

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2020 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</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.)
B This return/report is:	☒ a single-employer plan ☐ a DFE (specify) ____ ☐ 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>RETIREMENT PLUS OF MEMORIAL HEALTH SYSTEM HOSPITALS</u>	1b Three-digit plan number (PN) ▶ <u>006</u>		
	1c Effective date of plan <u>01/01/1994</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 STREET</u> <u>MARIETTA, OH 45750</u>	2b Employer Identification Number (EIN) <u>31-4379509</u>	2c Plan Sponsor's telephone number <u>740-374-1415</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.	09/28/2021	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 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	3045
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	2605
a(2) Total number of active participants at the end of the plan year		6a(2)	2755
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	379
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	3134
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	3134
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	2123
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2M 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) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
A Name of plan RETIREMENT PLUS OF MEMORIAL HEALTH SYSTEM HOSPITALS	B Three-digit plan number (PN) ▶ 006
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.
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1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	194-84049	2123	01/01/2020	12/31/2020

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 10522	(b) Total amount of fees paid 0
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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	
10522			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** 5671640**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** 4544317**c** Additions: (1) Contributions deposited during the year **7c(1)** 319354
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)** 95401
(4) Transferred from separate account..... **7c(4)** 1360216
(5) Other (specify below)..... **7c(5)** 42680

▶ LOAN PAYMENT

(6) Total additions **7c(6)** 1817651**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 6361968**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 340065(2) Administration charge made by carrier..... **7e(2)** 7678(3) Transferred to separate account..... **7e(3)** 604230(4) Other (specify below)..... **7e(4)** 5293

▶ LOAN WITHDRAWAL

(5) Total deductions **7e(5)** 957266**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 5404702

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan RETIREMENT PLUS OF MEMORIAL HEALTH SYSTEM HOSPITALS	B Three-digit plan number (PN) ▶	006
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)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
TRUSTMONT FINANCIAL GROUP, INC.	200 BUSH RUN ROAD SUITE A GREENSBURG, PA 15601

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

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

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

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 37 49 52 59 60 63 64 99	SERVICE PROVIDER	276289	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(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	74276	Yes ☒ No ☐	Yes ☐ No ☒	36548	Yes ☐ No ☒

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

WELLS FARGO ADVISORS 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?
22 26 50	FINANCIAL ADVISOR	54598	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
LATITUDE SERVICE COMPANY, INC.	49 64 99	36548
(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
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 ON GIC) FOR THE PERIOD OF 01/01/2020-12/31/2020: 1.93%=2.71%-0.78%	
(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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>RETIREMENT PLUS OF MEMORIAL HEALTH SYSTEM HOSPITALS</u>	B Three-digit plan number (PN) ►	<u>006</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	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1)	7273601519659
(2) Participant contributions.....		1b(2)	224663474
(3) Other		1b(3)	29185
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	717727806683
(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)	17919231594607
(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)	6276559873691408
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	45443175404702
(15) Other.....		1c(15)	

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	70800773	83017533

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	70800773	83017533
--	-----------	----------	----------

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)	1519934	
(B) Participants	2a(1)(B)	5985183	
(C) Others (including rollovers).....	2a(1)(C)	343544	
(2) Noncash contributions	2a(2)		7848661
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		
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)	91261	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		91261
(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)		10056372
c Other income	2c		4
d Total income. Add all income amounts in column (b) and enter total.....	2d		17996298

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5339423	
(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)		5339423
f Corrective distributions (see instructions)	2f		1041
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	54598	
(2) Contract administrator fees	2i(2)	23249	
(3) Investment advisory and management fees	2i(3)	253040	
(4) Other.....	2i(4)	74276	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		405163
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5745627

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		12250671
l Transfers of assets:			
(1) To this plan.....	2l(1)		11097
(2) From this plan	2l(2)		45008

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		2000000
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)	
MARIETTA HEALTH CARE PHYSICIANS, INC 403(B) PLAN	31-1375125	005	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan RETIREMENT PLUS OF MEMORIAL HEALTH SYSTEM HOSPITALS	B Three-digit plan number (PN) ▶ 006
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	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): 31-4156830	
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) 2020
v. 200204

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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 _____

**Retirement Plus of Memorial Health
System Hospitals 403(b) Plan**

Financial Statements

December 31, 2020 and 2019

Retirement Plus of Memorial Health System Hospitals 403(b) Plan
Table of Contents
December 31, 2020 and 2019

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Schedule of Assets (Held at End of Year)	11 - 14

Independent Auditor's Report

To the Board of Directors
Retirement Plus of Memorial Health System Hospitals 403(b) Plan

We were engaged to audit the accompanying financial statements of the Retirement Plus of Memorial Health System Hospitals 403(b) Plan (the "Plan") which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, 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 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 December 31, 2020 and 2019 and for the year ended December 31, 2020, that the information provided to the Plan administrator by the custodian is complete and accurate.

