

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2022</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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<b>Part I Annual Report Identification Information</b>	
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
<p><b>A</b> This return/report is for: <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)</p> <p><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____</p> <p><b>B</b> This return/report is: <input type="checkbox"/> the first return/report <input checked="" type="checkbox"/> the final return/report</p> <p><input checked="" type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)</p> <p><b>C</b> If the plan is a collectively-bargained plan, check here. . . . . ▶ <input type="checkbox"/></p> <p><b>D</b> Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program</p> <p><input type="checkbox"/> special extension (enter description)</p> <p><b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ <input type="checkbox"/></p>	

<b>Part II Basic Plan Information</b> —enter all requested information	
<p><b>1a</b> Name of plan <u>GROSSMONT HOSPITAL RETIREMENT PLAN</u></p> <p><b>2a</b> 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>SHARP HEALTHCARE</u></p> <p><u>8695 SPECTRUM CENTER BLVD.</u> <u>SAN DIEGO, CA 92123-1489</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p> <p><b>1c</b> Effective date of plan <u>09/01/1960</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>95-6077327</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>858-499-5280</u></p> <p><b>2d</b> Business code (see instructions) <u>622000</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/20/2023	ANNMARIE CASTRO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/20/2023	JENNIFER GARDYNE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)  
v. 220413

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 4863
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).  <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year .....  <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....  <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....  <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b> 3549 <b>6a(2)</b> 0 <b>6b</b> 0 <b>6c</b> 0 <b>6d</b> 0 <b>6e</b> 0 <b>6f</b> 0  <b>6g</b>  <b>6h</b> 110
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>
<b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1C 3H  <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
<b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)  (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  (3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>0</b> <b>A</b> (Insurance Information) (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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

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**11c** Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 \_\_\_\_\_

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<b>SCHEDULE SB (Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2022</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

<b>A</b> Name of plan <u>GROSSMONT HOSPITAL RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SHARP HEALTHCARE</u>		
<b>D</b> Employer Identification Number (EIN) <u>95-6077327</u>		

**E** Type of plan:  Single  Multiple-A  Multiple-B **F** Prior year plan size:  100 or fewer  101-500  More than 500

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>			
<b>2</b> Assets:			
a Market value.....	<b>2a</b>	<u>191612603</u>	
b Actuarial value.....	<b>2b</b>	<u>183654467</u>	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>205</u>	<u>10368130</u>	<u>10368130</u>
b For terminated vested participants.....	<u>1109</u>	<u>31773115</u>	<u>31773115</u>
c For active participants.....	<u>3549</u>	<u>78598352</u>	<u>78893469</u>
d Total.....	<u>4863</u>	<u>120739597</u>	<u>121034714</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....			<b>4a</b>
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....			<b>4b</b>
<b>5</b> Effective interest rate.....			<b>5</b> <u>5.64 %</u>
<b>6</b> Target normal cost.....			
a Present value of current plan year accruals.....			<b>6a</b> <u>4538386</u>
b Expected plan-related expenses.....			<b>6b</b> <u>485000</u>
c Total (line 6a + line 6b).....			<b>6c</b> <u>5023386</u>

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

<b>SIGN HERE</b>		
	Signature of actuary	<u>09/22/2023</u> Date
	<u>CHEUKMING KU</u> Type or print name of actuary	<u>23-07059</u> Most recent enrollment number
	<u>AON CONSULTING, INC.</u> Firm name	<u>949-725-4500</u> Telephone number (including area code)
	<u>MSC# 17819, AON P.O. BOX 19640 IRVINE, CA 92623</u> Address of the firm	

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	49101241
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	49101241
<b>10</b>	Interest on line 9 using prior year's actual return of <u>7.44</u> % .....	0	3653132
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year).....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.84</u> %.....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance.....		0
	<b>d</b> Portion of (c) to be added to prefunding balance.....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections.....	0	17500000
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	35254373

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage.....	<b>14</b>	122.60 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	151.73 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	105.58 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/31/2022	0	2348461	08/15/2023	1057000	0
03/15/2023	1057000	0	08/30/2023	423000	0
04/14/2023	1057000	0			
05/15/2023	1057000	0			
06/15/2023	1057000	0			
07/14/2023	1057000	0			
<b>Totals ▶</b>			<b>18(b)</b>	6765000	<b>18(c)</b> 2348461

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....	<b>19a</b> 0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date. ....	<b>19b</b> 0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date. ....	<b>19c</b> 6256642
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:	

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

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

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code)..... **21b** 4

**22** Weighted average retirement age ..... **22** 64

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  Substitute

**Part VI Miscellaneous Items**

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....  Yes  No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...  Yes  No

**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment ..... **27**

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

**31** Target normal cost and excess assets (see instructions):

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	5023386
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	5023386

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</b> Waiver amortization installment.....	0	0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount..... **33**

**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....	0	0	0

**36** Additional cash requirement (line 34 minus line 35)..... **36** 0

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 6256642

**38** Present value of excess contributions for current year (see instructions)

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	6256642
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

**40** Unpaid minimum required contributions for all years..... **40** 0

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2022</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

<b>A</b> Name of plan <u>GROSSMONT HOSPITAL RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>SHARP HEALTHCARE</u>	<b>D</b> Employer Identification Number (EIN) <u>95-6077327</u>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

RUSSELL INVESTMENTS TRUST COMPANY

91-1116938

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 25 28 50 51 52 99	TRUST	576017	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	19876	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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
RUSSELL INVESTMENTS TRUST COMPANY	52	9685
(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.	
EQUITY II FUND  91-1117282	MANAGEMENT FEES 1.98% OF FUND EXPENSES FOR CORE CLASSES, EXCLUDING OTHER CLASSES, AUDIT AND MISC.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
RUSSELL INVESTMENTS TRUST COMPANY	52	5811
(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.	
EMERGING MARKETS FUND  91-1117282	MANAGEMENT FEES 1.20% OF FUND EXPENSES FOR CORE CLASSES, EXCLUDING OTHER CLASSES, AUDIT AND MISC.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
RUSSELL INVESTMENTS TRUST COMPANY	52	4231
(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.	
INTERNATIONAL FUND  91-1117282	MANAGEMENT FEES 1.91% OF FUND EXPENSES FOR CORE CLASSES, EXCLUDING OTHER CLASSES, AUDIT AND MISC.	

**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
RUSSELL INVESTMENTS TRUST COMPANY	52	126
(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.	
14-YEAR LDI FIXED INCOME FUND  26-6609096	MANAGEMENT FEES 1.80% OF FUND EXPENSES FOR CORE CLASSES, EXCLUDING OTHER CLASSES, AUDIT AND MISC.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
RUSSELL INVESTMENTS TRUST COMPANY	52	23
(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.	
15 TO 20 YEAR STRIPS FIXED INCOME  26-6609096	MANAGEMENT FEES 2.27% OF FUND EXPENSES FOR CORE CLASSES, EXCLUDING OTHER CLASSES, AUDIT AND MISC.	
(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.

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<p style="text-align: center;"><b>SCHEDULE D</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p><b>DFE/Participating Plan Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: large; font-weight: bold;">2022</p> <hr/> <p style="font-size: small; font-weight: bold;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

<b>A</b> Name of plan <u>GROSSMONT HOSPITAL RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
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<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SHARP HEALTHCARE</u>	<b>D</b> Employer Identification Number (EIN) <u>95-6077327</u>
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**Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**  
(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 INDEX FUND SR I

**b** Name of sponsor of entity listed in (a): RUSSELL INVESTMENTS TRUST COMPANY

<b>c</b> EIN-PN <u>91-1117282-033</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY II FUND

**b** Name of sponsor of entity listed in (a): RUSSELL INVESTMENTS TRUST COMPANY

<b>c</b> EIN-PN <u>91-1117282-006</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL FUND

**b** Name of sponsor of entity listed in (a): RUSSELL INVESTMENTS TRUST COMPANY

<b>c</b> EIN-PN <u>91-1117282-005</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: 15 TO 20-YR STRIPS FIXD INCOME FUND

**b** Name of sponsor of entity listed in (a): RUSSELL INVESTMENTS TRUST COMPANY

<b>c</b> EIN-PN <u>26-6609096-011</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKETS FUND

**b** Name of sponsor of entity listed in (a): RUSSELL INVESTMENTS TRUST COMPANY

<b>c</b> EIN-PN <u>91-1117282-010</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: 14-YEAR LDI FIXED INCOME FUND

**b** Name of sponsor of entity listed in (a): RUSSELL INVESTMENTS TRUST COMPANY

<b>c</b> EIN-PN <u>26-6609096-008</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: 25-PLUS YR STRIPS FIXD INCOME FUND

