

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

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>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.	10/04/2022	T R BICK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	3134
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)	2755
a(2) Total number of active participants at the end of the plan year		6a(2)	2785
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	489
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	3274
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	3274
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	2167
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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan 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	2167	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid 10815	(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	
10815			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** 4685845**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** 5404702**c** Additions: (1) Contributions deposited during the year **7c(1)** 318893
(2) Dividends and credits..... **7c(2)** 0
(3) Interest credited during the year..... **7c(3)** 76097
(4) Transferred from separate account..... **7c(4)** 10246
(5) Other (specify below) **7c(5)** 41507

▶ LOAN REPAYMENT-PRINCIPAL

(6) Total additions **7c(6)** 446743**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 5851445**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 896372(2) Administration charge made by carrier..... **7e(2)** 6825(3) Transferred to separate account..... **7e(3)** 348081(4) Other (specify below) **7e(4)** 7597

▶ LOAN WITHDRAWAL

(5) Total deductions **7e(5)** 1258875**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 4592570

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)	0
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)	0
(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)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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 49 60 99 26 52 63 37 59 64	SERVICE PROVIDER	359219	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 99 50 64	TPA	73611	Yes ☒ No ☐	Yes ☐ No ☒	46858	Yes ☐ No ☒

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

RAYMOND JAMES & ASSOCIATES INC

880 CARILLON PKWY
SAINT PETERSBURG, FL 33716

(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	62322	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)

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	8492	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	46858
(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	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 01/01/2021-12/31/2021: 1.53%=2.31%-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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>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
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1519659	0
(2) Participant contributions.....	1b(2)	474	274492
(3) Other	1b(3)	0	23226
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	806683	507454
(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)	1594607	1483230
(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)	73691408	88595025
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	5404702	4592570
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	83017533	95475997

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	83017533	95475997
---	-----------	----------	----------

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)	3838	
(B) Participants	2a(1)(B)	6919782	
(C) Others (including rollovers).....	2a(1)(C)	1338982	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		8262602
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)	76127	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		76127
(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)		12844237
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		21182966
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	8204196	
(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)		8204196
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	70814	
(2) Contract administrator fees.....	2i(2)	359218	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	73611	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		503643
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		8707839
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		12475127
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		16663

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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan 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	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 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
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

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

Financial Statements

December 31, 2021 and 2020

Retirement Plus of Memorial Health System Hospitals 403(b) Plan
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December 31, 2021 and 2020

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Independent Auditor's Report

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

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

We have performed an audit of the financial statements of the Retirement Plus of Memorial Health System Hospitals 403(b) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C), which comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the 2021 financial statements.

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

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

Opinion for the 2021 Financial Statements

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

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

Basis for Opinion for the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

MCM CPAs & Advisors LLP

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Independent Auditor's Report (Continued)

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the 2021 financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the 2021 financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the 2021 financial statements.

In preparing the 2021 financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the 2021 financial statements are issued or available to be issued.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for administering the Plan and determining that the Plan's transactions that are presented and disclosed in the 2021 financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the 2021 financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the 2021 financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the 2021 financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2021 financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

Independent Auditor's Report (Continued)

Auditor's Responsibilities for the Audit of the 2021 Financial Statements (Continued)

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

Other Matter - 2021 Supplemental Schedule Required by ERISA

The 2021 supplemental Schedule of Assets (Held at End of Year) as of December 31, 2021, is presented for purposes of additional analysis and is not a required part of the 2021 financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2021 financial statements. The information included in the 2021 supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the 2021 financial statements and to certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2021 financial statements or to the 2021 financial statements themselves, and to other additional procedures in accordance with GAAS. For information included in the 2021 supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the 2021 supplemental schedule, we evaluated whether the 2021 supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

Other Matter Report on the 2020 Financial Statements

We were engaged to audit the statement of net assets available for benefits of the Plan as of December 31, 2020. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by the qualified institution. Our audit report, dated August 30, 2021, indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an opinion and, accordingly, we did not express an opinion on the 2020 financial statements; and (b) the form and content of the information included in the 2020 financial statements, other than that derived from the information certified by the qualified institution, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