MCM CPAs & Advisors LLP

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Independent Auditor's Report (Continued)

Disclaimer of Opinion

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. Accordingly, we do not express an opinion on these financial statements.

Report on Supplementary Information

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2020, 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.

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
August 30, 2021

Retirement Plus of Memorial Health System Hospitals 403(b) Plan
Statements of Net Assets Available for Benefits
December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Assets		
Investments, at fair value		
Investment contract	\$ 5,671,640	\$ 4,601,257
Money market fund	806,683	717,727
Mutual funds	<u>73,691,408</u>	<u>62,765,598</u>
	80,169,731	68,084,582
Receivables		
Employer contributions	1,519,659	727,360
Employee contributions	474	224,663
Other receivable	-	29,185
Notes receivable from participants	<u>1,594,607</u>	<u>1,791,923</u>
	<u>3,114,740</u>	<u>2,773,131</u>
Net assets available for benefits	<u><u>\$ 83,284,471</u></u>	<u><u>\$ 70,857,713</u></u>

See accompanying notes.

Retirement Plus of Memorial Health System Hospitals 403(b) Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2020

Additions to net assets attributed to

Investment income, including net appreciation	\$ 10,266,374
Interest income on notes receivable from participants	91,261
Contributions	
Employer	1,519,934
Participant	5,985,183
Others, including rollover	<u>343,544</u>
	<u>7,848,661</u>
Total additions	18,206,296

Deductions from net assets attributed to

Benefits paid to participants	5,339,423
Corrective distributions	1,041
Administrative expenses	<u>405,163</u>
Total deductions	<u>5,745,627</u>
Net increase before transfers	12,460,669

Transfers out, net	<u>(33,911)</u>
Net increase	12,426,758

Net assets available for benefits

Beginning of year	<u>70,857,713</u>
End of year	<u><u>\$ 83,284,471</u></u>

See accompanying notes.

Retirement Plus of Memorial Health System Hospitals 403(b) Plan
Notes to the Financial Statements
December 31, 2020 and 2019

Note A - Description of Plan

The following is a general description of the Retirement Plus of Memorial Health System Hospitals 403(b) 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 all eligible employees of Memorial Health System and Selby General Hospital ("Plan Sponsors") which started January 1, 2009. Participants first became eligible for the Plan on January 1, 2009. Employees who have met certain eligibility requirements are eligible upon date of employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

On March 27, 2020, the Coronavirus Aid, Relief and Economic Security ("CARES") Act was signed into law. Plans were permitted to adopt these provisions immediately provided the Plan document is retroactively amended on or before December 31, 2022. Plan management elected to adopt the following provisions:

- For qualified individuals with outstanding loans, loan repayments during the period March 27, 2020 through December 31, 2020, may be deferred for up to one year. The term of the loan will be extended by the length of the deferment period and adjusted for accrued interest.
 - Required minimum distributions were suspended in 2020.
2. Plan Contributions: A participant may elect to contribute up to the maximum compensation permissible under the Internal Revenue Code ("IRC") a portion of their compensation by completing a salary reduction agreement. The Plan Sponsors may make discretionary contributions to the Plan. For the 2020 Plan year, the Plan Sponsors' made a discretionary matching contribution equal to 50% of the first 4% of compensation each eligible participant contributed to the Plan who was employed on the last day of the Plan year. Contributions are subject to certain limitations.
 3. Rollovers: The Plan allows participants to rollover funds from another approved plan into this plan upon employment or anytime while employed. Participants are 100% vested in rollover funds and any earnings on those rollovers.
 4. Participant Accounts: Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contribution and allocations of (a) the Plan Sponsors' contribution and, (b) Plan earnings (losses), 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.
 5. Vesting: Participants are immediately vested in their accounts, including Plan Sponsor contributions, and actual earnings on the contributions.
 6. 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.
 7. Notes Receivable from Participants: Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of the lesser of \$50,000 or 50 percent of their account balance. Generally, the term of the loan may not exceed five years. However, if the loan is for the purchase of a participant's principal residence, the Plan administrator may permit a longer term. The maximum number of Plan loans a participant may leave outstanding at one time, including any refinancing of an existing loan, is one. The loans are secured by the balance in the participant's account and bear interest at the prime rate plus 1%. Principal and interest is paid ratably through payroll deductions.

Retirement Plus of Memorial Health System Hospitals 403(b) Plan
Notes to the Financial Statements (Continued)
December 31, 2020 and 2019

Note A - Description of Plan (Continued)

8. 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. In-service and hardship withdrawals are also allowed as defined in the Plan agreement.
9. Administrative Expenses: All significant administrative expenses are paid by the Plan.
10. Transfer of Plan Assets: Transfers represent Plan assets received from or disbursed to a separate retirement plan of the Plan Sponsor.