**b** Name of sponsor of entity listed in (a): RUSSELL INVESTMENTS TRUST COMPANY

<b>c</b> EIN-PN <u>26-6609096-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity  
code

**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity  
code

**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity  
code

**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity  
code

**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity  
code

**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity  
code

**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity  
code

**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity  
code

**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity  
code

**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity  
code

**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2022</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/31/2022**

<b>A</b> Name of plan <b>GROSSMONT HOSPITAL RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN)	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SHARP HEALTHCARE</b>	<b>D</b> Employer Identification Number (EIN) <b>95-6077327</b>	

**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
<b>a</b> Total noninterest-bearing cash.....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions.....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions.....	<b>1b(2)</b>	0
<b>(3)</b> Other.....	<b>1b(3)</b>	0
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities.....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred.....	<b>1c(3)(A)</b>	
<b>(B)</b> All other.....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred.....	<b>1c(4)(A)</b>	
<b>(B)</b> Common.....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests.....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property).....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants).....	<b>1c(7)</b>	
<b>(8)</b> Participant loans.....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts.....	<b>1c(9)</b>	0
<b>(10)</b> Value of interest in pooled separate accounts.....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts.....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities.....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	
<b>(15)</b> Other.....	<b>1c(15)</b>	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	192200518	0
<b>Liabilities</b>			
g Benefit claims payable.....	1g	415585	0
h Operating payables.....	1h	172330	0
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	587915	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	191612603	0

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)	2348461	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		2348461
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		-46707253
(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)		
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		-44358792
<b>Expenses</b>			
<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	9790970	
(2) To insurance carriers for the provision of benefits .....	2e(2)		
(3) Other .....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		9790970
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g		
<b>h</b> Interest expense .....	2h		
<b>i</b> Administrative expenses: (1) Professional fees .....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees .....	2i(3)	441715	
(4) Other .....	2i(4)	419471	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		861186
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		10652156
<b>Net Income and Reconciliation</b>			
<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		-55010948
<b>l</b> Transfers of assets:			
(1) To this plan .....	2l(1)		
(2) From this plan.....	2l(2)		136601655

**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: BDO USA,PC

(2) EIN: 13-5381590

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

	Yes	No	Amount
4a		X	

		Yes	No	Amount
<b>b</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.)	<b>4b</b>		X	
<b>c</b> 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.)	<b>4c</b>		X	
<b>d</b> 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.)	<b>4d</b>		X	
<b>e</b> Was this plan covered by a fidelity bond?	<b>4e</b>	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<b>4f</b>		X	
<b>g</b> 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?	<b>4g</b>		X	
<b>h</b> 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?	<b>4h</b>		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<b>4i</b>		X	
<b>j</b> 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.)	<b>4j</b>		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<b>4k</b>	X		
<b>l</b> Has the plan failed to provide any benefit when due under the plan?	<b>4l</b>		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<b>4m</b>			
<b>n</b> 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.	<b>4n</b>			

**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)
SHARPSAVER RETIREMENT PLAN	95-6077327	003

**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 483731.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2022</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

<b>A</b> Name of plan <u>GROSSMONT HOSPITAL RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>SHARP HEALTHCARE</u>	<b>D</b> Employer Identification Number (EIN) <u>95-6077327</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**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
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**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): 04-3581074

**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	350
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<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....  Yes  No

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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:

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

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year.....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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: 49.0 % Investment-Grade Debt: 51.0 % 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 \_\_\_\_\_



# **GROSSMONT HOSPITAL RETIREMENT PLAN**

## **Financial Statements**

As of December 31, 2022 and 2021 and  
for the Year Ended December 31, 2022

# **GROSSMONT HOSPITAL RETIREMENT PLAN**

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## **Financial Statements**

As of December 31, 2022 and 2021 and for the Year Ended December 31, 2022

# GROSSMONT HOSPITAL RETIREMENT PLAN

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*Note: Other schedules required by Section 2520.103.10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.*



## Independent Auditor's Report

To the Administrative Committee of  
Grossmont Hospital Retirement Plan  
San Diego, California

### *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit*

We have performed audits of the financial statements of Grossmont Hospital Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our audits 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### *Opinion*

In our opinion, based on our audits and the procedures performed as described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report

- the amounts and disclosures in the accompanying 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 (GAAP); and
- the certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).



### ***Basis for Opinion***

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

### ***Responsibilities of Management for the Financial Statements***

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

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

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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 Financial Statements***

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* 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 audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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

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

*BDO USA, P.C.*

Costa Mesa, California  
October 16, 2023

## Financial Statements

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# GROSSMONT HOSPITAL RETIREMENT PLAN

## Statements of Net Assets Available for Benefits

<i>December 31,</i>	<b>2022</b>	<b>2021</b>
<b>Assets</b>		
<b>Investments</b>		
Collective investment funds	\$ 136,601,655	\$ 191,936,833
<b>Receivables</b>		
Participant contributions receivable	-	95,673
Due from broker for securities sold	-	168,012
Employer contributions	6,765,000	-
<b>Total Receivables</b>	<b>6,765,000</b>	<b>263,685</b>
<b>Total Assets</b>	<b>143,366,655</b>	<b>192,200,518</b>
<b>Liabilities</b>		
Accrued expenses	-	172,330
<b>Net Assets Available for Benefits</b>	<b>\$ 143,366,655</b>	<b>\$ 192,028,188</b>

*See accompanying notes to the financial statements.*

# GROSSMONT HOSPITAL RETIREMENT PLAN

## Statement of Changes in Net Assets Available for Benefits

<i>Year ended December 31,</i>	2022
<b>Additions:</b>	
<b>Investment Loss</b>	
Net depreciation in fair value of investments	\$ (46,707,253)
Investment expenses	(441,715)
<b>Total Net Investment Loss</b>	<b>(47,148,968)</b>
<b>Contributions</b>	
Participant	2,348,461
Employer	6,765,000
<b>Total Contributions</b>	<b>9,113,461</b>
<b>Total Additions, Net of Investment Loss</b>	<b>(38,035,507)</b>
<b>Deductions:</b>	
Benefits paid to participants	10,206,555
Administrative expenses	419,471
<b>Total Deductions</b>	<b>10,626,026</b>
<b>Net Decrease</b>	<b>(48,661,533)</b>
<b>Net Assets Available for Benefits, beginning of year</b>	<b>192,028,188</b>
<b>Net Assets Available for Benefits, end of year</b>	<b>\$ 143,366,655</b>

*See accompanying notes to the financial statements.*

# GROSSMONT HOSPITAL RETIREMENT PLAN

## Statements of Accumulated Plan Benefits

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<i>December 31,</i>	2022	2021
<b>Actuarial Present Value of Accumulated Plan Benefits</b>		
Vested benefits:		
Participants currently receiving payments	\$ 9,853,484	\$ 10,158,194
Other participants	121,672,571	129,300,777
<b>Total Vested Benefits</b>	<b>131,526,055</b>	<b>139,458,971</b>
<b>Nonvested Benefits</b>	<b>356,658</b>	<b>366,375</b>
<b>Total Actuarial Present Value of Accumulated Plan Benefits</b>	<b>\$ 131,882,713</b>	<b>\$ 139,825,346</b>

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*See accompanying notes to the financial statements.*

# GROSSMONT HOSPITAL RETIREMENT PLAN

## Statement of Changes in Accumulated Plan Benefits

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<i>Year ended December 31,</i>		<i>2022</i>
<b>Actuarial Present Value of Accumulated Plan Benefits, at beginning of year</b>	<b>\$</b>	<b>139,825,346</b>
Change in actuarial assumptions		(15,468,594)
Benefits accumulated		8,662,961
Increase for interest due to decrease in the discount period		7,410,377
Benefits paid		(10,206,555)
Actuarial loss		1,659,178
<b>Net Increase</b>		<b>(7,942,633)</b>
<b>Actuarial Present Value of Accumulated Plan Benefits, at end of year</b>	<b>\$</b>	<b>131,882,713</b>

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*See accompanying notes to the financial statements.*

# GROSSMONT HOSPITAL RETIREMENT PLAN

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## 1. Description of the Plan

The following description of the Grossmont Hospital Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

### *General*

The Plan is a contributory, defined benefit plan covering the employees of Sharp Grossmont Hospital (the Employer). Employees are eligible to participate on their hire date. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

### *Contributions*

The Plan allows participants to contribute, on an after-tax basis, 1% of their eligible monthly compensation up to the statutory limit. The Employer matches 2% of participant eligible compensation for the first 1% of compensation contributed by the employee. The Plan directs the investments of the 1% participant contributions and the 2% Employer matching contributions. The Plan reserves the right to reduce or refund contributions as necessary for nondiscrimination purposes.