Louisville, Kentucky
September 29, 2022

Retirement Plus of Memorial Health System Hospitals 403(b) Plan
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets		
Investments, at fair value		
Investment contract	\$ 4,685,846	\$ 5,671,640
Money market fund	507,454	806,683
Mutual funds	<u>88,595,024</u>	<u>73,691,408</u>
	93,788,324	80,169,731
Receivables		
Employer contributions	-	1,519,659
Employee contributions	274,492	474
Other receivable	23,226	-
Notes receivable from participants	<u>1,483,230</u>	<u>1,594,607</u>
	<u>1,780,948</u>	<u>3,114,740</u>
Net assets available for benefits	<u><u>\$ 95,569,272</u></u>	<u><u>\$ 83,284,471</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, 2021

Additions to net assets attributed to

Investment income, including net appreciation	\$ 12,670,574
Interest income on notes receivable from participants	76,127
Contributions	
Employer	3,838
Participant	6,919,782
Others, including rollover	<u>1,338,982</u>
	<u>8,262,602</u>
Total additions	21,009,303

Deductions from net assets attributed to

Benefits paid to participants	8,204,196
Administrative expenses	<u>503,643</u>
Total deductions	<u>8,707,839</u>

Net increase before transfers 12,301,464

Transfers out, net (16,663)

Net increase 12,284,801

Net assets available for benefits

Beginning of year 83,284,471

End of year \$ 95,569,272

See accompanying notes.

Retirement Plus of Memorial Health System Hospitals 403(b) Plan
Notes to Financial Statements
December 31, 2021 and 2020

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").
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 2021 Plan year, the Plan Sponsors did not make a discretionary matching contribution. 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.
8. Payment of Benefits: Upon termination of service 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.

Retirement Plus of Memorial Health System Hospitals 403(b) Plan
Notes to Financial Statements (Continued)
December 31, 2021 and 2020

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 ("GAAP"). The Accounting Standards Codification ("ASC") as produced by the Financial Accounting Standards Board ("FASB") is the sole source of authoritative GAAP.
2. Use of Estimates: The preparation of financial statements in conformity with 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, 2021 and 2020. 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.
8. Subsequent Events: Subsequent events for the Plan have been considered through the date of the Independent Auditor's Report, which represents the date the financial statements were available to be issued.

Note C - Certification of Financial Information

The Plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Nationwide Financial Services, Inc., including its subsidiary Nationwide Trust Company, FSB, a division of Nationwide bank ("Nationwide"), a qualified institution, has certified to the completeness and accuracy of all investments information reflected on the accompanying Statements of Net Assets Available for Benefits as of December 31, 2021 and 2020, the Schedule of Assets (Held at End of Year) at December 31, 2021, and the related investment income information reflected in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2021. The qualified institution did not certify notes receivable from participants and related activity.

Retirement Plus of Memorial Health System Hospitals 403(b) Plan
Notes to Financial Statements (Continued)
December 31, 2021 and 2020

Note C - Certification of Financial Information (Continued)

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

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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs 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, 2021 and 2020.

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

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

Investment 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.

Retirement Plus of Memorial Health System Hospitals 403(b) Plan
Notes to Financial Statements (Continued)
December 31, 2021 and 2020

Note D - Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis at December 31, 2021:

	Level 1	Level 2	Level 3	Total
Investment contract	\$ -	\$ -	\$ 4,685,846	\$ 4,685,846
Money market fund	-	507,454	-	507,454
Mutual funds	88,595,024	-	-	88,595,024
Total assets in the fair value hierarchy	<u>\$ 88,595,024</u>	<u>\$ 507,454</u>	<u>\$ 4,685,846</u>	<u>\$ 93,788,324</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, 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 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 2021 and 2020.

Purchases of Level 3 assets during the Plan year ended December 31, 2021 were \$360,399. Purchases of Level 3 assets during the Plan year ended December 31, 2020 were \$362,035.