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 conformity 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.
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 includes the Plan's gains and losses on investments bought and sold as well as held during the Plan year.

4. Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2020 and 2019. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.
5. Payment of Benefits: Benefit payments are recorded when paid.
6. Administrative Expenses: Administrative expenses of the Plan are paid by the Company or Plan participants, as defined in the Plan agreement.
7. 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.

Retirement Plus of Memorial Health System Hospitals 403(b) Plan
Notes to the Financial Statements (Continued)
December 31, 2020 and 2019

Note B - Summary of Significant Accounting Policies (Continued)

8. New 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. The Plan has adopted ASU 2018-13 for the 2020 Plan year with no impact on the Plan's net assets or changes in net assets.
9. 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.

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 investment information reflected on the accompanying Statements of Net Assets Available for Benefits as of December 31, 2020 and 2019, the Schedule of Assets (Held at End of Year) at December 31, 2020, and the related investment income information reflected in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2020. The custodian did not certify notes receivable from participants and related activity.

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, 2020 and 2019.

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.

Retirement Plus of Memorial Health System Hospitals 403(b) Plan
Notes to the Financial Statements (Continued)
December 31, 2020 and 2019

Note D - Fair Value Measurements (Continued)

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 contract: 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.

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, 2020:

	Level 1	Level 2	Level 3	Total
Investment contract	\$ -	\$ -	\$ 5,671,640	\$ 5,671,640
Money market fund	-	806,683	-	806,683
Mutual funds	73,691,408	-	-	73,691,408
Total assets in the fair value hierarchy	<u>\$ 73,691,408</u>	<u>\$ 806,683</u>	<u>\$ 5,671,640</u>	<u>\$ 80,169,731</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, 2019:

	Level 1	Level 2	Level 3	Total
Investment contract	\$ -	\$ -	\$ 4,601,257	\$ 4,601,257
Money market fund	-	717,727	-	717,727
Mutual funds	62,765,598	-	-	62,765,598
Total assets in the fair value hierarchy	<u>\$ 62,765,598</u>	<u>\$ 717,727</u>	<u>\$ 4,601,257</u>	<u>\$ 68,084,582</u>

The Plan's policy is to recognize transfers between levels as of the end of the reporting period. There were no significant transfers between levels during 2020 and 2019.

Purchases of Level 3 assets during the Plan year ended December 31, 2020 were \$362,035. There were no issuances, transfers in or transfers out of Level 3 assets during the Plan year ended December 31, 2020.

Retirement Plus of Memorial Health System Hospitals 403(b) Plan
Notes to the Financial Statements (Continued)
December 31, 2020 and 2019

Note E - Investments

The Plan 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 is reported to the Plan by Nationwide. The contract's average yield was 1.93% and 2.00% for 2020 and 2019, respectively, and the crediting interest rate as December 31, 2020 and 2019 was 1.93% and 2.00%, respectively. Crediting interest rates are determined daily by dividing earned income for the day by the new contract value.

Note F - Income Tax Status

The Internal Revenue Service ("IRS") ruled on March 31, 2017 that the Volume Submitter Plan Document (the volume submitter of FIS Business Systems LLC, upon which the Plan is based), as then designed, was in compliance with the applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is being operated in compliance with the applicable requirements of the IRC and therefore, believes that the Plan is qualified and the related trust is tax exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020 and 2019, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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 contract 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 the values of investment securities will occur in the near term and 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.

Retirement Plus of Memorial Health System Hospitals 403(b) Plan
Notes to the Financial Statements (Continued)
December 31, 2020 and 2019

Note J - Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2020 and 2019:

	<u>2020</u>	<u>2019</u>
Net assets available for benefits per the financial statements	\$ 83,284,471	\$ 70,857,713
Adjustment from fair value to contract value for guaranteed investment contract	<u>(266,938)</u>	<u>(56,940)</u>
Net assets available for benefits per the Form 5500	<u><u>\$ 83,017,533</u></u>	<u><u>\$ 70,800,773</u></u>

The following is a reconciliation of net increase per the financial statements to net income per the Form 5500 for the Plan year ended December 31, 2020:

Net increase before transfers per the financial statements	\$ 12,460,669
Change in adjustment from fair value to contract value for guaranteed investment contract	<u>(209,998)</u>
Net income per the Form 5500	<u><u>\$ 12,250,671</u></u>

Supplemental Schedule

Retirement Plus of Memorial Health System Hospitals 403(b) Plan
Schedule of Assets (Held at End of Year)
Plan Sponsor EIN: 31-4379509 Plan Number: 006
December 31, 2020

