

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

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>SAN GORGONIO MEMORIAL HOSPITAL TAX SHELTERED ANNUITY PLAN</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/01/1985</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>10/01/1985</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>10/01/1985</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>SAN GORGONIO MEMORIAL HOSPITAL</u> <u>600 NORTH HIGHLAND SPRINGS AVE</u> <u>BANNING, CA 92220-3046</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>33-0420041</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>951-769-2169</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>33-0420041</u>	2c Plan Sponsor's telephone number <u>951-769-2169</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>33-0420041</u>					
2c Plan Sponsor's telephone number <u>951-769-2169</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.	07/26/2023	ANNAH KARAM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/26/2023	ANNAH KARAM
	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.

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		5 695
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) 614
a(2) Total number of active participants at the end of the plan year		6a(2) 624
b Retired or separated participants receiving benefits.....		6b 0
c Other retired or separated participants entitled to future benefits		6c 83
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 707
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 1
f Total. Add lines 6d and 6e		6f 708
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 474
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 35
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2L 2M 2T 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ 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>2</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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan SAN GORGONIO MEMORIAL HOSPITAL TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SAN GORGONIO MEMORIAL HOSPITAL	D Employer Identification Number (EIN) 33-0420041

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

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	613953	708	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **CUSTODIAL GUARANTEED INTEREST CONTRACT**

b	Balance at the end of the previous year	7b	826745
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c	Additions: (1) Contributions deposited during the year	7c(1)	204135	
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	13955	
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)	189778	

▶ **OUTSIDE INVESTMENT TRANSFER, LOAN PAYMENT, ROLLOVER**

(6) Total additions	7c(6)	407868
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	1234613
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	140235	
	(2) Administration charge made by carrier.....	7e(2)	3722	
	(3) Transferred to separate account.....	7e(3)		
	(4) Other (specify below)	7e(4)	54267	

▶ **LOAN WITHDRAWAL, OUTSIDE INVESTMENT TRANSFER**

(5) Total deductions	7e(5)	198224
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1036389
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan SAN GORGONIO MEMORIAL HOSPITAL TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SAN GORGONIO MEMORIAL HOSPITAL	D Employer Identification Number (EIN) 33-0420041

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

(a) Name of insurance carrier
VALIC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1652534	70238	59849	0	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	3526397
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	231700

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	3730567
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)		
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below).....	7c(5)	275948	
	▶ LOAN PAYMENT INCLUDED / OUTSIDE INVESTMENT			

(6) Total additions	7c(6)	275948
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	4006515
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	428469	
	(2) Administration charge made by carrier.....	7e(2)	3912	
	(3) Transferred to separate account.....	7e(3)	47737	
	(4) Other (specify below).....	7e(4)		
	▶			

(5) Total deductions	7e(5)	480118
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	3526397
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan SAN GORGONIO MEMORIAL HOSPITAL TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SAN GORGONIO MEMORIAL HOSPITAL	D Employer Identification Number (EIN) 33-0420041	

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
PRINCIPAL LIFE INSURANCE COMPANY
42-0127290

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VARIABLE ANNUITY LIFE INSURANCE CO
74-1625348

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	84013	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>SAN GORGONIO MEMORIAL HOSPITAL TAX SHELTERED ANNUITY 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>SAN GORGONIO MEMORIAL HOSPITAL</u>	D Employer Identification Number (EIN) <u>33-0420041</u>	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	42912	50337
(2) Participant contributions.....	1b(2)	76403	105396
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	626916	611453
(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)	22298345	26367769
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	4557312	4562786
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	27601888 31697741
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	9172
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 9172
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	27601888 31688569

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1134807
	(B) Participants	2a(1)(B)	2275300
	(C) Others (including rollovers).....	2a(1)(C)	163441
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	3573548
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	28872
	(F) Other	2b(1)(F)	98857
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	127729
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	618808
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	618808
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		2704740
c Other income.....	2c		10316
d Total income. Add all income amounts in column (b) and enter total.....	2d		7035141
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2865029	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)	431	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		2865460
f Corrective distributions (see instructions).....	2f		1578
g Certain deemed distributions of participant loans (see instructions).....	2g		47052
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	34370	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		34370
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2948460
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		4086681
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: WITHUMSMITH & BROWN, PC

(2) EIN: 22-2027092

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		7344

	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?		X	
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?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan SAN GORGONIO MEMORIAL HOSPITAL TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 SAN GORGONIO MEMORIAL HOSPITAL	D Employer Identification Number (EIN) 33-0420041

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	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): 42-0127290		
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	71

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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 _____

SAN GORGONIO MEMORIAL HOSPITAL TAX SHELTERED ANNUITY PLAN
Financial Statements and Supplementary Information
December 31, 2021 and 2020
With Independent Auditor's Report

**San Gorgonio Memorial Hospital
Tax Sheltered Annuity Plan
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December 31, 2021, and 2020**

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee and Plan Participants,
San Geronio Memorial Hospital Tax Sheltered Annuity Plan:

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

We have performed an audit of the financial statements of the San Geronio Memorial Hospital Tax Sheltered Annuity 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 statement comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements ("2021 financial statements").

