

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>07/01/2021</u> and ending <u>06/30/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>METHODIST HOSPITAL RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1970</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>35-1532889</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>812-450-5000</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>622000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1970</u>		2b Employer Identification Number (EIN) <u>35-1532889</u>		2c Plan Sponsor's telephone number <u>812-450-5000</u>		2d Business code (see instructions) <u>622000</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>07/01/1970</u>											
2b Employer Identification Number (EIN) <u>35-1532889</u>											
2c Plan Sponsor's telephone number <u>812-450-5000</u>											
2d Business code (see instructions) <u>622000</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>DEACONESS HEALTH SYSTEM, INC.</u> <u>600 MARY STREET</u> <u>EVANSVILLE, IN 47747</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.	04/13/2023	SHERI BROWN
	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 PENSION COMMITTEE BOARD OF DIRECTORS 600 MARY STREET EVANSVILLE, IN 47747		3b Administrator's EIN 35-1532889	
		3c Administrator's telephone number 812-450-5000	
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	906
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)	335
a(2) Total number of active participants at the end of the plan year		6a(2)	306
b Retired or separated participants receiving benefits.....		6b	68
c Other retired or separated participants entitled to future benefits		6c	480
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	854
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	14
f Total. Add lines 6d and 6e		6f	868
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	0
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: 1A 1I			
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>0</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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

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

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

A Name of plan <u>METHODIST HOSPITAL RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>DEACONESS HEALTH SYSTEM, INC.</u>	D Employer Identification Number (EIN) <u>35-1532889</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2021</u>	
2 Assets:	
a Market value	2a <u>38657119</u>
b Actuarial value	2b <u>35912025</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>73</u> (2) Vested Funding Target <u>5659803</u> (3) Total Funding Target <u>5659803</u>
b For terminated vested participants.....	<u>501</u> <u>11648288</u> <u>11648288</u>
c For active participants	<u>335</u> <u>15260520</u> <u>15459064</u>
d Total.....	<u>909</u> <u>32568611</u> <u>32767155</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>5.76</u> %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a <u>0</u>
b Expected plan-related expenses	6b <u>0</u>
c Total (line 6a + line 6b)	6c <u>0</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>04/13/2023</u>
Signature of actuary		Date
<u>STACI JAMES FSA</u>		<u>23-06060</u>
Type or print name of actuary		Most recent enrollment number
<u>MERCER</u>		<u>502-561-4500</u>
Firm name		Telephone number (including area code)
<u>SUITE 500</u> <u>400 WEST MARKET STREET</u> <u>LOUISVILLE, KY 40202-3319</u>		
Address of the firm		

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

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

Schedule SB (Form 5500) 2021
v. 201209

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>22.25</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		878861
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.83</u> %		51238
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		930099
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	109.59 %
15 Adjusted funding target attainment percentage	15	109.59 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.53 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.36 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. **27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c) **31a** 0**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 0 Installment 0**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 0**35** Balances elected for use to offset funding requirement Carryover balance 0 Prefunding balance 0 Total balance 0**36** Additional cash requirement (line 34 minus line 35) **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 0**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 0**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b****39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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 07/01/2021 and ending 06/30/2022		
A Name of plan METHODIST HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DEACONESS HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 35-1532889	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

FIFTH THIRD BANK

38 FOUNTAIN SQUARE PLAZA
CINCINNATI, OH 45263

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 54 59 60 62 63 64 65 72	TRUSTEE	123838	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MERCER INVESTMENTS LLC

99 HIGH STREET
BOSTON, MA 02110

30-0282430

(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?
51 52	FIDUCIARY	7217	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	JAMES P. VAN VLEET	b EIN:	06-1053228
c Position:	ACTUARY		
d Address:	USI CONSULTING GROUP 5455 RINGS ROAD SUITE 250 DUBLIN, OH 43017	e Telephone:	614-407-7589

Explanation: PLAN SPONSOR ACQUIRED AND ACTUARIAL WORK TRANSFERRED TO ACTUARY OF ACQUIRING ORGANIZATION.

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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan 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.
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A Name of plan <u>METHODIST HOSPITAL RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DEACONESS HEALTH SYSTEM, INC.</u>	D Employer Identification Number (EIN) <u>35-1532889</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER US SMALL/MID CAP EQUITY</u>				
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY LLC</u>				
c EIN-PN <u>03-0566611-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2371988</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER CORE FIXED INCOME</u>				
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY LLC</u>				
c EIN-PN <u>03-0566615-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2969883</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER NON-US CORE EQUITY</u>				
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY LLC</u>				
c EIN-PN <u>03-0566617-009</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1700371</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER GLOBAL LOW VOLATILITY EQUITY</u>				
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY LLC</u>				
c EIN-PN <u>35-7004395-018</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2667485</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER OPPORTUNISTIC FIXED INCOME</u>				
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY LLC</u>				
c EIN-PN <u>36-7630030-020</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2335890</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER ACTIVE LONG CORPORATE FIXED</u>				
b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY LLC</u>				
c EIN-PN <u>45-6178743-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2972498</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EMG MKTS INDX NL SF CL A</u>				
b Name of sponsor of entity listed in (a): <u>MERCER INVESTMENTS LLC</u>				
c EIN-PN <u>04-0025081-496</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1182953</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: INTL INDX NL SF CL A