(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			
*	Nationwide Fixed Account	Guaranteed Investment Contract	***	\$ 5,404,702
	Money market fund			
*	Nationwide Money Mkt Inst	Prime Money Market Fund	**	806,683
	Mutual funds			
	AB Global Bond Fund	Registered Investment Company	**	47,797
	AB International Value Fund	Registered Investment Company	**	11,474
	Aberdeen Global Equity Fund	Registered Investment Company	**	936
	AmBen International Equity Fund	Registered Investment Company	**	6,950
	AmCen Short Duration Inflation Prat. Bond Fund	Registered Investment Company	**	5,846
	American Funds AMCAP Fund	Registered Investment Company	**	826
	American Funds American Balanced Fund	Registered Investment Company	**	87,113
	Baron Growth Fund Retail Shares	Registered Investment Company	**	37,213
	Baron Partners	Registered Investment Company	**	2,660
	BlackRock Advantage Large Cap Value Fund	Registered Investment Company	**	237
	BlackRock Equity Dividend Fund Inv A	Registered Investment Company	**	5,591
	BlackRock Global Allocation Fund, Inc.	Registered Investment Company	**	14,241
	BlackRock High Yield Bond Portfolio Inv A	Registered Investment Company	**	5,913
	BlackRock High Yield Bond Portfolio Inst	Registered Investment Company	**	64,939
	Carillon Scout International Fund Class I	Registered Investment Company	**	892
	Columbia Select Large Cap Growth Fund	Registered Investment Company	**	89,520
	Delaware Extended Duration Bond Fund	Registered Investment Company	**	1,949
	DFA Emerging Markets Core Equity Portfolio	Registered Investment Company	**	80,400
	DFA Inflation-Protected Securities Portfolio	Registered Investment Company	**	15,380
	DFA U.S. Large Cap Value Portfolio	Registered Investment Company	**	92,462
	DFA U.S. Targeted Value Portfolio	Registered Investment Company	**	24,003
	Diamond Hill Mid-Cap Fund	Registered Investment Company	**	42,967
	Dodge & Cox International Stock Fund	Registered Investment Company	**	89,383
	DWS Global High Income Fund	Registered Investment Company	**	52,329
	Eaton Vance Atlanta Capital SMID-Cap Fund	Registered Investment Company	**	156,415
	Eaton Vance Dividend Builder Fund	Registered Investment Company	**	6,879
	Fidelity Advisor Freedom 2020 Fund	Registered Investment Company	**	826
	Fidelity Advisor Freedom 2025 Fund	Registered Investment Company	**	942
	Fidelity Advisor Freedom 2030 Fund	Registered Investment Company	**	118
	Fidelity Advisor Freedom 2040 Fund	Registered Investment Company	**	6,379
	Fidelity Advisor Freedom 2050 Fund	Registered Investment Company	**	1,494
	Fidelity Advisor Freedom 2055 Fund	Registered Investment Company	**	33,114
	Fidelity 500 Index Fund	Registered Investment Company	**	151,571

See accompanying independent auditor's report.

Retirement Plus of Memorial Health System Hospitals 403(b) Plan
Schedule of Assets (Held at End of Year)
Plan Sponsor EIN: 31-4379509 Plan Number: 006
December 31, 2020

(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)			
	Fidelity International Index Fund	Registered Investment Company	**	\$ 78,530
	Fidelity U.S. Bond Index Fund	Registered Investment Company	**	103,267
	Gabelli Gold Fund Class I	Registered Investment Company	**	52,447
	Harbor International Fund	Registered Investment Company	**	814
	Invesco Oppenheimer Developing Markets Fund A	Registered Investment Company	**	49,034
	Ivy Asset Strategy Fund	Registered Investment Company	**	5,433
	Ivy Balanced Fund Class	Registered Investment Company	**	56,681
	JPM Equity Income Fund Class A	Registered Investment Company	**	788
	JPM Equity Income Fund Class RS	Registered Investment Company	**	84,787
	JPM Small Cap Blend Fund	Registered Investment Company	**	34,791
	JPM Small Cap Value Fund	Registered Investment Company	**	262
	Mainstay MacKay Total Return Bond Fund	Registered Investment Company	**	11,783
	Manning & Napier Pro-Blend Moderate Term Series	Registered Investment Company	**	13,468
	MFS Value Fund Class A	Registered Investment Company	**	842
*	Nationwide Bond Index Fund	Registered Investment Company	**	654,443
*	Nationwide Destination 2025 Fund	Registered Investment Company	**	4,615,812
*	Nationwide Destination 2030 Fund	Registered Investment Company	**	4,017,278
*	Nationwide Destination 2035 Fund	Registered Investment Company	**	3,662,058
*	Nationwide Destination 2040 Fund	Registered Investment Company	**	2,738,594
*	Nationwide Destination 2045 Fund	Registered Investment Company	**	2,384,912
*	Nationwide Destination 2050 Fund	Registered Investment Company	**	3,616,871
*	Nationwide Destination 2055 Fund	Registered Investment Company	**	2,090,053
*	Nationwide Destination 2060 Fund	Registered Investment Company	**	1,270,113
*	Nationwide Destination Retirement Fund Class R6	Registered Investment Company	**	1,735,549
*	Nationwide International Index Fund	Registered Investment Company	**	2,563,325
*	Nationwide Investor Destinations Aggressive Fund	Registered Investment Company	**	3,242,910
*	Nationwide Inv. Destinations Mod Conservative Fund	Registered Investment Company	**	675,873
*	Nationwide Investor Destinations Moderate Fund	Registered Investment Company	**	1,035,550
*	Nationwide Loomis All Cap Growth Fund	Registered Investment Company	**	78,455
*	Nationwide Mid Cap Market Index Fund Class A	Registered Investment Company	**	5,275
*	Nationwide Mid Cap Market Index Fund R6	Registered Investment Company	**	627,211
*	Nationwide S&P 500 Index	Registered Investment Company	**	11,270,331
*	Nationwide Small Cap Index Fund	Registered Investment Company	**	846,177
	Nuveen Symphony Credit Opportunities Fund	Registered Investment Company	**	1,547
	Oppenheimer International Growth Fund	Registered Investment Company	**	976
	PGIM Global Real Estate A Fund	Registered Investment Company	**	585
	PGIM Jennison Growth Fund	Registered Investment Company	**	8,769
	PGIM Total Return Bond Fund - Class A	Registered Investment Company	**	7,406
	PGIM Total Return Bond Fund - Class R6	Registered Investment Company	**	111,740
	Principal High Yield Fund	Registered Investment Company	**	72,837
	Rydex S&P MidCap 400 Pure Growth Fund	Registered Investment Company	**	1,904
	T. Rowe Price Growth Stock Fund	Registered Investment Company	**	10,741