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

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

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

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

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report.

We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters

2021 Supplementary Schedules Required by ERISA

The supplementary schedule H, Part IV, Line 4i - schedule of assets (held at end of year) as of December 31, 2021 and schedule H, Part IV, Line 4a - schedule of delinquent participant contributions for the year ended December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but 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 supplementary schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplementary schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Emphasis of Matter - Departure from U.S. GAAP

As described in Note 10, the Plan has excluded from investments in the accompanying statement of net assets available for benefits certain annuity accounts issued to current and former employees prior to January 1, 2009, as permitted by the DOL's Field Assistance Bulletin No. 2009-02. If the identified contracts, as reported by the Custodians, were included, net assets available for benefits would increase by \$299,194 and \$296,846 as of December 31, 2021 and 2020, respectively. Further, investment income and other additions of \$12,488 and distributions and other deductions of \$10,040 related to such accounts, as identified by the Custodians, have been excluded in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2021. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated January 13, 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 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Withum Smith & Brown, PC

October 14, 2022

**San Gorgonio Memorial Hospital
Tax Sheltered Annuity Plan
Statements of Net Assets Available for Benefits
December 31, 2021, and 2020**

	<u>2021</u>	<u>2020</u>
Assets		
Investments		
Registered investment companies	\$ 26,367,767	\$ 22,298,345
Investment contracts	<u>3,526,397</u>	<u>3,730,567</u>
Total investments at fair value	29,894,164	26,028,912
Fully benefit-responsive investment contract at contract value	<u>1,036,389</u>	<u>826,745</u>
Total investments	<u>30,930,553</u>	<u>26,855,657</u>
Receivables		
Employer contributions	50,337	42,912
Participant contributions	105,396	76,403
Notes receivable from participants	<u>609,077</u>	<u>626,916</u>
Total receivables	<u>764,810</u>	<u>746,231</u>
Corrective distributions payable	<u>(6,796)</u>	<u>-</u>
Net assets available for benefits	<u>\$ 31,688,567</u>	<u>\$ 27,601,888</u>

The Notes to Financial Statements are an integral part of these statements.

**San Gorgonio Memorial Hospital
Tax Sheltered Annuity Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2021**

Additions

Investment income	
Net appreciation in fair value of investments	\$ 2,704,740
Interest and dividends	717,665
Other income	<u>8,991</u>
Total investment income	<u>3,431,396</u>
 Interest income on notes receivable from participants	 <u>30,195</u>
 Contributions	
Employer	1,134,807
Participant	2,275,300
Rollover	<u>163,441</u>
Total contributions	<u>3,573,548</u>
Total additions	<u>7,035,139</u>

Deductions

Benefits paid to participants	2,865,029
Corrective distributions	1,578
Deemed distributions	47,052
Administrative expenses	34,370
Other expenses	<u>431</u>
Total deductions	<u>2,948,460</u>

Net change in net assets available for benefits 4,086,679

Net assets available for benefits

Beginning of year	<u>27,601,888</u>
 End of year	 <u>\$ 31,688,567</u>

The Notes to Financial Statements are an integral part of this statement.

**San Gorgonio Memorial Hospital
Tax Sheltered Annuity Plan
Notes to Financial Statements
December 31, 2021, and 2020**

1. DESCRIPTION OF PLAN

The following description of the San Gorgonio Memorial Hospital (the "Organization") Tax Sheltered Annuity Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a qualified tax deferred annuity or 403(b) plan which covers all eligible employees of the Organization. Members of the Organization's Board of Directors are the trustees of the Plan, the plan administrators and the Plan sponsors. As such, they are responsible for oversight of the Plan. As Plan administrators, they review and determine the appropriateness of the Plan's investment offerings and monitor investment performance. The Variable Annuity Life Insurance Company ("VALIC") and Principal Financial Group ("Principal") are collectively, the "Custodians" and record keepers of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Eligibility

All employees are eligible to enter the Plan, except for the employees listed below:

- 1) Employees who are nonresident aliens and perform no services in the United States during the calendar year;
- 2) Independent contractors, who are considered to be "Leased Employees" under the Plan;
- 3) Employees who work less than 20 hours per week.