b Name of sponsor of entity listed in (a): MERCER INVESTMENTS LLC

c EIN-PN 90-0337987-157	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1704665
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a Name of MTIA, CCT, PSA, or 103-12 IE: S&P 500 (R) INDX NL SF CL A

b Name of sponsor of entity listed in (a): MERCER INVESTMENTS LLC

c EIN-PN 04-0025081-097	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6429553
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a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. LONG TREASURY INDX NL SF CL A

b Name of sponsor of entity listed in (a): MERCER INVESTMENTS LLC

c EIN-PN 90-0337987-183	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6065466
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a Name of MTIA, CCT, PSA, or 103-12 IE: WTC CIF ENDURING ASSETS

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA

c EIN-PN 04-2767481-185	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1366915
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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 07/01/2021 and ending 06/30/2022		
A Name of plan METHODIST HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 DEACONESS HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 35-1532889	

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)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	45961	601
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5988190	965629
(2) U.S. Government securities	1c(2)	767698	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	1323323	0
(B) All other	1c(3)(B)	2361473	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	17243408	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	0	31767667
(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)	9122411	847763
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	1804656	0

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	38657120 33581660
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	38657120 33581660

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	0
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1160
	(B) U.S. Government securities	2b(1)(B)	31608
	(C) Corporate debt instruments	2b(1)(C)	60658
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	83059
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	176485
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	434397
	(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)	434397
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	55848882
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	56621620
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	-772738
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	-2355782
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-2355782

		(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)		-1356244
c Other income.....	2c		3245973
d Total income. Add all income amounts in column (b) and enter total.....	2d		-627909
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4323713	
(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)		4323713
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)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	123838	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		123838
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4447551
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-5075460
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: BLUE & CO., LLC

(2) EIN: 35-1178661

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		5000000
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.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 458619 _____.			

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 07/01/2021 and ending 06/30/2022

A Name of plan METHODIST HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 DEACONESS HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 35-1532889

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 31-1051736		
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	37

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

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

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 _____

METHODIST HOSPITAL RETIREMENT PLAN

FINANCIAL STATEMENTS

(MODIFIED CASH BASIS)

JUNE 30, 2022 AND 2021

AND

SUPPLEMENTAL SCHEDULES

JUNE 30, 2022

CPAs / ADVISORS



METHODIST HOSPITAL RETIREMENT PLAN

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* Other Schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



Blue & Co., LLC / 500 N. Meridian Street, Suite 200 / Indianapolis, IN 46204
main 317.633.4705 fax 317.633.4889 email blue@blueandco.com

REPORT OF INDEPENDENT AUDITORS

Audit and Compliance Committee
Deaconess Health System, Inc.
Evansville, Indiana

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2022 Financial Statements

We have performed an audit of the financial statements of Methodist Hospital Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits (modified cash basis) as of June 30, 2022, and the related statement of changes in net assets available for benefits (modified cash basis) for the year then ended, and the related notes to the financial statements (2022 financial statements).

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

Management has obtained a certification from a qualified institution as of and for the year ended June 30, 2022, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2022 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2022 Financial Statements section—

- the amounts and disclosures in the accompanying 2022 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting.
- the information in the accompanying 2022 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2022 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 2022 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.

Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements and supplemental schedules are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Emphasis of Matter – Plan Merger

As described in Note 3 to the financial statements, the Plan was merged into the Deaconess Health System, Inc. Retirement Plan effective July 1, 2022. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the 2022 Financial Statements

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

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

Auditor's Responsibilities for the Audit of the 2022 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 Financial Statement's section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgement, 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 2022 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 the modified cash basis of accounting.

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

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

Other Matters

2022 Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) and reportable transactions are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

Audit and Compliance Committee
Deaconess Health System, Inc.
Evansville, Indiana

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

In our opinion—

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

Auditor's Report on the 2021 Financial Statements

We were engaged to audit the 2021 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated April 14, 2022, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2021 financial statements and supplemental schedules, and (b) the form and content of the information included in the 2021 financial statements and supplemental schedules, other than that derived from the certified information were presented in compliance with the DOL Rules and Regulations for Reporting and Disclosure under ERISA.

Blue & Co., LLC

Indianapolis, Indiana
April 7, 2023

METHODIST HOSPITAL RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS) JUNE 30, 2022 AND 2021

	2022	2021
Assets		
Investments, at fair value		
Common stocks	\$ -0-	\$ 17,021,507
Mutual funds	847,763	6,781,149
Exchange traded funds	-0-	2,341,262
Asset backed securities	-0-	1,323,323
Corporate bonds	-0-	2,361,473
US government agency obligations	-0-	2,572,354
Common/collective trusts	31,767,667	-0-
Money market mutual funds	965,629	5,988,190
Real estate investment trusts	-0-	221,901
Total investments	33,581,059	38,611,159
Accrued interest and dividends	601	45,961
Total assets	33,581,660	38,657,120
Net assets available for benefits	\$ 33,581,660	\$ 38,657,120

See accompanying notes to financial statements.