The Employer shall make contributions in amounts deemed necessary by an independent actuary to fund benefits provided by the Plan. Any actuarial gains will be used to reduce future Employer contributions.

### *Normal Retirement Benefits*

Generally, retirement benefits become payable at the participant's normal retirement age (65). The Plan requires the establishment and maintenance of an "account" for each participant solely for use in determining accumulated benefits and benefit payments under the Plan. The balance in the participant's account equals the sum of:

- The actuarially determined present value as of April 30, 1994 of the accumulated plan benefits to be provided under the Plan, plus interest for periods thereafter computed annually at a guaranteed rate of 6%.
- The participant's contributions subsequent to May 1, 1994, plus interest computed annually on required contributions guaranteed by the Employer at the greater of 6% or 120% of the Federal mid-term rate in effect at the beginning of the plan year.
- The Employer's required contributions subsequent to May 1, 1994, plus interest computed annually at a guaranteed rate of 6%.

Neither the maintenance of any account, nor the making of any credits thereto, is intended to be an allocation of assets of the Plan or the creation of the right of any person to receive specific assets of the Plan. Accumulated plan benefits are generally paid in a lump sum or monthly payment in the form of a life annuity or joint and survivor annuity (actuarially reduced), although other elections are available.

# GROSSMONT HOSPITAL RETIREMENT PLAN

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## ***Early Retirement Benefits***

Participants who have attained age 55 are eligible to receive early retirement benefits. The reduction from normal retirement benefits for early retirement is determined based on the participant's age and years of service as of the date of retirement.

## ***Deferred Retirement Benefits***

Participants who continue employment after the normal retirement date receive retirement benefits computed as of the deferred retirement date, as defined.

## ***Disability and Death Benefits***

Participants who become totally and permanently disabled while still active in the Plan are eligible to receive disability pension benefits which are equal to the actuarial equivalent of the participant's accrued normal retirement benefit. If the participant is not covered under a long-term disability (LTD) program maintained by the Employer, payments under the Plan may begin on the first day of the month following the date of disability. If the participant is covered under a LTD program maintained by the Employer, payments under the Plan may be deferred until the normal retirement date or the date benefits cease under such LTD plan, if earlier. If a participant dies prior to the retirement date, the beneficiary will receive the value of the participant's accumulated pension benefits as of the date of death.

## ***Termination Benefits***

In the event employment is terminated for any reason other than early retirement, normal retirement, deferred retirement, death or total and permanent disability, participants are entitled to the vested percentage of their accumulated pension benefits. Payment of such benefits begins at the normal or early retirement date unless immediate payment is elected. Vested benefit amounts with a lump sum present value of \$5,000 or less will be paid as soon as administratively feasible after termination. If a participant does not direct the Plan Administrator, distribution is made in a direct rollover to an individual retirement account (IRA) in the participant's name (outside of the plan).

## ***Withdrawals***

Active participants may withdraw all or a portion of their account balances attributable to their own contributions. Withdrawals are generally subject to the withholding of income taxes and penalties, as specified by the Internal Revenue Code (the "Code"). After making a withdrawal, a participant is prohibited from making contributions for at least six months and from making additional withdrawals for a twelve-month period.

As of January 1, 2010, the Plan was amended to take advantage of relief provided by the Pension Protection Act of 2006 (PPA) allowing cash balance plans to eliminate interest rate whipsaw. Interest rate whipsaw occurs when the interest crediting rate is greater than the discount rate used to convert the annuity benefit at age 65 to a cash lump sum benefit. The Plan was amended to eliminate the whipsaw effect for benefit payments made to Participants hired by the Employer on or after January 1, 2010. Specifically, lump sum benefits paid to Participants hired on or after January 1, 2010, will be equal to their balance. If the participant takes the benefit in the form of an annuity, the participant will receive an annuity that is the actuarial equivalent of the current cash balance. The

# GROSSMONT HOSPITAL RETIREMENT PLAN

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methodology for calculating lump sum distributions and annuities to Participants hired prior to January 1, 2010 did not change.

## ***Vesting***

Participants are always fully vested in the portion of their accrued benefit attributable to their voluntary contributions to the Plan plus the actual earnings thereon. Vesting in the portion of their accrued benefit attributable to Employer's contributions and the earnings thereon is based on years of service. Years of service for vesting purposes is based upon the completion of 1,000 hours of service within the plan year. Participant vesting is as follows:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 1	0%
1 but less than 2	25%
2 but less than 3	50%
3 or more	100%

Additionally, participants shall be 100% vested without regard to years of service, upon attainment of age 55, or upon death or permanent disability while a participant in the Plan.

## **2. Summary of Accounting Policies**

### ***Basis of Accounting***

The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP), using the accrual method of accounting.

### ***Use of Estimates***

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and disclosure of contingent assets and liabilities, as well as the actuarial present value of accumulated plan benefits. Actual results could differ materially from those estimates.

### ***Investment Valuation and Income Recognition***

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 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 (depreciation) in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

# GROSSMONT HOSPITAL RETIREMENT PLAN

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## *Actuarial Present Value of Accumulated Plan Benefits*

Accumulated plan benefits are those future periodic payments under the Plan, including lump sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits under the Plan are based on the compensation earned by participants during their years of credited service. Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits was determined by an actuary from AON and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal or retirement) between the valuation date and the expected date of payment. The actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2023 and 2022. Had the computations of the actuarial present value of accumulated plan benefits been performed as of December 31, 2022 and 2021, there would be no material differences.

The following are the significant assumptions underlying the January 1, 2023 and 2022 actuarial computations.

Mortality: For the plan years ended December 31, 2022, and 2021, the Pri-2012 mortality tables, amount-weighted, without collar adjustment, with generational mortality projection starting in 2012. Plan years ended December 31, 2022 and 2021 were based on scale MP-2021.

Assumed Retirement Rates: For the plan years ended December 31, 2022 and 2021, retirement is assumed to occur between ages 55 to 70 according to plan experience study from January 1, 2016 through January 1, 2019.

Commencement Timing: For active participants retiring or terminating before age 60, it is assumed that 100% will defer commencement to age 60 for the plan years ended December 31, 2022 and 2021. For active participants retiring or terminating at or over age 60, it is assumed 50% will commence immediately, 20% will defer commencement for one year, 10% will defer two years, 10% will defer three years, and 10% will defer four years.

For the plan year ended December 31, 2022, terminated vested participants at or over age 60 who terminated within one year prior to the valuation date, it is assumed 20% will commence immediately, 20% will defer commencement for one year, 20% will defer two years, 20% will defer three years, and 20% will defer four years. For the plan year ended December 31, 2021, terminated vested participants at or over age 60 who terminated within one year prior to the valuation date, it is assumed 50% will commence immediately, 20% will defer commencement for one year, 10% will defer two years, 10% will defer three years, and 10% will defer four years.

## GROSSMONT HOSPITAL RETIREMENT PLAN

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Net Investment Rate of Return: The net investment return used in the valuation for plan year ending December 31, 2022 and 2021 was 5.75% and 5.50%, respectively.

Lump Sum Value: For the purpose of determining lump sum value, the Plan defines actuarial equivalent factors as the greater of the factors as defined by (1) IRC Section 417(e)(3) applicable mortality table with look-back to the September preceding plan year, or (2) the 1994 Group Annuity Reserving Mortality Table (94GAR) projected to 2002, blended 50% male and 50% female and interest equal to the lesser of (i) 5% or (ii) the Pension Benefit Guaranty Corporation (PBGC) termination lump sum interest rate as of the beginning of the plan year. Effective January 1, 2021, PBGC termination lump sum interest rate is changed to the Section 417(e)(3) basis with look-back to the September preceding the plan year.

- For the plan year ended December 31, 2022, based on the current interest rate environment, the IRC Section 417(e) (i.e., segment rates and 417(e) mortality) produces the greater lump sum values between the two bases. The interest rates are the 417(e) segment rates in effect for September 2022 (2023-2027 4.48%; 2028-2042 5.26%, 2043+ 5.07%).
- For the plan year ended December 31, 2021, based on the current interest rate environment, the IRC Section 417(e) (i.e., segment rates and 417(e) mortality) produces the greater lump sum values between the two bases. The interest rates are the 417(e) segment rates in effect for September 2021 (2022-2026 .70%; 2027-2041 2.55%, 2042+ 3.06%).