Employees are eligible to receive an employer matching contribution after they have completed three months of service for full-time employees or 1,000 hours for per diem employees.

Effective August 15, 2020, the Plan was amended to expand eligibility to employees who work less than 20 hours per week, and the three-month service requirement was eliminated for the employer matching contribution.

Compensation

Eligible employees are immediately eligible to make elective deferrals under the Plan. Participants may contribute a portion of their annual pre-tax wages, not to exceed statutory limits set annually by the Internal Revenue Service. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined contribution plans.

The Organization's matching contribution is equal to 100% of a participant's elective deferrals, up to 5% of compensation. Matching contributions for the year ended December 31, 2021, were \$1,134,807.

Participant Accounts

Each participant's account is credited with the participant's contribution, the Organization's matching contribution, when applicable, and their allocation of the Plan's earnings and is charged with an allocation of maintenance fees. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. Upon enrollment in the Plan, a participant may direct the balance of his/her account in any of the investment options offered by VALIC and Principal and may change their investment options electronically. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**San Gorgonio Memorial Hospital
Tax Sheltered Annuity Plan
Notes to Financial Statements
December 31, 2021, and 2020**

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Participants become 100% vested in the Organization's contribution portion of their accounts after five years of service. Participants also become fully vested in the Plan upon reaching normal retirement age, becoming disabled or upon death.

Payment of Benefits

On termination of service due to death, disability or retirement, the Plan provides the following for benefit payments:

- 1) If a terminated participant's account is less than \$1,000, the entire vested benefit will be paid in a single lump sum payment.
- 2) The Plan also allows for a mandatory distribution without the consent of a terminating participant if his/her account balance is greater than \$1,000 but less than \$5,000. In this case, the Plan is to pay the distribution as a direct rollover to an individual retirement plan, designated by the Organization. The terminating participant can also elect to have the balance rolled over to another plan.
- 3) For all other vested accounts, the Plan provides for a lump sum payment or for the purchase of a qualified joint and survivor annuity.

Hardship withdrawals may be requested and are limited to the aggregate dollar amount of the participant's elective deferral contributions, reduced by amounts previously distributed. After attaining age 59 1/2 participants can withdraw any part of their vested balance for any reason.

Loan Collateral Accounts

Loans are available to participants through VALIC, subject to certain limitations. Plan loans are issued to participants directly from VALIC. Participants may borrow from VALIC up to 50% of their vested Plan account balance, from a minimum of \$1,000 up to \$50,000 reduced by the highest outstanding note balance within the previous 12 months over the balances currently owed. These loans payable to VALIC are secured by the balance in the participant's Plan account. Loan collateral account balances are stated at the unpaid principal value of the loan payable to VALIC, plus any unpaid, accrued interest.

Loans payable to VALIC bear interest at rates comparable to the rates being charged for fully secured loans offered by area credit unions, banks, etc. at the time the note is made. Unless lower than this fully secured rate, the interest rate charged on notes from VALIC accounts will be established each quarter based on Moody's Corporate Bond Yield Average - Monthly Average Corporates for the month ending two months prior to the calendar quarter. The rate paid on the account balance used to secure the note will be the adjustable note interest rate less 3%. Thus, the rate charged for these fully secured notes will be 3% higher than the return earned by the Participant account. Principal and interest are billed quarterly to the participants, who directly pay VALIC.

These loans payable to VALIC are not funded with Plan assets and therefore not presented in the financial statements as receivables. A loan is considered to be in default when no payments are made within 45 days after the due date of the payment. Upon default, VALIC will foreclose on the loan. The amount available (loan collateral account) in the participant's Plan account will be used to repay the outstanding loan if the participant is eligible for a current distribution. If the participant is not eligible for a distribution, the investments underlying the defaulted loan balances will remain in the Plan until the participant becomes eligible for a distribution. Loan collateral accounts in the Plan covering loans outstanding to VALIC amounted to \$390,125 and \$452,316 as of December 31, 2021, and 2020, respectively.

**San Gorgonio Memorial Hospital
Tax Sheltered Annuity Plan
Notes to Financial Statements
December 31, 2021, and 2020**

Notes Receivable from Participants

Participants may borrow 50% of their vested account balance, from a minimum of \$1,000 up to \$50,000, with payment of principal and interest made through payroll deductions. A general loan will have a term of up to five years, or up to 20 years for a home loan. The loans are secured by the balance in the participant's account. Interest rates on active loans ranged from 4.25% to 6.50% as of December 31, 2021.

