

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2019 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>MEMORIAL HEALTH SYSTEM HOSPITALS DEFINED CONTRIBUTION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>007</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/2007</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>007</u>	1c Effective date of plan <u>07/01/2007</u>	
1b Three-digit plan number (PN) ▶	<u>007</u>				
1c Effective date of plan <u>07/01/2007</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MARIETTA MEMORIAL HOSPITAL</u> <u>401 MATTHEW ST.</u> <u>MARIETTA, OH 45750</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-4379509</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>740-374-1725</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-4379509</u>	2c Plan Sponsor's telephone number <u>740-374-1725</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>31-4379509</u>					
2c Plan Sponsor's telephone number <u>740-374-1725</u>					
2d Business code (see instructions) <u>622000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2020	DEEANN GEHLAUF
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 2251
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 1899 6a(2) 1836 6b 0 6c 388 6d 2224 6e 0 6f 2224 6g 2224 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2A 2E 2F 2G 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
---	---	---

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan MEMORIAL HEALTH SYSTEM HOSPITALS DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶	007
C Plan sponsor's name as shown on line 2a of Form 5500 MARIETTA MEMORIAL HOSPITAL	D Employer Identification Number (EIN) 31-4379509	

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

1 Coverage Information:

(a) Name of insurance carrier NATIONWIDE LIFE INSURANCE COMPANY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	194-84048	2224	01/01/2019	12/31/2019

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

(a) Total amount of commissions paid 1033	(b) Total amount of fees paid 0
---	---

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid TRUSTMONT FINANCIAL GROUP, INC 200 BUSH RUN RD STE A GREENSBURG, PA 15601
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1033			4

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 464825**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 464323**c** Additions: (1) Contributions deposited during the year **7c(1)** 87721(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 9337(4) Transferred from separate account **7c(4)** 1086(5) Other (specify below) **7c(5)** 61862

▶ TRANSFER FROM INSIDE NW - PRINCIPAL

(6) Total additions **7c(6)** 160006**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 624329**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 162983(2) Administration charge made by carrier **7e(2)** 2091(3) Transferred to separate account **7e(3)** 1760(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 166834**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 457495

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning **01/01/2019** and ending **12/31/2019**

A Name of plan MEMORIAL HEALTH SYSTEM HOSPITALS DEFINED CONTRIBUTION PLAN		B Three-digit plan number (PN) ►	007
C Plan sponsor's name as shown on line 2a of Form 5500 MARIETTA MEMORIAL HOSPITAL		D Employer Identification Number (EIN) 31-4379509	

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	
TRUSTMONT FINANCIAL GROUP, INC	200 BRUSH RUN ROAD, STE A GREENSBURG, PA 15601

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

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

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

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

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

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

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

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

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

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

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

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

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

LATITUDE SERVICE COMPANY, INC.

1500 NORTH OAK DRIVE
PLYMOUTH, IN 46563-3431

(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?
49 50 64 99	TPA	59663	Yes ☒ No ☐	Yes ☐ No ☒	5557	Yes ☐ No ☒

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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?
15 26 49 52 59 60 63 64 99	SERVICE PROVIDER	45145	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

WELLS FARGO ADV FIN NET (FINET)

ADVISORY BILLING H0006-08R
1 N JEFFERSON AVE
SAINT LOUIS, MO 63103

(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?
26 50 51	INVESTMENT ADVISOR	8090	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	15 49 52 64	0
(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.	
NATIONWIDE LIFE INSURANCE COMPANY ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	NET ROR = GROSS ROR - ANNUITY RATE ADJUSTMENT (ROR: RATE OF RETURN OF GIC) FOR THE PERIOD OF 1/1/2019-12/31/2019: 2.00%=2.88%-0.88%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LATITUDE SERVICE COMPANY, INC.	49 64 99	5557
(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.	
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	ADVISORY/SERVICE PROVIDER FEE ADMINISTRATIVE SERVICES FEE/OVERRIDE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan MEMORIAL HEALTH SYSTEM HOSPITALS DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ►	007
C Plan sponsor's name as shown on line 2a of Form 5500 MARIETTA MEMORIAL HOSPITAL	D Employer Identification Number (EIN) 31-4379509	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	731121	802530
	(2) Participant contributions.....	1b(2)		
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	25714	30984
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common.....	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property).....	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans.....	1c(8)		
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities.....	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	7510711	11373391
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	464322	457495
	(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	8731868	12664400

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	8731868	12664400
---	-----------	---------	----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2924026	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2924026
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(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)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1936877
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4860903

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	815473	
(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)		815473
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	8090	
(2) Contract administrator fees	2i(2)	45145	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	59663	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		112898
j Total expenses. Add all expense amounts in column (b) and enter total	2j		928371

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3932532
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: MCM CPAS & ADVISORS LLP

(2) EIN: 27-1235638

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.)