### ***Payment of Benefits***

Benefits are recorded when paid. At December 31, 2022 and 2021, there were \$1,431 and \$415,585 respectively, in distributions outstanding on accounts of participants who had elected to withdraw from participation in the Plan but had not yet been paid.

### ***Funding***

As a condition of participation, employees are required to contribute 1% of their eligible monthly earnings, as defined, to the Plan. Accumulated contributions of participants still employed by the Employer as of December 31, 2022 and 2021 were \$37,571,877 and \$26,854,585, respectively, including interest credited at a guaranteed rate of 6%, or if greater than 6% at 120% of the federal mid-term rate, compounded annually.

The Plan is then funded by the Employer in such amounts as are deemed necessary by an independent actuary to provide for the benefits required by the Plan. Contributions are made by the Employer in amounts that are estimated to remain a constant percentage of employees' compensation each year such that, when combined with the employees' contributions, all employees' benefits will be fully provided for by the time they retire, in accordance with the funding requirements of ERISA. Any actuarial gains arising from actual experience under the Plan are used to reduce future contributions by the Employer and are not used to increase any benefits payable under the Plan. Employer's contributions for 2022 and 2021 met the minimum funding requirements of ERISA.

# GROSSMONT HOSPITAL RETIREMENT PLAN

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## 3. Certified Investment Information

The plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Russell Investment Trust Company (RITC), a qualified institution, has certified that the following investment information included in the accompanying financial statements is complete and accurate:

- Investments held at end of plan year, as reflected on the accompanying statements of net assets available for benefits as of December 31, 2022 and 2021;
- Net investment loss, as reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2022;
- Investment values disclosed in Note 5; and

At the request of the Plan administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information included in the financial statements.

## 4. Risks And Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits and participant account balances. As of December 31, 2022 and 2021, there were 4 investments held which individually accounted for more than 10% of total investments, respectively.

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

## 5. Fair Value Measurements

Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides for a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy 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.

## GROSSMONT HOSPITAL RETIREMENT PLAN

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*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.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

***Collective investment funds (CIF):*** Funds that are valued at the net asset value (NAV) of units held by the plan at year-end. The NAV as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective fund, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner. These investments are direct filing entities.

The preceding method described may produce a fair value calculation which 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.

There were no investments measured at fair value requiring disclosure within the fair value hierarchy at December 31, 2022 and 2021.

# GROSSMONT HOSPITAL RETIREMENT PLAN

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The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2022 and 2021.

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
December 31, 2022				
Collective investment funds	\$136,601,655	N/A	Daily	None
December 31, 2021				
Collective investment funds	\$ 191,936,833	N/A	Daily	None

## 6. Income Tax Status

The Plan received a favorable determination letter from the Internal Revenue Service (IRS) dated May 11, 2021, that the form of the Plan and related trust are designed in accordance with applicable sections of the Code. The Plan Administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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

## 7. Plan Termination

Although they have not expressed any intent to do so, the Employer has the right to terminate the Plan at any time. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

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

## GROSSMONT HOSPITAL RETIREMENT PLAN

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Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan. In addition, the amount of benefit protection is subject to certain limitations. Whether all participants receive their benefits, should the Plan terminate at some future time, will depend on the sufficiency of the Plan's net assets to provide those benefits at that time and may also depend on the level of benefits guaranteed by the PBGC.

### 8. Related Party and Party-In-Interest Transactions

Certain Plan investments are invested in shares of funds managed by Russell Investments, the Trustee of the Plan. Therefore, these transactions qualify as party-in-interest transactions under ERISA.

### 9. Reconciliation of Financial Statements to Form 5500

Effective January 1, 2023, the Plan merged into the SharpSaver Retirement Plan. See Note 10 for further information.

For the purposes and reporting of the Form 5500 Schedule H, the SharpSaver Retirement Plan transfer was shown as of December 31, 2022. See reconciliation below:

<i>December 31,</i>	<b>2022</b>	<b>2021</b>
Net assets available for benefits per the financial statements	\$ 143,366,655	\$ 192,028,188
Net Assets, in transit due to transfer out to SharpSaver Retirement Plan	(136,601,655)	-
Employer contributions receivable	(6,765,000)	-
Participant distribution outstanding	-	(415,585)
<b>Net Assets Available for Benefits Per the Form 5500</b>	<b>\$ -</b>	<b>\$ 191,612,603</b>

The following is a reconciliation of net change in net assets per the financial statements to the net loss per the Form 5500 for the year ended December 31, 2022:

<i>Year ended December 31,</i>	<b>2022</b>
Transfers per the financial statements	\$ -
Transfers from this Plan to SharpSaver Retirement Plan	(136,601,655)
<b>Total Transfers, Per the Form 5500</b>	<b>\$ (136,601,655)</b>

<i>Year ended December 31,</i>	<b>2022</b>
Net decrease per the financial statements	\$ (48,661,533)
Employer contributions receivable	(6,765,000)
Decrease in participant distributions outstanding	415,585
<b>Net Decrease Per the Form 5500</b>	<b>\$ (55,010,948)</b>

## GROSSMONT HOSPITAL RETIREMENT PLAN

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### 10. Subsequent Events

The Plan has evaluated subsequent events from the date of the statements of net assets available for benefits through October 16, 2023, the date the financial statements were available to be issued.

Effective January 1, 2023, the Plan merged into the SharpSaver Retirement Plan. On January 3, 2023, assets in the amount of \$136,601,655 were transferred from the Plan into the SharpSaver Retirement Plan. Additionally, the SharpSaver Retirement Plan assumed accumulated plan benefits in the amount of \$131,882,713 from the Plan and the Plan ceased to exist.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
 Grossmont Hospital Retirement Plan  
 EIN: 95-6077327 PN: 001

Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2022

Number of Participants, Average Compensation and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	27 \$55,387 \$389	48 \$68,425 \$1,930	1							
25-29	25 \$72,905 \$611	196 \$81,959 \$4,270	51 \$77,639 \$9,442							
30-34	24 \$69,682 \$1,053	197 \$81,390 \$4,856	194 \$77,535 \$10,415	29 \$68,167 \$10,570	2					
35-39	17	130 \$81,040 \$4,866	189 \$83,267 \$11,444	139 \$88,868 \$22,137	40 \$79,845 \$21,206					
40-44	12	104 \$84,624 \$5,240	126 \$81,473 \$12,007	144 \$98,552 \$24,877	88 \$93,479 \$29,726	18				
45-49	8	66 \$86,015 \$5,883	87 \$80,518 \$11,369	88 \$97,801 \$28,336	110 \$108,826 \$36,883	53 \$116,381 \$43,163	9	1		
50-54	6	46 \$87,363 \$5,985	89 \$85,846 \$13,324	81 \$93,129 \$24,683	89 \$104,054 \$32,743	55 \$108,686 \$45,709	34 \$119,416 \$65,289	14		
55-59	6	38 \$86,067 \$6,166	55 \$86,869 \$13,362	49 \$85,740 \$22,471	63 \$99,112 \$29,011	58 \$95,660 \$45,153	51 \$114,866 \$58,441	49 \$121,328 \$71,353	8	
60-64	2	15 \$91,877 \$15,173	38 \$102,319 \$29,289	43 \$98,994 \$44,211	47 \$93,321 \$45,672	48 \$103,887 \$58,730	33 \$129,597 \$71,537	57 \$109,863 \$80,646	22	9
65-69		9	9	17	25 \$114,291 \$45,447	21 \$80,546 \$36,550	28 \$108,025 \$75,648	18	13	30 \$144,727 \$119,462
70+		2	4	5	7	6	2	12	6	7

N-3549

Schedule SB Attachment (Form 5500)—2022 Plan Year  
 Grossmont Hospital Retirement Plan  
 EIN: 95-6077327 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2021), each adjusted as needed to fall within the 25-year average interest rate corridor under the American Rescue Plan Act of 2021.
1st Segment Rate	4.75%.
2nd Segment Rate	5.18%.
3rd Segment Rate	5.92%.
Effective Rate	5.64%.
Salary Increases	
Minimum Funding Target Normal Cost	3.00%.
Maximum Tax Expected Benefit Increase	3.00%.
Retirement Rates	Participants are assumed to retire according to Table 1.
Withdrawal Rates	See Table 2.
Disability Rates	None assumed.
Commencement Timing	
Active Participants	For participants assumed to retire or terminate before age 60, it is expected that 100% will defer commencement to age 60.  For participants assumed to retire or terminate at or over age 60, it is expected 50% will commence immediately, 20% will defer commencement for 1 year, 10% will defer 2 years, 10% will defer 3 years, and 10% will defer 4 years.
Terminated Vested Participants	Age 60 for participants below age 60.  For participants at or over age 60 who terminated more than one year prior to the valuation date, it is assumed 20% will commence immediately, 20% will defer commencement for 1 year, 20% will defer 2 years, 20% will defer 3 years, and 20% will defer 4 years.  For participants at or over age 60 who terminated within one year prior to the valuation date, it is assumed 50% will commence immediately, 20% will defer commencement for 1 year, 10% will defer 2 years, 10% will defer 3 years, and 10% will defer 4 years.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
 Grossmont Hospital Retirement Plan  
 EIN: 95-6077327 PN: 001