METHODIST HOSPITAL RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS) YEARS ENDED JUNE 30, 2022 AND 2021

	2022	2021
Additions to net assets attributed to:		
Employer contributions	\$ -0-	\$ 11,251,236
Investment return (loss)		
Net change in fair value of investments	(1,238,791)	5,831,868
Interest and dividends	610,882	586,838
Total investment return (loss)	(627,909)	6,418,706
Total additions	(627,909)	17,669,942
Deductions from net assets attributed to:		
Benefit payments	4,323,713	3,976,633
Administrative expenses	123,838	465,914
Total deductions	4,447,551	4,442,547
Net change	(5,075,460)	13,227,395
Net assets available for benefits		
Beginning of year	38,657,120	25,429,725
End of year	<u>\$ 33,581,660</u>	<u>\$ 38,657,120</u>

See accompanying notes to financial statements.

METHODIST HOSPITAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2022 AND 2021

1. DESCRIPTION OF THE PLAN

The following brief description of the Methodist Hospital Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the provisions of the Plan.

General

The Plan is a frozen defined benefit pension plan covering certain employees of Methodist Health, Inc. (the Hospital). No employees hired after October 1, 2009 are permitted to participate in the Plan, and the Plan was amended, effective July 1, 2013, to freeze all benefit accruals as of June 30, 2013. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective July 1, 2020, the Hospital became a part of Deaconess Health System (the System).

Pension, Death and Disability Benefits and Other

Employees with five or more years of service are entitled to a monthly pension benefit beginning at normal retirement age (65) equal to 1.10% of their average monthly compensation, plus .60% of their average monthly compensation in excess of covered compensation, such sum multiplied by credited service up to 30 years for all benefit service prior to October 2009. In general, for periods before October 2009, the Plan provides vested participants with a monthly pension benefit beginning at their normal retirement date (first of month on or after attaining age 65) equal to 33% of their average monthly compensation, plus 18% of their average monthly compensation in excess of covered compensation, reduced by 1/30 for each year of credited service less than 30 years. For periods after September 2009, and before July 2013, the Plan provides participants 24% of their average monthly compensation plus 13.5% of their average monthly compensation in excess of covered compensation, reduced by 1/30 for each year of credited service less than 30 years, further reduced by 1/30 for each year of credited service (less than 30) before October 2009. The Plan permits early retirement at age 55 for participants with 10 years of service. However, benefits are reduced by 5% for each year that payment precedes their normal retirement date. The plan benefit is paid in the form of monthly income for life for single participants and in the form of Qualified Joint and Survivor Annuity for married participants. Participants may elect an alternative method (with spousal consent if married) including a lump sum or certain other annuity or period guaranteed forms. Except in the case of disability, if participants terminate before being credited with five years of service or attaining age 65, they forfeit the right to receive value of their accrued benefit.

Contributions

The Plan's funding policy is for the Hospital to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2022 and 2021, the Hospital made contributions of \$-0- and approximately \$11,251,000, respectively. The Plan has met the minimum funding requirements of ERISA.

METHODIST HOSPITAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2022 AND 2021

If an active participant or former participant with a vested accrued benefit dies before his or her benefit commencement, a lifetime benefit (equal to the amount that would have been payable to the participant's spouse if the participant had retired on the first day of the month on or after his or her death and had elected immediate benefits under the basic form for married members) is paid to the surviving spouse. If the participant dies prior to attaining age 55, the death benefit shall be calculated as if the member had survived until the attainment of age 55, retired with an immediate benefit and died at age 55. This benefit continues to the participant's dependent children until the last dependent child reaches 18 or dies. If such participant is not survived by a spouse, but is survived by a dependent child, a death benefit is payable under special Plan rules and calculations until the last dependent child reaches 18 or dies.

An active participant who becomes totally and permanently disabled as defined by the plan document may elect to have disability benefits start at any time before normal retirement date, but only after any Hospital sponsored disability benefits stop. In this case, the participant receives disability benefits reduced to reflect the number of months payment starts before normal retirement date.

Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan.
- Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) up to the applicable limitations discussed below.
- Vested benefits not insured by the PBGC.
- All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit the PBGC guarantees.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

METHODIST HOSPITAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2022 AND 2021

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the modified cash basis of accounting. The modified cash basis differs from accounting principles generally accepted in the United States of America in that contributions and expenses are recorded when received or paid rather than when earned or incurred. Although the modified cash basis of account represents a departure from accounting principles generally accepted in the United States of America, it is an allowable method of accounting for employee benefit plans under the reporting requirements of ERISA.

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Valuation of Investments and Income Recognition

The Plan's investments are reported at fair value which 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 6 for valuation of investment methodologies.

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 in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Benefit Payments

Benefit payments to participants are recorded upon distribution.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Subsequent Events

The Plan evaluated events or transactions occurring subsequent to the statement of net assets available for benefits date for recognition and disclosure in the accompanying financial statements through the date the financial statements were available to be issued, which was April 7, 2023.

METHODIST HOSPITAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2022 AND 2021

3. PLAN MERGER

Effective July 1, 2022 the Plan merged into the Deaconess Health System, Inc. Retirement Plan (Deaconess Retirement Plan). The assets of the Plan were transferred to the Deaconess Retirement Plan subsequent to July 1, 2022.

4. INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fifth Third Bank (Fifth Third), the custodian of the Plan, has certified to the completeness and accuracy of all investments reflected in the accompanying statements of net assets available for benefits as of June 30, 2022 and 2021 and the related investment activity reflected in the statements of changes in net assets available for benefits for the years then ended.

5. ACCUMULATED PLAN BENEFITS

The Plan employs an enrolled consulting actuary to estimate the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participant to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The more significant assumptions underlying these actuarial calculations relating to the present value of accumulated plan benefits are as follows:

Assumed rate of return on investment	6.8% for 2022 and 7.0% for 2021
Mortality basis	Based on the RP-2014 employee and retiree tables, male and female, with separate rates for annuitants and non-annuitants, using MP-2020
Retirement age	60 - 5% Probability
	61 - 5%
	62 - 20%
	63 - 20%
	64 - 20%
	65 - 100%

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

METHODIST HOSPITAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2022 AND 2021

The accumulated plan benefit information as of the beginning of the Plan years follows:

	July 1,	
	2021	2020
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants receiving payments	\$ 5,105,592	\$ 4,737,685
Inactive participants with deferred benefits	9,948,794	-0-
Other participants	17,437,211	26,439,248
Total vested benefits	32,491,597	31,176,933
Nonvested benefits	292,032	87,484
	<u>\$ 32,783,629</u>	<u>\$ 31,264,417</u>

The following is a reconciliation of the actuarial present value of accumulated plan benefits for 2022 and 2021:

	July 1,	
	2021	2020
Actuarial present value of accumulated plan benefits as of beginning of year	\$ 31,264,417	\$ 34,762,249
Change during the year attributable to:		
Interest	2,037,729	2,241,426
Benefits paid	(3,976,633)	(9,932,713)
Change in actuarial assumptions	746,664	3,005,694
Benefits accumulated (including gains and losses)	(13,429)	1,187,761
Other changes	2,724,881	-0-
Net change	1,519,212	(3,497,832)
Actuarial present value of accumulated plan benefits as of end of year	<u>\$ 32,783,629</u>	<u>\$ 31,264,417</u>

METHODIST HOSPITAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2022 AND 2021

6. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3).

- 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'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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2022 and 2021.

- *Common stocks*: Valued at the closing price reported on the active market on which the individual securities are traded.
- *Mutual funds and exchange-traded funds*: Valued at the daily closing price as reported by the fund. These funds are held by the Plan and are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The funds held by the Plan are deemed to be actively traded.
- *Asset backed securities and corporate bonds*: Valued using pricing models maximizing the use of observable inputs for similar securities.
- *US government agency obligations*: Valued based on the closing price reported on the active market on which the securities are traded.
- *Common/Collective trust fund*: Valued at the NAV of shares held by the Plan at year-end provided by the plan custodian. The NAV is quoted on a private market that is not active. However, the unit price is based on underlying investments, which are traded on an active market.
- *Money market mutual fund*: Valued based at the subscription and redemption activity at a \$1 stable NAV. However, on a daily basis the funds are valued at their daily NAV calculated using the amortized cost of the securities.
- *Real estate investment trusts*: Valued annually at NAV using third-party methodology determined by an external fund manager based on quoted market prices, operating results, balance sheet stability, growth and other business and market sector fundamentals. There were no unfunded commitments related to these investments.

METHODIST HOSPITAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2022 AND 2021

The following tables set forth by level, within the hierarchy, the Plan's assets measured at fair value on a recurring basis as of June 30, 2022 and 2021:

June 30, 2022				
	Total	Level 1	Level 2	Level 3
Assets				
Investments				
Mutual funds	\$ 847,763	\$ 847,763	\$ -0-	\$ -0-
Money market funds	965,629	-0-	965,629	-0-
Total assets in fair value hierarchy	1,813,392	\$ 847,763	\$ 965,629	\$ -0-
Common/collective trusts (a)	31,767,667			
	<u>\$ 33,581,059</u>			
June 30, 2021				
	Total	Level 1	Level 2	Level 3
Assets				
Investments				
Common stocks	\$ 17,021,507	\$ 17,021,507	\$ -0-	\$ -0-
Mutual funds	6,781,149	6,781,149	-0-	-0-
Exchange traded funds	2,341,262	2,341,262	-0-	-0-
Asset backed securities	1,323,323	-0-	1,323,323	-0-
Corporate bonds	2,361,473	-0-	2,361,473	-0-
US government agency obligations	2,572,354	-0-	2,572,354	-0-
Money market funds	5,988,190	-0-	5,988,190	-0-
Total assets in fair value hierarchy	38,389,258	\$ 26,143,918	\$ 12,245,340	\$ -0-
Real estate investment trusts (a)	221,901			
	<u>\$ 38,611,159</u>			

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

METHODIST HOSPITAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2022 AND 2021