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.)

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
---	---	--

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>MEMORIAL HEALTH SYSTEM HOSPITALS DEFINED CONTRIBUTION PLAN</u>	B Three-digit plan number (PN) ▶ <u>007</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MARIETTA MEMORIAL HOSPITAL</u>	D Employer Identification Number (EIN) <u>31-4379509</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-4156830</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2019
v. 190130

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****14c**

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

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

b The corresponding number for the second preceding plan year

15a**15b**

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

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

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

16a**16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**Memorial Health System Hospitals
Defined Contribution Plan**

Financial Statements

December 31, 2019 and 2018

Memorial Health System Hospitals Defined Contribution Plan
Table of Contents
December 31, 2019 and 2018

	<u>Page</u>
Independent Auditor's Report	1 - 2
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits.....	4
Notes to Financial Statements.....	5 - 10
Supplemental Schedule	
Schedule of Assets (Held at End of Year)	11 - 13

Independent Auditor's Report

To Plan Administrator and Participants
Memorial Health System Hospitals Defined Contribution Plan

We were engaged to audit the accompanying financial statements of the Memorial Health System Hospitals Defined Contribution Plan (the "Plan") which comprise the statement of net assets available for benefits as of December 31, 2019, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information in Note C, which was certified by Nationwide Financial Services, Inc., including its subsidiary Nationwide Trust Company, FSB, a division of Nationwide bank ("Nationwide"), the custodian of the Plan, except for comparing such information with the related information included in the 2019 financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2019, that the information provided to the Plan administrator by the custodian is complete and accurate.

MCM CPAs & Advisors LLP

P 502.749.1900
F 502.749.1930
2600 Meidinger Tower
462 South Fourth Street
Louisville, KY 40202
www.mcmcpa.com
888.587.1719

A Member of PrimeGlobal – An Association
of Independent Accounting Firms

Kentucky
Indiana
Ohio

Independent Auditor's Report (Continued)

Disclaimer of Opinion - 2019

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2019 financial statements. Accordingly, we do not express an opinion on the 2019 financial statements.

Report on Supplementary Information

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2019, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

Other Matter - 2018 Financial Statements

The financial statements of the Plan as of December 31, 2018, were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Nationwide, the custodian of the Plan. Their report, dated October 15, 2019, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the custodian, was presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



Louisville, Kentucky
October 13, 2020

Memorial Health System Hospitals Defined Contribution Plan
Statements of Net Assets Available for Benefits
December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Assets		
Investments, at fair value		
Investment contract	\$ 464,825	\$ 447,055
Money market fund	30,984	25,714
Mutual funds	<u>11,373,391</u>	<u>7,510,711</u>
Total investments	11,869,200	7,983,480
Receivables		
Employer contributions	<u>802,530</u>	<u>731,121</u>
Net assets available for benefits	<u><u>\$ 12,671,730</u></u>	<u><u>\$ 8,714,601</u></u>

See accompanying notes.

Memorial Health System Hospitals Defined Contribution Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2019

Additions to net assets attributed to

Investment income, including net appreciation	\$ 1,961,474
---	--------------

Employer contributions	<u>2,924,026</u>
------------------------	------------------

Total additions	4,885,500
------------------------	------------------

Deductions from net assets attributed to

Benefits paid to participants	815,473
-------------------------------	---------

Administrative expenses	<u>112,898</u>
-------------------------	----------------

Total deductions	<u>928,371</u>
-------------------------	-----------------------

Net increase	3,957,129
---------------------	------------------

Net assets available for benefits

Beginning of year	<u>8,714,601</u>
--------------------------	------------------

End of year	<u><u>\$ 12,671,730</u></u>
--------------------	-----------------------------

See accompanying notes.

Memorial Health System Hospitals Defined Contribution Plan
Notes to the Financial Statements
December 31, 2019 and 2018

Note A - Description of Plan

The following is a general description of the Memorial Health System Hospitals Defined Contribution Plan (the "Plan"). Participants should refer to the Plan document for a more complete description of the Plan's provisions.