Forfeitures

Participants terminating employment with the Organization will forfeit any non-vested employer contributions. At the Plan sponsor's election, the forfeited non-vested contributions may be used to pay for administrative expenses of the Plan or to reduce employer contributions. At December 31, 2021 and 2020, the amounts of forfeited non-vested contributions available for future use were \$92,080 and \$53,630, respectively. There were \$5,298 of forfeitures used to offset administrative expenses, and \$55,342 of forfeitures used to offset employer contributions during the year ended December 31, 2021.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting in compliance with accounting principles generally accepted in the United States of America.

Payment of Benefits

Benefits to participants are recorded when paid.

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

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

Risk and Uncertainties

The Plan provides for various investment options in any combination of investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level or risk associated with certain investment securities and the level of uncertainty related to changes in the value of investments securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

**San Gorgonio Memorial Hospital
Tax Sheltered Annuity Plan
Notes to Financial Statements
December 31, 2021, and 2020**

Notes Receivable from Participants

Notes receivable from participants are stated at the unpaid principal value plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. No allowance for credit losses has been recorded as of December 31, 2021, or 2020.

Administrative Expenses

The Plan sponsor does not pay VALIC administrative costs related to individual accounts. These costs were allocated to the participant accounts as maintenance fees based on the services provided by VALIC. All other expenses incurred by the Plan are paid from the Plan's assets to the extent the expenses have not been paid by the Organization. In addition, certain investment related expenses have been offset with net investment income and are not readily determinable.

Subsequent Events

The Plan evaluated subsequent events through October 14, 2022, the date these financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosure in these financial statements.

3. FAIR VALUE MEASUREMENTS

Accounting Standards Codification 820 ("ASC 820"), *Fair Value Measurements*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

San Gorgonio Memorial Hospital
Tax Sheltered Annuity Plan
Notes to Financial Statements
December 31, 2021, and 2020

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

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

Following is a description of the valuation methodologies used for assets measured at NAV as the practical expedient to estimate fair value:

Pooled Separate Accounts: Pooled separate accounts ("PSA") are valued at NAV which is based on the fair value of the underlying investments of the PSA, less any liabilities. The underlying investments of the PSA are mainly equity and fixed income securities and short-term investments. The investment strategies of the Plan's PSA vary generally based on the investment objectives of the asset class of which they are a part. Such investment strategies include investments in fixed income securities and investments in equity securities in domestic and international markets for growth and value objectives as well as to replicate market indexes and to invest in emerging markets. The Plan had no unfunded commitments related to PSA. The redemption of PSA is subject to the preference of individual Plan participants and contains no restrictions on the timing of redemption.

Investment Contract with Insurance Company: Valued based on an interest-bearing cash account balance which is backed by the claims-paying ability of VALIC.

Purchases of these contracts during they years ending December 31, 2021 and 2020 were \$143,900 and \$162,710, respectively.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered investment companies	\$ 26,367,767	\$ -	\$ -	\$ 26,367,767
Investment contracts	-	-	3,526,397	3,526,397
Total assets at fair value	<u>\$ 26,367,767</u>	<u>\$ -</u>	<u>\$ 3,526,397</u>	<u>\$ 29,894,164</u>

**San Gorgonio Memorial Hospital
Tax Sheltered Annuity Plan
Notes to Financial Statements
December 31, 2021, and 2020**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered investment companies	\$ 22,298,345	\$ -	\$ -	\$ 22,298,345
Investment contracts	-	-	3,730,567	3,730,567
Total assets at fair value	<u>\$ 22,298,345</u>	<u>\$ -</u>	<u>\$ 3,730,567</u>	<u>\$ 26,028,912</u>

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

4. FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The plan holds an investment contract with Principal Financial Group. This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals, and administrative expenses. The investment contract held by the Plan is summarized as follows:

	<u>2021</u>	<u>2020</u>
Fixed Income Guaranteed Option	<u>\$ 1,036,389</u>	<u>\$ 826,745</u>

The traditional investment contract held by the Plan is a guaranteed investment contract. The contract issuer is contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 0%. The crediting rate is reviewed on a semi-annual basis for resetting. The contract cannot be terminated before the scheduled maturity date.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contract is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different under each contract. Examples of such events include the following:

- The Plan's failure to qualify under Section 401(a) of the Internal Revenue Code or the failure of the trust to be tax-exempt under Section 501(a) of the Internal Revenue Code,
- Premature termination of the contract,
- Plan termination or merger,
- Changes to the Plan's prohibition on competing investment options,
- Bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that significantly affect the Plan's normal operations.

**San Gorgonio Memorial Hospital
Tax Sheltered Annuity Plan
Notes to Financial Statements
December 31, 2021, and 2020**

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuer and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

- An uncured violation of the Plan's investment guidelines,
- A breach of material obligation under the contract,
- A material misrepresentation,
- A material amendment to the agreements without the consent of the issuer.