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

Optional Payment Form Election Percentage	95% lump sum, 5% single life annuity.
Optional Payment Form Conversion Interest Rate	Same as funding interest rates.
Optional Payment Form Conversion Mortality	Section 417(e) applicable mortality table in effect for 2022.
Mortality Rates	Fully Generational Mortality Table for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(a)(2), based on 2006 base rates from the RP-2014 mortality study.
Surviving Spouse Benefit	It is assumed that 100% of all participants have an eligible spouse, and that males are three years older than their spouses.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$245,000 and the 401(a)(17) compensation limit of \$305,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expense and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.
Expected Return on Assets <sup>1</sup>	
2020 Plan Year	6.25%, limited to 5.94%.
2021 Plan Year	6.00%.
2022 Plan Year	5.75%.
Trust Expense Included in Target Normal Cost	105% of the prior year's administrative expenses (excluding the prior year's PBGC premiums), plus estimated PBGC premiums for the current year, rounded to the nearest \$5,000.  The amount for 2022 is \$485,000.
Actuarial Method	Standard Unit Credit Cost Method.
Valuation Date	January 1, 2022.

<sup>1</sup> Third segment rate for minimum funding purposes, not to exceed expected long-term rate of return on plan assets for the fiscal year ending within the plan year.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
 Grossmont Hospital Retirement Plan  
 EIN: 95-6077327 PN: 001

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

**Table 1**  
**Retirement Rates**

<b>Age</b>	<b>Rate</b>
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	6.00%
61	7.00%
62	10.00%
63	10.00%
64	10.00%
65	15.00%
66	20.00%
67	20.00%
68	20.00%
69	20.00%
70	100.00%

**Table 2**  
**Sample Termination Rates**

	<b>Years of Service</b>			
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
20	17.52%	16.06%	14.60%	14.60%
25	16.80%	15.40%	14.00%	14.00%
30	18.00%	17.00%	15.00%	10.00%
35	12.60%	11.90%	10.50%	7.00%
40	9.90%	9.35%	8.25%	5.50%
45	8.10%	7.65%	6.75%	4.50%
50	7.02%	6.63%	5.85%	3.90%
55	0.00%	0.00%	0.00%	0.00%

**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

**2022**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

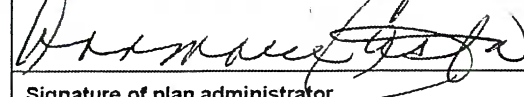

- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)  
 a single-employer plan  a DFE (specify) \_\_\_\_\_
- B** This return/report is:  the first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

<b>1a</b> Name of plan GROSSMONT HOSPITAL RETIREMENT PLAN		<b>1b</b> Three-digit plan number (PN) ▶	001
		<b>1c</b> Effective date of plan	09/01/1960
<b>2a</b> 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) SHARP HEALTHCARE  8695 SPECTRUM CENTER BLVD.  SAN DIEGO CA 92123-1489		<b>2b</b> Employer Identification Number (EIN)	95-6077327
		<b>2c</b> Plan Sponsor's telephone number	858-499-5280
		<b>2d</b> Business code (see instructions)	622000

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

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

SIGN HERE		10/20/23	Annmarie Castro
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/20/23	Jennifer Gardyne
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)  
v. 220413

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																														
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN																														
<b>5</b> Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>5</b></td> <td style="text-align: right;">4,863</td> </tr> </table>	<b>5</b>	4,863																												
<b>5</b>	4,863																														
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).  <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td><b>6a(1)</b></td> <td></td> <td style="text-align: right;">3,549</td> </tr> <tr> <td><b>6a(2)</b></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6b</b></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6c</b></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6d</b></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6e</b></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6f</b></td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>6g</b></td> <td></td> <td></td> </tr> <tr> <td><b>6h</b></td> <td></td> <td style="text-align: right;">110</td> </tr> </table>				<b>6a(1)</b>		3,549	<b>6a(2)</b>		0	<b>6b</b>		0	<b>6c</b>		0	<b>6d</b>		0	<b>6e</b>		0	<b>6f</b>		0	<b>6g</b>			<b>6h</b>		110
<b>6a(1)</b>		3,549																													
<b>6a(2)</b>		0																													
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<b>6f</b>		0																													
<b>6g</b>																															
<b>6h</b>		110																													
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>7</b></td> <td></td> </tr> </table>	<b>7</b>																													
<b>7</b>																															
<b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1C 3H  <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:																															

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)  (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  (3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 \_\_\_\_\_

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**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2022**

**This Form is Open to Public Inspection**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

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

<b>A</b> Name of plan GROSSMONT HOSPITAL RETIREMENT PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SHARP HEALTHCARE	<b>D</b> Employer Identification Number (EIN) 95-6077327	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>			
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>		191,612,603
<b>b</b> Actuarial value .....	<b>2b</b>		183,654,467
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	205	10,368,130	10,368,130
<b>b</b> For terminated vested participants .....	1,109	31,773,115	31,773,115
<b>c</b> For active participants .....	3,549	78,598,352	78,893,469
<b>d</b> Total .....	4,863	120,739,597	121,034,714
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>		5.64%
<b>6</b> Target normal cost .....			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>		4,538,386
<b>b</b> Expected plan-related expenses .....	<b>6b</b>		485,000
<b>c</b> Total (line 6a + line 6b) .....	<b>6c</b>		5,023,386

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>	CHEUKMING KU <i>ck</i>	09/22/2023
	Signature of actuary	Date
	CHEUKMING KU	2307059
	Type or print name of actuary	Most recent enrollment number
	AON CONSULTING, INC.	949-725-4500
	Firm name	Telephone number (including area code)
	MSC# 17819, AON P.O. BOX 19640 IRVINE CA 92623	
	Address of the firm	

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

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

**Schedule SB (Form 5500) 2022  
v. 220413**



<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 64
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

<b>Part VI Miscellaneous Items</b>				
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>26</b> Demographic and benefit information				
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>				
<b>28</b> Unpaid minimum required contributions for all prior years .....				<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....				<b>31a</b> 5,023,386
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 5,023,386
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	0		0	
<b>b</b> Waiver amortization installment .....	0		0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 0
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0	
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b> 6,256,642
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 6,256,642
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

Schedule SB Attachment (Form 5500)—2022 Plan Year  
 Grossmont Hospital Retirement Plan  
 EIN: 95-6077327 PN: 001

Schedule SB, line 19—Discounted Employer Contributions  
 Year applied for contributions: 2022

<b>Date</b>	<b>Amount</b>	<b>Interest Rate</b>	<b>Days to Discount to 1/1/2022</b>	<b>Interest Adjusted Contribution</b>
March 15, 2023	\$ 1,057,000	5.64%	438	\$ 989,648
April 14, 2023	1,057,000	5.64%	468	985,195
May 15, 2023	1,057,000	5.64%	499	980,615
June 15, 2023	1,057,000	5.64%	530	976,056
July 14, 2023	1,057,000	5.64%	559	971,811
August 15, 2023	1,057,000	5.64%	591	967,147
August 30, 2023	423,000	5.64%	606	386,170
<b>Total Contribution</b>	<b>\$ 6,765,000</b>			<b>\$ 6,256,642</b>

Schedule SB Attachment (Form 5500)—2022 Plan Year  
 Grossmont Hospital Retirement Plan  
 EIN: 95-6077327 PN: 001

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	6.00%	0.7738	2.81
61.5	7.00%	0.7274	3.13
62.5	10.00%	0.6764	4.23
63.5	10.00%	0.6088	3.87
64.5	10.00%	0.5479	3.53
65.5	15.00%	0.4931	4.84
66.5	20.00%	0.4192	5.57
67.5	20.00%	0.3353	4.53
68.5	20.00%	0.2683	3.68
69.5	20.00%	0.2146	2.98
70.0	100.00%	0.1717	12.02
		Weighted Average	64.17