See accompanying independent auditor's report.

Retirement Plus of Memorial Health System Hospitals 403(b) Plan

Schedule of Assets (Held at End of Year)

Plan Sponsor EIN: 31-4379509 Plan Number: 006

December 31, 2020

(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)			
	T. Rowe Price Growth Stock Fund R Class	Registered Investment Company	**	\$ 313.0
	Templeton Global Bond Fund Class A	Registered Investment Company	**	4,360
	Vngrd 500 Index Fund	Registered Investment Company	**	196,799
	Vngrd Balanced Index Fund	Registered Investment Company	**	223,135
	Vngrd Consumer Staples Index Fund	Registered Investment Company	**	21,946
	Vngrd Dividend Growth Fund	Registered Investment Company	**	16,870
	Vngrd Emerging Markets Stock Index Fund	Registered Investment Company	**	363,230
	Vngrd Explorer Fund	Registered Investment Company	**	58,458
	Vngrd GNMA Fund	Registered Investment Company	**	12,775
	Vngrd Growth Index Fund	Registered Investment Company	**	8,507,834
	Vngrd High-yield Corporate Fund	Registered Investment Company	**	2,053,010
	Vngrd Inflation-Protected Securities Fund	Registered Investment Company	**	129,932
	Vngrd Intermediate-Term Treasury Fund	Registered Investment Company	**	11,770
	Vngrd Intermediate-Term Treasury Fund Adml	Registered Investment Company	**	31,078
	Vngrd International Explorer Fund	Registered Investment Company	**	313,653
	Vngrd Mid-Cap Growth Index Fund	Registered Investment Company	**	1,297,539
	Vngrd Mid-Cap Value Index Fund	Registered Investment Company	**	2,378,998
	Vngrd Pacific Stock Index Fund	Registered Investment Company	**	7,107
	Vngrd Real Estate Index Fund	Registered Investment Company	**	197,166
	Vngrd Short-Term Bond Index Fund	Registered Investment Company	**	1,952
	Vngrd Short-Term Investment-Grade Fund	Registered Investment Company	**	4,916
	Vngrd Short-Term Treasury Fund	Registered Investment Company	**	12,941
	Vngrd Small Cap Value Index Fund	Registered Investment Company	**	1,422,807
	Vngrd Small-Cap Growth Index Fund	Registered Investment Company	**	1,169,126
	Vngrd Small-Cap Index Fund	Registered Investment Company	**	5,038
	Vngrd Total Bond Market Index Fund	Registered Investment Company	**	618,354
	Vngrd Total International Bond Index	Registered Investment Company	**	2,837,193
	Vngrd Total International Stock Index	Registered Investment Company	**	6,238
	Vngrd Total Stock Market Index Fund	Registered Investment Company	**	34,980
	Vngrd U.S. Growth Fund Adml	Registered Investment Company	**	12,362
	Vngrd Value Index Fund	Registered Investment Company	**	1,956,849
	Vngrd Wellesley Income Fund Adm. Shares	Registered Investment Company	**	309,876
	Vngrd Wellesley Income Fund Inv. Shares	Registered Investment Company	**	12,835
	American Century Heritage Inv	Registered Investment Company	**	27,778
	American Funds Growth Fund of Amer R3	Registered Investment Company	**	12,130
	BlackRock Total Return Inv A	Registered Investment Company	**	54,448

See accompanying independent auditor's report.