5. INFORMATION CERTIFIED BY THE PLAN'S CUSTODIANS

No auditing procedures were performed by the independent registered public accountant, as permitted by 29 CFR 2520.103-8 of the Department of Labor's rules and regulations and disclosure under ERISA with respect to information certified as complete and accurate by the Custodians, except for comparing such information with the information reported in the financial statements. Based on the information provided and certified by the Custodians, there are no fixed income obligations, leases, or debt instruments in default or deemed uncollectible, as defined by ERISA, for the years ended December 31, 2021, and 2020. Accordingly, VALIC and Principal, the Custodians of the Plan, have certified to the completeness and accuracy of:

- Investments and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2021, and 2020, as well as the supplemental schedule of assets (held at end of year) as of December 31, 2021.
- Net appreciation in fair value of investments, interest and dividends and interest on notes receivable from participants reflected on the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2021.

6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Organization has the right to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, so that each participant receives 100% of his or her account balance as of the date of termination.

7. TAX STATUS

The Plan is not required to and has not obtained a determination letter from the Internal Revenue Service which would state whether the Plan, as designed, is in compliance with the applicable requirements of the Internal Revenue Code. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021, and 2020, there were no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. In addition, there are no tax related interest or penalties for the periods presented in these financial statements.

**San Gorgonio Memorial Hospital
Tax Sheltered Annuity Plan
Notes to Financial Statements
December 31, 2021, and 2020**

8. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments represent shares of pooled separate accounts managed by VALIC and Principal. VALIC and Principal are the Custodians as defined by the Plan and therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to \$34,371 for the year ended December 31, 2021.

The Plan pays administrative expenses to parties-in-interest who provide services to the Plan and for whom a statutory exemption exists.

The assets of the Plan are administered under a group annuity contract between San Gorgonio Memorial Hospital, the administrator, and VALIC and Principal, the Custodians of the Plan.

Additionally, notes receivable from participants are considered exempt party-in-interest transactions.

9. EXCLUDED CONTRACTS AND ACCOUNTS

The Plan sponsor has elected to exclude certain contracts and accounts from Plan assets in accordance with DOL FAB 2009-02 due to the fact that: 1) The contract or account was issued to a current or former employee before January 1, 2009; 2) The employer ceased to have any obligation to make contributions (including employee salary reduction contributions), and in fact stopped making contributions to the contract or account before January 1, 2009; 3) All the rights under the contract or account are legally enforceable against the insurer or Custodian by the individual owner of the contract or account without any involvement by the employer; and 4) The individual owner of the contract is fully vested in the contract or account.

If the identified contracts, as reported by the Custodian, were included, net assets available for benefits would increase by \$299,194 and \$296,846 as of December 31, 2021 and 2020, respectively. Further, investment income and other additions of \$12,488 and distributions and other deductions of \$10,040 related to such accounts, as identified by the Custodian, have been excluded in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2021.

SUPPLEMENTARY INFORMATION

San Gorgonio Memorial Hospital
Tax Sheltered Annuity Plan
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
EIN #33-0420041, Plan #001
December 31, 2021

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	VALIC	Aggressive Growth Lifestyle	N/A	\$ 68,780
*	VALIC	Ariel Appreciation Fund	N/A	9,790
*	VALIC	Ariel Fund	N/A	29,251
*	VALIC	Asset Allocation Fund	N/A	3,679
*	VALIC	Blue Chip Growth Fund	N/A	83,949
*	VALIC	VC I Capital Appreciation Fund	N/A	59,898
	T. Rowe Price	T.Rowe Price BI Chip GR I Fd	N/A	274,767
	Columbia Funds	Columbia Dividend Income I3 Fund	N/A	122,879
*	VALIC	VC I Conservative Growth Lifestyle	N/A	44,966
*	VALIC	Core Bond Fund	N/A	263,303
*	VALIC	Dividend Value	N/A	100,283
*	VALIC	Emerging Economies	N/A	314,210
	Fidelity	US Bond Index Fund	N/A	169,108
	Fidelity	500 Index Fund	N/A	1,293,337
	Fidelity	Small Cap Index Fund	N/A	382,603
	Fidelity	International Idx Fd	N/A	260,961
	Fidelity	Mid Cap Index Fund	N/A	301,981
*	VALIC	Fixed Account Plus	N/A	3,116,041
*	VALIC	Global Real Estate Fund	N/A	91,519
*	VALIC	Global Strategy	N/A	6,187
*	VALIC	Growth Fund	N/A	300,637
*	VALIC	High Yield Bond Fund	N/A	143,974
*	VALIC	Inflation Protected Fund	N/A	151,708
*	VALIC	International Equities Index Fund	N/A	441,748
*	VALIC	International Government Bond	N/A	244
*	VALIC	International Growth Fund	N/A	92,168
*	VALIC	International Value Fund	N/A	203,213

See Independent Auditor's Report.