Schedule SB Attachment (Form 5500)—2022 Plan Year  
 Grossmont Hospital Retirement Plan  
 EIN: 95-6077327 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2021), each adjusted as needed to fall within the 25-year average interest rate corridor under the American Rescue Plan Act of 2021.
1st Segment Rate	4.75%.
2nd Segment Rate	5.18%.
3rd Segment Rate	5.92%.
Effective Rate	5.64%.
Salary Increases	
Minimum Funding Target Normal Cost	3.00%.
Maximum Tax Expected Benefit Increase	3.00%.
Retirement Rates	Participants are assumed to retire according to Table 1.
Withdrawal Rates	See Table 2.
Disability Rates	None assumed.
Commencement Timing	
Active Participants	For participants assumed to retire or terminate before age 60, it is expected that 100% will defer commencement to age 60.  For participants assumed to retire or terminate at or over age 60, it is expected 50% will commence immediately, 20% will defer commencement for 1 year, 10% will defer 2 years, 10% will defer 3 years, and 10% will defer 4 years.
Terminated Vested Participants	Age 60 for participants below age 60.  For participants at or over age 60 who terminated more than one year prior to the valuation date, it is assumed 20% will commence immediately, 20% will defer commencement for 1 year, 20% will defer 2 years, 20% will defer 3 years, and 20% will defer 4 years.  For participants at or over age 60 who terminated within one year prior to the valuation date, it is assumed 50% will commence immediately, 20% will defer commencement for 1 year, 10% will defer 2 years, 10% will defer 3 years, and 10% will defer 4 years.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
 Grossmont Hospital Retirement Plan  
 EIN: 95-6077327 PN: 001

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

Optional Payment Form Election Percentage	95% lump sum, 5% single life annuity.
Optional Payment Form Conversion Interest Rate	Same as funding interest rates.
Optional Payment Form Conversion Mortality	Section 417(e) applicable mortality table in effect for 2022.
Mortality Rates	Fully Generational Mortality Table for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(a)(2), based on 2006 base rates from the RP-2014 mortality study.
Surviving Spouse Benefit	It is assumed that 100% of all participants have an eligible spouse, and that males are three years older than their spouses.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$245,000 and the 401(a)(17) compensation limit of \$305,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expense and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.
Expected Return on Assets <sup>1</sup>	
2020 Plan Year	6.25%, limited to 5.94%.
2021 Plan Year	6.00%.
2022 Plan Year	5.75%.
Trust Expense Included in Target Normal Cost	105% of the prior year's administrative expenses (excluding the prior year's PBGC premiums), plus estimated PBGC premiums for the current year, rounded to the nearest \$5,000.  The amount for 2022 is \$485,000.
Actuarial Method	Standard Unit Credit Cost Method.
Valuation Date	January 1, 2022.

<sup>1</sup> Third segment rate for minimum funding purposes, not to exceed expected long-term rate of return on plan assets for the fiscal year ending within the plan year.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
 Grossmont Hospital Retirement Plan  
 EIN: 95-6077327 PN: 001

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

**Table 1**  
**Retirement Rates**

<b>Age</b>	<b>Rate</b>
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	6.00%
61	7.00%
62	10.00%
63	10.00%
64	10.00%
65	15.00%
66	20.00%
67	20.00%
68	20.00%
69	20.00%
70	100.00%

**Table 2**  
**Sample Termination Rates**

	<b>Years of Service</b>			
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
20	17.52%	16.06%	14.60%	14.60%
25	16.80%	15.40%	14.00%	14.00%
30	18.00%	17.00%	15.00%	10.00%
35	12.60%	11.90%	10.50%	7.00%
40	9.90%	9.35%	8.25%	5.50%
45	8.10%	7.65%	6.75%	4.50%
50	7.02%	6.63%	5.85%	3.90%
55	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2022 Plan Year  
 Grossmont Hospital Retirement Plan  
 EIN: 95-6077327 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

**Effective Date** September 1, 1960, as amended through January 1, 2022.

**Plan Year** Calendar year.

**Plan Participation** Since August 6, 2007, an Eligible Employee shall become eligible to participate on his date of hire.

**Accrued Benefit** An employee elects to participate by means of a regular payroll deduction equal to one percent (1%) of Plan Compensation for which an additional two percent (2%) of Plan Compensation is credited to the Employer Matching Credits Account.

For participants with hire dates on or after January 1, 2010, Accrued Benefit means the participant's Cash Balance Account, expressed as a lump-sum based benefit.

For participants with hire dates prior to January 1, 2010, Accrued Benefit means the Cash Balance Account projected to age 65 at an interest rate of six percent (6%) multiplied by a life expectancy factor equal to one-thirteenth (1/13).

**Normal Retirement**

Eligibility Age 65.

Benefit Accrued Benefit.

**Early Retirement**

Eligibility Age 55.

Benefit Actuarial Equivalent of Accrued Benefit.

For a participant with a hire date before January 1, 2010 who elects to receive Early Retirement Benefit in the form of an annuity, the following reduction schedule applies in lieu of Actuarial Equivalent adjustment:

<b>Retirement Age</b>	<b>Immediate Annuity as a Percentage of Accrued Benefit</b>
65	100.00%
64	93.33%
63	86.67%
62	80.00%
61	73.33%
60	66.67%
59	63.33%
58	60.00%
57	56.67%
56	53.33%
55	50.00%

Schedule SB Attachment (Form 5500)—2022 Plan Year  
 Grossmont Hospital Retirement Plan  
 EIN: 95-6077327 PN: 001

Schedule SB, Part V—Summary of Plan Provisions (continued)

**Disability Retirement**

Eligibility Total and permanent disability.

Benefit The Accrued Benefit as under Normal Retirement, adjusted in the same manner as in Early or Vested Retirement, if applicable.

**In-Service Retirement**

Eligibility Participant who attains age 65 on or after December 1, 2006, or age 62 on or after January 1, 2007, and is 100% vested in his Employer Matching Credits Account.

Benefit Entire vested Accrued Benefit earned as of In-Service Retirement date.

A participant continues to accrue benefits after commencing In-Service Retirement. Subsequent in-service distributions are limited to one per 12-month period.

**Vested Retirement**

Eligibility A participant shall be 100% vested in his Accrued Benefit upon attainment of age 55. A participant shall be 100% vested in the portion of his Accrued Benefit attributable to his Participant Accumulated Contributions Account at all times. A participant shall be vested in the portion of his Accrued Benefit attributable to his Employer Matching Credits Account according to the following schedule.

<b>Years of Service</b>	<b>Vesting Percentage</b>
Less than 1	0%
1	25%
2	50%
3 or more	100%

Benefit Actuarial Equivalent of vested Accrued Benefit.

**Preretirement Surviving**

**Spouse's Benefit**

Eligibility None.

Benefit Actuarial Equivalent of vested Accrued Benefit.

**Unreduced Form of Payment**

Life annuity.

**Normal Form of Payment**

Married Participant 50% joint and survivor annuity actuarially equivalent to a life annuity.

Unmarried Participant Life annuity.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Grossmont Hospital Retirement Plan  
EIN: 95-6077327 PN: 001

Schedule SB, Part V—Summary of Plan Provisions (continued)

**Optional Forms of Payment**

- (1) Life annuity;
- (2) Lump sum;
- (3) Installment payments for a guaranteed period of 5, 10, or 15 years;
- (4) Life annuity with a guaranteed period of 5, 10, or 15 years;
- (5) Joint and survivor annuity with 50%, 75%, or 100% continuation to the survivor; and
- (6) Level income option which is reduced after Social Security payments begin to provide a level income throughout retirement.

**Definitions**

**Actuarial Equivalent**

Lump Sum, Installments, and  
Social Security Level Income  
Option

Based on the greater of (1) or (2) below:

- (1) Section 417(e)(3) applicable mortality table for the plan year and interest with look-back to the September preceding the plan year;<sup>1</sup> or
- (2) 1994 Group Annuity Reserving Mortality Table (94 GAR), projected to 2002, blended 50% male and 50% female and interest equal to the lesser of (i) 5% or (ii) PBGC termination lump sum interest rate as of the beginning of the plan year. Effective January 1, 2021, PBGC termination lump sum interest rate is changed to the Section 417(e)(3) basis with look-back to the September preceding the plan year.<sup>2</sup>

All Other Payment Forms

5% interest and the Section 417(e)(3) applicable mortality table as in effect for 2018.

Cash Balance Account

Sum of Participant Accumulated Contributions Account and Employer Matching Credits Account.

<sup>1</sup> Installments and Social Security level income option for participants with hire dates on or after January 1, 2010 use actuarial equivalent for all other payment forms.