1. General: The Plan is a defined contribution plan covering employees of Marietta Health System and Selby General Hospital (the "Plan Sponsors"). The Plan was formed on July 1, 2007, but Plan participants were first eligible for the Plan on January 1, 2009, as there was a two year waiting period before entering into the Plan. The Plan was restated effective July 1, 2016. To be eligible to participate in the Plan, employees must have completed two years of service and attained age 21. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").
2. Plan Contributions: For each plan year, the Plan Sponsors make a contribution for each eligible employee, that is employed on the last day of the Plan year, based on the years of service. For eligible participants with 2 to 4 years of service, the Plan Sponsors shall contribute 2% of compensation. For eligible participants with more than 4 years and up to 14 years of service, the Plan Sponsors shall contribute 3% of compensation. For eligible participants with more than 15 years of service, the Plan Sponsors shall contribute 4% of compensation. Employee contributions are not permitted to the Plan.
3. Participant Accounts: Each participant's account is credited with allocations of (a) the Plan Sponsors' contribution and, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
4. Vesting: Participants are immediately vested in their accounts.
5. Investment Options: Upon enrollment in the Plan, participants may direct the investment of their accounts into various investment options offered by the Plan. They may change their investment options among those investments provided at any time during the Plan year.
6. Administrative Expenses: The Plan Sponsors absorb significant operating expenses of the Plan.
7. Payment of Benefits: Upon termination of service due to death, disability, or attaining normal retirement age, a participant may receive a lump sum amount equal to the value of the participant's vested interest in his or her account or certain annuities as provided by the Plan document. Normal retirement age is 65. Provisions exist for early, deferred, and disability retirements.

Note B - Summary of Significant Accounting Policies

1. Basis of Accounting: The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP"). The Accounting Standards Codification ("ASC") as produced by the Financial Accounting Standards Board ("FASB") is the sole source of authoritative U.S. GAAP.
2. Use of Estimates: The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes in those assets and liabilities, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Memorial Health System Hospitals Defined Contribution Plan
Notes to the Financial Statements (Continued)
December 31, 2019 and 2018

Note B - Summary of Significant Accounting Policies (Continued)

3. Investment Valuation and Income Recognition: The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D 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) includes the Plan's gains and losses on investments bought and sold as well as held during the Plan year.

4. Payment of Benefits: Benefit payments are recorded when paid.
5. Administrative Expenses: Administrative expenses of the Plan are paid by the Company or Plan participants, as defined in the Plan agreement.
6. Investment Management Fees and Operating Expenses: Investment management fees and operating expenses charged to the Plan for investments in the various funds are deducted from income earned on a daily basis and are reflected as a component of net appreciation (depreciation) in fair values of investments.
7. Recent Accounting Pronouncement: In August 2018, the FASB issued Accounting Standards Update ("ASU") 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework-Changes to the Disclosure Requirements for Fair Value Measurement*, which modifies the disclosure requirements for fair value measurements by removing, modifying, or adding certain disclosures. ASU 2018-13 is effective for all entities for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2019. An entity is permitted to early adopt any removed or modified disclosures and delay adoption of the additional disclosures until their effective date. The Plan is currently evaluating the impact of this new standard on its financial statements. The adoption of ASU 2018-13 is not expected to have a material impact on the financial statements.
8. Subsequent Events: Subsequent events for the Plan have been considered through the date of the Independent Auditor's Report, which represents the date the financial statements were available to be issued (see Note K).

Note C - Information Certified by the Plan's Custodian

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Nationwide Financial Services, Inc., including its subsidiary Nationwide Trust Company, FSB, a division of Nationwide bank ("Nationwide"), the custodian of the Plan, has certified to the completeness and accuracy of all investments information reflected on the accompanying Statements of Net Assets Available for Benefits as of December 31, 2019 and 2018, the Schedule of Assets (Held at End of Year) at December 31, 2019, and the related investment income information reflected in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2019.

Memorial Health System Hospitals Defined Contribution Plan
Notes to the Financial Statements (Continued)
December 31, 2019 and 2018

Note D - Fair Value Measurements

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

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Money market fund: Valued based at the subscription and redemption activity at a \$1 stable net asset value ("NAV"). However, on a daily basis the funds are valued at their daily NAV calculated using the amortized cost of the securities held in the fund.

