12 (*)	14 (*)	11 (*)	12 (*)	8 (*)	2 (*)		-	-
65 to 69	-	1 (*)	2 (*)	2 (*)	2 (*)	2 (*)	2 (*)	2 (*)		-
70 & up	-	1 (*)	-	-	-	-	-	1 (*)	1 (*)	-

* Average frozen benefits are not shown since there are fewer than 1,000 active participants in this plan

Appendix B

Statement of Actuarial Assumptions and Methods

Minimum Funding Annual Interest Rates	24-month segment rates averaged through the end of February 2021 and published in March 2021 (as prescribed by IRC 430) and adjusted to reflect ARPA: <ul style="list-style-type: none">Segment 1 (0 – 5 years) 4.75%Segment 2 (5 to 20 years) 5.36%Segment 3 (more than 20 years) 6.11%Effective Interest Rate 5.54%
Maximum Deductible Annual Interest Rates	24-month segment rates averaged through the end of February 2021 and published in March 2021 (as prescribed by IRC 430) as follows: <ul style="list-style-type: none">Segment 1 (0 – 5 years) 1.54%Segment 2 (5 to 20 years) 2.89%Segment 3 (more than 20 years) 3.55%Effective Interest Rate 3.07%
PBGC Annual Interest Rates	Spot segment rates for the end of February 2021 and published in March 2021 using the Alternative Method (as prescribed by IRC 430) as follows: <ul style="list-style-type: none">Segment 1 (0 – 5 years) 1.54%Segment 2 (5 to 20 years) 2.89%Segment 3 (more than 20 years) 3.55%Effective Interest Rate 3.07%
Salary Scale	Not applicable.
Mortality	Funding: Mortality as provided in Notice 2019-67, male and female, with separate rates for annuitants and nonannuitants (as prescribed by IRC 430). Disabled: SOA Pri-2012 Disabled Mortality projected with Scale MP-2021.

Appendix B (Continued)

Rates of Retirement

Actives are assumed to retire based on age as follows:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
55	5%	65-69	90%
56-61	2	70+	100
62-64	25		

Terminated Vested participants are assumed to retire at age 62.

Weighted Average Retirement Age for actives is 63. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Rates of Turnover

SOA 2003 Small Plan Termination Table. Sample rates and ages as follows:

<u>Age</u>	<u>Rate</u>
35	12.1%
40	9.4
45	7.3
50	5.6
55	4.2

Rates of Disability

1985 Pension Disability Class 1 Male and Female. Sample rates and ages as follows:

<u>Age</u>	<u>Male</u>	<u>Female</u>
35	0.069%	0.136%
40	0.117	0.211
45	0.202	0.323
50	0.358	0.533
55	0.722	0.952

Assumptions Made In Valuing Spouse's Benefit

75% of male and 60% of female employees included in the valuation are assumed to be married. This percentage is used as the probability that survivor benefits will be payable due to preretirement deaths. The wife is assumed to be three years younger than the husband.

Optional Form Selection

50% of employees are assumed to elect the life annuity form of benefit and 50% of employees are assumed to elect the lump sum.

Appendix B (Continued)

Provision for Expenses	The expected non-investment related expenses expected to be paid from plan assets for the upcoming year were included in the Target Normal Cost for Minimum Required Contribution purposes.
Standing Elections	The client has not signed an election that provides for the automatic use of the Carryover Balance and/or Prefunding Balance if necessary to meet the minimum funding requirement.
Asset Method	Funding: Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date.
Funding Method	<p>Pure Unit Credit</p> <p>The actuarial liabilities shown in this report are determined using software purchased from an outside vendor which was developed for this purpose. Certain information is entered into this model in order to generate the liabilities. These inputs include economic and non-economic assumptions, plan provisions, and census information. We rely on the coding within the software to value the liabilities using the actuarial methods and assumptions selected. Both the input to and the output from the model is checked for accuracy and reviewed for reasonableness.</p>
Employees Valued	Only participants as of the valuation date were valued.
Changes in Assumptions and Methods since the Last Actuarial Valuation	<p>The interest rates used for determining the funding target were 3.64%, 5.21% and 5.94%. These rates were updated to the rates required for the current plan year.</p> <p>The mortality table for the funding target was changed as required under PPA '06.</p>
Justification for Changes in Actuarial Assumptions	The only assumption changes were to prescribed actuarial assumptions or as a result of At-Risk status. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any "Change in Actuarial Assumptions."

ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN
E.I.N. 34-0726081 PLAN NO. 001
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED JUNE 30, 2022

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Leased Rental	(f) Expense Incurred With Transaction	(g) Cost	(h) Current Value	(i) Net Gain (Loss)
<u>Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets</u>								
FDIC Bank Deposit Fund	FDIC Bank Deposit Fund	\$ 3,114,325	\$ -	\$ -	-	\$ 3,114,325	\$ 3,114,325	\$ -
FDIC Bank Deposit Fund	FDIC Bank Deposit Fund	-	3,112,015	-	-	3,112,015	3,112,015	-
Pioneer	Pioneer Strategic Income Fund	2,595,150	-	-	-	2,595,150	2,595,150	-
Pioneer	Pioneer Strategic Income Fund	-	574,874	-	-	528,823	574,874	46,051
Vanguard	Vanguard Long-Term Corp Bond	170,083	-	-	-	170,083	170,083	-
Vanguard	Vanguard Long-Term Corp Bond	-	2,179,807	-	-	1,848,207	2,179,807	331,600
<u>Category (iv) - A Series of Transactions in Excess of 5% of Plan Assets with the Same Broker</u>								
Dean Witter Reynolds, Inc.	Pioneer Strategic Income Fd	\$ 2,595,150	\$ -	\$ -	-	\$ 2,595,150	\$ 2,595,150	\$ -
	Pioneer Strategic Income Fd	-	574,874	-	-	528,823	574,874	46,051
Dean Witter Reynolds, Inc.	Vanguard Long-Term Corp Bond	170,083	-	-	-	170,083	170,083	-
	Vanguard Long-Term Corp Bond	-	2,179,807	-	-	1,848,207	2,179,807	331,600

There were no category (i) or (ii) reportable transactions for the year ended June 30, 2022.

ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN
E.I.N. 34-0726081 PLAN NO. 001
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED JUNE 30, 2022

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Leased Rental	(f) Expense Incurred With Transaction	(g) Cost	(h) Current Value	(i) Net Gain (Loss)
Category (iii) - A Series of Transactions in Excess of 5% of Plan Assets								
FDIC Bank Deposit Fund	FDIC Bank Deposit Fund	\$ 3,114,325	\$ -	\$ -	-	\$ 3,114,325	\$ 3,114,325	\$ -
FDIC Bank Deposit Fund	FDIC Bank Deposit Fund	-	3,112,015	-	-	3,112,015	3,112,015	-
Pioneer	Pioneer Strategic Income Fund	2,595,150	-	-	-	2,595,150	2,595,150	-
Pioneer	Pioneer Strategic Income Fund	-	574,874	-	-	528,823	574,874	46,051
Vanguard	Vanguard Long-Term Corp Bond	170,083	-	-	-	170,083	170,083	-
Vanguard	Vanguard Long-Term Corp Bond	-	2,179,807	-	-	1,848,207	2,179,807	331,600
Category (iv) - A Series of Transactions in Excess of 5% of Plan Assets with the Same Broker								
Dean Witter Reynolds, Inc.	Pioneer Strategic Income Fd	\$ 2,595,150	\$ -	\$ -	-	\$ 2,595,150	\$ 2,595,150	\$ -
	Pioneer Strategic Income Fd	-	574,874	-	-	528,823	574,874	46,051
Dean Witter Reynolds, Inc.	Vanguard Long-Term Corp Bond	170,083	-	-	-	170,083	170,083	-
	Vanguard Long-Term Corp Bond	-	2,179,807	-	-	1,848,207	2,179,807	331,600