<sup>2</sup> PBGC termination lump sum interest rate is applicable to the lump sum payment form only.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Grossmont Hospital Retirement Plan  
EIN: 95-6077327 PN: 001

Schedule SB, Part V—Summary of Plan Provisions (continued)

**Definitions** (continued)

Eligible Employee

An employee not in the following groups, which are excluded from plan participation:

- (1) Employees covered by collective bargaining agreement which does not provide for coverage under the plan;
- (2) Leased and temporary employees;
- (3) Non-resident aliens who receive no compensation from the employer which is classified as United States source taxable income; or
- (4) Effective January 1, 2006, traveling nurses.

Employer Matching Credits Account

Sum of all employer contributions plus interest credited at 6% per annum.

Participant Accumulated Contributions Account

Sum of all after-tax contributions made by a participant plus interest credited at the greater of (i) 6% per annum, or (ii) 120% of the federal mid-term rate in effect for the first month of the plan year.

Plan Compensation

W-2 pay, less bonuses, shift differential, automobile allowances, and similar pay, plus Sections 403(b) and 125 contributions.

Year of Service

A plan year in which an employee is credited with at least 1,000 hours of service.

**Plan Changes Since the Prior Year**

There have been no plan changes since the prior year.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Grossmont Hospital Retirement Plan  
EIN: 95-6077327 PN: 001

Schedule SB, Part V—Summary of Plan Provisions (continued)

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

The actuarial valuation was conducted on an ongoing (not termination) basis using personnel data furnished as of January 1, 2022 by Sharp HealthCare. Asset information and the dates and amounts of contributions are based on information supplied by Sharp HealthCare.

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Grossmont Hospital Retirement Plan  
EIN: 95-6077327 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The following change was made to the actuarial assumptions for the January 1, 2022 valuation:

- The expected return on plan assets was changed from 6.00% as of January 1, 2021 to 5.75% as of January 1, 2022 to better reflect anticipated trust asset performance. The change resulted in no impact on the value of plan assets calculation for the current plan year and therefore no impact on the funding shortfall.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
 Grossmont Hospital Retirement Plan  
 EIN: 95-6077327 PN: 001

Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2022

Number of Participants, Average Compensation and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	27 \$55,387 \$389	48 \$68,425 \$1,930	1							
25-29	25 \$72,905 \$611	196 \$81,959 \$4,270	51 \$77,639 \$9,442							
30-34	24 \$69,682 \$1,053	197 \$81,390 \$4,856	194 \$77,535 \$10,415	29 \$68,167 \$10,570	2					
35-39	17	130 \$81,040 \$4,866	189 \$83,267 \$11,444	139 \$88,868 \$22,137	40 \$79,845 \$21,206					
40-44	12	104 \$84,624 \$5,240	126 \$81,473 \$12,007	144 \$98,552 \$24,877	88 \$93,479 \$29,726	18				
45-49	8	66 \$86,015 \$5,883	87 \$80,518 \$11,369	88 \$97,801 \$28,336	110 \$108,826 \$36,883	53 \$116,381 \$43,163	9	1		
50-54	6	46 \$87,363 \$5,985	89 \$85,846 \$13,324	81 \$93,129 \$24,683	89 \$104,054 \$32,743	55 \$108,686 \$45,709	34 \$119,416 \$65,289	14		
55-59	6	38 \$86,067 \$6,166	55 \$86,869 \$13,362	49 \$85,740 \$22,471	63 \$99,112 \$29,011	58 \$95,660 \$45,153	51 \$114,866 \$58,441	49 \$121,328 \$71,353	8	
60-64	2	15 \$91,877 \$15,173	38 \$102,319 \$29,289	43 \$98,994 \$44,211	47 \$93,321 \$45,672	48 \$103,887 \$58,730	33 \$129,597 \$71,537	57 \$109,863 \$80,646	22	9
65-69		9	9	17	25 \$114,291 \$45,447	21 \$80,546 \$36,550	28 \$108,025 \$75,648	18	13	30 \$144,727 \$119,462
70+		2	4	5	7	6	2	12	6	7

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Schedule SB Attachment (Form 5500)—2022 Plan Year  
 Grossmont Hospital Retirement Plan  
 EIN: 95-6077327 PN: 001

Schedule SB, line 26b—Schedule of Projection of Expected Benefit Payments

<b>Plan Year</b>	<b>Active Participants</b>	<b>Terminated Vested Participants</b>	<b>Retired Participants and Beneficiaries Receiving Payments</b>	<b>Total</b>
2022	3,166,550	4,572,364	1,262,731	9,001,645
2023	3,636,581	4,241,798	1,179,844	9,058,223
2024	4,040,935	3,649,038	1,116,945	8,806,919
2025	4,468,217	3,903,254	1,049,116	9,420,587
2026	5,056,955	3,675,460	972,464	9,704,880
2027	4,805,052	833,984	893,098	6,532,134
2028	5,022,015	793,815	830,234	6,646,064
2029	5,014,417	855,720	776,258	6,646,394
2030	4,865,083	601,220	722,113	6,188,417
2031	5,044,791	1,253,014	666,328	6,964,133
2032	5,256,367	759,329	619,481	6,635,177
2033	4,930,200	734,177	575,282	6,239,659
2034	4,976,797	1,347,346	534,757	6,858,900
2035	5,297,940	1,307,060	497,433	7,102,434
2036	5,162,019	794,313	458,868	6,415,201
2037	5,068,816	1,102,116	423,720	6,594,653
2038	5,608,891	1,149,884	390,202	7,148,977
2039	5,392,998	2,431,294	357,602	8,181,895
2040	5,073,657	1,562,651	325,909	6,962,216
2041	5,755,579	1,523,571	295,159	7,574,309
2042	5,834,674	1,801,219	265,441	7,901,335
2043	6,093,160	2,384,431	236,885	8,714,476
2044	6,322,752	2,105,462	209,654	8,637,868
2045	6,373,960	1,803,492	183,929	8,361,381
2046	6,681,311	1,696,272	159,894	8,537,477
2047	6,182,393	1,718,024	137,713	8,038,130
2048	5,482,359	1,064,033	117,519	6,663,911
2049	5,233,395	913,411	99,397	6,246,204
2050	5,096,803	894,577	83,378	6,074,758
2051	4,942,779	757,231	69,431	5,769,440
2052	4,212,428	651,876	57,468	4,921,772
2053	4,089,555	663,091	47,354	4,800,000
2054	3,770,998	374,807	38,914	4,184,719

Schedule SB Attachment (Form 5500)—2022 Plan Year  
 Grossmont Hospital Retirement Plan  
 EIN: 95-6077327 PN: 001

Schedule SB, line 26b—Schedule of Projection of Expected Benefit Payments  
 (continued)

<b>Plan Year</b>	<b>Active Participants</b>	<b>Terminated Vested Participants</b>	<b>Retired Participants and Beneficiaries Receiving Payments</b>	<b>Total</b>
2055	2,754,754	247,991	31,953	3,034,698
2056	2,715,540	251,973	26,262	2,993,775
2057	2,282,599	87,112	21,638	2,391,349
2058	1,637,826	94,719	17,888	1,750,433
2059	1,220,723	84,068	14,835	1,319,626
2060	1,079,051	78,203	12,332	1,169,586
2061	866,223	75,315	10,256	951,794
2062	724,174	72,448	8,513	805,135
2063	624,789	69,587	7,032	701,408
2064	540,145	66,718	5,764	612,627
2065	454,358	63,828	4,677	522,862
2066	394,982	60,908	3,748	459,638
2067	347,450	57,951	2,960	408,361
2068	303,392	54,955	2,298	360,645
2069	268,248	51,917	1,751	321,916
2070	244,113	48,840	1,307	294,259
2071	221,597	45,731	954	268,282

Schedule SB Attachment (Form 5500)—2022 Plan Year  
 Grossmont Hospital Retirement Plan  
 EIN: 95-6077327 PN: 001

Schedule SB, line 19—Discounted Employer Contributions  
 Year applied for contributions: 2022

<b>Date</b>	<b>Amount</b>	<b>Interest Rate</b>	<b>Days to Discount to 1/1/2022</b>	<b>Interest Adjusted Contribution</b>
March 15, 2023	\$ 1,057,000	5.64%	438	\$ 989,648
April 14, 2023	1,057,000	5.64%	468	985,195
May 15, 2023	1,057,000	5.64%	499	980,615
June 15, 2023	1,057,000	5.64%	530	976,056
July 14, 2023	1,057,000	5.64%	559	971,811
August 15, 2023	1,057,000	5.64%	591	967,147
August 30, 2023	423,000	5.64%	606	386,170
<b>Total Contribution</b>	<b>\$ 6,765,000</b>			<b>\$ 6,256,642</b>