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

Investment contracts: Guaranteed investment contracts are valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer. Since the participants transact at contract value, fair value is determined annually for financial statement reporting purposes only. In determining the reasonableness of the methodology, the Plan Sponsors evaluate a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings. Certain unobservable inputs, including credit worthiness of the issuer, Nationwide Life Insurance Company and the terms of the investment contract are assessed through review of contract terms (for example, duration or payout date) while others are substantiated utilizing available market data (for example, swap curve rate). Significant fluctuations in any of the inputs in isolation could result in a significantly different fair value measurement.

Memorial Health System Hospitals Defined Contribution Plan
Notes to the Financial Statements (Continued)
December 31, 2019 and 2018

Note D - Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis at December 31, 2019:

	Level 1	Level 2	Level 3	Total
Investment contracts	\$ -	\$ -	\$ 464,825	\$ 464,825
Money market fund	-	30,984	-	30,984
Mutual Funds	11,373,391	-	-	11,373,391
Total assets at fair value	<u>\$ 11,373,391</u>	<u>\$ 30,984</u>	<u>\$ 464,825</u>	<u>\$ 11,869,200</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis at December 31, 2018:

	Level 1	Level 2	Level 3	Total
Investment contracts	\$ -	\$ -	\$ 447,055	\$ 447,055
Money market fund	-	25,714	-	25,714
Mutual Funds	7,510,711	-	-	7,510,711
Total assets at fair value	<u>\$ 7,510,711</u>	<u>\$ 25,714</u>	<u>\$ 447,055</u>	<u>\$ 7,983,480</u>

The Plan's policy is to recognize transfers, if any, between levels as of the actual date of the event or change in circumstances. There were no transfers between hierarchy levels during 2019 and 2018.

The following table sets forth the Plan's assets that are carried at fair value on a recurring basis, classified within Level 3 of the valuation hierarchy for the year ended December 31, 2019:

Beginning balance	\$ 447,055
Contributions, net exchanges	148,909
Investment income	31,844
Sales, repayments, settlements, net	<u>(162,983)</u>
Ending balance	<u>\$ 464,825</u>

Note E - Investments

The Plan has entered into a non-benefit-responsive investment contract with Nationwide. Nationwide maintains the investments in a general non allocated fixed account. This account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at fair value which reported to the Plan by Nationwide. The contract's average yield was 2.00% and 1.44% for 2019 and 2018, respectively, and the crediting interest rate as of December 31, 2019 and 2018 was 2.00% and 1.44%, respectively. Crediting interest rates are determined daily by dividing earned income for the day by the new contract value.

Memorial Health System Hospitals Defined Contribution Plan
Notes to the Financial Statements (Continued)
December 31, 2019 and 2018

Note F - Income Tax Status

The Internal Revenue Service has determined and informed the Plan Sponsors by a letter dated March 31, 2014 that the prototype Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. Although the Plan has been restated since the date of the letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the requirements of the Code and, therefore, believe that the Plan is qualified and that the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by various federal and state taxing authorities. Management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019 and 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the accompanying financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note G - Related Party Transactions

Certain administrative services are provided by the Company at no cost to the Plan and certain administrative costs incurred by the Plan are paid by the Company.

The Plan invests in mutual funds, money market fund and a guaranteed investment contracts managed by Nationwide. Nationwide is the custodian of the Plan and, therefore, these transactions qualify as party-in-interest.

Note H - Risk and Uncertainties

The Plan invests in various investment securities. Investment securities, in general, 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 values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

Note I - Plan Termination

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

Memorial Health System Hospitals Defined Contribution Plan
Notes to the Financial Statements (Continued)
December 31, 2019 and 2018

Note J - Reconciliation of Financial Statements to Form 5500 Schedule H

	<u>2019</u>	<u>2018</u>
Net assets available for benefits per Schedule H of Form 5500	\$ 12,664,400	\$ 8,731,868
Adjustment from contract value to fair value for non-fully benefit responsive investment contracts	<u>7,330</u>	<u>(17,267)</u>
Net assets available for benefits per financial statements	<u>\$ 12,671,730</u>	<u>\$ 8,714,601</u>
Net investment gain from registered investment companies per Schedule H of Form 5500	\$ 1,936,877	
Change in contract value to fair value for non- fully benefit responsive investment contracts	<u>24,597</u>	
Investment income, including net appreciation per financial statements	<u>\$ 1,961,474</u>	

Note K - Subsequent Events

In March 2020, the World Health Organization declared the global novel coronavirus disease 2019 ("COVID-19") outbreak a pandemic. Further, the United States Centers for Disease Control and Prevention confirmed the spread of the disease throughout the United States. The COVID-19 outbreak has triggered volatility in financial markets and a significant negative impact on the global economy. The ultimate impact to the Plan and Plan Sponsors is not known at this point as the scale and severity of the outbreak, and resulting economic impact, is still largely unknown.