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 1.53% and 1.93% for 2021 and 2020, respectively, and the crediting interest rate as December 31, 2021 and 2020 was 1.53% and 1.93%, respectively. Crediting interest rates are determined daily by dividing earned income for the day by the new contract value.

Retirement Plus of Memorial Health System Hospitals 403(b) Plan
Notes to Financial Statements (Continued)
December 31, 2021 and 2020

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.

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, 2021 and 2020, 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 and Party in Interest 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. The Plan paid fees to Nationwide totaling \$359,219 during the Plan year ended December 31, 2021. Nationwide is the custodian of the Plan and, therefore, these transactions qualify as party-in-interest transactions.

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 Financial Statements (Continued)
December 31, 2021 and 2020

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, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Net assets available for benefits per the financial statements	\$ 95,569,272	\$ 83,284,471
Adjustment from fair value to contract value for guaranteed investment contract	<u>(93,275)</u>	<u>(266,938)</u>
Net assets available for benefits per the Form 5500	<u>\$ 95,475,997</u>	<u>\$ 83,017,533</u>

The following is a reconciliation of net increase before transfers per the financial statements to net income per the Form 5500 for the Plan year ended December 31, 2021:

Net increase before transfers per the financial statements	\$ 12,301,464
Change in adjustment from fair value to contract value for guaranteed investment contract	<u>173,663</u>
Net income per the Form 5500	<u>\$ 12,475,127</u>

Supplemental Schedule

Retirement Plus of Memorial Health System Hospitals 403(b)
Schedule of Assets (Held at End of Year)
Plan Sponsor EIN: 31-4379509 Plan Number: 006
December 31, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(e) Current value
	Investment contract	
*	Nationwide Fixed Account	\$ 4,592,570
	Money market fund	
*	Nationwide Money Mkt Inst	507,454
	Mutual funds	
	AB Global Bond Fund	67,488
	AB International Value Fund	15,508
	Aberdeen Emerging Market Ex-China Fund	712
	Aberdeen Emerging Markets Sustainable Leaders Fund	964
	Allspring Emerging Markets Equity Fund	408
	AmBcn International Equity Fund	8,233
	AmCen Short Duration Inflation Prat. Bond Fund	173
	Amcent Small Cap Value Fund	101
	American Funds AMCAP Fund	648
	American Funds American Balanced Fund	74,611
	Baron Discovery Institutional Fund	95
	Baron Growth Fund	45,349
	Baron Partners	6,169
	BlackRock Advantage Large Cap Value Fund	300
	BlackRock Equity Dividend Fund Inv A	6,952
	BlackRock Global Allocation Fund, Inc.	16,144
	BlackRock High Yield Bond Portfolio Inv A	6,087
	BlackRock High Yield Bond Portfolio Inst	87,207
	BlackRock Strat Inc Oppr Inv Fund	56,084
	Carillon ClariVest International Stock Fund	1,005
	Columbia Select Large Cap Growth Fund	134,731
	Delaware Extended Duration Bond Fund	2,274
	DFA Emerging Markets Core Equity Portfolio	124,179
	DFA US Large Cap Value Fund	935
	DFA Inflation-Protected Securities Portfolio	2,775
	DFA U.S. Large Cap Value Portfolio	157,797
	DFA U.S. Targeted Value Portfolio	41,570
	Diamond Hill Mid-Cap Fund	75,641
	Dodge & Cox International Stock Fund	159,466
	DWS Global High Income Fund	56,332
	DWS RREEF Global Real Estate Securities Fund	598
	Eaton Vance Atlanta Capital SMID-Cap Fund	207,298
	Eaton Vance Dividend Builder Fund	10,679

See accompanying independent auditor's report.