Schedule SB Attachment (Form 5500)—2022 Plan Year  
 Grossmont Hospital Retirement Plan  
 EIN: 95-6077327 PN: 001

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	6.00%	0.7738	2.81
61.5	7.00%	0.7274	3.13
62.5	10.00%	0.6764	4.23
63.5	10.00%	0.6088	3.87
64.5	10.00%	0.5479	3.53
65.5	15.00%	0.4931	4.84
66.5	20.00%	0.4192	5.57
67.5	20.00%	0.3353	4.53
68.5	20.00%	0.2683	3.68
69.5	20.00%	0.2146	2.98
70.0	100.00%	0.1717	12.02
		Weighted Average	64.17

Schedule SB Attachment (Form 5500)—2022 Plan Year  
 Grossmont Hospital Retirement Plan  
 EIN: 95-6077327 PN: 001

Schedule SB, line 26b—Schedule of Projection of Expected Benefit Payments

<b>Plan Year</b>	<b>Active Participants</b>	<b>Terminated Vested Participants</b>	<b>Retired Participants and Beneficiaries Receiving Payments</b>	<b>Total</b>
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Schedule SB Attachment (Form 5500)—2022 Plan Year  
 Grossmont Hospital Retirement Plan  
 EIN: 95-6077327 PN: 001

Schedule SB, line 26b—Schedule of Projection of Expected Benefit Payments  
 (continued)

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2063	624,789	69,587	7,032	701,408
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2066	394,982	60,908	3,748	459,638
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Schedule SB Attachment (Form 5500)—2022 Plan Year  
 Grossmont Hospital Retirement Plan  
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Schedule SB, Part V—Summary of Plan Provisions

**Effective Date** September 1, 1960, as amended through January 1, 2022.

**Plan Year** Calendar year.

**Plan Participation** Since August 6, 2007, an Eligible Employee shall become eligible to participate on his date of hire.

**Accrued Benefit** An employee elects to participate by means of a regular payroll deduction equal to one percent (1%) of Plan Compensation for which an additional two percent (2%) of Plan Compensation is credited to the Employer Matching Credits Account.

For participants with hire dates on or after January 1, 2010, Accrued Benefit means the participant's Cash Balance Account, expressed as a lump-sum based benefit.

For participants with hire dates prior to January 1, 2010, Accrued Benefit means the Cash Balance Account projected to age 65 at an interest rate of six percent (6%) multiplied by a life expectancy factor equal to one-thirteenth (1/13).

**Normal Retirement**

Eligibility Age 65.

Benefit Accrued Benefit.

**Early Retirement**

Eligibility Age 55.

Benefit Actuarial Equivalent of Accrued Benefit.

For a participant with a hire date before January 1, 2010 who elects to receive Early Retirement Benefit in the form of an annuity, the following reduction schedule applies in lieu of Actuarial Equivalent adjustment:

<b>Retirement Age</b>	<b>Immediate Annuity as a Percentage of Accrued Benefit</b>
65	100.00%
64	93.33%
63	86.67%
62	80.00%
61	73.33%
60	66.67%
59	63.33%
58	60.00%
57	56.67%
56	53.33%
55	50.00%

Schedule SB Attachment (Form 5500)—2022 Plan Year  
 Grossmont Hospital Retirement Plan  
 EIN: 95-6077327 PN: 001

Schedule SB, Part V—Summary of Plan Provisions (continued)

**Disability Retirement**

Eligibility Total and permanent disability.

Benefit The Accrued Benefit as under Normal Retirement, adjusted in the same manner as in Early or Vested Retirement, if applicable.

**In-Service Retirement**

Eligibility Participant who attains age 65 on or after December 1, 2006, or age 62 on or after January 1, 2007, and is 100% vested in his Employer Matching Credits Account.

Benefit Entire vested Accrued Benefit earned as of In-Service Retirement date.

A participant continues to accrue benefits after commencing In-Service Retirement. Subsequent in-service distributions are limited to one per 12-month period.

**Vested Retirement**

Eligibility A participant shall be 100% vested in his Accrued Benefit upon attainment of age 55. A participant shall be 100% vested in the portion of his Accrued Benefit attributable to his Participant Accumulated Contributions Account at all times. A participant shall be vested in the portion of his Accrued Benefit attributable to his Employer Matching Credits Account according to the following schedule.

<b>Years of Service</b>	<b>Vesting Percentage</b>
Less than 1	0%
1	25%
2	50%
3 or more	100%

Benefit Actuarial Equivalent of vested Accrued Benefit.

**Preretirement Surviving**

**Spouse's Benefit**

Eligibility None.

Benefit Actuarial Equivalent of vested Accrued Benefit.

**Unreduced Form of Payment**

Life annuity.

**Normal Form of Payment**

Married Participant 50% joint and survivor annuity actuarially equivalent to a life annuity.

Unmarried Participant Life annuity.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Grossmont Hospital Retirement Plan  
EIN: 95-6077327 PN: 001

Schedule SB, Part V—Summary of Plan Provisions (continued)

**Optional Forms of Payment**

- (1) Life annuity;
- (2) Lump sum;
- (3) Installment payments for a guaranteed period of 5, 10, or 15 years;
- (4) Life annuity with a guaranteed period of 5, 10, or 15 years;
- (5) Joint and survivor annuity with 50%, 75%, or 100% continuation to the survivor; and
- (6) Level income option which is reduced after Social Security payments begin to provide a level income throughout retirement.

**Definitions**

Actuarial Equivalent

Lump Sum, Installments, and  
Social Security Level Income  
Option

Based on the greater of (1) or (2) below:

- (1) Section 417(e)(3) applicable mortality table for the plan year and interest with look-back to the September preceding the plan year;<sup>1</sup> or
- (2) 1994 Group Annuity Reserving Mortality Table (94 GAR), projected to 2002, blended 50% male and 50% female and interest equal to the lesser of (i) 5% or (ii) PBGC termination lump sum interest rate as of the beginning of the plan year. Effective January 1, 2021, PBGC termination lump sum interest rate is changed to the Section 417(e)(3) basis with look-back to the September preceding the plan year.<sup>2</sup>

All Other Payment Forms

5% interest and the Section 417(e)(3) applicable mortality table as in effect for 2018.

Cash Balance Account

Sum of Participant Accumulated Contributions Account and Employer Matching Credits Account.

<sup>1</sup> Installments and Social Security level income option for participants with hire dates on or after January 1, 2010 use actuarial equivalent for all other payment forms.

<sup>2</sup> PBGC termination lump sum interest rate is applicable to the lump sum payment form only.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Grossmont Hospital Retirement Plan  
EIN: 95-6077327 PN: 001

Schedule SB, Part V—Summary of Plan Provisions (continued)

**Definitions** (continued)

Eligible Employee

An employee not in the following groups, which are excluded from plan participation:

- (1) Employees covered by collective bargaining agreement which does not provide for coverage under the plan;
- (2) Leased and temporary employees;
- (3) Non-resident aliens who receive no compensation from the employer which is classified as United States source taxable income; or
- (4) Effective January 1, 2006, traveling nurses.

Employer Matching Credits Account

Sum of all employer contributions plus interest credited at 6% per annum.

Participant Accumulated Contributions Account

Sum of all after-tax contributions made by a participant plus interest credited at the greater of (i) 6% per annum, or (ii) 120% of the federal mid-term rate in effect for the first month of the plan year.

Plan Compensation

W-2 pay, less bonuses, shift differential, automobile allowances, and similar pay, plus Sections 403(b) and 125 contributions.

Year of Service

A plan year in which an employee is credited with at least 1,000 hours of service.

**Plan Changes Since the Prior Year**

There have been no plan changes since the prior year.

Schedule SB Attachment (Form 5500)—2022 Plan Year  
Grossmont Hospital Retirement Plan  
EIN: 95-6077327 PN: 001

Schedule SB, Part V—Summary of Plan Provisions (continued)

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

The actuarial valuation was conducted on an ongoing (not termination) basis using personnel data furnished as of January 1, 2022 by Sharp HealthCare. Asset information and the dates and amounts of contributions are based on information supplied by Sharp HealthCare.

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Schedule SB Attachment (Form 5500)—2022 Plan Year  
Grossmont Hospital Retirement Plan  
EIN: 95-6077327 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The following change was made to the actuarial assumptions for the January 1, 2022 valuation:

- The expected return on plan assets was changed from 6.00% as of January 1, 2021 to 5.75% as of January 1, 2022 to better reflect anticipated trust asset performance. The change resulted in no impact on the value of plan assets calculation for the current plan year and therefore no impact on the funding shortfall.