Supplemental Schedule

Memorial Health System Hospitals Defined Contribution Plan
Schedule of Assets (Held at End of Year)
Plan Sponsor EIN: 31-4379509 Plan Number: 007
December 31, 2019

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Investment contract			
*	Fixed account	Guaranteed Investment Contract	***	\$ 457,495
	Money market fund			
*	NW Mny Mkt Inst	Money market fund	**	30,984
	Mutual funds			
	Aberdeen Global Equity Fund	Registered investment company	**	2,713
	AmBen International Equity Fund	Registered investment company	**	4,765
	AmCent Short Duration Inflation Protection Bond Fund	Registered investment company	**	2,224
	BlackRock Advantage Large Cap Value Fund	Registered investment company	**	994
	BlackRock Equity Dividend Fund Investor	Registered investment company	**	2,173
	BlackRock High Yield Bond	Registered investment company	**	2,138
	BlackRock High Yield Bond Class A	Registered investment company	**	2,153
	BlackRock Strategic Income Opps Inv	Registered investment company	**	2,986
	Calvert Global Energy Solutions Fund	Registered investment company	**	7,308
	Columbia Select Large Cap Growth Fund	Registered investment company	**	7,023
	DFA Emerging Markets Core Equity Portfolio	Registered investment company	**	5,497
	DFA Global Real Estate Sec Inst	Registered investment company	**	2,419
	DFA Intermediate Government Fixed Income Portfolio	Registered investment company	**	520
	DFA U.S. Large Cap Value Portfolio	Registered investment company	**	4,486
	DFA U.S. Targeted Value Portfolio	Registered investment company	**	2,443
	DWS Global High Income Fund	Registered investment company	**	1,663
	Fidelity 500 Index	Registered investment company	**	7,899
	Fidelity Advisor Freedom 2035 Fund Class	Registered investment company	**	9,962
	Fidelity Advisor Freedom 2025 Fund	Registered investment company	**	5,607
	Fidelity Advisor Freedom 2055 Fund	Registered investment company	**	6,658
	Fidelity International Index	Registered investment company	**	4,480
	Fidelity US Bond Index	Registered investment company	**	2,310
	Harbor International Fund Institutional Class	Registered investment company	**	2,384
	Invesco Gold and Precious Metals Fund	Registered investment company	**	5,137
	Ivy Securian Core Bond Fund	Registered investment company	**	572
	Janus Henderson Balanced Fund	Registered investment company	**	2,790
	Janus Henderson Mid Cap Value Fund	Registered investment company	**	3,564
	JPM Equity Income Fund Class A	Registered investment company	**	2,022
	JPM Equity Income Fund Class RS	Registered investment company	**	3,904
	Loomis Sayles Bond Fund	Registered investment company	**	2,185

See accompanying independent auditor's report.

Memorial Health System Hospitals Defined Contribution Plan
Schedule of Assets (Held at End of Year) (Continued)
Plan Sponsor EIN: 31-4379509 Plan Number: 007
December 31, 2019