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following tables summarize investments for which fair value is measured using the net asset value per share practical expedient as of June 30, 2022 and 2021. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
<u>June 30, 2022</u>				
Common/collective trusts				
Mercer Active Long Corporate Fixed Income Portfolio Fund 600	\$ 2,972,498	None	Monthly	Daily
Mercer Global Low Volatility Equity PO	2,667,485	None	Monthly	Daily
Mercer Non-US Core Equity CT	1,700,371	None	Monthly	Daily
Mercer US Core Fixed Inc CT	2,969,883	None	Monthly	Daily
Mercer US Small/MID Cap Equity CT	2,371,988	None	Monthly	Daily
Opportunistic Fixed Income CT	2,335,890	None	Monthly	Daily
S&P 500 R Index NL SM CL A	6,429,553	None	Monthly	Daily
SSGA Daily Emerging Markets Index	1,182,953	None	Monthly	Daily
SSGA US Long Treasury Index Non Lending Series Fund Class A	3,097,447	None	Monthly	Daily
State Street International Index Non-Lending Series	1,704,665	None	Monthly	Daily
US Long Treasury Index NL SF CL A	2,968,019	None	Monthly	Daily
WTC CIF Enduring Assets	1,366,915	None	Monthly	Daily
Total common/collective trusts	<u>\$ 31,767,667</u>			
<u>June 30, 2021</u>				
Real estate investment trusts	<u>\$ 221,901</u>	None	Trade date + 3 days	Daily

7. INCOME TAX STATUS

The Plan obtained its latest determination letter on June 25, 2015, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (the Code). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by various federal and state taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2022 and 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the accompanying financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

The Plan has filed its tax returns for periods through June 30, 2021. These income tax returns are generally open to examination by the relevant taxing authorities for a period of three years from the later of the date the return was filed or its due date (including approved extensions).

METHODIST HOSPITAL RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS JUNE 30, 2022 AND 2021

8. PARTY-IN-INTEREST TRANSACTIONS

The Plan holds investments in a money market account managed by Fifth Third who serves as, the custodian and receives fees for trust and administrative services. Blue & Co., LLC is the auditor of the Plan and receives fees for audit services, which are paid by the Hospital. Mercer provides actuarial services to the Plan and receives fees for these services. Transactions with these organizations qualify as party-in-interest transactions.

9. ADMINISTRATIVE EXPENSES

Administrative expenses consist of the following for 2022 and 2021:

	2022	2021
Investment advisory fees	\$ 123,838	\$ 105,345
PBGC fees	-0-	360,569
	<u>\$ 123,838</u>	<u>\$ 465,914</u>

The Hospital provides certain administrative services at no cost to the Plan and pays for certain administrative expenses related to the Plan.

10. RISKS AND UNCERTAINTIES

The Plan invests in various securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risks associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statements of net assets available for plan benefits.

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

Schedule SB, line 26 — Schedule of Active Participant Data**Distribution of active participants as of July 1, 2021**

Attained age	Years of credited service										Total
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	
Under 25											
25–29											
30–34		5	4								9
35–39		6	30	5							41
40–44		9	8	23	1						41
45–49		12	7	13	12	4					48
50–54		21	15	17	15	12					80
55–59		12	11	9	5	8	13	2			60
60–64		9	9	13	6	7	1	2	2		49
65–69			2	2			1	1			6
70 & up				1							1
Total		74	86	83	39	31	15	5	2		335

In each cell, the top number is the count of active participants for each age/service combination.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial assumptions for July 1, 2021 funding valuation**

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	4	
	Stabilized	Nonstabilized
• First 5 years	4.75%	1.54%
• Next 15 years	5.36%	2.89%
• Over 20 years	6.11%	3.55%
Mortality sponsor elections		
• Healthy participants	Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2014 mortality tables with improvement beyond 2006 removed, and projected with mortality improvement based on the IRS methodology and projection scale MP-2019.	
Other economic assumptions		
• Salary increases	Not applicable	
• Inflation	Not applicable	
• Expected investment return	7.50% per year for 2019, 7.00% per year for 2020, 5.50% per year for 2021	
• Expenses	Prior year administrative and investment expenses adjusted for any known significant changes from prior year. \$465,914 added to current year normal cost.	
• 417(e) lump sums	Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and current year 417(e) unisex mortality.	
- Annuity substitution	Yes	
- Generational mortality option	No	
Demographic assumptions		
• Withdrawal	Select rates are 50%, 25% and 12.5% in first, second, and third years of employment, respectively. Ultimate rates are as follows:	
	Age	Rate
	25	7.72%
	30	7.22%
	35	6.28%
	40	5.15%
	45	3.98%
	50	2.56%
	55	0.94%
	60	0.09%

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

• Retirement age		Retirements are assumed as follows:	
		Age	Rate
		60-61	5%
		62-64	20%
		65+	100%
• Benefit commencement age for			
— Future vested deferred	65		
— Current vested deferred	65		
• Spouse assumptions		<u>Male participants</u>	<u>Female participants</u>
— Percentage married	70%	70%	
— Spouse age difference	3 years younger		3 years older
• Form of payment		<u>Life Annuity</u>	<u>Lump Sum</u>
— Active retirements	10%		90%
— Future vested deferred	10%		90%
— Future deaths	100%		0%
— Current vested deferred	100%		0%
Unpredictable contingent event assumptions	Not applicable.		

Rationale for economic assumptions - Funding

- The expected rate of return on assets for funding purposes is based on the median simulated investment return using capital market assumptions published in Mercer Investment Consulting's Capital Markets Outlook for the plan's target asset mix plus incremental return due to active management, as provided by Mercer Investment Consulting.
- Expenses are based on year-by-year experience for actual administrative and investment expenses paid from plan assets. Adjustments are made for any known significant changes.