There were no category (i) or (ii) reportable transactions for the year ended June 30, 2022.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning	07/01/2021	and ending	06/30/2022
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► **Round off amounts to nearest dollar.**

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

A Name of plan Ashtabula County Medical Center Retirement Plan	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Ashtabula County Medical Center	D Employer Identification Number (EIN) 34-0726081	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I	Basic Information		
1	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2021</u>		
2	Assets:		
	a Market value	2a	45,881,406
	b Actuarial value	2b	45,881,406
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	386	21,115,306
	b For terminated vested participants.....	160	4,273,770
	c For active participants	239	8,720,704
	d Total.....	785	34,109,780
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate	5	5.54%
6	Target normal cost.....		
	a Present value of current plan year accruals.....	6a	0
	b Expected plan-related expenses	6b	263,000
	c Total (line 6a + line 6b)	6c	263,000

Statement by Enrolled Actuary

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

SIGN HERE	<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">LES</div> <div> Lawrence E. Scherer Signature of actuary </div> </div> <div style="margin-top: 10px;"> Lawrence E. Scherer Type or print name of actuary </div>	<div style="margin-bottom: 10px;"> 4/3/2023 Date </div> <div style="margin-bottom: 10px;"> 2306389 Most recent enrollment number </div> <div> 216-343-0223 Telephone number (including area code) </div>
	<div style="margin-bottom: 10px;"> USI Consulting Group Firm name </div> <div> 1660 WEST 2ND STREET, SUITE 900 CLEVELAND OH 44113 Address of the firm </div>	

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	2,090,494	7,545,718
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	2,090,494	7,545,718
10 Interest on line 9 using prior year's actual return of <u>7.44</u> %	155,533	561,401
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.33</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	10,000	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	2,236,027	8,107,119

Part III Funding Percentages

14 Funding target attainment percentage	14	103.80%
15 Adjusted funding target attainment percentage	15	134.01%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	107.15%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	263,000	
b Excess assets, if applicable, but not greater than line 31a	31b	263,000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Schedule SB, line 22 – Description of Weighted Average Retirement Age
Ashtabula County Medical Center Retirement Plan
July 1, 2021 Valuation
EIN/PN: 34-0726081 / 001

The retirement age assumption varies by age. The average retirement age was determined as illustrated below, as a weighted average of the age at retirement, with weights equal to the number of a hypothetical 1,000 employee group assumed to retire at such age, according to the retirement assumption.

Retirement Age	# Employees Not Yet Retired	% Assumed to Retire	Number Retiring	Product of Age and # Retiring
55	1,000.00	5.00%	50.00	2,750
56	950.00	2.00	19.00	1,064
57	931.00	2.00	18.62	1,061
58	912.38	2.00	18.25	1,059
59	894.13	2.00	17.88	1,055
60	876.25	2.00	17.53	1,052
61	858.72	2.00	17.17	1,047
62	841.55	25.00	210.39	13,044
63	631.16	25.00	157.79	9,941
64	473.37	25.00	118.34	7,574
65	355.03	90.00	319.53	20,769
66	35.50	90.00	31.95	2,109
67	3.55	90.00	3.20	214
68	0.35	90.00	0.32	22
69	0.03	90.00	0.03	2
70	0.00	100.00	0.00	0
Sum of (Retirement Age * Number Retiring)				62,763
Divided by hypothetical group size				1,000
Equals Weighted Average Retirement Age for Salaried Employees				63