San Gorgonio Memorial Hospital
Tax Sheltered Annuity Plan
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
EIN #33-0420041, Plan #001
December 31, 2021

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	VALIC	Intl Opportunities	N/A	\$ 217,635
*	VALIC	Intl Socially Responsible Fund	N/A	8,612
	JP Morgan Funds	JP Morgan Core Plus Bond R6 Fund	N/A	204,028
*	VALIC	Large Capital Growth	N/A	49,241
*	VALIC	Loan Collateral Fund	N/A	390,125
*	VALIC	Loan Escrow Fund	N/A	3,617
	Lord Abbett	Lord Abbett Developing Growth R6 Fund	N/A	132,917
	MFS Investment Management	MFS International Diversification R3 Fund	N/A	112,141
	MFS Investment Management	MFS Lifetime Income R3 Fund	N/A	822,447
	MFS Investment Management	MFS Lifetime 2020 R3 Fund	N/A	1,640,845
	MFS Investment Management	MFS Lifetime 2025 R3 Fund	N/A	1,803,853
	MFS Investment Management	MFS Lifetime 2030 R3 Fund	N/A	2,138,797
	MFS Investment Management	MFS Lifetime 2035 R3 Fund	N/A	1,673,400
	MFS Investment Management	MFS Lifetime 2040 R3 Fund	N/A	2,156,786
	MFS Investment Management	MFS Lifetime 2045 R3 Fund	N/A	1,596,409
	MFS Investment Management	MFS Lifetime 2050 R3 Fund	N/A	1,583,308
	MFS Investment Management	MFS Lifetime 2055 R3 Fund	N/A	631,286
	MFS Investment Management	MFS Lifetime 2060 R3 Fund	N/A	339,508
*	VALIC	Mid Cap Index Fund	N/A	436,978
*	VALIC	Mid Cap Strategic Gwth	N/A	174,614
*	VALIC	Mid Cap Value Fund	N/A	328,414
*	VALIC	Moderate Growth Lifestyle	N/A	290,169
*	VALIC	Money Market I Fund	N/A	278,971
*	VALIC	Nasdaq-100(R) Index Fund	N/A	139,150
	IVY	Delaware Ivy Mid Cap Growth I Fund	N/A	335,909
*	Principal Life Insurance Co.	Fixed Income Guaranteed Option	N/A	1,036,389
*	VALIC	Science & Technology Fund	N/A	974,998
*	VALIC	Short Term Fixed Account	N/A	410,356

See Independent Auditor's Report.

San Gorgonio Memorial Hospital
Tax Sheltered Annuity Plan
Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
EIN #33-0420041, Plan #001
December 31, 2021

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	VALIC	Small Cap Growth Fund	N/A	\$ 30,686
*	VALIC	Small Cap Index Fund	N/A	44,144
*	VALIC	Small Cap Special Value Fund	N/A	768
*	VALIC	Small Cap Value Fund	N/A	238,735
*	VALIC	Stock Index Fund	N/A	826,038
*	VALIC	Systematic Core Fund	N/A	253,393
*	VALIC	Systematic Value Fund	N/A	126,835
*	VALIC	US Socially Responsible Fund	N/A	355,052
*	VALIC	Vanguard Lifestrategy Growth	N/A	10,888
*	VALIC	Vanguard Lifestrategy Moderate	N/A	68,648
*	VALIC	Vanguard Long-Term Treasury	N/A	41,342
*	VALIC	Vanguard Lt Inv-Grade Fund	N/A	24,067
*	VALIC	Vanguard Wellington Fund Inc	N/A	92,311
*	VALIC	Vanguard Windsor II	N/A	346,198
	Victory Funds	Sycamore Small Company Opportunity I Fund	N/A	156,939
	Victory Funds	Sycamore Established Value R6 Fund	N/A	<u>72,422</u>
	Total investments			30,930,553
*	Notes receivable from participants	Interest rates of 4.25% to 6.50% with maturity dates through December 2026.	-	<u>609,077</u>
	Total assets held for investment purposes at end of year			<u>\$ 31,539,630</u>

* - Party-in-interest as defined by ERISA for which a statutory exemption exists.

See Independent Auditor's Report.

San Gorgonio Memorial Hospital
Tax Sheltered Annuity Plan
Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions
EIN #33-0420041, Plan #001
Year Ended December 31, 2021

Check Here if Late Participant Loan Repayments are included: ☐	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Year ended December 31, 2021	\$ -	\$ 7,344	\$ -	\$ 7,344

See Independent Auditor's Report.