Rationale for demographic assumptions - Funding

- The withdrawal rates, retirement rates and form of payment assumptions were determined by the prior actuary. We evaluated these assumptions based on a review of liability gains and losses and believe these assumptions to be reasonable.

Actuarial methods for funding**Asset methods**

The asset valuation method is an average of the adjusted market value for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as required by IRC Section 430.

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

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on eligible employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date.
- **Insurance contracts:** The plan does not have any insurance contracts

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

METHODIST HOSPITAL RETIREMENT PLAN

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED JUNE 30, 2022

EIN 61-0461753
Plan Number: 001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Number of transactions	(f) Cost of Asset	(g) Current Value of Asset on Transaction Date	(h) Net Gain (Loss)
(i) Fifth Third Bank	Fifth Third Banksafe Trust	\$ 4,731,612	\$ 4,731,612	1	\$ 4,731,612	\$ 4,731,612	\$ -0-
(i) Fifth Third Bank	Fifth Third Banksafe Trust	\$ 10,132,324	\$ 10,132,324	1	\$ 10,132,324	\$ 10,132,324	\$ -0-
(i) Fifth Third Bank	Fifth Third Banksafe Trust	\$ 9,928,958	\$ 9,928,958	1	\$ 9,928,958	\$ 9,928,958	\$ -0-
(i) Fifth Third Bank	Mercer US Core Fixed Income CT	\$ 3,400,000	\$ 3,400,000	1	\$ 3,400,000	\$ 3,400,000	\$ -0-
(i) Fifth Third Bank	Mercer Active Long Corporate Fixed Income Portfolio Fund 600	\$ 3,400,000	\$ 3,400,000	1	\$ 3,400,000	\$ 3,400,000	\$ -0-
(i) Fifth Third Bank	S&P 500 (R) Index NL SF CL A	\$ 4,382,000	\$ 4,382,000	1	\$ 4,382,000	\$ 4,382,000	\$ -0-
(i) Fifth Third Bank	Opportunistic Fixed Income CT	\$ 2,710,000	\$ 2,710,000	1	\$ 2,710,000	\$ 2,710,000	\$ -0-
(ii) Fifth Third Bank	Mercer US Core Fixed Income CT	\$ 3,400,000	\$ 3,400,000	1	\$ 3,400,000	\$ 3,400,000	\$ -0-
(ii) Fifth Third Bank	S&P 500 (R) Index NL SF CL A	\$ 4,382,000	\$ 4,382,000	1	\$ 4,382,000	\$ 4,382,000	\$ -0-
(iii) Fifth Third Bank	Fifth Third Banksafe Trust	\$ 16,874,200	\$ 16,874,200	30	\$ 16,874,200	\$ 16,874,200	\$ -0-
(iii) Fifth Third Bank	Fifth Third Banksafe Trust	\$ 21,896,762	\$ 21,896,762	30	\$ 21,896,762	\$ 21,896,762	\$ -0-
(iii) Fifth Third Bank	Mercer US Small/Mid Cap Equity CT	\$ 2,690,000	\$ 2,690,000	3	\$ 2,690,000	\$ 2,690,000	\$ -0-
(iii) Fifth Third Bank	Mercer US Small/Mid Cap Equity CT	\$ 53,844	\$ 53,844	1	\$ 53,844	\$ 53,844	\$ (2,890)
(iii) Fifth Third Bank	Mercer US Core Fixed Income CT	\$ 3,400,000	\$ 3,400,000	1	\$ 3,400,000	\$ 3,400,000	\$ (9,932)
(iii) Fifth Third Bank	Mercer US Core Fixed Income CT	\$ 237,527	\$ 237,527	2	\$ 237,527	\$ 237,527	\$ 915
(iii) Fifth Third Bank	Mercer Non-US Core Equity CT	\$ 2,003,000	\$ 2,003,000	3	\$ 2,003,000	\$ 2,003,000	\$ 915
(iii) Fifth Third Bank	Mercer Non-US Core Equity CT	\$ 173,619	\$ 173,619	1	\$ 173,619	\$ 173,619	\$ 915
(iii) Fifth Third Bank	Mercer Active Long Corporate Fixed Income Portfolio Fund 600	\$ 3,400,000	\$ 3,400,000	1	\$ 3,400,000	\$ 3,400,000	\$ (6,084)
(iii) Fifth Third Bank	Mercer Active Long Corporate Fixed Income Portfolio Fund 600	\$ 90,749	\$ 90,749	1	\$ 90,749	\$ 90,749	\$ (6,084)
(iii) Fifth Third Bank	Mercer Global Low Volatility Equity PO	\$ 3,039,000	\$ 3,039,000	3	\$ 3,039,000	\$ 3,039,000	\$ (3,420)
(iii) Fifth Third Bank	Mercer Global Low Volatility Equity PO	\$ 218,251	\$ 218,251	1	\$ 218,251	\$ 218,251	\$ (3,420)
(iii) Fifth Third Bank	SSGA US Long Treasury Index Non-Lending Series Fund Class A	\$ 3,400,000	\$ 3,400,000	2	\$ 3,400,000	\$ 3,400,000	\$ (6,608)
(iii) Fifth Third Bank	State Street International Index Non-Lending Series Fund Class A	\$ 1,903,000	\$ 1,903,000	3	\$ 1,903,000	\$ 1,903,000	\$ (6,608)
(iii) Fifth Third Bank	State Street International Index Non-Lending Series Fund Class A	\$ 88,007	\$ 88,007	1	\$ 88,007	\$ 88,007	\$ 1,171
(iii) Fifth Third Bank	S&P 500 (R) Index NL SF CL A	\$ 7,413,000	\$ 7,413,000	3	\$ 7,413,000	\$ 7,413,000	\$ (20,901)
(iii) Fifth Third Bank	S&P 500 (R) Index NL SF CL A	\$ 329,884	\$ 329,884	2	\$ 329,884	\$ 329,884	\$ (20,901)
(iii) Fifth Third Bank	Opportunistic Fixed Income CT	\$ 2,710,000	\$ 2,710,000	1	\$ 2,710,000	\$ 2,710,000	\$ (6,608)
(iii) Fifth Third Bank	Opportunistic Fixed Income CT	\$ 190,743	\$ 190,743	2	\$ 190,743	\$ 190,743	\$ (6,608)
(iv) Fifth Third Bank	Mercer Active Long Corporate Fixed Income Portfolio Fund 600	\$ 3,400,000	\$ 3,400,000	1	\$ 3,400,000	\$ 3,400,000	\$ (6,608)
(iv) Fifth Third Bank	Opportunistic Fixed Income CT	\$ 2,710,000	\$ 2,710,000	1	\$ 2,710,000	\$ 2,710,000	\$ (6,608)