Summary of Principal Plan Provisions

Plan Sponsor	Ashtabula County Medical Center
EIN/PN	34-0726081/001
Effective Date	July 1, 1969; restated effective July 1, 2015.
Plan Year	The 12-month period beginning each July 1.
Participation	All bargained ACMC employees hired prior to December 31, 2007 and all non-bargained ACMC employees hired prior to December 31, 2006 became participants on the first of the month coinciding with or next following attainment of age 21 and the completion of one year of credited service.
Compensation	Gross taxable income received from the employer and reported on the participant's W-2.
Social Security Covered Compensation	<p>Average of the Taxable Wage Bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the participant attains (or will attain) Social Security Retirement Age.</p> <p>Social Security Covered Compensation was frozen effective December 31, 2006 for non-bargained employees and December 31, 2008 for bargained employees.</p>
Average Monthly Compensation	The average of the highest three consecutive calendar years of plan-eligible compensation (annualized if a participant's compensated hours in any calendar year are less than 1,800) during the ten-year period ending on the earlier of (1) the participant's termination date or retirement date, or (2) the date benefit service was frozen.
Vesting Service	One year is credited for each calendar year in which a participant's actual hours (compensated plus non-compensated) are at least 1,000.
Benefit Service	Determined according to the following schedule based on compensated hours of service in a calendar year:

<u>Compensated</u> <u>Hours</u>	<u>Months of</u> <u>Service</u>	<u>Compensated</u> <u>Hours</u>	<u>Months of</u> <u>Service</u>
1,800+	12	750-999	5
1,640-1,799	10	600-749	4
1,480-1,639	9	450-599	3
1,320-1,479	8	300-449	2
1,160-1,319	7	150-299	1
1,000-1,159	6	0-149	0

Benefit service was frozen effective December 31, 2006 for non-bargained employees and effective December 31, 2008 for bargained employees.

Summary of Principal Plan Provisions (Continued)

Normal Retirement Date (NRD) The first of the month coincident with or next following attainment of age 65 and 5 years of service.

Normal Retirement Benefit The greater of (i), (ii), or (iii):

- (i) Non-bargained participants: 1.30% of average monthly compensation plus 0.50% of average monthly compensation in excess of Social Security covered compensation for each year of benefit service up to a maximum of 25 years.

Bargained participants: 1.30% of average monthly compensation plus 0.65% of average monthly compensation in excess of Social Security covered compensation for each year of benefit service up to a maximum of 25 years.
- (ii) \$15.00 per month for each year of benefit service up to a maximum of 25 years.
- (iii) The accrued benefit under the plan provisions in effect as of June 30, 1989.

In determining the normal retirement benefit, benefit service is computed as the sum of:

- (i) Benefit service at the determination date, and
- (ii) The ratio of (a) elapsed time from date of plan entry to the determination date, multiplied by (b) the number of years from the date of determination to NRD.

Accrued Benefit The normal retirement benefit multiplied by the credited service ratio. The numerator of the credited service ratio equals credited service at the date of determination and the denominator equals credited service at the determination date plus the number of years from the date of determination to NRD.

Normal Retirement Benefit Eligibility:

Age 65, or fifth anniversary if later.

Monthly Benefit:

The Normal Retirement Benefit determined as of NRD.

Summary of Principal Plan Provisions (Continued)

Early Retirement Benefit Eligibility:

Age 55 and 5 years of service.

Monthly Benefit:

The Accrued Benefit at early retirement reduced actuarially for commencement prior to age 62 in accordance with the following:

<u>Age</u>	<u>Early Retirement Factor</u>
62	1.000
61	0.800
60	0.718
59	0.646
58	0.582
57	0.526
56	0.475
55	0.430

Late Retirement Benefit Eligibility:

Retirement after NRD.

Monthly Benefit:

The Accrued Benefit at late retirement.

Disability Benefit Eligibility:

Upon total and permanent disability and completion of at least 10 years of service.

Monthly Benefit:

The Accrued Benefit determined as of the date of disablement, payable on the first of the month following five months of disability and without reduction for early commencement.

Termination Benefit Eligibility:

Upon termination of employment prior to retirement after completion of at least 5 years of service.