Retirement Plus of Memorial Health System Hospitals 403(b)
Schedule of Assets (Held at End of Year) (Continued)
Plan Sponsor EIN: 31-4379509 Plan Number: 006
December 31, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(e) Current value
Mutual funds (Continued)		
	Federated Hermes Kaufmann Small Cap Fund	\$ 510
	Fidelity Advisor Freedom 2020 Fund	1,096
	Fidelity Advisor Freedom 2025 Fund	3,087
	Fidelity Advisor Freedom 2030 Fund	618
	Fidelity Advisor Freedom 2040 Fund	33,954
	Fidelity Advisor Freedom 2045 Fund	709
	Fidelity Advisor Freedom 2050 Fund	2,601
	Fidelity Advisor Freedom 2055 Fund	21,947
	Fidelity Advisor Growth Opportunities Fund	288
	Fidelity 500 Index Fund	251,006
	Fidelity International Index Fund	176,518
	Fidelity U.S. Bond Index Fund	145,076
	Gabelli Gold Fund Class I	50,641
	Goldman Sachs Small/Mid Cap Growth Fund	96
	Goldman Sachs GQG Partners Intl Opps Fund	158,742
	Harbor International Fund	1,254
	Invesco Oppenheimer Developing Markets Fund A	48,134
	Invesco Gold & Special Minerals Fund	207,598
	Ivy Asset Strategy Fund	6,593
	Ivy Balanced Fund Class	68,992
	Janus Henderson Forty Fund	2,881
	JPM Equity Income Fund Class A	624
	JPM Equity Income Fund Class R5	153,511
	JPM Small Cap Blend Fund	41,855
	JPM Small Cap Value Fund	220
	Lazard Global Listed Infrastructure Fund	193,744
	Mainstay MacKay Total Return Bond Fund	11,501
	Manning & Napier Pro-Blend Moderate Term Series	15,544
	MFS Value Fund Class A	2,630
*	Nationwide Bond Index Fund	553,817
*	Nationwide Destination 2025 Fund	6,334,639
*	Nationwide Destination 2030 Fund	5,729,929
*	Nationwide Destination 2035 Fund	4,673,536
*	Nationwide Destination 2040 Fund	3,301,626
*	Nationwide Destination 2045 Fund	2,872,732
*	Nationwide Destination 2050 Fund	4,535,799
*	Nationwide Destination 2055 Fund	2,840,205
*	Nationwide Destination 2060 Fund	2,007,277
*	Nationwide Destination Retirement Fund Class R6	1,250,975
*	Nationwide International Index Fund	2,751,680
*	Nationwide Investor Destinations Aggressive Fund	3,280,883

See accompanying independent auditor's report.

Retirement Plus of Memorial Health System Hospitals 403(b)
Schedule of Assets (Held at End of Year) (Continued)
Plan Sponsor EIN: 31-4379509 Plan Number: 006
December 31, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(e) Current value
	Mutual funds (Continued)	
*	Nationwide Inv. Destinations Mod Conservative Fund	\$ 669,415
*	Nationwide Investor Destinations Moderate Fund	1,140,932
*	Nationwide Loomis All Cap Growth Fund	128,047
*	Nationwide Mid Cap Market Index Fund Class A	4,556
*	Nationwide Mid Cap Market Index Fund R6	743,456
*	Nationwide S&P 500 Index	13,549,555
*	Nationwide Small Cap Index Fund	914,823
	Nuveen Symphony Credit Opportunities Fund	1,777
	Oppenheimer International Growth Fund	1,467
	Parnassus Midcap Fund	3,015
	PGIM Global Real Estate A Fund	473
	PGIM Jennison Growth Fund	10,944
	PGIM Total Return Bond Fund - Class A	7,288
	PGIM Total Return Bond Fund - Class R6	115,847
	Pimco Commodity Real Return Strat Fund	45,711
	Pioneer Equity Income Fund	586
	Principal Global Real Estate Inst Fund	47,989
	Principal High Yield Fund	72,219
	Principal Large Cap Growth I Inst Fund	820
	Rydex S&P MidCap 400 Pure Growth Fund	2,484
	T. Rowe Price Dividend Growth Fund	3,008
	T. Rowe Price Growth Stock Fund	14,119
	T. Rowe Price Growth Stock Fund R Class	3,035.0
	Templeton Global Bond Fund Class A	4,112
	Touchstone Small Company Fund	241
	Vngrd 500 Index Fund	303,638
	Vngrd Balanced Index Fund	323,167
	Vngrd Consumer Staples Index Fund	10,988
	Vngrd Dividend Growth Fund	21,869
	Vngrd Emerging Markets Stock Index Fund	384,879
	Vngrd European Stock Index Fund	4,179
	Vngrd Explorer Fund	81,101
	Vngrd GNMA Fund	12,591
	Vngrd Growth Index Fund	9,781,824
	Vngrd High-yield Corporate Fund	1,929,470
	Vngrd Inflation-Protected Securities Adml Fund	124,007
	Vngrd Inflation-Protected Securities Inv Fund	4,026
	Vngrd Intermediate-Term Treasury Fund	-
	Vngrd Long-Term Treasury Fund Adml	-
	Vngrd International Explorer Fund	308,586
	Vngrd Mid-Cap Growth Index Fund	1,516,519
	Vngrd Mid-Cap Value Index Fund	2,932,030
	Vngrd Pacific Stock Index Fund	8,692
	Vngrd Real Estate Index Fund	265,092
	Vngrd Short-Term Bond Index Fund	1,925
	Vngrd Short-Term Investment-Grade Fund	5,884
	Vngrd Short-Term Treasury Fund	12,788
	Vngrd Small Cap Value Index Fund	1,908,409