Retirement Plus of Memorial Health System Hospitals 403(b) Plan
Schedule of Assets (Held at End of Year)
Plan Sponsor EIN: 31-4379509 Plan Number: 006
December 31, 2020

(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)			
	BlackRock Mid-Cap Growth Equity Inv A	Registered Investment Company	**	\$ 44,054
	DFA Global Real Estate Sec	Registered Investment Company	**	57,268
	Vanguard Developed Markets Index Fund	Registered Investment Company	**	4,332
	Vanguard International Growth Adm	Registered Investment Company	**	18,554
	Janus Henderson Triton N	Registered Investment Company	**	7,342
	Lord Abbett Bond Debenture Fund A	Registered Investment Company	**	11,803
	Janus Henderson Global Technology N	Registered Investment Company	**	8,990
	Templeton Global Bond R6	Registered Investment Company	**	663
	Harbor International Growth Fund Inv	Registered Investment Company	**	100,105
	Neuberger Berman Mid Cap Growth A	Registered Investment Company	**	7,943
	Invesco Oppen Global Opp Fund Class A	Registered Investment Company	**	7,488
	Invesco Oppen Intl Bond Fund Class A	Registered Investment Company	**	3,388
	PIMCO Real Return Fund Inst	Registered Investment Company	**	71,778
	Parnassus Endeavor Fund Inv	Registered Investment Company	**	7,343
	Vanguard Equity-Inc Fund Inv	Registered Investment Company	**	15,652
	Vanguard Star Fd Inv	Registered Investment Company	**	14,264
	Ivy Science Tech Y	Registered Investment Company	**	5,664
		Total mutual funds		73,691,408
*	Participant notes receivable	Participant notes receivable, 4.25% - 6.50%, maturity dates through September 5, 2031		\$ 1,594,607
				<u>\$ 81,497,400</u>

* denotes party-in-interest

**Cost information (column (d)) not required due to Plan being participant directed.

***Guaranteed investment contract reported at cost.

See accompanying independent auditor's report.

Retirement Plus of Memorial Health System Hospitals 403(b) Plan
Schedule of Assets (Held at End of Year)
Plan Sponsor EIN: 31-4379509 Plan Number: 006
December 31, 2020

(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			
*	Nationwide Fixed Account	Guaranteed Investment Contract	***	\$ 5,404,702
	Money market fund			
*	Nationwide Money Mkt Inst	Prime Money Market Fund	**	806,683
	Mutual funds			
	AB Global Bond Fund	Registered Investment Company	**	47,797
	AB International Value Fund	Registered Investment Company	**	11,474
	Aberdeen Global Equity Fund	Registered Investment Company	**	936
	AmBcn International Equity Fund	Registered Investment Company	**	6,950
	AmCen Short Duration Inflation Prat. Bond Fund	Registered Investment Company	**	5,846
	American Funds AMCAP Fund	Registered Investment Company	**	826
	American Funds American Balanced Fund	Registered Investment Company	**	87,113
	Baron Growth Fund Retail Shares	Registered Investment Company	**	37,213
	Baron Partners	Registered Investment Company	**	2,660
	BlackRock Advantage Large Cap Value Fund	Registered Investment Company	**	237
	BlackRock Equity Dividend Fund Inv A	Registered Investment Company	**	5,591
	BlackRock Global Allocation Fund, Inc.	Registered Investment Company	**	14,241
	BlackRock High Yield Bond Portfolio Inv A	Registered Investment Company	**	5,913
	BlackRock High Yield Bond Portfolio Inst	Registered Investment Company	**	64,939
	Carillon Scout International Fund Class I	Registered Investment Company	**	892
	Columbia Select Large Cap Growth Fund	Registered Investment Company	**	89,520
	Delaware Extended Duration Bond Fund	Registered Investment Company	**	1,949
	DFA Emerging Markets Core Equity Portfolio	Registered Investment Company	**	80,400
	DFA Inflation-Protected Securities Portfolio	Registered Investment Company	**	15,380
	DFA U.S. Large Cap Value Portfolio	Registered Investment Company	**	92,462
	DFA U.S. Targeted Value Portfolio	Registered Investment Company	**	24,003
	Diamond Hill Mid-Cap Fund	Registered Investment Company	**	42,967
	Dodge & Cox International Stock Fund	Registered Investment Company	**	89,383
	DWS Global High Income Fund	Registered Investment Company	**	52,329
	Eaton Vance Atlanta Capital SMID-Cap Fund	Registered Investment Company	**	156,415
	Eaton Vance Dividend Builder Fund	Registered Investment Company	**	6,879
	Fidelity Advisor Freedom 2020 Fund	Registered Investment Company	**	826
	Fidelity Advisor Freedom 2025 Fund	Registered Investment Company	**	942
	Fidelity Advisor Freedom 2030 Fund	Registered Investment Company	**	118
	Fidelity Advisor Freedom 2040 Fund	Registered Investment Company	**	6,379
	Fidelity Advisor Freedom 2050 Fund	Registered Investment Company	**	1,494
	Fidelity Advisor Freedom 2055 Fund	Registered Investment Company	**	33,114
	Fidelity 500 Index Fund	Registered Investment Company	**	151,571

See accompanying independent auditor's report.