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Mutual funds (Continued)			
	MainStay MacKay Total Return Bond Fund	Registered investment company	**	\$ 4,305
	MFS Utilities Fund Class	Registered investment company	**	4,897
	MetWest Alpha Trak 500	Registered investment company	**	650
*	Nationwide Bond Index Fund	Registered investment company	**	51,437
*	Nationwide Destination 2010 Fund	Registered investment company	**	25,504
*	Nationwide Destination Retirement Fund	Registered investment company	**	55,401
*	Nationwide Destination 2020 Fund	Registered investment company	**	319,644
*	Nationwide Destination 2025 Fund	Registered investment company	**	862,741
*	Nationwide Destination 2030 Fund	Registered investment company	**	739,843
*	Nationwide Destination 2035 Fund	Registered investment company	**	1,062,641
*	Nationwide Destination 2040 Fund	Registered investment company	**	1,015,924
*	Nationwide Destination 2045 Fund	Registered investment company	**	1,079,153
*	Nationwide Destination 2050 Fund	Registered investment company	**	949,313
*	Nationwide Destination 2055 Fund	Registered investment company	**	623,192
*	Nationwide Destination 2060 Fund Class R6	Registered investment company	**	174,714
*	Nationwide International Index Fund	Registered investment company	**	271,577
*	Nationwide Investor Destinations Aggressive Fund	Registered investment company	**	377,438
*	Nationwide Inv. Destinations Mod Conservative Fund	Registered investment company	**	53,003
*	Nationwide Investor Destinations Moderate Fund	Registered investment company	**	58,223
*	Nationwide Loomis All Cap Growth Fund	Registered investment company	**	3,938
*	Nationwide Mid Cap Market Index Fund	Registered investment company	**	44,030
*	Nationwide S&P 500 Index	Registered investment company	**	1,094,322
*	Nationwide Small Cap Index Fund	Registered investment company	**	88,430
	Oakmark Fund Service Class	Registered investment company	**	3,603
	Oppenheimer International Growth Fund	Registered investment company	**	2,550
	PGIM Global Real Estate A Fund	Registered investment company	**	1,752
	PGIM Jennison Growth Fund	Registered investment company	**	2,228
	PGIM Total Return Bond Fund - Class A	Registered investment company	**	2,844
	PGIM Total Return Bond Fund - Class R6	Registered investment company	**	4,219
	PI MCO All Asset All Authority Fund	Registered investment company	**	2,692
	PIMCO Dynamic Bond Fund	Registered investment company	**	1,399
	Pioneer Bond Fund	Registered investment company	**	575
	Rydex Biotechnology Fund	Registered investment company	**	7,138
	Rydex Electronics Fund	Registered investment company	**	7,358

See accompanying independent auditor's report.

Memorial Health System Hospitals Defined Contribution Plan
Schedule of Assets (Held at End of Year) (Continued)
Plan Sponsor EIN: 31-4379509 Plan Number: 007
December 31, 2019

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Mutual funds (Continued)				
	Rydex Financial Services Fund	Registered investment company	**	\$ 4,856
	Rydex Utilities Fund	Registered investment company	**	4,885
	T. Rowe Price New Income Fund	Registered investment company	**	572
	Templeton Global Bond Fund Class A	Registered investment company	**	1,867
	Vanguard Balanced Index Fund	Registered investment company	**	2,154
	Vanguard Consumer Stpls Fund	Registered investment company	**	3,878
	Vanguard Emerging Markets Stock Index Fund	Registered investment company	**	36,813
	Vanguard Explorer Fund	Registered investment company	**	3,695
	Vanguard Growth Index Fund	Registered investment company	**	698,567
	Vanguard High-Yield Corporate Fund	Registered investment company	**	219,708
	Vanguard Inflation-Protection Securities Fund	Registered investment company	**	9,899
	Vanguard Intermediate Term Treasury Fund	Registered investment company	**	3,379
	Vanguard International Explorer Fund	Registered investment company	**	17,044
	Vanguard Long Term Treasury Fund	Registered investment company	**	9,544
	Vanguard Mid-Cap Growth Index Fund	Registered investment company	**	212,666
	Vanguard Mid-Cap Value Index Fund	Registered investment company	**	244,232
	Vanguard Real Estate Index Fund	Registered investment company	**	36,532
	Vanguard Small Cap Value Index Fund	Registered investment company	**	159,228
	Vanguard Small-Cap Growth Index Fund	Registered investment company	**	131,949
	Vanguard Total International Bond Index	Registered investment company	**	314,734
	Vanguard Total Stock Market Index Fund	Registered investment company	**	6,907
	Vanguard Value Index Fund	Registered investment company	**	122,405
	Wells Fargo Utility and Telecommunications Fund	Registered investment company	**	7,354
	Wilmington Broad Market Bond Fund	Registered investment company	**	537
	Wilmington Intermediate-Term Bond Fund	Registered investment company	**	513
	Eaton Vance Emerging Markets Local Income Fund Class A	Registered investment company	**	1,233
	BlackRock Total Return Fund	Registered investment company	**	309
	Investor A Shares Vanguard Wellesley Income Fund	Registered investment company	**	2,123
	Delaware Extended Duration Bond Fund Class A	Registered investment company	**	455
	Fidelity Inflation Protected Bond Index Fund	Registered investment company	**	520
	Harbor International Growth Fund Investor Class	Registered investment company	**	4,865
	PIMCO Real Return Fund Institutional Class	Registered investment company	**	2,311
Total mutual funds				<u>11,373,391</u>
Total investments				<u><u>\$ 11,861,870</u></u>

* Indicates parties-in-interest to the Plan.