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

S G M H T S

EIN 33 0420041
 PLAN NUMBER 001
 PLAN YEAR 01/01/2021 TO 12/31/2021

(A) Identity of issuer, borrower, lessor or similar party.	(B) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(C) Cost	(E) Current Value
VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company AGGRESSIVE GROWTH LIFESTYLE	\$ 0.00	\$ 68,779.00
VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company ARIEL APPRECIATION FUND	\$ 0.00	\$ 9,790.00
VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company ARIEL FUND	\$ 0.00	\$ 29,251.00
VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company ASSET ALLOCATION FUND	\$ 0.00	\$ 3,679.00
VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company BLUE CHIP GROWTH FUND	\$ 0.00	\$ 83,949.00
Columbia Funds	Registered Investment Company Columbia Div Income I3 Fund	\$ 0.00	\$ 122,879.24
VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company CORE BOND FUND	\$ 0.00	\$ 263,303.00
Ivy Investment Management Co	Registered Investment Company Delaware Ivy Mid Cap Gr I	\$ 0.00	\$ 335,908.71
VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company DIVIDEND VALUE	\$ 0.00	\$ 100,283.00
VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company EMERGING ECONOMIES	\$ 0.00	\$ 314,210.00
Fidelity Investments	Registered Investment Company Fidelity International Idx Fd	\$ 0.00	\$ 260,960.80
Fidelity Investments	Registered Investment Company Fidelity Mid Cp Index Fund	\$ 0.00	\$ 301,981.25
Fidelity Investments	Registered Investment Company Fidelity Sm Cap Index Fund	\$ 0.00	\$ 382,603.20
Fidelity Investments	Registered Investment Company Fidelity US Bond Index Fund	\$ 0.00	\$ 169,108.10
Fidelity Investments	Registered Investment Company Fidelity 500 Index Fund	\$ 0.00	\$ 1,293,337.26

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

S G M H T S

EIN 33 0420041
PLAN NUMBER 001
PLAN YEAR 01/01/2021 TO 12/31/2021

(A) Identity of issuer, borrower, lessor or similar party.	(B) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(C) Cost	(D) Current Value
VARIABLE ANNUITY LIFE INSURANCE CO	Insurance Company General FIXED ACCOUNT PLUS	\$ 0.00	\$ 3,116,041.00
VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company FOREIGN VALUE	\$ 0.00	\$ 203,213.00
VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company GLOBAL REAL ESTATE FUND	\$ 0.00	\$ 91,520.00
VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company GLOBAL STRATEGY	\$ 0.00	\$ 6,187.00
VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company GROWTH FUND	\$ 0.00	\$ 300,637.00
VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company HIGH YIELD BOND FUND	\$ 0.00	\$ 143,974.00
VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company INFLATION PROTECTED FUND	\$ 0.00	\$ 151,708.00
VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company INTERNATIONAL GOVERNMENT BOND	\$ 0.00	\$ 244.00
VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company INTERNATIONAL EQUITIES INDEX FUND	\$ 0.00	\$ 441,748.00
VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company INTERNATIONAL GROWTH FUND	\$ 0.00	\$ 92,168.00
VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company INTL OPPORTUNITIES	\$ 0.00	\$ 217,635.00
VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company INTL SOCIALLY RESPONSIBLE FUND	\$ 0.00	\$ 8,612.00
JP Morgan Funds	Registered Investment Company JP Morgan Core Plus Bond R6 Fd	\$ 0.00	\$ 204,027.95
VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company LARGE CAPITAL GROWTH	\$ 0.00	\$ 49,241.00
VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company LOAN COLLATERAL FUND	\$ 0.00	\$ 390,125.00