Columns (e) and (f) are not applicable

- (i) Single transaction exceeding 5% of plan assets
- (ii) A series of transactions with the same person involving property other than securities and aggregating to more than 5% of plan assets
- (iii) Transactions in a series of securities transactions involving the same issue, if the series aggregates to more than 5% of plan assets
- (iv) Securities transactions with a person, if any preceding or subsequent single securities transaction with the same person exceeds 5% of plan assets

See Report of Independent Auditors on pages 1 through 4.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

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

A Name of plan METHODIST HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DEACONESS HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 35-1532889	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2021</u>			
2 Assets:			
a Market value	2a	38,657,119	
b Actuarial value	2b	35,912,025	
3 Funding target/participant count breakdown			
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	73	5,659,803	5,659,803
b For terminated vested participants.....	501	11,648,288	11,648,288
c For active participants	335	15,260,520	15,459,064
d Total.....	909	32,568,611	32,767,155
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.76%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	0	
c Total (line 6a + line 6b)	6c	0	

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

SIGN HERE	 Signature of actuary	<u>4/12/2023</u> Date
	STACI JAMES, FSA Type or print name of actuary	2306060 Most recent enrollment number
	MERCER Firm name	502-561-4500 Telephone number (including area code)
400 WEST MARKET STREET, SUITE 500 LOUISVILLE KY 40202-3319 Address of the firm		

(b) Prefunding balance

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 64.

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
60	5.0%	10,000	500	30,000
61	5.0%	9,500	475	28,975
62	20.0%	9,025	1,805	111,910
63	20.0%	7,220	1,444	90,972
64	20.0%	5,776	1,155	73,933
65	100.0%	4,621	4,621	300,352
Total			10,000	636,142
Average				63.61

Schedule SB, Part V — Summary of Plan Provisions**Summary of major plan provisions**