See accompanying independent auditor's report.

Retirement Plus of Memorial Health System Hospitals 403(b)
Schedule of Assets (Held at End of Year) (Continued)
Plan Sponsor EIN: 31-4379509 Plan Number: 006
December 31, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(e) Current value
Mutual funds (Continued)		
	Vngrd Small-Cap Growth Index Fund	\$ 1,205,829
	Vngrd Small-Cap Index Fund	8,043
	Vngrd Total Bond Market Index Fund	632,102
	Vngrd Total International Bond Index	2,923,479
	Vngrd Total International Stock Index	7,264
	Vngrd Total Stock Market Index Fund	62,505
	Vngrd U.S. Growth Fund Adml	15,089
	Vngrd Value Index Fund	2,342,807
	Vngrd Wellesley Income Fund Adm. Shares	408,130
	Vngrd Wellesley Income Fund Inv. Shares	14,829
	WCM Focused International Growth Inst Fund	389
	American Century Heritage Inv	48,334
	American Funds Growth Fund of Amer R3	16,786
	BlackRock Total Return Inv A	50,975
	BlackRock Mid-Cap Growth Equity Inv A	72,183
	DFA Global Real Estate Sec	2,225
	Vanguard Developed Markets Index Fund	5,841
	Vanguard International Growth Adm	20,071
	Janus Henderson Triton N	9,625
	Lord Abbett Bond Debenture Fund A	13,760
	Janus Henderson Global Technology N	12,354
	Templeton Global Bond R6	693
	Harbor International Growth Fund Inv	10,479
	Neuberger Berman Mid Cap Growth A	10,733
	Invesco Global Opportunities Fund	9,191
	Invesco Oppen Intl Bond Fund Class A	3,541
	PIMCO Real Return Fund Inst	100,754
	Parnassus Endeavor Fund Inv	11,484
	Vanguard Equity-Inc Fund Inv	19,568
	Vanguard Star Fd Inv	17,434
	Ivy Science Tech Y	7,363
		88,595,024
*	Participant notes receivable	
		1,483,230
		\$ 95,178,278

* 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)
Schedule of Assets (Held at End of Year)
Plan Sponsor EIN: 31-4379509 Plan Number: 006
December 31, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(e) Current value
*	Investment contract Nationwide Fixed Account	\$ 4,592,570
*	Money market fund Nationwide Money Mkt Inst	507,454
Mutual funds		67,488
		15,508
		712
		964
		408
		8,233
		173
		101
		648
		74,611
		95
		45,349
		6,169
		300
		6,952
		16,144
		6,087
		87,207
		56,084
		1,005
		134,731
		2,274
		124,179
		935
		2,775
		157,797
		41,570
		75,641
		159,466
		56,332
		598
		207,298
		10,679

See accompanying independent auditor's report.