Retirement Plus of Memorial Health System Hospitals 403(b) Plan
Schedule of Assets (Held at End of Year)
Plan Sponsor EIN: 31-4379509 Plan Number: 006
December 31, 2020

(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)			
	Fidelity International Index Fund	Registered Investment Company	**	\$ 78,530
	Fidelity U.S. Bond Index Fund	Registered Investment Company	**	103,267
	Gabelli Gold Fund Class I	Registered Investment Company	**	52,447
	Harbor International Fund	Registered Investment Company	**	814
	Invesco Oppenheimer Developing Markets Fund A	Registered Investment Company	**	49,034
	Ivy Asset Strategy Fund	Registered Investment Company	**	5,433
	Ivy Balanced Fund Class	Registered Investment Company	**	56,681
	JPM Equity Income Fund Class A	Registered Investment Company	**	788
	JPM Equity Income Fund Class RS	Registered Investment Company	**	84,787
	JPM Small Cap Blend Fund	Registered Investment Company	**	34,791
	JPM Small Cap Value Fund	Registered Investment Company	**	262
	Mainstay MacKay Total Return Bond Fund	Registered Investment Company	**	11,783
	Manning & Napier Pro-Blend Moderate Term Series	Registered Investment Company	**	13,468
	MFS Value Fund Class A	Registered Investment Company	**	842
*	Nationwide Bond Index Fund	Registered Investment Company	**	654,443
*	Nationwide Destination 2025 Fund	Registered Investment Company	**	4,615,812
*	Nationwide Destination 2030 Fund	Registered Investment Company	**	4,017,278
*	Nationwide Destination 2035 Fund	Registered Investment Company	**	3,662,058
*	Nationwide Destination 2040 Fund	Registered Investment Company	**	2,738,594
*	Nationwide Destination 2045 Fund	Registered Investment Company	**	2,384,912
*	Nationwide Destination 2050 Fund	Registered Investment Company	**	3,616,871
*	Nationwide Destination 2055 Fund	Registered Investment Company	**	2,090,053
*	Nationwide Destination 2060 Fund	Registered Investment Company	**	1,270,113
*	Nationwide Destination Retirement Fund Class R6	Registered Investment Company	**	1,735,549
*	Nationwide International Index Fund	Registered Investment Company	**	2,563,325
*	Nationwide Investor Destinations Aggressive Fund	Registered Investment Company	**	3,242,910
*	Nationwide Inv. Destinations Mod Conservative Fund	Registered Investment Company	**	675,873
*	Nationwide Investor Destinations Moderate Fund	Registered Investment Company	**	1,035,550
*	Nationwide Loomis All Cap Growth Fund	Registered Investment Company	**	78,455
*	Nationwide Mid Cap Market Index Fund Class A	Registered Investment Company	**	5,275
*	Nationwide Mid Cap Market Index Fund R6	Registered Investment Company	**	627,211
*	Nationwide S&P 500 Index	Registered Investment Company	**	11,270,331
*	Nationwide Small Cap Index Fund	Registered Investment Company	**	846,177
	Nuveen Symphony Credit Opportunities Fund	Registered Investment Company	**	1,547
	Oppenheimer International Growth Fund	Registered Investment Company	**	976
	PGIM Global Real Estate A Fund	Registered Investment Company	**	585
	PGIM Jennison Growth Fund	Registered Investment Company	**	8,769
	PGIM Total Return Bond Fund - Class A	Registered Investment Company	**	7,406
	PGIM Total Return Bond Fund - Class R6	Registered Investment Company	**	111,740
	Principal High Yield Fund	Registered Investment Company	**	72,837
	Rydex S&P MidCap 400 Pure Growth Fund	Registered Investment Company	**	1,904
	T. Rowe Price Growth Stock Fund	Registered Investment Company	**	10,741

See accompanying independent auditor's report.