Effective date and plan year	Original plan: July 1, 1970 Plan year: July 1 – June 30
Most recent amendment	Effective September 1, 2014
Status of the plan	The plan is closed to new entrants and benefits are frozen.
Significant events that occurred during the year	None
Definitions	
• Covered employees and participation	An employee is eligible to participate on the January 1 or July 1 following age 21 and completion of one year of service. No person shall enter the plan after June 30, 2013.
• Vesting service	The number of plan years in which an employee completes at least one thousand (1,000) Hours of Service. Partial years in months may be credited during the year of termination.
• Credited service	The number of plan years in which an employee completes at least two thousand (2,000) Hours of Service. Partial credit is given for years in which less than 2,000 hours are worked equal to actual hours divided by 2,000 rounded to the next tenth. No credited service will accrue after June 30, 2013.
• Earnings	W-2 during calendar year. If less than 2,000 hours are worked during the calendar year, W-2 earnings are multiplied by a fraction equal to 2,000 divided by hours worked.
• Average monthly earnings	Average of earnings in the five consecutive years which yield the highest average, divided by 12.
• Covered Compensation	Average of the Social Security taxable wage bases during the 35-year period ending with the year in which a member reaches Social Security retirement age.
• Accrued benefit	The amount of normal retirement income calculated on the basis of credited service, average earnings and covered compensation as the date of calculation. No benefits will accrue after June 30, 2013.
Normal retirement	
• Eligibility	The first day of the month coincident with or following attainment of age 65.
• Benefit	For credited service prior to October 1, 2009, a monthly benefit equal to: - 1.10% of average monthly earnings plus 0.60% of average earnings in excess of covered compensation, such sum multiplied by credited service up to 30 years For credited service on or after October 1, 2009, a monthly benefit equal to: - 0.80% of average monthly earnings plus 0.45% of average earnings in excess of covered compensation, such sum multiplied by credited service after September 30, 2009 limited to 30 years less credited service as of October 1, 2009
Early retirement	
• Eligibility	A member may retire early after reaching age 55 and completion of 10 years of service.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	An immediate monthly benefit equal to the member's accrued benefit reduced 5% for each year actual retirement age precedes normal retirement age.
Late retirement	
• Eligibility	Employment past normal retirement.
• Benefit	An immediate monthly income equal to the member's accrued benefit at date of retirement based on credited service and average earnings at the late retirement date, but not less than the actuarial equivalent of the normal retirement benefit.
Deferred vested	
• Eligibility	If a member terminates his employment after completing at least 5 years of vesting service, he is entitled to a deferred benefit, payable at normal retirement.
• Benefit	The deferred benefit is equal to the accrued benefit calculated at date of termination. An immediate benefit equal to the member's accrued benefit reduced 1/180 th for the first 60 months and by 1/360 th for the next 60 months by which actual retirement age precedes normal retirement age.
Disability	
• Eligibility	Total and permanent disability and eligibility for Social Security disability benefits.
• Benefit	The participant will earn credited service while disabled until the normal retirement date. The benefit payable upon retirement will be based on this service and average earnings and covered compensation as of the July 1 coincident with or immediately preceding the date on which the participant became disabled.
Pre-retirement death	
• Eligibility	A married member who is vested is entitled to a death benefit.
• Benefit	The benefit will be calculated as if the employee had terminated on date of death, and retired on the first day eligible to early retire electing the joint and 50% survivor form. Death benefits are also available to dependent children up to age 18.
Form of benefits	
• Automatic form for unmarried participants	Life annuity
• Automatic form for married participants	Joint and 50% survivor annuity
• Optional forms	Life annuity; Life annuity with 5, 10, 15 or 20 years certain; Certain only annuity with 5, 10, 15 or 20 years certain; Joint and 50%, 66-2/3%, 75% or 100% survivor annuity; Lump sum upon retirement
• Actuarial Equivalence	For optional forms of payment, an interest rate of 8% and GATT 2003 mortality. For lump sums and certain only forms of payment, segmented interest rates in effect for May prior to the beginning of the plan year in which the lump sum is payable and the applicable mortality table under Code Section 417(e) for the year in which the lump sum is payable.

Schedule SB, Part V — Summary of Plan Provisions**Miscellaneous**

- **Maximum benefits** Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2021, the limit is \$230,000.

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated and amended through September 1, 2014, are included in this valuation:

- **Most recent plan amendments included:** Amendment effective September 1, 2014 is included because it was adopted by the valuation date and is effective by the end of the plan year.
- **Plan amendments excluded:** None.
- **Late retirement increases:**
 - *Active participants:* The plan applies late retirement actuarial increases for all participants who defer retirement beyond their normal retirement date and this valuation includes those increases.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan provisions specific to funding**Additional benefits included or excluded**

- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

Maximum benefit limits were updated from 2020 to 2021.

METHODIST HOSPITAL RETIREMENT PLAN

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN 61-0461753
Plan Number: 001

JUNE 30, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
Mutual funds				
	Cohen & Steers Global Realty I	49,751 Shares	\$ 900,000	\$ 847,763
Common/collective trusts				
*	Mercer Active Long Corporate Fixed Income Portfolio Fund 600	175,887 Shares	3,303,167	2,972,498
*	Mercer Global Low Volatility Equity PO	116,892 Shares	2,817,329	2,667,485
*	Mercer Non-US Core Equity CT	83,107 Shares	1,830,296	1,700,371
*	Mercer US Core Fixed Inc CT	169,128 Shares	3,152,541	2,969,883
*	Mercer US Small/MID Cap Equity CT	66,911 Shares	2,633,266	2,371,988
	Opportunistic Fixed Income CT	223,744 Shares	2,512,648	2,335,890
	S&P 500 R Index NL SM CL A	80,319 Shares	7,062,202	6,429,553
	SSGA Daily Emerging Markets Index	36,782 Shares	1,221,244	1,182,953
	SSGA US Long Treasury Index Non Lending Series Fund Class A	173,994 Shares	3,400,000	3,097,447
	State Street International Index Non-Lending Series	78,967 Shares	1,816,157	1,704,665
	US Long Treasury Index NL SF CL A	172,509 Shares	3,370,987	2,968,019
	WTC CIF Enduring Assets	136,011 Shares	1,303,136	1,366,915
	Total common/collective trusts		34,422,973	31,767,667
Money market mutual funds				
*	Fifth Third Banksafe Trust	965,629 Units	965,629	965,629
*	Indicates a party-in-interest to the Plan		\$ 36,288,602	\$ 33,581,059

Schedule SB, line 25 — Change in Method

A change in method occurred due to the takeover of actuarial services from another actuarial firm. Since the changes to funding target and target normal cost are within 3% and the change in the actuarial value of assets is within 2%, automatic approval of the method change is available under Rev. Proc. 2017-56.

Schedule SB, line 24 — Change in Actuarial Assumptions

- The expected return on assets changed to 5.50% to reflect the plan's target asset allocation and current capital market assumptions.
- The expense component of normal cost changed to \$465,914 to reflect our expectations for the current plan year.