** All investments are participant directed; therefore, historical cost information is not required.

** Guaranteed investment contract reported at cost.

See accompanying independent auditor's report.

Memorial Health System Hospitals Defined Contribution Plan
Schedule of Assets (Held at End of Year)
Plan Sponsor EIN: 31-4379509 Plan Number: 007
December 31, 2019

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Investment contract			
*	Fixed account	Guaranteed Investment Contract	***	\$ 457,495
	Money market fund			
*	NW Mny Mkt Inst	Money market fund	**	30,984
	Mutual funds			
	Aberdeen Global Equity Fund	Registered investment company	**	2,713
	AmBen International Equity Fund	Registered investment company	**	4,765
	AmCent Short Duration Inflation Protection Bond Fund	Registered investment company	**	2,224
	BlackRock Advantage Large Cap Value Fund	Registered investment company	**	994
	BlackRock Equity Dividend Fund Investor	Registered investment company	**	2,173
	BlackRock High Yield Bond	Registered investment company	**	2,138
	BlackRock High Yield Bond Class A	Registered investment company	**	2,153
	BlackRock Strategic Income Opps Inv	Registered investment company	**	2,986
	Calvert Global Energy Solutions Fund	Registered investment company	**	7,308
	Columbia Select Large Cap Growth Fund	Registered investment company	**	7,023
	DFA Emerging Markets Core Equity Portfolio	Registered investment company	**	5,497
	DFA Global Real Estate Sec Inst	Registered investment company	**	2,419
	DFA Intermediate Government Fixed Income Portfolio	Registered investment company	**	520
	DFA U.S. Large Cap Value Portfolio	Registered investment company	**	4,486
	DFA U.S. Targeted Value Portfolio	Registered investment company	**	2,443
	DWS Global High Income Fund	Registered investment company	**	1,663
	Fidelity 500 Index	Registered investment company	**	7,899
	Fidelity Advisor Freedom 2035 Fund Class	Registered investment company	**	9,962
	Fidelity Advisor Freedom 2025 Fund	Registered investment company	**	5,607
	Fidelity Advisor Freedom 2055 Fund	Registered investment company	**	6,658
	Fidelity International Index	Registered investment company	**	4,480
	Fidelity US Bond Index	Registered investment company	**	2,310
	Harbor International Fund Institutional Class	Registered investment company	**	2,384
	Invesco Gold and Precious Metals Fund	Registered investment company	**	5,137
	Ivy Securian Core Bond Fund	Registered investment company	**	572
	Janus Henderson Balanced Fund	Registered investment company	**	2,790
	Janus Henderson Mid Cap Value Fund	Registered investment company	**	3,564
	JPM Equity Income Fund Class A	Registered investment company	**	2,022
	JPM Equity Income Fund Class RS	Registered investment company	**	3,904
	Loomis Sayles Bond Fund	Registered investment company	**	2,185

See accompanying independent auditor's report.

Memorial Health System Hospitals Defined Contribution Plan
Schedule of Assets (Held at End of Year) (Continued)
Plan Sponsor EIN: 31-4379509 Plan Number: 007
December 31, 2019