Retirement Plus of Memorial Health System Hospitals 403(b)
Schedule of Assets (Held at End of Year) (Continued)
Plan Sponsor EIN: 31-4379509 Plan Number: 006
December 31, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(e) Current value
Mutual funds (Continued)		
	Federated Hermes Kaufmann Small Cap Fund	\$ 510
	Fidelity Advisor Freedom 2020 Fund	1,096
	Fidelity Advisor Freedom 2025 Fund	3,087
	Fidelity Advisor Freedom 2030 Fund	618
	Fidelity Advisor Freedom 2040 Fund	33,954
	Fidelity Advisor Freedom 2045 Fund	709
	Fidelity Advisor Freedom 2050 Fund	2,601
	Fidelity Advisor Freedom 2055 Fund	21,947
	Fidelity Advisor Growth Opportunities Fund	288
	Fidelity 500 Index Fund	251,006
	Fidelity International Index Fund	176,518
	Fidelity U.S. Bond Index Fund	145,076
	Gabelli Gold Fund Class I	50,641
	Goldman Sachs Small/Mid Cap Growth Fund	96
	Goldman Sachs GQG Partners Intl Opps Fund	158,742
	Harbor International Fund	1,254
	Invesco Oppenheimer Developing Markets Fund A	48,134
	Invesco Gold & Special Minerals Fund	207,598
	Ivy Asset Strategy Fund	6,593
	Ivy Balanced Fund Class	68,992
	Janus Henderson Forty Fund	2,881
	JPM Equity Income Fund Class A	624
	JPM Equity Income Fund Class R5	153,511
	JPM Small Cap Blend Fund	41,855
	JPM Small Cap Value Fund	220
	Lazard Global Listed Infrastructure Fund	193,744
	Mainstay MacKay Total Return Bond Fund	11,501
	Manning & Napier Pro-Blend Moderate Term Series	15,544
	MFS Value Fund Class A	2,630
*	Nationwide Bond Index Fund	553,817
*	Nationwide Destination 2025 Fund	6,334,639
*	Nationwide Destination 2030 Fund	5,729,929
*	Nationwide Destination 2035 Fund	4,673,536
*	Nationwide Destination 2040 Fund	3,301,626
*	Nationwide Destination 2045 Fund	2,872,732
*	Nationwide Destination 2050 Fund	4,535,799
*	Nationwide Destination 2055 Fund	2,840,205
*	Nationwide Destination 2060 Fund	2,007,277
*	Nationwide Destination Retirement Fund Class R6	1,250,975
*	Nationwide International Index Fund	2,751,680
*	Nationwide Investor Destinations Aggressive Fund	3,280,883

See accompanying independent auditor's report.