Monthly Benefit:

The Accrued Benefit at termination, commencing in full at age 65, or in a reduced amount under the early retirement provisions.

Summary of Principal Plan Provisions (Continued)

Death Benefit

Eligibility:

100% vested and married for at least one year.

Monthly Benefit:

A monthly benefit for life commencing at the time the participant would have been eligible for retirement. The benefit is equal to 50% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 50% Joint and Survivor Annuity form of payment.

Optional Forms of Payments

Life Annuity

Joint and 50%, 66 2/3%, 75%, or 100% Survivor Annuity

5 or 10 Year Certain and Continuous Annuity

Lump Sum

The conversion factors for the annuity optional forms are based on the 1951 Group Annuity Mortality Table for Males, projected to 1975 by Projection Scale C, with an age setback of 2 years for males and females, and an interest rate of 8.00%.

Lump sum factors are calculated using the preceding May PPA lump sum segment rates, the mortality table per Rev. Rul. 2007-67, and on a normal retirement (deferred to age 65) basis.

Maximum Benefit Limit

The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.

Plan Compensation Limit

The Section 401(a)(17) Maximum Compensation that can be recognized for benefit calculation purposes.

Changes in Plan Provisions

The automatic changes, if any, in the plan compensation limit and maximum benefit limit were recognized as amendments for funding purposes.

ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN
E.I.N. 34-0726081 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral and Par or Maturity Value	Cost	Current Value
	Mutual Funds			
	Gmo Trust Resources Fd I	10,439 Shares	\$ 282,795	\$ 258,681
	GQG Emerging Markets	64,940 Shares	1,173,436	901,368
	Pimco Fds	634,393 Shares	7,732,002	5,880,826
	Pioneer Strategic Income Fd	805,869 Shares	8,642,321	7,671,875
	Total Mutual Funds		17,830,554	14,712,750
	Exchange Traded Funds			
	Ishares Barclays Aggregate Bond Fund ETF	17,778 Shares	1,965,262	1,807,667
	Ishares Barclays Intermediate Gov	35,129 Shares	3,970,097	3,707,866
	Ishares US Credit Bond ETF	142,999 Shares	8,056,385	7,288,659
	Spdr Index Shs Fds	13,983 Shares	936,162	866,666
	Vanguard Long-Term Corp Bond	49,610 Shares	4,673,150	4,023,867
	Vanguard US Total Stock Market Index ETF	9,911 Shares	1,569,684	1,869,414
	Total Exchange Traded Funds		21,170,740	19,564,139
	Common and Preferred Stock			
	Academy Sports & Outdoors Inc	250 Shares	9,699	8,885
	Acuity Brands (Holding Co) Inc	39 Shares	7,380	6,008
	Adtalem Global Ed Inc	62 Shares	2,378	2,230
	Amedisys Inc	14 Shares	3,502	1,472
	Amkor Technology Inc	612 Shares	8,540	10,373
	Amn Healthcare Svcs Inc	96 Shares	9,270	10,532
	Amphastar Pharmaceuticals Inc	96 Shares	2,284	3,340
	Applied Indl Technologies Inc	60 Shares	3,823	5,770
	Atkore International Group Inc	89 Shares	7,015	7,388
	Autonation Inc	67 Shares	7,773	7,488
	Avient Corporation	84 Shares	2,716	3,367
	Avnet Inc	150 Shares	6,380	6,432
	Bank Of Hawaii Corp	108 Shares	7,094	8,035
	Block H & R Inc	371 Shares	7,480	13,104
	Bruker Corp	253 Shares	11,873	15,878
	Builders Firstsource Inc	158 Shares	5,170	8,485
	C S G Systems International Inc	152 Shares	6,455	9,071
	Cadence Bank	258 Shares	7,259	6,058
	Carters Inc	82 Shares	7,520	5,779
	Chemed Corp	11 Shares	4,955	5,163
	Cirrus Logic Inc	101 Shares	8,036	7,327
	City Office Reit Inc	247 Shares	2,090	3,199
	Clean Hbrs Inc	32 Shares	3,113	2,805
	Comfort Systems Usa Inc	80 Shares	4,395	6,652
	Commercial Metals Co	166 Shares	4,667	5,495
	Concentrix Corp	69 Shares	6,268	9,359
	Consensus Cloud Solutions Inc	29 Shares	1,286	1,267
	Cra International Inc	12 Shares	634	1,072
	Crane Hldgs Co	63 Shares	6,283	5,516

ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN
E.I.N. 34-0726081 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral and Par or Maturity Value	Cost	Current Value
	Common and Preferred Stock (Continued)			
	Deckers Outdoor Corp	50 Shares	\$ 13,784	\$ 12,768
	Diodes Inc	126 Shares	10,599	8,136
	Donaldson Co Inc	89 Shares	5,245	4,284
	Donnelley Financial Solution	85 Shares	2,930	2,490
	EmcOr Group Inc	143 Shares	12,431	14,723
	Evercore Partners Inc Cl A	47 Shares	5,645	4,400
	Evertec Inc	88 Shares	3,998	3,245
	Exelixis Inc	278 Shares	5,420	5,788
	Exlservice Holdings	80 Shares	10,180	11,786
	Federated Inv Inc Cl B	164 Shares	4,920	5,214
	Financial Institutions Inc	23 Shares	558	598
	First Comwlth Finl Corp Pa	187 Shares	2,181	2,510
	First Financial Corp Indiana	46 Shares	1,871	2,047
	Fnb Corporation	657 Shares	6,467	7,135
	Formfactor Inc	174 Shares	6,542	6,739
	Fti Consulting Inc	92 Shares	11,732	16,638
	Fulton Finl Corp Pa	399 Shares	5,691	5,766
	Globus Medical Inc	65 Shares	5,107	3,649
	Graphic Packaging Corp	251 Shares	4,478	5,146
	Gray Television Inc	115 Shares	2,599	1,942
	Hanover Insurance Group Inc	101 Shares	11,714	14,771
	Hf Sinclair Corporation	62 Shares	2,297	2,800
	Hilltop Holdings Inc	118 Shares	4,287	3,146
	Hub Group Inc	131 Shares	9,163	9,293
	Huntsman Corp	209 Shares	7,649	5,925
	Insight Enterprises Inc	28 Shares	1,826	2,416
	Integra Lifesciences Corp Com	103 Shares	6,454	5,565
	Interger Holdings Corp	105 Shares	8,504	7,419
	J2 Global Inc	165 Shares	13,336	12,297
	Jabil Circuit Inc	402 Shares	15,995	20,586
	Jefferies Finl Group Inc	37 Shares	1,193	1,022
	K.Force Inc.	31 Shares	1,345	1,902
	Kb Home	123 Shares	4,697	3,501
	Kemper Corporation	67 Shares	5,127	3,209
	Kontoor Brands Inc	90 Shares	5,204	3,003
	Lakeland Bancorp Inc	52 Shares	697	760
	Lakeland Financial Corp	16 Shares	692	1,063
	Landstar Sys Inc	115 Shares	15,273	16,723
	Lhc Group Inc	15 Shares	2,763	2,336
	Louisiana Pac Corp	219 Shares	13,003	11,478
	Lumentum Hldgs Inc	40 Shares	3,627	3,177
	Manpower Inc	37 Shares	4,264	2,827
	Mantech International Corp-A	47 Shares	4,001	4,486
	Marinemax Inc	39 Shares	2,205	1,409
	Mastec Inc	88 Shares	6,751	6,306

ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN
E.I.N. 34-0726081 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral and Par or Maturity Value	Cost	Current Value
	Common and Preferred Stock (Continued)			
	Maxlinear Inc - Class A	102 Shares	\$ 3,647	\$ 3,466
	Medpace Hldgs Inc	68 Shares	7,484	10,178
	Meridian Bioscience Inc	70 Shares	1,502	2,129
	Merit Med Sys Inc	63 Shares	4,320	3,419
	Meritage Homes Corporation	118 Shares	11,136	8,555
	Mueller Industries Inc	69 Shares	3,908	3,677
	Murphy USA Inc	53 Shares	7,130	12,342
	Newmark Group Inc	310 Shares	3,892	2,998
	Nexstar Broadcasting Group -A	83 Shares	12,432	13,519
	Oasis Petroleum Inc	132 Shares	16,756	16,058
	Otter Tail Corporation	51 Shares	2,255	3,424
	Perdoceo Ed Corp	85 Shares	1,074	1,001
	Portland General Electric Co	21 Shares	1,046	1,015
	Primerica Inc	44 Shares	6,260	5,266
	Primoris Services Corp	43 Shares	1,387	936
	Progress Software Corp	147 Shares	5,677	6,659
	Ralph Lauren Corporation	58 Shares	6,815	5,200
	Regal Beloit Corp	15 Shares	2,204	1,703
	Rent A Ctr Inc New	67 Shares	3,763	1,303
	RMR Group Inc	18 Shares	712	510
	Sanmina Corp	236 Shares	7,685	9,612
	Science Applications International	87 Shares	7,593	8,100
	Select Medical Holdings Corporation	157 Shares	4,813	3,708
	Semtech Corp	83 Shares	4,625	4,563
	Simply Good Foods Co	121 Shares	3,340	4,570
	Sonoco Products Co	123 Shares	7,123	7,016
	Stepan Co	15 Shares	1,799	1,520
	Stewart Information Svcs Corp	77 Shares	3,800	3,831
	Stifel Finl Corp	105 Shares	6,697	5,882
	Stride Inc	76 Shares	1,781	3,100
	Syneos Health Inc	59 Shares	4,540	4,229
	Topbuild Corp	7 Shares	1,541	1,170
	Towne Bank	32 Shares	662	869
	Trinet Group Inc	63 Shares	5,668	4,890
	Ttec Hldgs Inc	53 Shares	5,353	3,598
	United Therapeutics Corp Del	86 Shares	15,283	20,265
	Valvoline INC	138 Shares	3,432	3,979
	Virtu Finl Inc Cl A	462 Shares	14,390	10,815
	Washington Federal Inc	259 Shares	7,683	7,775
	Zumiez Inc	50 Shares	2,209	1,300
	Helen Of Troy Limited	25 Shares	4,081	4,060
	Masonite Int'l Corp	75 Shares	7,309	5,762
	PJSC LukoilADR	298 Shares	23,600	2,074
	Signet Jewelers Ltd	102 Shares	7,375	5,453

ASHTABULA COUNTY MEDICAL CENTER RETIREMENT PLAN
E.I.N. 34-0726081 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
JUNE 30, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral and Par or Maturity Value	Cost	Current Value
	Common and Preferred Stock (Continued)			
	Yandex NV	190 Shares	\$ 12,716	\$ 3,599
	Apple Hospitality Reit Inc	701 Shares	9,161	10,284
	Industrial Logistics Pptys Tr	70 Shares	1,448	986
	Office Pptys Income Tr	48 Shares	1,214	958
	Piedmont Office A Reit	287 Shares	4,633	3,765
	Total Common and Preferred Stock	17,778 Shares	724,739	711,064
	Money Market Funds			
	FDIC Bank Deposit Fund	3,889 Shares	3,889	3,889
*	Morgan Stanley Bank Deposit	184,347 Shares	184,347	184,347
	Total Money Market Funds		188,236	188,236
	Real Estate Income Trust			
	Blackstone REIT	43,874 Shares	478,380	657,280
	Total Real Estate Income Trust		478,380	657,280
	Total Investments		<u>\$ 39,667,910</u>	<u>\$ 35,833,469</u>

* Indicates party-in-interest