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

S G M H T S

EIN 33 0420041
 PLAN NUMBER 001
 PLAN YEAR 01/01/2021 TO 12/31/2021

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company LOAN ESCROW FUND	\$ 0.00	\$ 3,617.00
	Lord Abbett	Registered Investment Company LORD ABBETT DEV GROWTH R6 FUND	\$ 0.00	\$ 132,916.60
	MFS Investment Management	Registered Investment Company MFS Intl Diversification R3 Fd	\$ 0.00	\$ 112,141.04
	MFS Investment Management	Registered Investment Company MFS Lifetime Income R3 Fund	\$ 0.00	\$ 822,447.47
	MFS Investment Management	Registered Investment Company MFS Lifetime 2020 R3 Fund	\$ 0.00	\$ 1,640,845.12
	MFS Investment Management	Registered Investment Company MFS Lifetime 2025 R3 Fund	\$ 0.00	\$ 1,803,853.50
	MFS Investment Management	Registered Investment Company MFS Lifetime 2030 R3 Fund	\$ 0.00	\$ 2,138,796.63
	MFS Investment Management	Registered Investment Company MFS Lifetime 2035 R3 Fund	\$ 0.00	\$ 1,673,399.84
	MFS Investment Management	Registered Investment Company MFS Lifetime 2040 R3 Fund	\$ 0.00	\$ 2,156,786.06
	MFS Investment Management	Registered Investment Company MFS Lifetime 2045 R3 Fund	\$ 0.00	\$ 1,596,408.66
	MFS Investment Management	Registered Investment Company MFS Lifetime 2050 R3 Fund	\$ 0.00	\$ 1,583,308.32
	MFS Investment Management	Registered Investment Company MFS Lifetime 2055 R3 Fund	\$ 0.00	\$ 631,285.82
	MFS Investment Management	Registered Investment Company MFS Lifetime 2060 R3 Fund	\$ 0.00	\$ 339,507.60
	VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company MID CAP INDEX FUND	\$ 0.00	\$ 436,979.00
	VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company MID CAP STRATEGIC GROWTH	\$ 0.00	\$ 174,614.00

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

S G M H T S

EIN 33 0420041
 PLAN NUMBER 001
 PLAN YEAR 01/01/2021 TO 12/31/2021

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company MID CAP VALUE FUND	\$ 0.00	\$ 328,414.00
	VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company MODERATE GROWTH LIFESTYLE	\$ 0.00	\$ 290,169.00
	VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company MONEY MARKET FUND	\$ 0.00	\$ 278,971.00
	VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company NASDAQ 100 R INDEX FUND	\$ 0.00	\$ 139,150.00
*	Principal Life Insurance Company	Insurance Company General Prin Fixed Inc Guar Option	\$ 0.00	\$ 1,036,389.45
	VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company SCIENCE & TECHNOLOGY FUND	\$ 0.00	\$ 974,998.00
	VARIABLE ANNUITY LIFE INSURANCE CO	Insurance Company General SHORT TERM FIXED ACCOUNT	\$ 0.00	\$ 410,356.00
	VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company SMALL CAP GROWTH FUND	\$ 0.00	\$ 30,686.00
	VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company SMALL CAP INDEX FUND	\$ 0.00	\$ 44,144.00
	VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company SMALL CAP SPECIAL VALUE FUND	\$ 0.00	\$ 768.00
	VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company SMALL CAP VALUE FUND	\$ 0.00	\$ 238,735.00
	VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company SOCIALY RESPONSIBLE FUND	\$ 0.00	\$ 355,052.00
	VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company STOCK INDEX FUND	\$ 0.00	\$ 826,038.00
	VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company SYSTEMATIC CORE FUND	\$ 0.00	\$ 253,393.00
	VARIABLE ANNUITY LIFE INSURANCE CO	Pooled Separate Accounts SYSTEMATIC VALUE FUND	\$ 0.00	\$ 126,835.00

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

S G M H T S

EIN 33 0420041
 PLAN NUMBER 001
 PLAN YEAR 01/01/2021 TO 12/31/2021

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	T. Rowe Price Funds	Registered Investment Company T.Rowe Price Bl Chip Gr I Fd	\$ 0.00	\$ 274,766.63
	Victory Funds	Registered Investment Company Victory Syca Sm Co Opp I Fund	\$ 0.00	\$ 156,939.58
	Victory Funds	Registered Investment Company Victory Sycamore Est Val R6 Fd	\$ 0.00	\$ 72,421.79
	VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company VANGUARD LIFESTRATEGY GROWTH	\$ 0.00	\$ 10,888.00
	VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company VANGUARD LIFESTRATEGY MODERATE	\$ 0.00	\$ 68,648.00
	VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company VANGUARD LONG-TERM TREASURY	\$ 0.00	\$ 41,342.00
	VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company VANGUARD LT INV GRADE FUND	\$ 0.00	\$ 24,067.00
	VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company VANGUARD WELLINGTON FUND, INC	\$ 0.00	\$ 92,311.00
	VARIABLE ANNUITY LIFE INSURANCE CO	Registered Investment Company VANGUARD WINDSOR II	\$ 0.00	\$ 346,198.00
	VARIABLE ANNUITY LIFE INSURANCE CO	Pooled Separate Accounts VC I CAPITAL APPRECIATION FUND	\$ 0.00	\$ 59,898.00
	VARIABLE ANNUITY LIFE INSURANCE CO	Pooled Separate Accounts VC I CONSERV GROWTH LIFESTYLE FUND	\$ 0.00	\$ 44,967.00
*	Participant Loans	Range of Interest Rates Rates Range From 4.25% To 6.50%	\$ 0.00	\$ 611,453.00