Retirement Plus of Memorial Health System Hospitals 403(b)
Schedule of Assets (Held at End of Year) (Continued)
Plan Sponsor EIN: 31-4379509 Plan Number: 006
December 31, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(e) Current value
Mutual funds (Continued)		
*	Nationwide Inv. Destinations Mod Conservative Fund	\$ 669,415
*	Nationwide Investor Destinations Moderate Fund	1,140,932
*	Nationwide Loomis All Cap Growth Fund	128,047
*	Nationwide Mid Cap Market Index Fund Class A	4,556
*	Nationwide Mid Cap Market Index Fund R6	743,456
*	Nationwide S&P 500 Index	13,549,555
*	Nationwide Small Cap Index Fund	914,823
	Nuveen Symphony Credit Opportunities Fund	1,777
	Oppenheimer International Growth Fund	1,467
	Parnassus Midcap Fund	3,015
	PGIM Global Real Estate A Fund	473
	PGIM Jennison Growth Fund	10,944
	PGIM Total Return Bond Fund - Class A	7,288
	PGIM Total Return Bond Fund - Class R6	115,847
	Pimco Commodity Real Return Strat Fund	45,711
	Pioneer Equity Income Fund	586
	Principal Global Real Estate Inst Fund	47,989
	Principal High Yield Fund	72,219
	Principal Large Cap Growth I Inst Fund	820
	Rydex S&P MidCap 400 Pure Growth Fund	2,484
	T. Rowe Price Dividend Growth Fund	3,008
	T. Rowe Price Growth Stock Fund	14,119
	T. Rowe Price Growth Stock Fund R Class	3,035.0
	Templeton Global Bond Fund Class A	4,112
	Touchstone Small Company Fund	241
	Vngrd 500 Index Fund	303,638
	Vngrd Balanced Index Fund	323,167
	Vngrd Consumer Staples Index Fund	10,988
	Vngrd Dividend Growth Fund	21,869
	Vngrd Emerging Markets Stock Index Fund	384,879
	Vngrd European Stock Index Fund	4,179
	Vngrd Explorer Fund	81,101
	Vngrd GNMA Fund	12,591
	Vngrd Growth Index Fund	9,781,824
	Vngrd High-yield Corporate Fund	1,929,470
	Vngrd Inflation-Protected Securities Adml Fund	124,007
	Vngrd Inflation-Protected Securities Inv Fund	4,026
	Vngrd Intermediate-Term Treasury Fund	-
	Vngrd Long-Term Treasury Fund Adml	-
	Vngrd International Explorer Fund	308,586
	Vngrd Mid-Cap Growth Index Fund	1,516,519
	Vngrd Mid-Cap Value Index Fund	2,932,030
	Vngrd Pacific Stock Index Fund	8,692
	Vngrd Real Estate Index Fund	265,092
	Vngrd Short-Term Bond Index Fund	1,925
	Vngrd Short-Term Investment-Grade Fund	5,884
	Vngrd Short-Term Treasury Fund	12,788
	Vngrd Small Cap Value Index Fund	1,908,409

See accompanying independent auditor's report.

Retirement Plus of Memorial Health System Hospitals 403(b)
Schedule of Assets (Held at End of Year) (Continued)
Plan Sponsor EIN: 31-4379509 Plan Number: 006
December 31, 2021

(a)	(b) Identity of issue, borrower, lessor or similar party	(e) Current value
Mutual funds (Continued)		
	Vngrd Small-Cap Growth Index Fund	\$ 1,205,829
	Vngrd Small-Cap Index Fund	8,043
	Vngrd Total Bond Market Index Fund	632,102
	Vngrd Total International Bond Index	2,923,479
	Vngrd Total International Stock Index	7,264
	Vngrd Total Stock Market Index Fund	62,505
	Vngrd U.S. Growth Fund Adml	15,089
	Vngrd Value Index Fund	2,342,807
	Vngrd Wellesley Income Fund Adm. Shares	408,130
	Vngrd Wellesley Income Fund Inv. Shares	14,829
	WCM Focused International Growth Inst Fund	389
	American Century Heritage Inv	48,334
	American Funds Growth Fund of Amer R3	16,786
	BlackRock Total Return Inv A	50,975
	BlackRock Mid-Cap Growth Equity Inv A	72,183
	DFA Global Real Estate Sec	2,225
	Vanguard Developed Markets Index Fund	5,841
	Vanguard International Growth Adm	20,071
	Janus Henderson Triton N	9,625
	Lord Abbett Bond Debenture Fund A	13,760
	Janus Henderson Global Technology N	12,354
	Templeton Global Bond R6	693
	Harbor International Growth Fund Inv	10,479
	Neuberger Berman Mid Cap Growth A	10,733
	Invesco Global Opportunities Fund	9,191
	Invesco Oppen Intl Bond Fund Class A	3,541
	PIMCO Real Return Fund Inst	100,754
	Parnassus Endeavor Fund Inv	11,484
	Vanguard Equity-Inc Fund Inv	19,568
	Vanguard Star Fd Inv	17,434
	Ivy Science Tech Y	7,363
		88,595,024
*	Participant notes receivable	
		1,483,230
		\$ 95,178,278

* 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.