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Mutual funds (Continued)				
	MainStay MacKay Total Return Bond Fund	Registered investment company	**	\$ 4,305
	MFS Utilities Fund Class	Registered investment company	**	4,897
	MetWest Alpha Trak 500	Registered investment company	**	650
*	Nationwide Bond Index Fund	Registered investment company	**	51,437
*	Nationwide Destination 2010 Fund	Registered investment company	**	25,504
*	Nationwide Destination Retirement Fund	Registered investment company	**	55,401
*	Nationwide Destination 2020 Fund	Registered investment company	**	319,644
*	Nationwide Destination 2025 Fund	Registered investment company	**	862,741
*	Nationwide Destination 2030 Fund	Registered investment company	**	739,843
*	Nationwide Destination 2035 Fund	Registered investment company	**	1,062,641
*	Nationwide Destination 2040 Fund	Registered investment company	**	1,015,924
*	Nationwide Destination 2045 Fund	Registered investment company	**	1,079,153
*	Nationwide Destination 2050 Fund	Registered investment company	**	949,313
*	Nationwide Destination 2055 Fund	Registered investment company	**	623,192
*	Nationwide Destination 2060 Fund Class R6	Registered investment company	**	174,714
*	Nationwide International Index Fund	Registered investment company	**	271,577
*	Nationwide Investor Destinations Aggressive Fund	Registered investment company	**	377,438
*	Nationwide Inv. Destinations Mod Conservative Fund	Registered investment company	**	53,003
*	Nationwide Investor Destinations Moderate Fund	Registered investment company	**	58,223
*	Nationwide Loomis All Cap Growth Fund	Registered investment company	**	3,938
*	Nationwide Mid Cap Market Index Fund	Registered investment company	**	44,030
*	Nationwide S&P 500 Index	Registered investment company	**	1,094,322
*	Nationwide Small Cap Index Fund	Registered investment company	**	88,430
	Oakmark Fund Service Class	Registered investment company	**	3,603
	Oppenheimer International Growth Fund	Registered investment company	**	2,550
	PGIM Global Real Estate A Fund	Registered investment company	**	1,752
	PGIM Jennison Growth Fund	Registered investment company	**	2,228
	PGIM Total Return Bond Fund - Class A	Registered investment company	**	2,844
	PGIM Total Return Bond Fund - Class R6	Registered investment company	**	4,219
	PI MCO All Asset All Authority Fund	Registered investment company	**	2,692
	PIMCO Dynamic Bond Fund	Registered investment company	**	1,399
	Pioneer Bond Fund	Registered investment company	**	575
	Rydex Biotechnology Fund	Registered investment company	**	7,138
	Rydex Electronics Fund	Registered investment company	**	7,358

See accompanying independent auditor's report.

Memorial Health System Hospitals Defined Contribution Plan
Schedule of Assets (Held at End of Year) (Continued)
Plan Sponsor EIN: 31-4379509 Plan Number: 007
December 31, 2019

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Mutual funds (Continued)				
	Rydex Financial Services Fund	Registered investment company	**	\$ 4,856
	Rydex Utilities Fund	Registered investment company	**	4,885
	T. Rowe Price New Income Fund	Registered investment company	**	572
	Templeton Global Bond Fund Class A	Registered investment company	**	1,867
	Vanguard Balanced Index Fund	Registered investment company	**	2,154
	Vanguard Consumer Stpls Fund	Registered investment company	**	3,878
	Vanguard Emerging Markets Stock Index Fund	Registered investment company	**	36,813
	Vanguard Explorer Fund	Registered investment company	**	3,695
	Vanguard Growth Index Fund	Registered investment company	**	698,567
	Vanguard High-Yield Corporate Fund	Registered investment company	**	219,708
	Vanguard Inflation-Protection Securities Fund	Registered investment company	**	9,899
	Vanguard Intermediate Term Treasury Fund	Registered investment company	**	3,379
	Vanguard International Explorer Fund	Registered investment company	**	17,044
	Vanguard Long Term Treasury Fund	Registered investment company	**	9,544
	Vanguard Mid-Cap Growth Index Fund	Registered investment company	**	212,666
	Vanguard Mid-Cap Value Index Fund	Registered investment company	**	244,232
	Vanguard Real Estate Index Fund	Registered investment company	**	36,532
	Vanguard Small Cap Value Index Fund	Registered investment company	**	159,228
	Vanguard Small-Cap Growth Index Fund	Registered investment company	**	131,949
	Vanguard Total International Bond Index	Registered investment company	**	314,734
	Vanguard Total Stock Market Index Fund	Registered investment company	**	6,907
	Vanguard Value Index Fund	Registered investment company	**	122,405
	Wells Fargo Utility and Telecommunications Fund	Registered investment company	**	7,354
	Wilmington Broad Market Bond Fund	Registered investment company	**	537
	Wilmington Intermediate-Term Bond Fund	Registered investment company	**	513
	Eaton Vance Emerging Markets Local Income Fund Class A	Registered investment company	**	1,233
	BlackRock Total Return Fund	Registered investment company	**	309
	Investor A Shares Vanguard Wellesley Income Fund	Registered investment company	**	2,123
	Delaware Extended Duration Bond Fund Class A	Registered investment company	**	455
	Fidelity Inflation Protected Bond Index Fund	Registered investment company	**	520
	Harbor International Growth Fund Investor Class	Registered investment company	**	4,865
	PIMCO Real Return Fund Institutional Class	Registered investment company	**	2,311
Total mutual funds				<u>11,373,391</u>
Total investments				<u><u>\$ 11,861,870</u></u>

* Indicates parties-in-interest to the Plan.

** All investments are participant directed; therefore, historical cost information is not required.

** Guaranteed investment contract reported at cost.

See accompanying independent auditor's report.