Retirement Plus of Memorial Health System Hospitals 403(b) Plan
Schedule of Assets (Held at End of Year)
Plan Sponsor EIN: 31-4379509 Plan Number: 006
December 31, 2020

(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)			
	T. Rowe Price Growth Stock Fund R Class	Registered Investment Company	**	\$ 313.0
	Templeton Global Bond Fund Class A	Registered Investment Company	**	4,360
	Vnrd 500 Index Fund	Registered Investment Company	**	196,799
	Vnrd Balanced Index Fund	Registered Investment Company	**	223,135
	Vnrd Consumer Staples Index Fund	Registered Investment Company	**	21,946
	Vnrd Dividend Growth Fund	Registered Investment Company	**	16,870
	Vnrd Emerging Markets Stock Index Fund	Registered Investment Company	**	363,230
	Vnrd Explorer Fund	Registered Investment Company	**	58,458
	Vnrd GNMA Fund	Registered Investment Company	**	12,775
	Vnrd Growth Index Fund	Registered Investment Company	**	8,507,834
	Vnrd High-yield Corporate Fund	Registered Investment Company	**	2,053,010
	Vnrd Inflation-Protected Securities Fund	Registered Investment Company	**	129,932
	Vnrd Intermediate-Term Treasury Fund	Registered Investment Company	**	11,770
	Vnrd Intermediate-Term Treasury Fund Adml	Registered Investment Company	**	31,078
	Vnrd International Explorer Fund	Registered Investment Company	**	313,653
	Vnrd Mid-Cap Growth Index Fund	Registered Investment Company	**	1,297,539
	Vnrd Mid-Cap Value Index Fund	Registered Investment Company	**	2,378,998
	Vnrd Pacific Stock Index Fund	Registered Investment Company	**	7,107
	Vnrd Real Estate Index Fund	Registered Investment Company	**	197,166
	Vnrd Short-Term Bond Index Fund	Registered Investment Company	**	1,952
	Vnrd Short-Term Investment-Grade Fund	Registered Investment Company	**	4,916
	Vnrd Short-Term Treasury Fund	Registered Investment Company	**	12,941
	Vnrd Small Cap Value Index Fund	Registered Investment Company	**	1,422,807
	Vnrd Small-Cap Growth Index Fund	Registered Investment Company	**	1,169,126
	Vnrd Small-Cap Index Fund	Registered Investment Company	**	5,038
	Vnrd Total Bond Market Index Fund	Registered Investment Company	**	618,354
	Vnrd Total International Bond Index	Registered Investment Company	**	2,837,193
	Vnrd Total International Stock Index	Registered Investment Company	**	6,238
	Vnrd Total Stock Market Index Fund	Registered Investment Company	**	34,980
	Vnrd U.S. Growth Fund Adml	Registered Investment Company	**	12,362
	Vnrd Value Index Fund	Registered Investment Company	**	1,956,849
	Vnrd Wellesley Income Fund Adm. Shares	Registered Investment Company	**	309,876
	Vnrd Wellesley Income Fund Inv. Shares	Registered Investment Company	**	12,835
	American Century Heritage Inv	Registered Investment Company	**	27,778
	American Funds Growth Fund of Amer R3	Registered Investment Company	**	12,130
	BlackRock Total Return Inv A	Registered Investment Company	**	54,448

See accompanying independent auditor's report.

Retirement Plus of Memorial Health System Hospitals 403(b) Plan
Schedule of Assets (Held at End of Year)
Plan Sponsor EIN: 31-4379509 Plan Number: 006
December 31, 2020

(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)			
	BlackRock Mid-Cap Growth Equity Inv A	Registered Investment Company	**	\$ 44,054
	DFA Global Real Estate Sec	Registered Investment Company	**	57,268
	Vanguard Developed Markets Index Fund	Registered Investment Company	**	4,332
	Vanguard International Growth Adm	Registered Investment Company	**	18,554
	Janus Henderson Triton N	Registered Investment Company	**	7,342
	Lord Abbett Bond Debenture Fund A	Registered Investment Company	**	11,803
	Janus Henderson Global Technology N	Registered Investment Company	**	8,990
	Templeton Global Bond R6	Registered Investment Company	**	663
	Harbor International Growth Fund Inv	Registered Investment Company	**	100,105
	Neuberger Berman Mid Cap Growth A	Registered Investment Company	**	7,943
	Invesco Oppen Global Opp Fund Class A	Registered Investment Company	**	7,488
	Invesco Oppen Intl Bond Fund Class A	Registered Investment Company	**	3,388
	PIMCO Real Return Fund Inst	Registered Investment Company	**	71,778
	Parnassus Endeavor Fund Inv	Registered Investment Company	**	7,343
	Vanguard Equity-Inc Fund Inv	Registered Investment Company	**	15,652
	Vanguard Star Fd Inv	Registered Investment Company	**	14,264
	Ivy Science Tech Y	Registered Investment Company	**	5,664
		Total mutual funds		73,691,408
*	Participant notes receivable	Participant notes receivable, 4.25% - 6.50%, maturity dates through September 5, 2031		\$ 1,594,607
				<u>\$ 81,497,400</u>

* denotes party-in-interest

**Cost information (column (d)) not required due to Plan being participant directed.

***Guaranteed investment contract reported at cost.

See accompanying independent auditor's report.